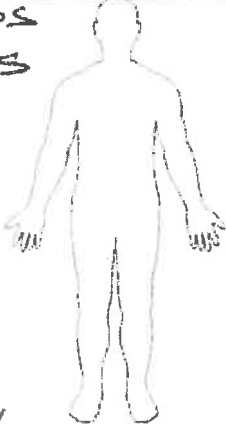
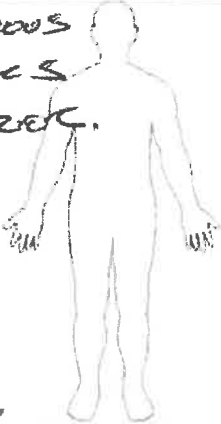

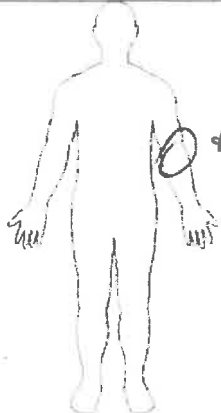


Response to Resistance Report

Key West Police Department

Case No:

19-009

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)					
<input checked="" 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: 01JAN19	3. Time: 6:35am	4. Location: LFKMC	5. Incident type: Arrest	
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation	
	<input checked="" type="checkbox"/> Passive:	Non-compliance	<input checked="" type="checkbox"/> Physical Control	Take Down	
	<input checked="" type="checkbox"/> Active:	Ran away	<input type="checkbox"/> Non-lethal Weapon	Taser	
<input type="checkbox"/> Aggressive:	Swinging/striking	<input type="checkbox"/> Deadly Force			
<input type="checkbox"/> Deadly Force:					
SUBJECT	10. Last Name: Tuefel		11. First: Robert	12. Race: W	13. Sex: M
	14. DOB: 19JUNE79		15. Height: 6'0"	16. Weight: 180	
	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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention				
	Numerous Injuries Done Prior		Numerous Injuries Done Prior.		
					
	22. Anterior View		Posterior View		
	OFFICER	23. Officer: Dean, J		24. Race: W	25. Sex: M
27. Height: 6'0"		28. Weight: 230			
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: 8.5					
31. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)					
32. Photographed: <input type="checkbox"/> No <input checked="" 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) Take-Down					
					
35. Anterior View		Posterior View			

Response to Resistance Report (continued)

Key West Police Department

Case No:

19-009

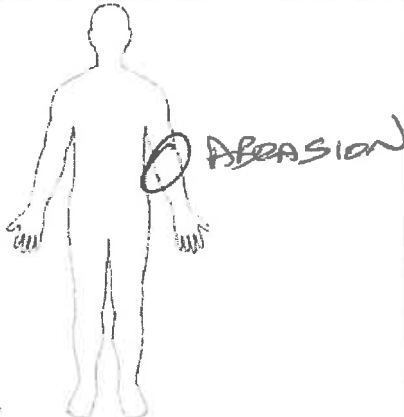
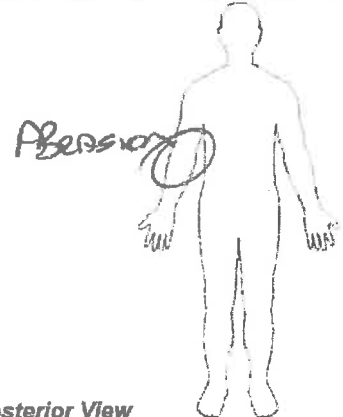
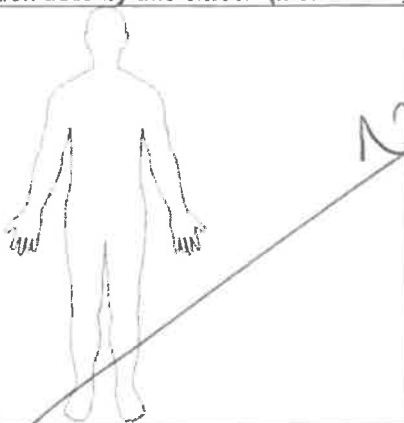
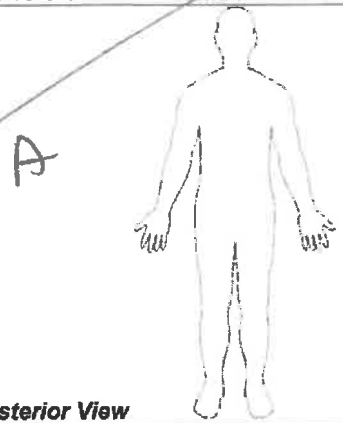
TASER USE ONLY	36. TASER® device serial # X12002KXw		37. TASER® device serial #	
	TASER®Cam serial # V21001C85		TASER®Cam serial #	
	Cartridge 1 serial # C41058DXF		Cartridge 1 serial #	
	Cartridge 2 serial #		Cartridge 2 serial #	
	Number of cycles: 1		Number of cycles:	
	Type of contact: <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: 10-12		Target distance at probe launch:	
	Distance between probes: just 1 probe		Distance between probes:	
	Probes removed by (name): Sgt Dean		Probes removed by (name):	
Device downloaded by: Sgt Dean		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.			
	40. Notified Date: 01JAN19		41. Time: 6:35am	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
SUPERVISOR'S INQUIRY	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	44. 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	
INT. AFF.	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		01JAN19	
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		47. Date	
	48. 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. Signature of Internal Affairs Inspector	
	51. If section 48 is "No" record the Professional Standards Control Number:		52. Date Entered:	

