

# Response to Resistance Report

Key West Police Department

Case No: 20-4164

**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)

**2. Date:** 10/11/20      **3. Time:** 0420      **4. Location:** 3340 N. Roos. Blvd.      **5. Incident type:** Trespasser

INCIDENT	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
<input checked="" type="checkbox"/>	Passive:	Refusing to follow verbal orders	<input checked="" type="checkbox"/>	Physical Control
<input checked="" type="checkbox"/>	Active:	Tensing/pulling away	<input type="checkbox"/>	Non-lethal Weapon
<input type="checkbox"/>	Aggressive:		<input type="checkbox"/>	Deadly Force
<input type="checkbox"/>	Deadly Force:			

**10. Last Name:** Brown      **11. First:** Amie      **12. Race:** White      **13. Sex:** Female

**14. DOB:** 03/04/1975      **15. Height:** 5'04      **16. Weight:** 160

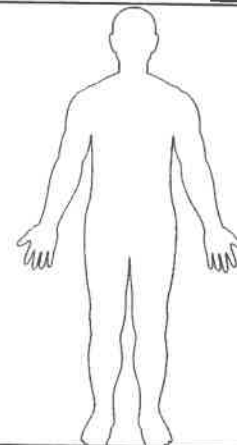
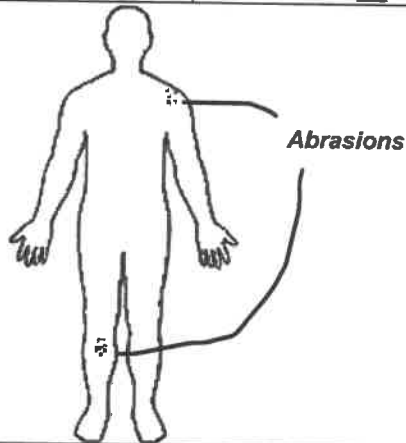
**17. Did you observe the subject:**  No  Yes      If NO, explain why in Section 42. If "YES", complete sections 18-22

**18. Appeared to be:**  Intoxicated     Under the influence of controlled substance     Emotionally / mentally disturbed

**19. Injuries:**  No  Evident  Alleged    (If Evident or Alleged, describe and indicate areas on charts in Section 22)

**20. Photographed:**  No  Yes    **21. Treated:**  No  Yes    **By:**  EMT/Paramedic on scene     Hospital     Detention

SUBJECT



**23. Officer:** Nolan Wynn      **24. Race:** W      **25. Sex:** M      **26. Age:** 48      **27. Height:** 5'10"      **28. Weight:** 195

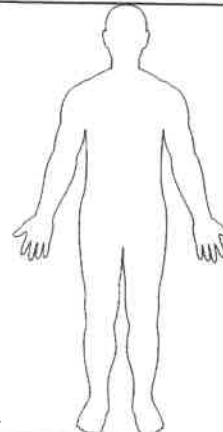
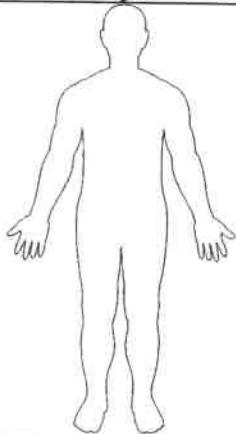
**29. Duty Status:**  On-duty  Off-duty  Extra duty employment     Uniformed  Plain clothes    **30. Yrs Exp:** 1

**31. Injuries:**  No  Evident  Alleged    (If Evident or Alleged, describe and indicate areas on charts in Section 35)

**32. Photographed:**  No  Yes    **33. Treated:**  No  Yes    **By:**  EMT/Paramedic on scene     Hospital

**34. Response option used by this officer: (if TASER®, also reference line number from TASER® section)**

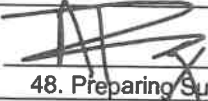
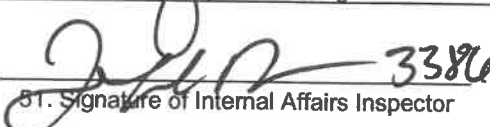
OFFICER



