

Response to Resistance Report

Key West Police Department

Case No: 17-5179

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

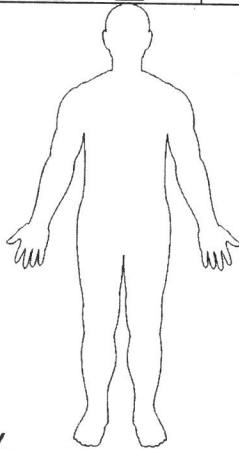
- ☐ A response through the use of non-lethal weapons,
☒ Applies weaponless physical force of strikes, kicks, or "take-downs"
☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force
☐ When any person complains of injury as a result of the application of force
☐ Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)

INCIDENT

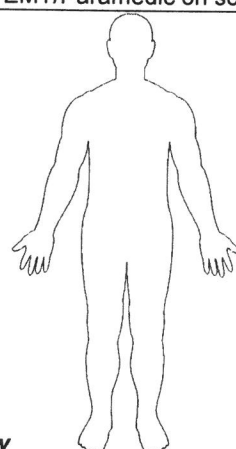
2. Date: 10/22/17 3. Time: 0304 4. Location: 1000 Truman Avenue 5. Incident: Drugs
6. Resistance Level 7. Explanation 8. Response Option 9. Explanation
☒ Passive: Refuse to stop or sit ☒ Physical Control Take-down
☒ Active: Pull away ☐ Non-lethal Weapon
☐ Aggressive: ☐ Deadly Force
☐ Deadly Force:

SUBJECT

10. Last Name: BREWER 11. First: BRETT 12. Race: W 13. Sex: M
14. DOB: 01/12/1995 15. Height: 5'11" 16. Weight: 190
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



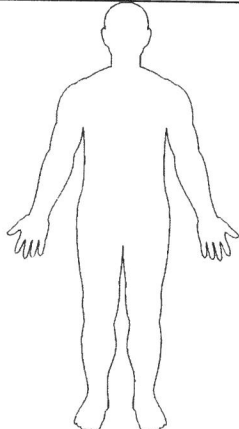
22. Anterior View



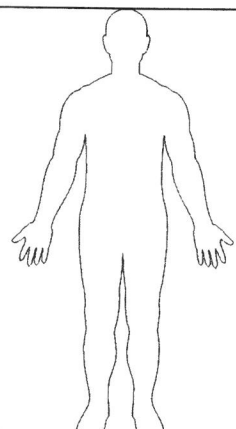
Posterior View

OFFICER

23. Officer: Brian Leahy 24. Race : W 25. Sex: M 26. Age: 49 27. Height : 5'10 28. Weight: 215
29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 11
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: Take-down



35. Anterior View



Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No:

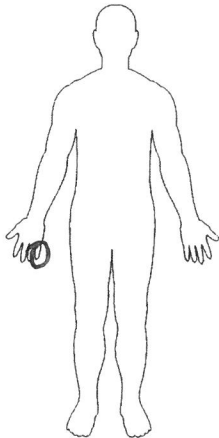
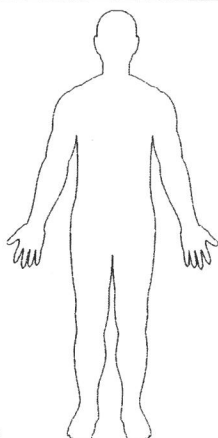
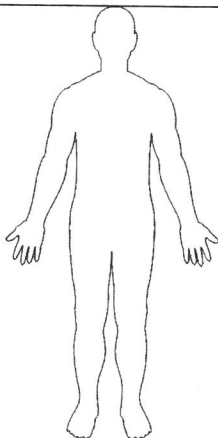
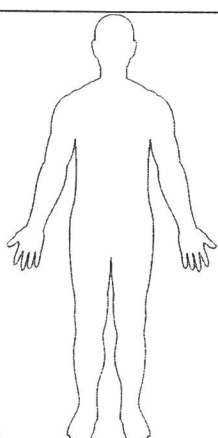
17-5179

