

# Response to Resistance Report

Key West Police Department

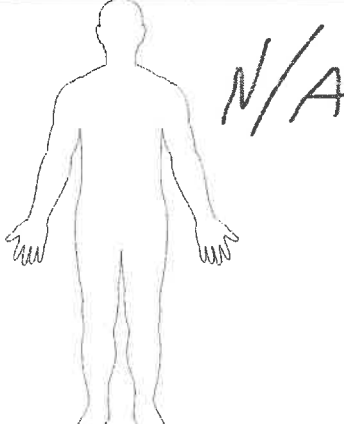
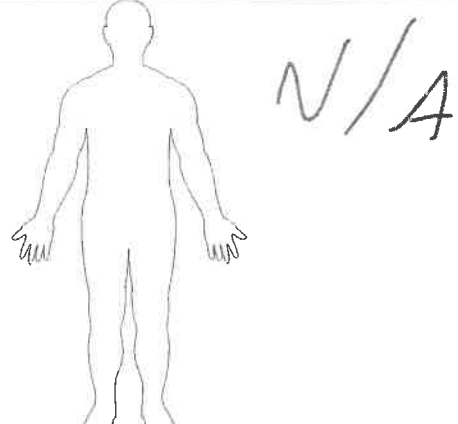
Case No: 21-4016

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

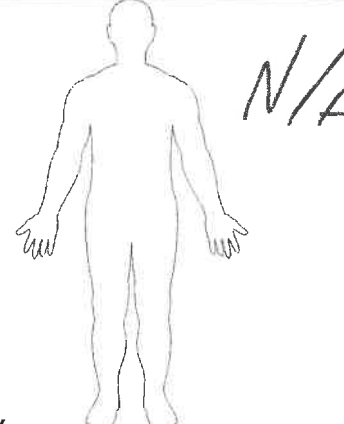
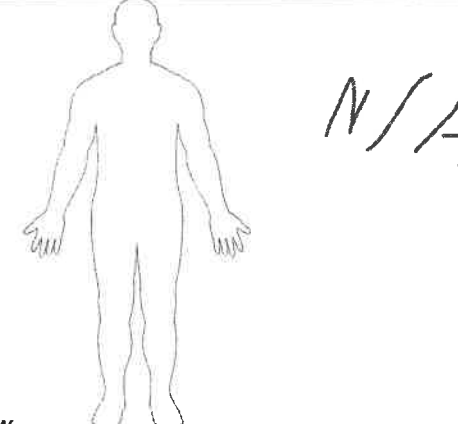
- ☐ A response through the use of non-lethal weapons,  
☒ Applies weaponless physical force of strikes, kicks, or "take-downs"  
☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force  
☐ When any person complains of injury as a result of the application 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: 07/29/2021	3. Time: 0258	4. Location: 718 South St.	5. Incident type: Battery LEO
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input checked="" type="checkbox"/> Passive:	Refused to comply with orders	<input checked="" type="checkbox"/> Physical Control	Take down
	<input checked="" type="checkbox"/> Active:	Tried to push through an Officer	<input type="checkbox"/> Non-lethal Weapon	
	<input checked="" type="checkbox"/> Aggressive:	Attempted to strike an Officer	<input type="checkbox"/> Deadly Force	
<input type="checkbox"/> Deadly Force:				

SUBJECT	10. Last Name: Levasseur	11. First: Denise	12. Race: W	13. Sex: F
	14. DOB: 07/30/1975	15. Height: 5'04"	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 checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention			

SUBJECT	 22. Anterior View	 Posterior View
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OFFICER	23. Officer: William Howell	24. Race: W	25. Sex: M	26. Age: 35	27. Height: 6'01"	28. Weight: 220
	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: (If TASER®, also reference line number from TASER® section)					

OFFICER	 35. Anterior View	 Posterior View
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# Response to Resistance Report (continued)

Key West Police Department

Case No: 21-4016

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.			
SUPERVISOR'S INQUIRY	40. Notified Date: 07/29/2021		41. Time: 0330	
	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)			
	Name		Address	
	James Stamatopoulos		21 Merriman St. Bristol, CT 06010	
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		49. Date	
	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	
	52. Date		53. If section 48 is "No" record the Professional Standards Control Number:	
		54. Date Entered:		

## INCIDENT DATA

#3	Crime Incident
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( )	Weapon / Tools	
	Entry	Exit

	Activity
Security	

[illegible]

VYR	Make	Model	Style	Color	Lic/Lis	VIN
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Type: SOCIETY/PUBLIC/STATE Injury:

Type: INDIVIDUAL	Injury:
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Employer Name/Address	Business Phone	Mobile Phone
UNKNOWN (UNKNOWN)		

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

("OJ" = Recovered for Other Jurisdiction)					

Officer/ID#	HOWELL, WILLIAM N (4059)
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Invest ID#	(0)	Supervisor	HAMMERS, JESSE L (3631)
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Complainant Signature	Case Status <i>Cleared By Arrest</i> 07/29/2021	Case Disposition: <i>Cleared By Arrest</i> 07/29/2021	Page 1
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# INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 21-004016

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

HAMMERS, J.L. (3631), MAYORGA LOPEZ, J. (3722)

Suspect Hate / Bias Motivated:

NARRATIVE

**REPORTING OFFICER NARRATIVE***Key West Police Department*

OCA

21-004016

Victim

*HOWELL, WILLIAM NEIL*

Offense

*BATTERY*

Date / Time Reported

*Thu 07/29/2021 01:53*

On Thursday, 07/29/2021 at approximately 0153 hours, I (Ofc. Howell) was flagged down by a night manager at 718 South Street (Seashell Motel and Apartments) regarding a potential verbal disagreement occurring on the property.