# Response to Resistance Report (continued)

Key West Police Department

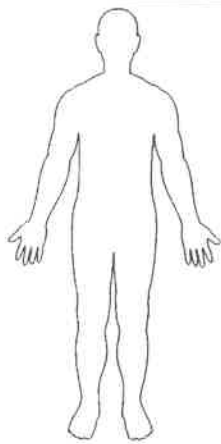
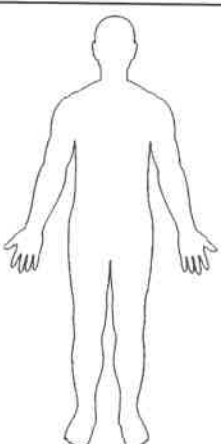
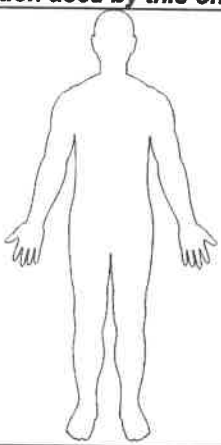
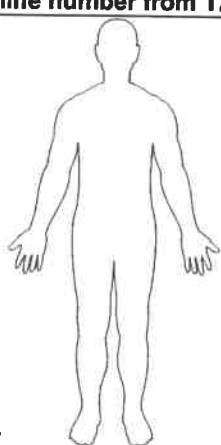
Case No: 20-4164 Error! Reference source not found.

<b>TASER USE ONLY</b>	<b>36. TASER® device serial # N/A</b>		<b>37. TASER® device serial # N/A</b>		
	TASER® Cam serial # N/A		TASER® Cam serial # N/A		
	Cartridge 1 serial # N/A		Cartridge 1 serial # N/A		
	Cartridge 2 serial # N/A		Cartridge 2 serial # N/A		
	Number of cycles: N/A		Number of cycles: N/A		
	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: N/A		Target distance at probe launch: N/A		
	Distance between probes: N/A		Distance between probes: N/A		
	Probes removed by (name): N/A		Probes removed by (name): N/A		
	Device downloaded by: N/A		Device downloaded by: N/A		
<input type="checkbox"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b>					
<b>REPORT</b>	<b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b>				
	<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.				
<b>SUPERVISOR'S INQUIRY</b>	<b>40. Notified Date:</b> 10/11/2020		<b>41. Time:</b> 0420		
	<b>42. Did you respond to the scene:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why)				
	Subject was still difficult on scene, met with officer at jail due to demeanor				
	<b>43. Did you watch all relevant videos associated with the use of force?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>44. Did you meet with the Officer(s):</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>45. During your review did you find any potential policy violations or training issues associated with the incident?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	<b>46. Were you able to locate any independent witnesses:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
<b>INT. AFF.</b>	<b>47. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		
			 A Rodriguez 3465 48. Preparing Supervisor's Signature / ID		
			10/11/2020 49. Date		
	<b>50. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51)		 3386 51. Signature of Internal Affairs Inspector		
		10/23/20 52. Date			
<b>53. If section 48 is "No" record the Professional Standards Control Number:</b>		<b>54. Date Entered:</b>			

# Response to Resistance Report (continued)

Key West Police Department

Case No: 20-4164

<b>OFFICER</b>	<b>23. Officer:</b> Leonardo Hernandez <b>24. Race:</b> H <b>25. Sex:</b> M <b>26. Age:</b> 45 <b>27. Height:</b> 5'04" <b>28. Weight:</b> 148					
	<b>29. Duty Status:</b> <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					<b>30. Yrs Exp:</b> 1
	<b>31. Injuries:</b> <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)					
	<b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	<b>34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</b>					
	 <b>35. Anterior View</b>			 <b>Posterior View</b>		
<b>OFFICER</b>	<b>23. Officer:</b> _____ <b>24. Race:</b> _____ <b>25. Sex:</b> _____ <b>26. Age:</b> _____ <b>27. Height:</b> _____ <b>28. Weight:</b> _____					
	<b>29. Duty Status:</b> <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain					<b>30. Yrs Exp:</b> _____
	<b>31. Injuries:</b> <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)					
	<b>32. Photographed:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
	<b>34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</b>					
	 <b>35. Anterior View</b>			 <b>Posterior View</b>		

