

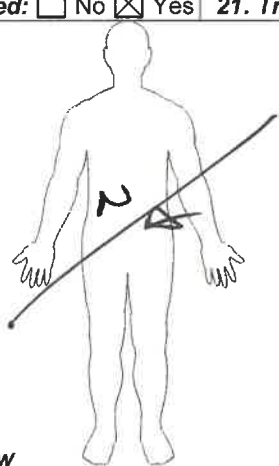
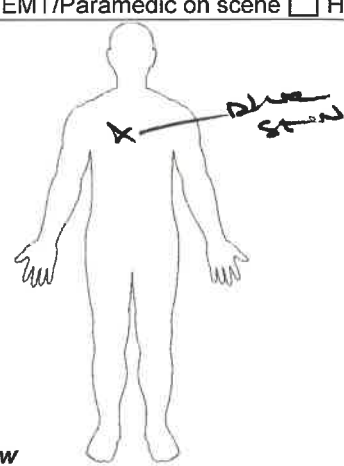
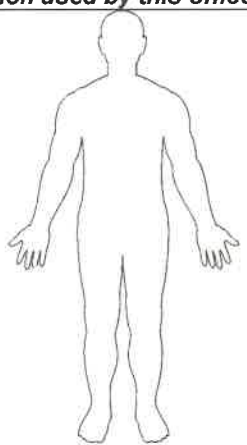
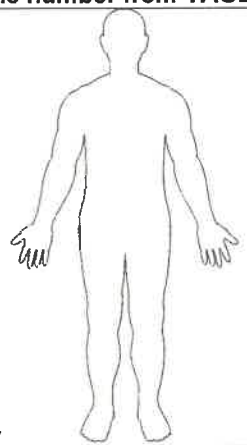
Response to Resistance Report

Key West Police Department

Case No: 22-7321

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

- ☒ A response through the use of non-lethal weapons,
☐ Applies weaponless physical force of strikes, kicks, or "take-downs"
☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force
☐ When any person complains of injury as a result of the application of force
☐ Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)

INCIDENT	2. Date: 12/25/2022	3. Time: 0641	4. Location: 1703 Von Phister	5. Incident type: Baker Act
	6. Resistance Level <input type="checkbox"/> Passive: <input checked="" type="checkbox"/> Active: <input type="checkbox"/> Aggressive: <input type="checkbox"/> Deadly Force:	7. Explanation Resisting, pull away	8. Response Option <input checked="" type="checkbox"/> Physical Control <input checked="" type="checkbox"/> Non-lethal Weapon <input type="checkbox"/> Deadly Force	9. Explanation
SUBJECT	10. Last Name: Isrow	11. First: Chase	12. Race: White	13. Sex: M
	14. DOB: 8/28/2003	15. Height: 602	16. Weight: 150	
	17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22			
	18. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input checked="" type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed			
	19. 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 22)			
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
SUBJECT	22. Anterior View		Posterior View	
				
OFFICER	23. Officer: JW WAITE	24. Race: W	25. Sex: M	26. Age: 34 27. Height: 600 28. Weight: 200
	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: 4			
	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: (If TASER®, also reference line number from TASER® section) Taser			
	35. Anterior View		Posterior View	
				

Response to Resistance Report (continued)

Key West Police Department

22-7321 Error! Reference source not found.

Case No:

TASER USE ONLY	36. TASER® device serial # X1200CRV3		37. TASER® device serial #	
	Battery serial # V21002AKK		Battery serial #	
	Cartridge 1 serial #1	serial #2	Cartridge 1 serial #1	serial #2
	Cartridge 2 serial #3	serial # 4	Cartridge 2 serial # 3	serial #4
	Number of cycles: 1		Number of cycles:	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input checked="" 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 checked="" type="checkbox"/> No		Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: <u>NA</u>		Target distance at probe launch:	
	Distance between probes: <u>NA</u>		Distance between probes:	
	Probes removed by (name): <u>NA</u>		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.			
SUPERVISOR'S INQUIRY	40. Notified Date: 12/25/2022		41. Time: 641	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	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)			
	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)			
	46. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)			
	Name		Address	
INT. AFF.	47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		48. Preparing Supervisor's Signature / ID	
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		Sgt. Pablo Rodriguez 22018	
	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)		49. Date 12/25/22	
	51. Signature of Internal Affairs Inspector		52. Date 3/8/2023	
53. If section 48 is "No" record the Professional Standards Control Number:		54. Date Entered:		

