



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	Evan Scherr	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 #:	X120024CM	Photos? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DFSG Make:	Taser	
DFSG Effect:	Non-effective	
Type of Deployment:	Darts	
Number of cartridges deployed:	1	
Cartiarge Serial#:	C410766A4	
Number of cycles applied:	1	
Approximate distance when deployed:	3 Feet	
Distance between probes:	5"	
Were the probes removed on scene?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did the application cause injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were the probes/cartiarges submitted into evidence?	<input checked="" 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

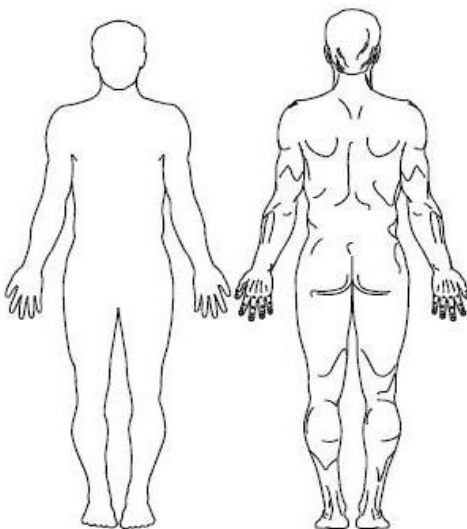
ASR/Chemical Make:	
ASR/Chemical Type:	
Delivery Method:	
Number of Applications or Duration:	
Effectiveness:	

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Medical Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transported To:	Transported By:
Treated By:			
Describe Injury:			
Incident Location:			
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 Jones and I pulled the defendant off of his mother and went to secure him. The defendant was facing me and was told to stop resisting. He began to tense and twist to evade being secured. Officer Jones 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. The defendant was told multiple times to stop resisting and the defendant continued to push, punch, and resist arrest. Officer Jones attempted to drive-stun the defendant with his agency-issued Electronic Control Device (ECD), which was ineffective. Officer Jones then instructed me to activate my ECD, which I did, striking the defendant in the right shoulder blade of his back. However, the prongs were less than 4 inches apart and thus ineffective in gaining compliance. Additional units responded and the defendant was secured.

Name(Print):	Ofc. E. Scherr	ID#:	7078	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 Jones 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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