FLO 440100 20-004164

4. REPORTED DATE 10/11/2020 TIME 0401 TIME DISP. 0401 TIME ARV. 0409 TIME COMPLETED 0600

INCIDENT TYPE 1. FELONY 2. TRAFFIC FELONY MISDEMEANOR 4. TRAFFIC MISDEMEANOR 5. ORDINANCE 99. OTHER

5. INCIDENT FROM DAY SUNDAY DATE 10/11/2020 TIME 0401 DAY DATE TIME

6. OFFENSE #1 TOES/FEET ORIGIN THRU STUCL. TYPE MISDEMEANOR 7. STATUTE VIOLATION # 810.09(e)(a) 8. NCICA/CR CODE

9. OFFENSE #2 RESISTING OFFICER W/O VIOLENCE TYPE MISDEMEANOR 7. STATUTE VIOLATION # 843.02 8. NCICA/CR CODE

10. INCIDENT LOCATION (STREET/NUMBER) CITY STATE ZIP 11. GEOGRAPHIC INDICATOR

12. BUSINESS NAME/AREA IDENTIFIER KEY WEST MOPEX

13. # OFFENSES 14. # VICTIMS 15. # OFFENDERS 16. # PREM. ENT. 17. # VEH. STOLEN 18. FORCED ENTRY 19. OCCUPANCY

20. LOCATION TYPE 21. RESIDENCE - SINGLE 22. APARTMENT 23. RESIDENCE - OTHER 24. HOTEL - MOTEL 25. CONVENIENCE STORE 26. GAS STATION 27. LIQUOR SALES 28. BARNIGHT CLUB 29. SUPERMARKET 30. HOTEL/DISCOUNT STORE 31. RESTAURANT 32. DRUG STORE/HOSPITAL 33. BANK/FINANCIAL INST. 34. COMMERCIAL/OC. BLDG. 35. INDUSTRIAL/MFG. 36. STORAGE 37. GOVT./PUBLIC BLDG. 38. SCHOOL/UNIVERSITY 39. JAIL/PRISON 40. RELIGIOUS BLDG. 41. AIRPORT 42. BUS./RAIL TERMINAL 43. CONSTRUCTION SITE 44. OTHER STRUCTURE 45. PARK LOT/GARAGE 46. HIGHWAY/ROADWAY 47. PARKWOODLANDS 48. LAKE/WATERWAY 49. MOTOR VEHICLE 50. UNOCCUPIED 51. ABANDONED 52. OTHER MOBILE 53. OTHER KNOWN

VICTIM TYPE 1. JUVENILE 2. LAW ENFORCEMENT OFFICER 3. ADULT 4. BUSINESS 5. GOVERNMENT 6. CHURCH 7. OTHER

VICTIMS RELATIONSHIP TO OFFENDER 1. N/A 2. UNDETERMINED 3. STRANGER 4. SPOUSE 5. EX-SPOUSE 6. CO-HABITANT 7. N/A 8. PARENT 9. CHILD 10. STEP-PARENT 11. IN-LAW 12. OTHER FAMILY 13. STUDENT 14. TEACHER 15. CHILD OF BOY/GIRL FRIEND 16. BOY/GIRL FRIEND 17. FRIEND 18. NEIGHBOR 19. SITTER/DAY CARE 20. EMPLOYEE 21. EMPLOYER 22. LANDLORD/TENANT 23. ACQUAINTANCE 24. OTHER

1. VICTIM 2. LAST NAME, FIRST, MIDDLE/BUSINESS 3. AJ 4. R/S 5. DOB/AGE

PR 6. RESIDENCE ADDRESS 7. OFFENSE INDICATOR 8. RESIDENCE STATUS 9. LOCAL CONTACT ADDRESS

WITNESS 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 11. DATE/TIME AVBL. 12. OCC./TITLE

13. RESIDENCE PHONE ( ) 14. BUSINESS PHONE ( 305 ) 206 1324

1. VICTIM 2. LAST NAME, FIRST, MIDDLE/BUSINESS 3. AJ 4. R/S 5. DOB/AGE

PR 6. RESIDENCE ADDRESS 7. OFFENSE INDICATOR 8. RESIDENCE STATUS 9. LOCAL CONTACT ADDRESS

WITNESS 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 11. DATE / TIME AVBL. 12. OCC./TITLE