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name Key West Police Department						Case# 22-007321					
	ORI FL0440100						Date / Time Reported 12/25/2022 06:41 Sun					
	Location of Incident 1703 VON PHISTER ST Apt. 3, Key West FL		Gang Relat NO	Premise Type Home Of Vi - Single	Beat/GP B4, GPB4	Last Known Secure 12/25/2022 06:41 Sun						
			At Found 12/25/2022 06:41 Sun									
V I C T I M	#1	Crime Incident(s) Baker / Marchman Act ZOJ			(Com)	Weapon / Tools NOT APPLICABLE/NONE				Activity		
		Entry				Exit		Security				
	#2	Crime Incident			()	Weapon / Tools				Activity		
		Entry				Exit		Security				
	#3	Crime Incident			()	Weapon / Tools				Activity		
		Entry				Exit		Security				
MO												
O T H E R I N V O L V E D	# of Victims 0		Type:		Injury:				Domestic: N			
	Victim/Business Name (Last, First, Middle)		Victim of Crime #		DOB		Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
	V1											
	Home Address		Email		Age							
	Employer Name/Address		Business Phone		Mobile Phone							
	VYR	Make	Model	Style	Color	Lic/Lis	VIN					
P R O P E R T Y	CODES: V- Victim (Denote V2, V3) W1 = Witness IO = Involved Other RP = Reporting Person (if other than victim)											
	Type: INDIVIDUAL Injury:											
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
	IO	ISROW, CHANCE KENNETH				08/28/2003	W	M		Resident		
	Home Address 1703 VON PHISTER ST - 3 KEY WEST, FL 33040			Email			Home Phone 248-464-8743					
	Employer Name/Address Casa Marina			Business Phone			Mobile Phone					
P R O P E R T Y	Type: INDIVIDUAL Injury:											
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
	IO	ISROW, RYAN MATTHEW				07/06/1976	W	M		Resident		
	Home Address 1703 VON PHISTER ST - 3 KEY WEST, FL 33040			Email			Home Phone 248-672-8642					
	Employer Name/Address SELF (FISHERMAN)			Business Phone			Mobile Phone					
	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)											
P R O P E R T Y	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description		Make/Model		Serial Number	
		35	EVID	\$0.00		1	BWC 3836					
		35	EVID	\$0.00		1	FLEET 3836					
Officer/ID# HAYNIE, THOMAS (3836)												
Invest ID# (0)						Supervisor (0)						
Status	Complainant Signature				Case Status Information Only		12/25/2022		Case Disposition:		Page 1	

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-007321

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers

RODRIGUEZ, P.D. (2298), LEAHY, B.P. (2965), WAITE, K.J. (3646)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE*Key West Police Department*

OCA

22-007321

Victim

Offense

BAKER / MARCHMAN ACT

Date / Time Reported

Sun 12/25/2022 06:41

On Sunday, December 25, 2022, at 6:43 AM, I was dispatched to Apartment 3 at 1703 Von Phister Street for a verbal altercation. The reporting party, Kristi Isrow, told the KWPD dispatchers her 19-year-old son was drunk and trying to fight his father.

Officer Waite and I contacted the mother outside the upstairs apartment. She mentioned we would need several officers for the situation. I asked her what was going on. She told us her son was drinking, mentioned pills, and mentioned him being previously Baker Acted.

I could hear a male screaming inside the apartment. Officer Waite and I entered the apartment. Kristi pointed toward a bedroom where the noise was coming from. I overheard a male subject saying he could hear the police and he would fight them. We entered the room and observed the son, Chace Isrow, standing on a bed at the back of the room by a window. Chace was shouting. Chace's dad, Ryan Isrow, was also in the room, trying to deescalate Chace. Chace immediately started to exit the room via an opened window (we were on the second floor and below was a concrete pad and rocks). Officer Waite, Ryan, and I grabbed Chace and pulled him onto his bed. Chace was laying on this stomach while shouting and flailing his arms around. I gained control of Chace's right arm. Chace continued to shout and flail his arms. Officer Waite made use of his Taser and drive stunned Chace in his back. Chace immediately ceased from tensing his arms and placed them behind his back. I maneuvered Chace into handcuffs. Chace continued to flail around and shout.

Officer Leahy and Key West Rescue arrived on scene. Chace calmed down at that point and agreed to walk downstairs. I walked Chace downstairs and stood by while the Key West Rescue medics evaluated him in the ambulance.

Officer Waite spoke with Chace's parents and got a background. Officer Waite told me he would complete a supplemental report.

The Key West Rescue medics cleared Chace. I placed Chace in the back of my patrol car. I transported Chace to the emergency room at the Lower Keys Medical Center. I filled out Baker's Act paperwork and turned Chace over to the ER staff without incident. The emergency room later called and advised Chace became combative. Prior to our arrival the emergency room staff sedated Chace. Chace was calm on our arrival.

I determined Chace was likely suffering from depression and self-medicating with alcohol and pills. It was clear that if Chace didn't receive immediate help for his mental health issues, he would seriously harm himself.

I activated my bodycam and in-car camera during this call.

Incident Report Related Property List

Key West Police Department

OCA: 22-007321

1	Property Description BWC 3836				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit EA	
	Status Evidence		Date 12/25/2022		NIC #		State #		Local #	
	Name (Last, First, Middle) * No name *		DOB		Age		Race		Sex	

Notes

2	Property Description FLEET 3836				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit EA	
	Status Evidence		Date 12/25/2022		NIC #		State #		Local #	
	Name (Last, First, Middle) * No name *		DOB		Age		Race		Sex	

Notes

