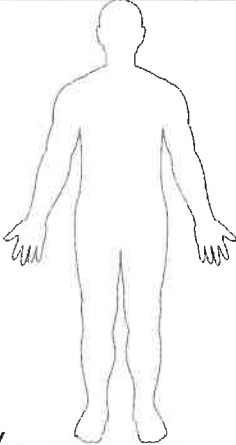
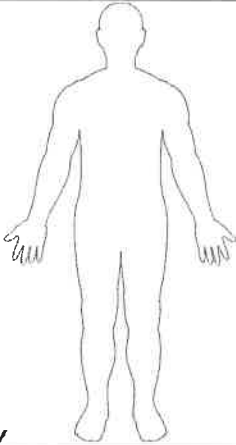
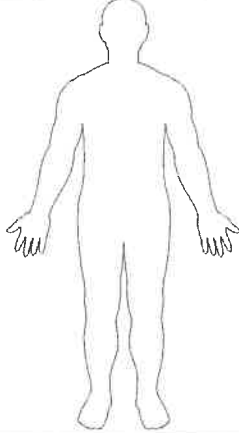
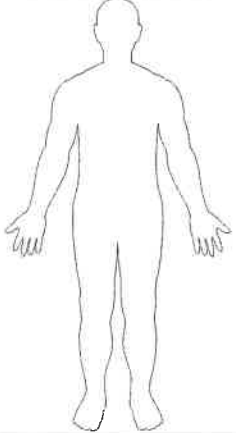


Response to Resistance Report

Key West Police Department

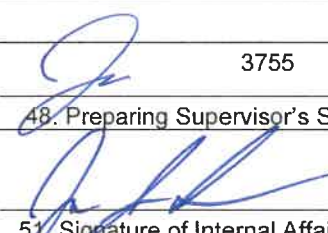
Case No: 22-6843

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)				
<input type="checkbox"/> A response through the use of non-lethal weapons, <input checked="" type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs" <input type="checkbox"/> When any person sustains an apparent substantial or fatal injury as a result of the application of force <input type="checkbox"/> When any person complains of injury as a result of the application of force <input type="checkbox"/> Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)				
INCIDENT	2. Date: 12/03/2022 3. Time: 0400 hrs 4. Location: 5535 College Road 5. Incident type: S34			
	6. Resistance Level <input checked="" type="checkbox"/> Passive: _____ <input checked="" type="checkbox"/> Active: _____ <input type="checkbox"/> Aggressive: _____ <input type="checkbox"/> Deadly Force: _____	7. Explanation <u>Tensing, pulling away</u>	8. Response Option <input checked="" type="checkbox"/> Physical Control <input type="checkbox"/> Non-lethal Weapon <input type="checkbox"/> Deadly Force	9. Explanation <u>Modified arm bar takedown</u>
	10. Last Name: Weekes 11. First: Chalea 12. Race: W 13. Sex: F			
	14. DOB: 05/29/1977 15. Height: 5'04" 16. Weight: 140			
SUBJECT	17. Did you observe the subject: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22			
	18. Appeared to be: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	19. Injuries: <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)			
	20. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
				
	22. Anterior View		Posterior View	
	23. Officer: Erik Roberts 24. Race: W 25. Sex: M 26. Age: 32 27. Height: 6'01" 28. Weight: 300			
29. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 30. Yrs Exp: 1 yr				
31. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)				
32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital				
34. Response option used by this officer: Modified armbat takedown				
OFFICER				
	35. Anterior View		Posterior View	

Response to Resistance Report (continued)

Key West Police Department

Case No: 22-6843

TASER USE ONLY	36. TASER® device serial #	37. TASER® device serial #	
	TASER®Cam serial #	TASER®Cam serial #	
	Cartridge 1 serial #	Cartridge 1 serial #	
	Cartridge 2 serial #	Cartridge 2 serial #	
	Number of cycles:	Number of cycles:	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch:	Target distance at probe launch:	
	Distance between probes:	Distance between probes:	
	Probes removed by (name):	Probes removed by (name):	
Device downloaded by:	Device downloaded by:		
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.			
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include: <input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.		
INT. AFF.	40. Notified Date: 1203/2022		
	41. Time: 0432		
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	Subject was already in a holding cell in the restraint chair when I arrived at the jail		
	43. Did you watch all relevant videos associated with the use of force? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	Jail provided a copy of the video that shows the RRI		
	44. Did you meet with the Officer(s): <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	45. During your review did you find any potential policy violations or training issues associated with the incident? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)		
	01.01.09.02 – Required notifications to watch supervisor about a use of force incident. I was notified by the jail Sgt., Not the officer involved		
	46. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
	Name	Address	Phone Number
	47. Is further review recommended: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			
48. Preparing Supervisor's Signature / ID	49. Date		
 3755	12/03/2022		
50. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51)	51. Signature of Internal Affairs Inspector		
	3317		
53. If section 48 is "No" record the Professional Standards Control Number:	52. Date		
	2/13/2023		
54. Date Entered:			