13. RESIDENCE PHONE ( ) 14. BUSINESS PHONE ( )

1. EXTENT OF INJURY 2. LOCATION ON BODY 3. HOSPITAL/CLINIC

INJURY TYPE 1. MINOR 2. SERIOUS 3. FATAL V1. #1 V2. #2 V1. #1 V2. #2

1. PERSON INTERVIEWED 2. AJ 3. AGE RES. ADDRESS APT. CITY RES. PHONE

4. LOCAL CONTACT ADDRESS BUS. ADDRESS CITY BUS. PHONE

1. PERSON INTERVIEWED 2. AJ 3. AGE RES. ADDRESS APT. CITY RES. PHONE

4. LOCAL CONTACT ADDRESS BUS. ADDRESS CITY BUS. PHONE

1. LAST NAME, FIRST, MIDDLE 2. RESIDENCE ADDRESS APT. # CITY STATE RES. PHONE

ASMP OFFENSE INDICATOR 4. BUSINESS ADDRESS CITY ZIP 5. USUAL OCCUPATION 6. BUS. PHONE

RRSSR 7. INJURED BY Y N FATAL 8. CITIZENSHIP USA 9. NICKNAME 10. AJ A

SEICNTG 11. DOB/AGE 03/04/1976 12. RACE/SEX WF 13. HGT. 5'05 14. WGT. 160 15. EYE COLOR BROWN 16. HAIR BLONDE

17. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS 18. SCARS, MARKS, TATTOOS, DEFORMITIES

#1 19. SS # 20. OBTS #

1. LAST NAME, FIRST, MIDDLE 2. RESIDENCE ADDRESS APT. # CITY STATE RES. PHONE

ASMP OFFENSE INDICATOR 4. BUSINESS ADDRESS CITY ZIP 5. USUAL OCCUPATION 6. BUS. PHONE

RRSSR 7. INJURED BY Y N FATAL 8. CITIZENSHIP 9. NICKNAME 10. AJ

SEICNTG 11. DOB/AGE 12. RACE/SEX 13. HGT. 14. WGT. 15. EYE COLOR 16. HAIR

17. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS 18. SCARS, MARKS, TATTOOS, DEFORMITIES

#2 19. SS # 20. OBTS #

(1) HAIR LENGTH (2) HAIR STYLE (3) FACIAL HAIR (4) COMPLEXION (5) TEETH (6) APPEARANCE/DEMEANOR (7) SPEECH (8) R/L HANDED

1. LONG 2. MEDIUM 3. SHORT 4. RECEDING 5. BALDING 6. BALD 1. APRONATURAL 2. BRANDED 3. BUSHY 4. DIRTY/GREASY 5. DREADLOCKS 6. PROCESSED 7. STYLED 8. UNCOMBED 9. WAVY/CURLY 99. OTHER 1. CLEANSHAVEN 2. FULL BEARD 3. FU MANCHU 4. FUZZ 5. LOWER LIP 7. MUSTACHE 8. SIDEBURNS 9. UNSHAVEN 99. OTHER 1. LIGHT 2. MEDIUM 3. DARK 4. RUDDY 5. TANNED 6. MULATTO 8. ALBINO 8. ACNE 8. FRECKLED 99. OTHER 1. BROKEN 2. SUCK TEETH 3. DECAYED 4. DIRTY 5. GOLD 6. GOLD LINED 7. DESIGNED 8. MISSING 9. VERY WHITE 99. OTHER 1. DIRTY 2. FLASHY 3. MEAT 4. ANGRY 5. CALM 6. COCKY 7. DRUNK 8. NERVOUS 9. VIOLENT 99. OTHER 1. ACCENT 2. RAPID 3. SLOW 4. LOUD 5. SOFT 6. LIPS 7. NASAL 8. RASPY 9. STUTTER 99. OTHER 1. BUILD 2. LIGHT 3. MEDIUM 3. HEAVY

M I S S I O N I N G	1. MISSING PERSON CODE		2. TYPE MISSING				3. RECOVERY INFORMATION				AGENCY REPORT #	
	1	2	1	2	1	2	1	2	1	2	1	2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. MISSING		1. RUNAWAY		5. ENDANGERED		0. N/A		5. LAW ENFORCEMENT			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
2. RECOVER OOT MISSING		2. PARENTAL		6. DISASTER VICTIM		1. VOLUNTARY		6. LOCATED-NOT		6. RETURNED TO		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		RETURNED		PARENT/GUARDIAN		
3. MISSING AND RECOVERED		3. INVOLUNTARY		7. VOLUNTARY ADULT		2. LOCATED-NOT		3. HOSPITALIZED		7. DECEASED		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		4. HRS CUSTODY		99. OTHER		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
4. FOUL PLAY SUSPECTED?		5. PERSON MISSING PREVIOUSLY?										
1	2	1	2	1	2							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
1. YES		1. YES		3. UNKNOWN								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>								
2. NO		2. NO										
<input type="checkbox"/>		<input type="checkbox"/>										