Response to Resistance Report (continued)

Key West Police Department

19-009Error! Reference source not found.

Case No:

OFFICER	23. Officer: Valdez-Marrero, A		24. Race: H		25. Sex: M		26. Age: 25		27. Height 5'7"		28. Weight 150	
	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										30. Yrs Exp: 2	
	31. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)											
	32. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 33. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input checked="" 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					
OFFICER	23. Officer:		24. Race:		25. Sex:		26. Age:		27. Height		28. Weight	
	29. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain										30. Yrs Exp:	
	31. 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 35)											
	32. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input 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)											
												
	35. Anterior View						Posterior View					

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name Key West Police Department		Case# 19-000009	
	ORI FL0440100		Date / Time Reported 01/01/2019 07:39 Tue	
	Location of Incident 5900 College Rd, Key West FL 33040-		Last Known Secure 01/01/2019 07:39 Tue	
	Premise Type Open Land Area Other		Beat/GP B6, GPB6	
M O	#1 Crime Incident(s) (Com)		Weapon / Tools HANDS, FIST, FEET	
	Battery		Activity	
	SCA		Entry Exit Security	
	#2 Crime Incident (Com)		Weapon / Tools	
	Resist Arrest / Escape		Activity	
	XOM		Entry Exit Security	
V I C T I M	#3 Crime Incident ()		Weapon / Tools	
			Activity	
			Entry Exit Security	
O T H E R I N V O L V E D	# of Victims 2		Type: LAW ENFORCEMENT (LEO)	
	Injury: Minor Injuries		Domestic: N	
	Victim/Business Name (Last, First, Middle)		Victim of Crime #	
	DEAN, JEFFERY WARREN J		1	
	DOB		Age	
	02/05/1988		30	
	Race		Sex	
	W		M	
	Relationship To Offender		Resident Status	
	OK		N/A	
P R O P E R T Y	Home Address		Home Phone	
	1604 N ROOSEVELT BLVD, Key West, FL 33040-		305-809-1111	
	Employer Name/Address		Business Phone	
	CITY OF KEY WEST			
	VIN			
	VYR		Make	
	Model		Style	
	Color		Lic/Lis	
	Codes: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)			
	Type: SOCIETY/PUBLIC/STATE		Injury:	
S T A T U S	Code Name (Last, First, Middle)		Victim of Crime #	
	V2 SOCIETY		2	
	DOB		Age	
	/ /			
	Race		Sex	
				
	Relationship To Offender		Resident Status	
			N/A	
	Home Address		Home Phone	
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
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Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
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Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
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Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
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Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
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Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
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Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				
Home Address		Home Phone		
				
Employer Name/Address		Business Phone		
				
Type:		Injury:		
Code Name (Last, First, Middle)		Victim of Crime #		
				
DOB		Age		
				
Race		Sex		
				
Relationship To Offender		Resident Status		
				

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 19-000009

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

BLANCO, D. (3673), DEAN, J. (3386)

Suspect Hate / Bias Motivated:

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 19-000009

Key West Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

Victim <i>DEAN, JEFFERY WARREN J</i>	Offense <i>BATTERY</i>	OCA <i>19-000009</i>
		Date / Time Reported <i>Tue 01/01/2019 07:39</i>

On January 1, 2019, at approximately 0637 hours, I (Ofc Valdes Marrero) responded to 5900 College Road (LKMC ER). I was told by ER staff that a subject (known to me from prior law enforcement encounters as Robert Teufel) was being released. Teufel had pending charges for resisting law enforcement with violence, trespassing and disorderly conduct from an incident where I was the primary officer, that happened earlier in the night. See case #18007472 for original report and charges.

