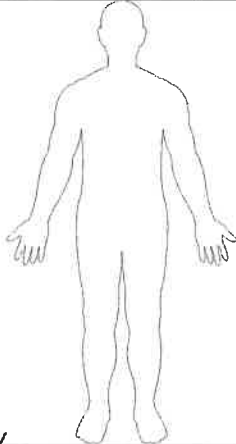
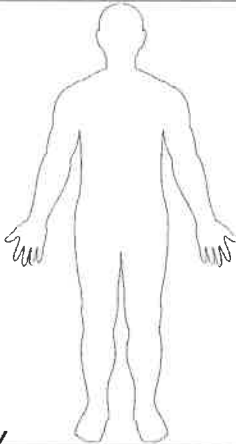
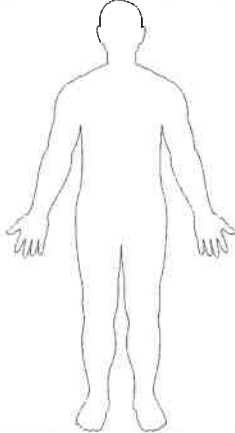
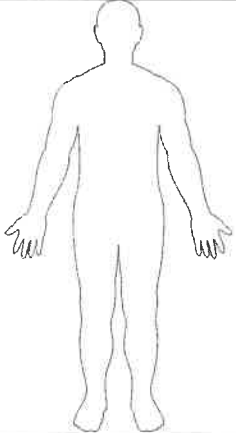


Response to Resistance Report

Key West Police Department


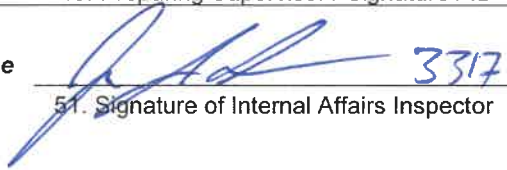
Case No: 23-0666

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: 02/02/2023 3. Time: 0130 4. Location: 781 Palm Ave 5. Incident type: S20	
		6. Resistance Level 7. Explanation 8. Response Option 9. Explanation	
		<input checked="" type="checkbox"/> Passive: <u>Lying still in roadway</u> <input checked="" type="checkbox"/> Physical Control <u>Straight arm takedown</u>	
		<input checked="" type="checkbox"/> Active: <u>Pulling arms away</u> <input type="checkbox"/> Non-lethal Weapon	
		<input checked="" type="checkbox"/> Aggressive: <u>Pushing</u> <input type="checkbox"/> Deadly Force	
		<input type="checkbox"/> Deadly Force:	
10. Last Name: Shaw 11. First: Samuel 12. Race: W 13. Sex: M			
14. DOB: 08/30/1981 15. Height: 5'11" 16. Weight: 165			
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 type="checkbox"/> Intoxicated <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
SUBJECT			
			
		22. Anterior View Posterior View	
23. Officer: Elam Thornbrugh 24. Race: W 25. Sex: M 26. Age: 29 27. Height: 6'01" 28. Weight: 204			
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: 7			
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: Straight arm takedown			
OFFICER			
			
		35. Anterior View Posterior View	

Response to Resistance Report (continued)

Key West Police Department

Case No: 23-0666

TASER USE ONLY	36. TASER® device serial #		37. TASER® device serial #		
	Battery serial #		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:		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.					
SUPERVISOR'S INQUIRY	40. Notified Date: 02/02/2023		41. Time: 0200 hours		
	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		Phone Number
Sgt. Karl Malsheimer		 3388		2/2/23	
47. Preparing Supervisor / Printed Name		48. Preparing Supervisor / Signature / ID		49. Date	
INT. AFF.	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		 3317		
			51. Signature of Internal Affairs Inspector		
				52. Date	
				3/8/2023	

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 23-000666

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

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA
23-000666
Date / Time Reported
Thu 02/02/2023 01:28

Victim	Offense
	BAKER / MARCHMAN ACT

On 2/2/2023 at approximately 0130 hours, I Officer Thornbrugh alongside Officer Torrecillas were driving on Palm Ave when the following occurred.

I observed a white male run in the roadway and in front of my vehicle while throwing his arms up and yelling "help!" I parked my car to assist the male. As I exited the vehicle the male ran up to me and pushed me into the car door. I grabbed the male by the arm and performed a straight arm bar take down. While on the ground I attempted to place handcuffs on the male. The male resisted by pulling his hands away from my grasps. I was eventually able to detain the male. I attempted to assist the male to his feet so I could relocate him to the sidewalk and out of the roadway. The male refused all verbal orders given and planked his body on the ground. Ofc. Torrecillas and I physically lifted the male to his feet and relocated him out of the roadway where he would be safe.

I identified the male by his Florida driver`s license as Samuel Shaw. Samuel stated that he was kidnapped, hit on the head with a blunt object, his phone stolen, and was being held in a bunker adjacent to the marina. Samuel stated several times "shoot me."

Samuel`s vehicle was parked in the parking lot with all the windows down and roof open. Samuel had all his personal belongings inside the vehicle, except for his keys and phone.

Samuel stated he has been staying with his friend Anthony at the marina. Samuel further stated that Anthony is the dock manager of the marina and lives on the back of the property in a house with red lights. Further into our conversation Samuel stated he hit his head on something, and that he was not struck. Samuel stated he did not know what happened, how he hit his, or how he ended up in Key West. I did not observe any physical injuries to his head. Samuel stated he woke up and called Anthony to bring food home for him from downtown. Samuel also stated his phone and keys were in Anthony`s house, contradictory to his previous statements.

I placed Samuel into protective custody, I feared without immediate care that Samuel was likely to cause harm to himself or others.

Samuel turned over his vehicle to his friend Anthony who was on scene.

Anthony stated that Samuel has been going through a lot of emotional stress lately and was unaware of any mental health issues. Anthony stated he had allowed Samuel to stay the evening at his house because Samuel needed a place to sleep.

My body camera was not activated right away because of how fast the incident occurred, beginning with Samuel shoving me into the vehicle door as I exited. I turned on my body camera as soon as it was safe for Samuel and myself to do so.

I transported Samuel to Lower Key`s Medical Center where he was turned over to medical staff.

BWC (4303) remained activated for the duration of the events.