S F O A L T V O A R B I L I T Y	A. WILL THE VICTIM PROSECUTE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				B. ARE THERE ANY KNOWN WITNESSES TO THE CRIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	C. HAVE ALL KNOWN WITNESSES BEEN IDENTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				D. HAVE ALL KNOWN WITNESSES BEEN INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	E. DO WITNESSES HAVE INFORMATION THAT IS VALUABLE TO THE INVESTIGATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				F. WAS AN ARREST MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	G. ARE ALL KNOWN OFFENDERS IN CUSTODY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				H. CAN THE SUSPECT(S) BE LOCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	I. CAN THE SUSPECT(S) BE NAMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN HOW AND BY WHOM SUSPECT WAS NAMED. <i>IN CUSTODY</i>							
	J. CAN THE SUSPECT'S VEHICLE BE DESCRIBED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				K. CAN THE SUSPECT'S VEHICLE BE LOCATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	L. HAS THE SUSPECT'S VEHICLE BEEN IMPOUNDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				M. HAVE COMPUTER ENTRIES BEEN MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	N. IS THERE A SIGNIFICANT MO?				IF YES PUT X IN BOX			
	O. ARE THERE ANY UNUSUAL CIRCUMSTANCES OR FACTORS SUCH AS LIMITED OPPORTUNITY, LARGE AMOUNTS OF TRACEABLE PROPERTY TAKEN, UNIQUE TYPE OF PROPERTY OR UNIQUE MO WHICH WOULD ASSIST THE INVESTIGATOR? IF YES EXPLAIN IN THE NARRATIVE.							

V E H I C L E O R V E S S E L	1. VEHICLE CODES		S - STOLEN		X - SEIZED		F - FAILED TO RETURN		2. VEHICLE/VESSEL TYPE							
	A - ABANDONED		R - RECOVERED OOT		Y - STOLEN AND RECOVERED		O - OTHER (ARSON/DAMAGE)		<input type="checkbox"/> 1. AUTO		<input type="checkbox"/> 4. CAMPER/RV		<input type="checkbox"/> 7. BOAT			
	I - IMPOUNDED		H - RETURNED TO OWNER						<input type="checkbox"/> 2. TRUCK/VAN		<input type="checkbox"/> 5. BUS		<input type="checkbox"/> 8. AIRCRAFT			
	U - USED IN CRIME		V - VICTIM/THEFT/ATT THEFT						<input type="checkbox"/> 3. MOTORCYCLE		<input type="checkbox"/> 6. TRAILER		<input type="checkbox"/> 99. OTHER			
	3. VIN #		HULL #		4. DECAL #		5. HOW WAS VIN ACQUIRED?									
	6. MAKE		7. MODEL		8. YR.		9. BODY STYLE		10. LIC. #/TAG #/VESSEL REG.		11. YR.		12. STATE			
	13. VEHICLE COLOR TOP				BOTTOM				14. SPECIAL VEHICLE FEATURES							
	CODE		COLOR RANGE		CODE		COLOR RANGE		CODE		FEATURE		CODE		FEATURE	
	1. BLACK		10. RED/MAROON		<input type="checkbox"/> 1. LEVEL ALTERED		<input type="checkbox"/> 10. DAMAGE TO REAR		<input type="checkbox"/> 2. STICKER/DECAL ON BODY/BUMPER		<input type="checkbox"/> 11. DAMAGE TO SIDE		<input type="checkbox"/> 12. BODY PART(S) DIFFERENT COLORS		<input type="checkbox"/> 13. VINYL TOP	
	2. DARK BLUE		11. PINK		<input type="checkbox"/> 3. STICKER/DECAL ON WINDOW		<input type="checkbox"/> 14. EXTRA ANTENNA(S) OR MIRROR		3. DARK BROWN		12. BEIGE/TAN		<input type="checkbox"/> 15. SPECIAL RIMS/TIRES		<input type="checkbox"/> 16. LOUD MUFFLER	
4. DARK BROWN		13. WHITE/CREAM		<input type="checkbox"/> 4. RUST OR PRIMER SPOTS		<input type="checkbox"/> 17. OTHER/DESCRIBE BELOW		5. LT. BROWN/BRONZE/COPPER		14. YELLOW		<input type="checkbox"/> 9. DAMAGE TO FRONT				
6. PURPLE		15. ORANGE/GOLD		<input type="checkbox"/> 5. PAINTED INSCRIPTION ON BODY				7. DARK GREEN		15. ORANGE/GOLD						
8. LT. GREEN/LIME/OLIVE		99. OTHER/UNKNOWN		<input type="checkbox"/> 6. DECORATIVE PAINT				9. LT. GREEN/LIME/OLIVE		16. ORANGE/GOLD						
9. GRAY/SILVER				<input type="checkbox"/> 7. MISSING PARTS						17. OTHER/DESCRIBE BELOW						
15. ADDITIONAL DESCRIPTION								VALUE				16. TAG COMES BACK TO NAME, ADDRESS, STATE, ETC.				
17. DOORS LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WINDOWS CLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO		19. KEY IN IGNITION <input type="checkbox"/> YES <input type="checkbox"/> NO		20. FINANCED BY		21. DATE OF LAST PAYMENT		22. INSURANCE COMPANY						