INCIDENT/INVESTIGATION REPORT

Agency Name <i>Key West Police Department</i>		Case# <i>22-006843</i>	
ORI <i>FL0440100</i>		Date / Time Reported <i>12/03/2022 03:00 Sat</i>	
Location of Incident <i>512 GREENE ST, Key West FL 33040</i>		Gang Relat <i>NO</i>	Premise Type <i>Bar / Nightclub /</i>
		Beat/GP <i>B1, GPB1</i>	Last Known Secure <i>12/03/2022 03:00 Sat</i>
			At Found <i>12/03/2022 03:00 Sat</i>
#1	Crime Incident(s) <i>Resist Arrest / Escape XOM</i>	(Com)	Weapon / Tools <i>NOT APPLICABLE/NONE</i>
			Activity
			Entry
			Exit
			Security
#2	Crime Incident <i>Trespassing XOT</i>	(Com)	Weapon / Tools
			Activity
			Entry
			Exit
			Security
#3	Crime Incident	()	Weapon / Tools
			Activity
			Entry
			Exit
			Security

MO

VICTIM

# of Victims	<i>2</i>	Type:	<i>INDIVIDUAL</i>		Injury:	<i>Domestic: N</i>				
V1	Victim/Business Name (Last, First, Middle) <i>TATTOOS AND SCARS</i>	Victim of Crime #	<i>1</i>	DOB	<i>//</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
			<i>1</i>	Age				<i>ST</i>		
Home Address <i>512 GREENE ST, Key West, FL 33040-</i>						Email			Home Phone	
Employer Name/Address <i>512 GREENE ST</i>						Business Phone			Mobile Phone	
VYR	Make	Model	Style	Color	Lic/Lis	VIN				

OTHERS

INVOLVED

CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)

Type:		<i>SOCIETY/PUBLIC/STATE</i>		Injury:						
V2	Name (Last, First, Middle) <i>SOCIETY</i>	Victim of Crime #	<i>2</i>	DOB	<i>//</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
			<i>2</i>	Age					<i>N/A</i>	
Home Address						Email			Home Phone	
Employer Name/Address						Business Phone			Mobile Phone	
Type:		<i>INDIVIDUAL</i>		Injury:						
RP	Name (Last, First, Middle) <i>RACHEL, AMY ELIZABETH</i>	Victim of Crime #	<i>01/07/1992</i>	DOB	<i>01/07/1992</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
			<i>30</i>	Age	<i>30</i>	<i>W</i>	<i>F</i>		<i>Resident</i>	
Home Address <i>2914 FLAGLER AVE KEY WEST, FL 33040</i>						Email			Home Phone <i>813-625-2792</i>	
Employer Name/Address <i>Tattoos And Scars, 512 GREENE ST (BARTENDER)</i>						Business Phone <i>305-517-6610</i>			Mobile Phone <i>813-625-2792</i>	

PROPERTY

L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Fm/Td	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>AXON BWC S34 4194</i>	<i>AXON/Bwc</i>	
	<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>AXON IN-CAR RECORDING S34 4194</i>	<i>AXON/In-car</i>	

Officer/ID#	<i>ROBERTS, ERIK (4194)</i>	Supervisor	<i>(0)</i>
Invest ID#	<i>(0)</i>	Case Status	<i>Cleared By Arrest</i>
Status	Complainant Signature	Case Disposition:	<i>Cleared By Arrest</i>
			<i>12/03/2022</i>

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-006843

Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found					
	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S						

Assisting Officers
BERNATOVA, A. (4193)

Suspect Hate / Bias Motivated:

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 22-006843

Key West Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA
22-006843
Date / Time Reported
Sat 12/03/2022 03:00

Victim

TATTOOS AND SCARS

Offense

RESIST ARREST / ESCAPE

On Saturday 12/03/2022 at approximately 0310 hrs. I (Ofc. E. Roberts) responded to 512 Greene St. (Tattoos and Scars Saloon) reference a trespasser.