I encountered James Stamatopoulos (DOB: 10/28/1968, Involved Other) and Denise Levasseur (DOB: 07/30/1975, Arrestee) who were actively arguing outside their hotel room.

I instructed both subjects to sit down on a bench that was just outside their hotel room. Stamatopoulos immediately complied however, Levasseur initially ignored my instructions but eventually sat down. I asked both subjects why they were arguing and yelling at one another. Both subjects stated it was because they were locked out of their hotel room.

Levasseur appeared to be extremely intoxicated and continued to yell after I asked her several times to lower her volume. Levasseur became inconsolable and due to her intoxication level, I determined she was incapable of communicating in a purposeful manner with me. I requested that Levasseur return to her room so that I could speak with Stamatopoulos. I requested Levasseur lay down before she fell down, due to her intoxication level, however she immediately became argumentative and refused. After I asked Levasseur several times to return to her bed, she became agitated and placed her hands on my shoulders and attempted to shove me. Levasseur attempted to push me through the doorway of the hotel room. Due to Levasseur's level of resistance rising, I took her down to the ground in a controlled manner, placing her on her stomach while she was face-down. I placed Levasseur's left hand in a handcuff while she attempted to pull her right hand away several times. I eventually gained control of her right and placed it in a handcuff. Levasseur continued to attempt to stand up and roll over. I maintained control of Levasseur on the ground, until Ofc. Lopez and Sgt. Hammers arrived as my back up.

After Sgt. Hammers arrived, Sgt. Hammers and I sat Levasseur up. Levasseur attempted to stand several times while Sgt. Hammers was speaking with her. Sgt. Hammers instructed Ofc. Lopez and me to walk Levasseur to my patrol vehicle before Levasseur became aggressive again. Levasseur again became inconsolable and agitated. Levasseur initially refused to sit down in the back of my patrol vehicle. After Ofc. Lopez and I placed Levasseur in the seat, she began kicking the divider and the floor of my patrol vehicle. Due to Levasseur's level of resistance rising, Ofc. Lopez and I place her in a hobble.

Levasseur was uninjured throughout the encounter and refused medical attention, on scene. I was uninjured throughout the encounter and refused medical attention, on scene.

I transported Levasseur to Monroe County Detention Center. Levasseur screamed obscenities throughout the transport.

Levasseur appeared to be under the influence of alcohol. Levasseur's speech was slurred, and her eyes were bloodshot. Levasseur's breath had the odor of alcoholic intoxicants.

Based on the facts and evidence, I believe there is probable cause that on 07/29/2021, Denise Levasseur did knowingly and intentionally violate F.S.S. 784.07 Battery of Law Enforcement Officer, by actually and intentionally shoving me, while I was engaged in my legal, lawful duties as a uniformed law enforcement officer.

Based on the facts and evidence, I believe there is probable cause that on 07/29/2021, Denise Levasseur did knowingly and intentionally violate F.S.S. 843.02 Resisting without Violence, by actually and intentionally

## REPORTING OFFICER NARRATIVE

Key West Police Department

Victim <i>HOWELL, WILLIAM NEIL</i>	Offense <i>BATTERY</i>	OCA <i>21-004016</i>
		Date / Time Reported <i>Thu 07/29/2021 01:53</i>

attempting to obstruct my investigation, while I was engaged in my legal, lawful duties as a uniformed law enforcement officer.

I did not take photographs of Levasseur because she was uninjured throughout the encounter.

My BWC was activated for the encounter, take-down, arrest and subsequent search of Levasseur. My FLEET AXON was activated for the transport of Levasseur to Monroe County Detention Center. I uploaded the videos to Evidence.com.

At this time, no further information.

# Incident Report Suspect List

Key West Police Department

OCA: 21-004016

1	Name (Last, First, Middle) <i>LEVASSEUR, DENISE</i>					Also Known As					Home Address <i>21 MERRIMAN ST BRISTOL, CT 06010</i>																																													
	Business Address <i>UNKNOWN, UNKNOWN</i>																																																							
	DOB <i>07/30/1975</i>	Age <i>45</i>	Race <i>W</i>	Sex <i>F</i>	Eth <i>N</i>	Hgt <i>500</i>	Wgt <i>150</i>	Hair <i>BLK</i>	Eye <i>BRO</i>	Skin <i>FAR</i>	Driver's License / State.																																													
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="3">SSN</td> </tr> <tr> <td colspan="2">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="4">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		
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