E M P L O Y E E N T R Y	23. PERSON LAST DRIVING VEH		24. R/S		25. DOB/AGE		26. RESIDENCE ADDRESS (ZIP)		PHONE		27. BUSINESS ADDRESS (ZIP)		PHONE	
	28. LOCATION OF RECOVERY OF MV						29. RECOVERY MILEAGE		30. EVIDENCE OF STRIPPING <input type="checkbox"/> YES <input type="checkbox"/> NO		31. DISPOSITION OF VEHICLE			
	32. VEHICLE TOWED BY / WHERE?						33. IF OOT RECOVERY - MSG. #						AUTHORITY	

P R O P E R T Y	PROP. CODE		S - STOLEN		R - OOT RECOVERED		H - RETURNED TO OWNER		E - EVIDENCE/SEIZED		1. PROPERTY RECEIPT #								
	F - FOUND		P - PERSONAL		K - PHOTOS TAKEN PROPERTY RETURNED TO OWNER		Y - STOLEN & REC.		A - ARSON										
	D - DAMAGE (INC. VALUE)																		
2. PROP. CODE		3. PER/ SUS #		4. QUAN.		5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.		6. VALUE		2. PROP. CODE		3. PER/ SUS #		4. QUAN.		5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.		6. VALUE	
35						BWL 4013													
35						COBAN 4013													
								TOTAL VALUE (IF CONTINUATION LEFT WITH OR DAMAGE VICTIM, MAKE AN ESTIMATE)											

C R I M E	1. ID REQUESTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2. SCENE PROCESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO				3. WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	4. LATENTS <input type="checkbox"/> YES <input type="checkbox"/> NO		6. EVIDENCE TO PROPERTY UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		7. ID TECHNICIAN / PIN # / UNIT #		8. FIRST OFFICER ON SCENE / PIN # / UNIT #			
	5. PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO									

D R U G I N F O	1. DRUG ACTIVITY				2. DRUG TYPE						
	<input type="checkbox"/> N - N/A		<input type="checkbox"/> K - DISPENSE/DISTRIBUTE		<input type="checkbox"/> N - N/A		<input type="checkbox"/> E - HEROIN		<input type="checkbox"/> P - PARAPHERNALIA		
	<input type="checkbox"/> B - BUY		<input type="checkbox"/> M - MANUFACTURE/PRODUCE/ CULTIVATE		<input type="checkbox"/> A - AMPHETAMINE		<input type="checkbox"/> H - HALLUCINOGEN		<input type="checkbox"/> S - SYNTHETIC		
	<input type="checkbox"/> D - DELIVER		<input type="checkbox"/> P - POSSESS		<input type="checkbox"/> T - TRAFFIC		<input type="checkbox"/> M - MARIJUANA		<input type="checkbox"/> U - UNKNOWN		
<input type="checkbox"/> E - USE				<input type="checkbox"/> U - UNKNOWN		<input type="checkbox"/> C - COCAINE		<input type="checkbox"/> O - OPIUM/DERIVATIVE		<input type="checkbox"/> Z - OTHER	
<input type="checkbox"/> Z - OTHER											
3. ACTIVITY		4. TYPE		5. DESCRIPTION		6. QUANTITY		7. UNIT		8. ESTIMATED STREET VALUE	
ACTIVITY		TYPE		DESCRIPTION		QUANTITY		UNIT		\$	
ACTIVITY		TYPE		DESCRIPTION		QUANTITY		UNIT		\$	
ACTIVITY		TYPE		DESCRIPTION		QUANTITY		UNIT		\$	