On arrival, I observed Teufel wearing his hospital gown at the entrance to LKMC ER. I stopped my vehicle and instructed Teufel to stop walking and come back to me. Teufel started walking faster as I got closer to him. I told Teufel not to run or he would be tased. Teufel refused to listen and disobeyed my loud verbal commands. Teufel commenced running and I deployed my agency issued Taser device. Teufel was able to remain standing as if the Taser did not affect him. Teufel started advancing towards me and tried swinging a clear plastic bag full of his belongings. Sgt Dean started approaching Teufel to help me place him in custody, when Teufel struck Sgt Dean on his face with the plastic bag full of belongings. Subsequently, Sgt Dean tackled Teufel and while on the ground, I grabbed Teufel's right arm to place him into custody. Sgt Dean and I were able to handcuff Teufel and place him into custody.

Teufel was once again checked in into LKMC ER for treatment. After being released by hospital staff, Ofc Blanco transported Teufel to MCDC.

Incident Report Suspect List

Key West Police Department

OCA: 19-000009

1	Name (Last, First, Middle) TEUFEL, ROBERT T					Also Known As					Home Address 12 UTAH DR. APT B MATAWAN, NJ 07747																																					
	Business Address																																															
	DOB 06/19/1979	Age 39	Race W	Sex M	Eth	Hgt 600	Wgt 181	Hair	Eye BLU	Skin	Driver's License / State. T28976588306794 NJ																																					
	Scars, Marks, Tattoos, or other distinguishing features																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td>Height</td> <td>Weight</td> <td colspan="2">SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> <td>Mode of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Drs</td> <td>Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> </table>																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		
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: 19-000009

1	Property Description AXON BWC 3820				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit	
	Status Evidence		Date 01/01/2019		NIC #		State #		Local #	
	Name (Last, First, Middle)		DOB		Age		Race		Sex	

Notes

2	Property Description AXON TASER CAMERA				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit	
	Status Evidence		Date 01/01/2019		NIC #		State #		Local #	
	Name (Last, First, Middle)		DOB		Age		Race		Sex	

Notes

CASE SUPPLEMENTAL REPORT

Printed: 01/01/2019 08:09

*NOT SUPERVISOR APPROVED*OCA: **19000009**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Investigator: *DEAN, JEFFREY (3386)*Date / Time: *01/01/2019 07:05:34, Tuesday*Supervisor: *(0)*Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

On January 1, 2019, I (Sergeant J. Dean) responded to 5900 College Rd (Lower Keys Medical Center- ER), in reference to a subject who had committed several crimes earlier in the night (18-7472). Due to the fact that the suspect, Robert Teufel was incapacitated at the time (unconscious under heavy medication), and the high call volume of New Years Eve, ER staff was instructed to contact KYPD when Teufel was awake and was being released.

Officer A. Valdes-Marrero and I responded to the ER when Officer Valdes was notified Teufel was being released. Officer Valdes arrived on scene first and made contact with Teufel as he was exiting hospital property on the ER side. As I pulled up I observed Teufel start to run from Officer Valdes. Officer Valdes displayed his TASER to Teufel. At that point Teufel started swinging a plastic bag filled with unknown miscellaneous items at Officer Valdes. Officer Valdes discharged his TASER at Teufel, but it appeared only one prong connected with Teufel's lower back. Teufel then began to run from Officer Valdes towards me.

As I ran towards Teufel, he saw me and swung that bag at my head. Teufel struck me in the head with the bag, but I continued forward and tackled Teufel. Teufel continued to struggle against Officer Valdes and myself (attempting to escape our grasp; tucking his hands underneath him) but we were eventually able to overpower Teufel and place him in handcuffs.

Sergeant F. Blasberg and Officer D. Blanco responded to the scene. Officer Blanco and Sergeant Blasberg stayed with Teufel at the ER while Teufel was medically cleared. Officer Valdes completed an arrest affidavit.

Investigator Signature: _____