On arrival I was met outside by Amy Rachel (Bartender) who informed me that Chalea Weekes was present inside after having been previously issued a trespass warning from the establishment. I approached Weekes while she was seated at the bar and asked her to step outside to speak with me. When we exited onto the sidewalk, I advised her that the reason for her removal was a prior trespass warning. I asked her to provide her driver's license for identification and she refused. She continued to refuse after further requests and was placed in handcuff restraints. I escorted Weekes to my patrol car where she was searched by Ofc. A. Bernatova.

After she was searched Ofc. Bernatova and I attempted to secure Weekes in my patrol car. She became physically resistant, pushing against us attempting to keep herself out of the vehicle. After she was secured, a routine wants and warrants check revealed that Weekes had previously received a trespass warning at 512 Greene St. from Ofc. A. Litton on 11/15/2021.

Weekes was transported to the Monroe County Detention Center. After arrival at MCDC Weekes continued her argumentative and resistant behavior with detention staff. While waiting for her to be processed in the intake area I observed a female detention deputy being forcefully escorted away from Weekes. I stepped towards her and stood by when another detention deputy repeatedly yelled, "Cuff her", and I attempted to assist. Weekes was seated on a bench. I attempted to push her upper torso forward from the base of her neck and place her right arm behind her back so that handcuff restraints could be applied. Weekes then lunged forward, and I maintained my grasp, attempting to slow her collision with the floor. I was able to maintain contact with her right arm and she fell to the floor on her left side. She rolled while on the floor and my custodial hold was moved to her left arm. I maintained control of her left arm while a detention deputy took control of her right arm. We sat her up on the floor and another detention deputy placed handcuff restraints on Weekes. Weekes was then secured in a restraint chair by MCDC detention staff.

Due to the above stated facts and evidence, I find probable cause that Chalea Weekes did willingly and knowingly remain in any structure having been warned by an authorized person to leave and refused to do so contrary to FS 810.03 - Trespassing,

And

Resist, obstruct, or oppose an officer, legally authorized to execute process in the execution of legal process or in the lawful execution of any legal duty, without offering or doing violence to the person of the officer contrary to FS 843.02 - Resisting without violence.

My Axon BWC was activated during this incident and uploaded to Evidence.com.

My Axon In-Car Recording System was activated during transport and uploaded to Evidence.com.

Incident Report Suspect List

Key West Police Department

OCA: 22-006843

1	Name (Last, First, Middle) <i>WEEKES, CHALEA MARIE</i>						Also Known As				Home Address <i>2400 STAPLES AVENUE - 2 KEY WEST, FL 33040 727-712-7006</i>			
	Business Address <i>NONE</i>													
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.			
	<i>05/29/1977</i>	<i>45</i>	<i>W</i>	<i>F</i>	<i>N</i>	<i>504</i>	<i>140</i>	<i>BLN</i>	<i>GRN</i>	<i>FAR</i>	<i>W220113776890 FL</i>			
Scars, Marks, Tattoos, or other distinguishing features														
Reported Suspect Detail														
Suspect Age				Race	Sex	Eth	Height		Weight		SSN			
Weapon, Type	Feature	Make		Model			Color	Caliber	Dir of Travel		Mode of Travel			
VehYr/Make/Model			Drs	Style		Color	Lic/St		VIN					
Notes							Physical Char							

Incident Report Related Property List

Key West Police Department

OCA: 22-006843

1	Property Description AXON BWC S34 4194	Make AXON	Model BWC	Caliber
	Color	Serial No.	Value \$0.00	Qty 1.000
	Status Evidence	Date 12/03/2022	NIC #	State #
	Name (Last, First, Middle) * No name *		DOB	Age
			Race	Sex

Notes

2	Property Description AXON IN-CAR RECORDING S34 4194	Make AXON	Model IN-CAR	Caliber
	Color	Serial No.	Value \$0.00	Qty 1.000
	Status Evidence	Date 12/03/2022	NIC #	State #
	Name (Last, First, Middle) * No name *		DOB	Age
			Race	Sex

Notes