W E A P O N	1. WEAPON TYPE USED				2. WEAPON FEATURES												
	<input type="checkbox"/> 00. N/A		<input type="checkbox"/> 06. BLUNT OBJECT		<input type="checkbox"/> 1. CHROME/NICKEL		<input type="checkbox"/> 7. DOUBLE BARREL		<input type="checkbox"/> 1. 2								
	<input type="checkbox"/> 01. HANDGUN		<input type="checkbox"/> 07. HANDS/FISTS/FEET		<input type="checkbox"/> 2. BLUE STEEL		<input type="checkbox"/> 8. SINGLE BARREL		<input type="checkbox"/> 13. LG. BORE								
	<input type="checkbox"/> 02. RIFLE		<input type="checkbox"/> 08. POISON		<input type="checkbox"/> 3. AUTOMATIC		<input type="checkbox"/> 9. SAWED OFF		<input type="checkbox"/> 14. SM. BORE								
<input type="checkbox"/> 03. SHOTGUN		<input type="checkbox"/> 09. EXPLOSIVES		<input type="checkbox"/> 4. REVOLVER		<input type="checkbox"/> 10. PUMP		<input type="checkbox"/> 99. OTHER									
<input type="checkbox"/> 04. FIREARM		<input type="checkbox"/> 10. FIRE/INCENDIARY		<input type="checkbox"/> 5. SHORT BARREL		<input type="checkbox"/> 11. BOLT ACTION		DESCRIBE									
<input type="checkbox"/> 05. KNIFE/CUTTING INST.		<input type="checkbox"/> 11. THREAT/INTIMIDATION		<input type="checkbox"/> 6. LONG BARREL		<input type="checkbox"/> 12. ALTERED STOCK											
3. CALIBER/GAUGE		4. MAKE		5. SERIAL #		6. BARREL LENGTH		7. MODEL #		8. COLOR		9. TYPE OF GRIPS		10. BUTT		11. Pg. Pgs.	



20-004164

OFFICER ASSAULTED / KILLED

1. INCIDENT TYPE

- 1. OFFICER KILLED FELONIOUS
- 2. OFFICER KILLED ACCIDENT OR NEGLIGENCE
- 3. OFFICER ASSAULTED, NO INJURY
- 4. OFFICER ASSAULTED, MINOR INJURY
- 5. OFFICER ASSAULTED, SERIOUS INJURY

2. OFFICER ACTIVITY

- 1. RESPONDING TO DISTURBANCE
- 2. BREAKING AND ENTERING IN PROGRESS OR PURSUING B AND E SUSPECT
- 3. ROBBERY IN PROGRESS OR PURSUING ROBBERY SUSPECT
- 4. ATTEMPTING OTHER ARREST
- 5. CIVIL DISORDER

- 6. DOMESTIC DISTURBANCE
- 7. HANDLING, TRANSPORTING, CUSTODY OF PRISONERS
- 8. INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES
- 9. AMBUSH, NO WARNING
- 10. ASSAILANT MENTALLY DERANGED
- 11. TRAFFIC PURSUIT OR STOP
- 99. OTHER

3. TYPE OF ASSIGNMENT

- 1. ONE PERSON VEHICLE, ALONE
- 2. ONE PERSON VEHICLE, ASSISTED
- 3. TWO PERSON VEHICLE
- 4. DETECTIVE OR SPECIAL ASSIGNMENT, ALONE

- 5. DETECTIVE OR SPECIAL ASSIGNMENT, ASSISTED
- 6. TRAFFIC/MOTORCYCLE OFFICER
- 7. OTHER, ALONE
- 8. OTHER, ASSISTED

4. (ANSWER ALL QUESTIONS)

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| WAS OFFICER WEARING BODY ARMOR?               | Y                        | N                        | UNK                      | N/A                      |
| DID ARMOR PREVENT SERIOUS INJURY OR FATALITY? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAS OFFICER AWARE OFFENDER HAD WEAPON?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DID OFFENDER USE OFFICER'S WEAPON?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAS A FIREARM DISCHARGED BY OFFENDER?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DISTANCE FROM OFFICER IN FEET (ESTIMATE) \_\_\_\_\_

WAS A FIREARM DISCHARGED BY THE OFFICER?

