

Response to Resistance Report

Key West Police Department

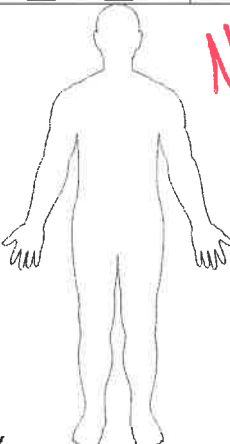
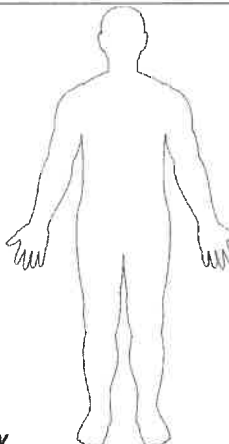
Case No: 21-3468

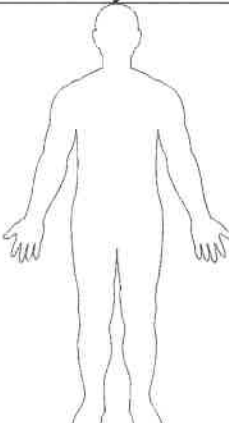
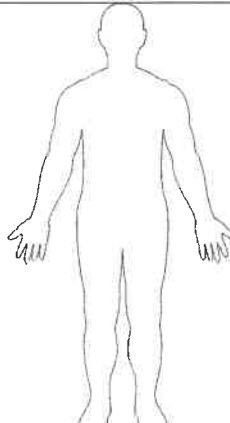
1. A Response to Resistance Report will be completed by the supervisor for:

(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: 07/02/2021	3. Time: 0149 hrs	4. Location: 1029 Truman Ave	5. Incident type: Trespass/resist
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	REDIRECTED
	<input checked="" type="checkbox"/> Active:	Flee and pulling away	<input type="checkbox"/> Non-lethal Weapon	
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			

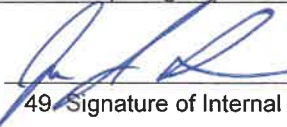
SUBJECT	10. Last Name: James	11. First: Osborne	12. Race: B	13. Sex: M
	14. DOB: 08/06/1982	15. Height: 6'02	16. Weight: 190	
	17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22			
	18. Appeared to be: <input type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input 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 checked="" type="checkbox"/> No <input 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			
				
	22. Anterior View		Posterior View	

OFFICER	23. Officer: Tim Malak	24. Race: W	25. Sex: M	26. Age: 30	27. Height: 6'0	28. Weight: 240
	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: 2					
	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: Take Down					
						
	35. Anterior View		Posterior View			

Response to Resistance Report (continued)

Key West Police Department

Case No: 21-3468

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: 5	Number of cycles: 1												
	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: 07/02/2021		41. Time: 0350 hrs											
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)													
	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)													
<table border="1"><thead><tr><th>Name</th><th>Address</th><th>Phone Number</th></tr></thead><tbody><tr><td>DE'MARTRAVIOUS HUNTER</td><td>1200 St. F2 Key West, FL</td><td>305-902-0578</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			Name	Address	Phone Number	DE'MARTRAVIOUS HUNTER	1200 St. F2 Key West, FL	305-902-0578						
Name	Address	Phone Number												
DE'MARTRAVIOUS HUNTER	1200 St. F2 Key West, FL	305-902-0578												
INT. AFF.	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		Sgt. Jesse Hammers 3631 46. Preparing Supervisor's Signature / ID											
			07/02/2021 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											
			8/11/2021 50. Date											
51. If section 48 is "No" record the Professional Standards Control Number:			52. Date Entered:											

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 21-003468

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

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

Victim Society	Offense RESIST ARREST / ESCAPE	OCA 21-003468 Date / Time Reported Fri 07/02/2021 01:39
-------------------	-----------------------------------	--

On 7/2/21 at approximately 0139, I, Officer Malak, responded to 1029 Truman Ave (Bare Assets), in regards to a male subject who was refusing to leave the business.

Upon arrival, I met with the caller, Alan Houlihan, who stated the following in summary;

Houlihan was having an issue with one of the customers at his bar and asked him to leave, the customer later identified as James Osborne. Osborne became irate with Houlihan and started to threaten Houlihan and other staff. Osborne eventually left out the front door of the business and Houlihan called KWPd to have Osborne trespassed from the property.

Houlihan pointed to a male in the parking lot and identified him as the one who he wanted trespassed from the business.

I approached the male and attempted to explain that he was being trespassed from the property. I asked him to provide me with a form of identification and he stated he would not because he didn't do anything wrong. I advised him I was conducting a trespassing investigation and he shall provide me with his identification, or he will be arrested. The male started to walk away saying "fuck this", so I stepped in front of him, grabbed his arm and placed him to the side of my patrol vehicle.

I advised the male that he was now under arrest for failing to identify him self to a LEO. The male tensed up, pulled away, and began spin towards me. I grabbed him by the left arm and right shoulder and performed an arm drag takedown to gain control. Once on the ground, the subject was placed into handcuffs (checked for proper fit and double locked) and walked to the passenger side of me patrol car. I found an ID for the subject, confirming his identity of James Osborne. Once searched, I placed Osborne into the rear passenger seat of my patrol car.

I contacted Sergeant Hammers and advised him of the incident. Sgt Hammers arrived on scene and spoke to Osborne (see completed RRI for further).

Once Sgt Hammers was completed with Osborne, I transported him to Monroe County Jail without incident.

My BWC and In Car Camera were active for this incident. Both devices were uploaded to KWPd evidence.

James Osborne knowingly and willingly failed to provide his identity to a uniformed Police Officer during the course of an investigation. Once James Osborne failed to identify himself, he walked away without being given the proper documentation for the trespass warning. James Osborn then tensed his body and pulled away from me, causing me to assist him to the ground. Therefore, James Osborne is being charged with FSS 843.02, Resisting arrest without violence.

Cleared with an arrest and nothing further.

Incident Report Suspect List

Key West Police Department

OCA: 21-003468

1	Name (Last, First, Middle) <i>OSBORNE, JAMES MASHAY</i>						Also Known As				Home Address <i>1 BETTY ROSE DR - 115 KEY WEST, FL 33040 305-292-2565</i>																																									
	Business Address <i>SANTA CLARA CONDOMINIUMS, MAINTENANCE</i>																																																			
	DOB <i>08/06/1982</i>	Age <i>38</i>	Race <i>B</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>602</i>	Wgt <i>155</i>	Hair <i>BLK</i>	Eye <i>BRO</i>	Skin <i>DRK</i>	Driver's License / State. <i>O216453822860 FL</i>																																									
	Scars, Marks, Tattoos, or other distinguishing features																																																			
<table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="2">SSN</td> </tr> <tr> <td>Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel Mode of Travel</td> </tr> <tr> <td colspan="3">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> </table>														<i>Reported Suspect Detail</i>		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		
<i>Reported Suspect Detail</i>		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																																													