



Matthew P. Doughney, Chief of Police
FLAGLER BEACH POLICE DEPARTMENT

Defensive Tactics

Impact Weapon

ASR/Chemical Agent

Dart Firing Stun Gun (DFSG/ECD)

K9

Other

SECTION 1- INCIDENT INFORMATION

Date of Report:	Date of Incident:	Time of Incident:	Officer Name:	Case#:	Video:
12/7/2019	12/7/2019	1:30am	Keith Jones	2019-26029	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location of Incident:		319 N 5th Street, Flagler Beach, Florida 32136			

SECTION 2- RESPONSE TO RESISTANCE

Insert Number Below Using Resistance/Response Description		Resistance Level	Response Level
Subject's Resistance Level:	Officer's Response Level:	3- Passive Physical	3- Physical Control
5	4	4- Active Physical	3- ASR/Chemical Agent
		5- Aggressive Physical	4- Intermediate Weapon/ASP/DFSG
		6- Aggravated Physical	5- Incapacitation
			6- Deadly Force
Type of Force Used: Physical Force Impact Munitions Chemical Force Firearm DFSG(ECD) Other(Specify) Impact Weapon		Description of Force used (from List at Left) Physical Force and DFSG(ECD)	
THIS REPORT SHALL BE COMPLETED WITH ANY OF THE ABOVE LISTED RESPONSE LEVELS. AS WELL AS, ANY ARREST WHERE INJURIES OCCURRED.			

SECTION 3- DFSG DATA

If DFSG(ECD) was used, you must complete this section

DFSG Serial #:	11002x3x120024w2	Photos? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DFSG Make:	Taser	
DFSG Effect:	Non-effective	
Type of Deployment:	Drive Stun	
Number of cartridges deployed:	0	
Cartiage Serial#:		
Number of cycles applied:	2	
Approximate distance when deployed:		
Distance between probes:		
Were the probes removed on scene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the application cause injury?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Were the probes/cartiages submitted into evidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 4- FIREARM DATA

If Firearm was used, you must complete this section

Firearm Make:	
Firearm Model:	
Caliber:	
Ammunition Brand:	
Number of rounds fired:	

SECTION 5- ASR/CHEMICAL DATA

If ASR/Chemical was used, you must complete this section

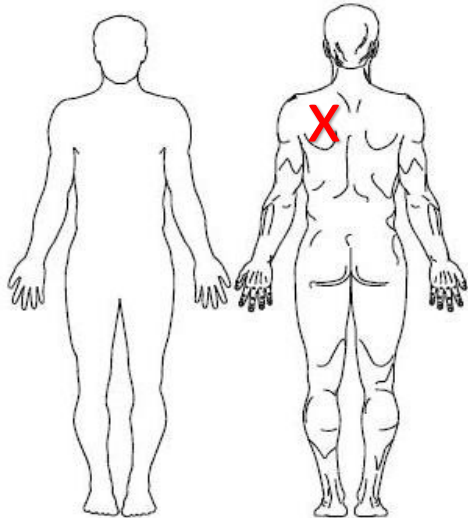
ASR/Chemical Make:	
ASR/Chemical Type:	
Delivery Method:	
Number of Applications or Duration:	
Effectiveness:	

SECTION 6- SUBJECT DATA

Subject # 1 Name: Christopher Hobbie DOB: 4/15/1993 mm/dd/yy Height: 6'00" Weight: 200 lbs Sex: Male	Notes: Hobbie had actively fled on foot in prior contacts.
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OFFENSE INFORMATION:		Notes:
Nature of Incident:	Domestic Battery	
Criminal Charges:	Yes	
Was subject booked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was subject admitted to under B.A.?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Application Area(s): Place "X's"/draw/enter comments where DFSG, ASR/Chemical, Impact Weapons or Munitions, pain compliance or pressure point(s) were applied on the subject.



Subject #	1	Notes: Subject was treated for broken hand that occurred prior to officers arriving.	
Injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Rescue Unit:	11		Run#: 2019-14092
Hospital?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, treated by:	Advent Health		
Was the subject under the influence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drug/Narcotic Type:	Unknown		
Amount Consumed/Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 7- ADDITIONAL DATA			
Officer Injured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Medical Treatment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hospitalized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transported To:	Transported By:
Treated By:	Describe Injury: Right foot (outside) is in pain. Will attend the Mediquick clinic when open.		
Incident Location: 319 N 5th Street			
Describe any special circumstances (Roof,Tree,Fence, etc):			

SECTION 8- OFFICER'S NARRATIVE

Justification is needed for **ANY** response to resistance. Be sure to include as much information as possible. You must include all escalations and de-escalations of resistance levels and response to resistance levels. If you skip response levels, you **MUST** explain why it was necessary.

On December 7, 2019, I responded to 319 North 5th Street in reference to a 911 hang-up. I entered the residence and observed the defendant on top of his mother in the kitchen area. Officer Scherr and I pulled the defendant off of his mother and went to secure him. The defendant was facing Officer Scherr and was told to stop resisting. He began to tense and twist to evade being secured. Officer Scherr and I tried to redirect him to the ground and the defendant became combative and aggressively physical with us. Several leg strikes and pressure points were attempted without compliance. He was told multiple times to stop resisting and the defendant continued to push, punch and resist arrest. I took out my agency issued Electronic Control Device (ECD) and removed the cartridge due to being so close to the defendant. His hands were still underneath him and he was still actively trying to stand back up. I placed a drive stun to the left shoulder blade of his back but it was not successful in gaining compliance of the defendant. I punched the defendant in the face to gain compliance and tried additional pressure points to gain compliance with negative results. He continued to resist arrest and I instructed Officer Scherr to activate his ECD. Officer Scherr activated his ECD which struck him in the right shoulder blade of his back but the prongs were less than 4 inches apart and were not effective in gaining compliance. Additional units responded and the defendant was secured. I believe the ECD was deployed a second time in the same spot with non-compliance.

Name(Print):	Keith Jones	ID#:	7069	Signature:		Date:	12/7/2019
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SECTION 9- SUPERVISOR'S REVIEW

I responded to the scene where I assisted Officer Scherr and Jone in securing the suspect. Officer Scherr and Jones were in compliance with their use of force level used to detain the suspect.

Video Viewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Within Policy:	<input type="checkbox"/> Yes	Further Investigation Requested:	<input type="checkbox"/> Yes
Supervisor's Name(Print):	Sgt. David A. Blank	ID#:	7043	Signature:		Date:	12/7/2019

SECTION 10- CAPTAIN'S REVIEW

Video Viewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Within Policy:	<input type="checkbox"/> Yes	Further Investigation Requested:	<input type="checkbox"/> Yes
Captain's Name(Print):		ID#:		Signature:		Date:	

SECTION 11- CHIEF'S REVIEW

Video Viewed? Yes No N/A Within Policy: Yes Further Investigation Requested: Yes

Chief's Name(Print):		ID#:		Signature:		Date:	
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