5. WAS OFFENDER INJURED?  YES  NO  UNK. EXTENT OF INJURIES TO OFFENDER

- 00. N/A
- 01. MINOR
- 02. MODERATE
- 03. SERIOUS
- 04. FATAL

OFFENDER

R/S

AGE

6. OFFICER EXPERIENCE (IN YEARS) \_\_\_\_\_ AGE \_\_\_\_\_

7. OFFICER ASSAULTED BY OFFENDER/SUSPECT # \_\_\_\_\_

ADMIN.	1. Officer Reporting (Print and Sign) <i>Nolan C HYNAN</i>		2. ID Number(s) <i>4013</i>	3. Unit <i>99</i>	4. Date <i>10/11/20</i>
	5. Officer Receiving (If Applicable) <i>A Rodriguez</i>	6. ID Number <i>3165</i>	7. Routed To	8. Referred To	9. Assigned To
			10. By	11. Date <i>10.11.20</i>	12. Pg. of

Case Number: 20-004164

Offense:

TRESPASS OTHER THAN STRUCTURE OR CONVEYANCE and RESISTING OFFICER WITHOUT VIOLENCE

Offender:

Amie Lynn Brown  
1 General Delivery  
Key West, FL 33040

On October 11, 2020, at approximately 0401 hours, I (Ofc. N. Wynn) was dispatched to 3340 N. Roosevelt Blvd. (Key West Moped) in reference to a possible intoxicated person.

A female, identified as Amie Brown, contacted Key West Communications and yelled at the dispatcher on duty. Brown said her location was Conch Town Liquors. I arrived and found Brown next door to Conch Town Liquors on bench in front of Key West Moped, which was closed at the time. Brown was sitting under a sign authorizing Key West Police Department to trespass from that location. Brown is a local homeless person who has had multiple incidents with Key West Police Department.

Brown was asked to leave the location multiple times by me and Ofc. Hernandez. On each occasion Brown refused to leave. Brown became more and more combative as we attempted to get her to leave. After several attempts to get Brown to leave I made the decision to arrest Brown. As I attempted to place handcuffs on Brown she braced and stiffened her arms to prevent me from putting her hands behind her back. I took hold of the right arm and Ofc. Hernandez to hold of the left arm. Brown continued to stiffen her arms and hold them out to prevent us from placing her in handcuffs. Brown attempted to break free and pushed her weight forward pulling me and Ofc. Hernandez off balance. Brown fell forward and landed on concrete on her right knee and left shoulder. Brown scraped her right knee on the concrete. Brown nearly pulled me on top of her.

While Brown was on the ground on her side Ofc. Hernandez and I were able to place her in handcuff. Brown was assisted in standing up by me and Ofc. Hernandez. I held Brown up while Ofc. Hernandez secured and double locked her handcuffs. I attempted to escort Brown to my patrol vehicle and multiple times she braced her legs and refused to walk. I was eventually able to get Brown to my vehicle and secure her in the back seat. I transported Brown to the Monroe County Detention Center. When Brown was removed from my vehicle in the sally port, she again braced with her legs and refused to walk when asked by the corrections deputy. The deputy had to take her by the arm and escort her to the elevator. Brown was taken to intake at MCDC and the scrape on her knee was treated at intake.

While responding to a public intoxication call, I found a female sitting on a bench at Key West Moped. Brown was warned multiple times to leave the location by me and Ofc. Hernandez. Both Ofc. Hernandez and I were wearing our Key West Police Department Class-B uniforms and arrived at the scene in our patrol vehicles, which are marked with Key West Police Department emblems and colors. Key West Police Department was legally authorized to trespass Brown from Key West Moped by the owners of the store. Brown knew and understood that we were



legally authorized to trespass her from Key West Moped and take her into custody. Based on these factors Brown was charged for violating F.S.S. 810.09(2)(a), TRESPASS – ON PROPERTY OTHER THAN A STRUCTURE OR CONVEYANCE.

Brown resisted officers' efforts to take her into custody by stiffening and bracing her arms while me and Ofc. Hernandez attempted to put her in handcuffs. Once in custody Brown attempted to prevent me from escorting her to my patrol vehicle by bracing her legs as I tried to walk her to my car. Both Ofc. Hernandez and I were wearing our Key West Police Department Class-B uniforms and arrived at the scene in our patrol vehicles, which are marked with Key West Police Department emblems and colors. Once we had arrived at MCDC Brown again tried to prevent corrections deputies from escorting her to the intake area by bracing her legs while they tried to walk her to the elevator. Based on these factors Brown was charged under F.S.S. 843.02, RESISTING OFFICER WITHOUT VIOLENCE.

This incident was recorded by my BWC. Brown's transport to Monroe County Detention Center was recorded by my in-car COBAN. An incident report was completed by Sgt. Rodriguez regarding the injury Brown received while being taken into custody.