| | | | | |
|--|--|-----------------------|---|--------------|
| 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: 10/22/17 | | 41. Time: 1200 Hours | |
| | 42. Did you respond to the scene: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why) | | | |
| | I was not on duty | | | |
| | | | | |
| | 43. Did you meet with the Officer: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why) | | | |
| | I was not on duty | | | |
| | | | | |
| | 44. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below) | | | |
| | Name | Address | | Phone Number |
| | | | | |
| INT. AFF. | 45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS | | Lt. Joe Tripp 1679 <i>[Signature]</i> 10/23/17 46. Preparing Supervisor's Signature / ID 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) | | <i>[Signature]</i> 2935 <i>[Signature]</i> 10/31/17 49. Signature of Internal Affairs Inspector 50. Date | |
| | 51. If section 48 is "No" record the Professional Standards Control Number: | | 52. Date Entered: | |
| | | | | |

Response to Resistance Report (continued)

Key West Police Department

Case No: 17-5179

| | | | | | |
|---|--|--|--|-----------|-------------------------------------|
| OFFICER | 23. Officer PABLO RODRIGUEZ | | 24. Race W | 25. Sex M | 26. Age: 50 Height: 510 Weight: 180 |
| | 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 | | | | |
| | 30. Yrs Exp: 18 | | | | |
| | 31. Injuries: <input type="checkbox"/> No <input checked="" 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 | | | | | |
| OFFICER | 35. Anterior View | | Posterior View | | |
| |  | |  | | |
| | | | | | |
| | | | | | |
| | | | | | |
| OFFICER | 35. Anterior View | | Posterior View | | |
| |  | |  | | |
| | | | | | |
| | | | | | |
| | | | | | |

INCIDENT DATA

| | | |
|----------------------|------------------|-----|
| Case# | 17-005179 | |
| Date / Time Reported | 10/22/2017 18:05 | Sun |
| Last Known Secure | 10/22/2017 03:04 | Sun |
| At Found | 10/22/2017 03:04 | Sun |

| | | |
|--|----------|----------|
| | | Activity |
| | Security | |

| | |
|----------|----------|
| | Activity |
| Security | |

| | |
|----------|----------|
| | Activity |
| Security | |

MO

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|-------|-------|-------|---------|--|--|--|--|-----|-------------------|---------|--|------|----------------|--------------------------|-----------------|------------------------|--|--------------|--|-------------|--|--|--|--|--|--|--|--|--|
| # of Victims 0 | | Type: | | | | | | | | | | Injury: | | | | | | | | | | Domestic: N | | | | | | | | | |
| V1 | Victim/Business Name (Last, First, Middle) | | | | | | | | | | Victim of Crime # | DOB | | Race | Sex | Relationship To Offender | Resident Status | Military Branch/Status | | | | | | | | | | | | | |
| | | | | | | | | | | | | Age | | | | | | | | | | | | | | | | | | | |
| Home Address | | | | | | | | | | | | | | | Home Phone | | | | | | | | | | | | | | | | |
| Employer Name/Address | | | | | | | | | | | | | | | Business Phone | | | | | Mobile Phone | | | | | | | | | | | |
| VYR | Make | Model | Style | Color | Lic/Lis | | | | | VIN | | | | | | | | | | | | | | | | | | | | | |

OTHERS INVOLVED

| CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) | | | | | | | | | | | |
|---|----------------------------|-------------------|----------------------|---------|-----|--------------------------|-----------------|------------------------|--------------|--|--|
| Type: INDIVIDUAL | | | | Injury: | | | | | | | |
| Code | Name (Last, First, Middle) | Victim of Crime # | DOB | Race | Sex | Relationship To Offender | Resident Status | Military Branch/Status | | | |
| IO | BREWER, BRETT WAYLON | | 01/12/1995 Age 22 | W | M | | Resident | | | | |
| Home Address 14697 Sw 35th Terr Rd Ocala, FL 34473 | | | | | | | Home Phone | | | | |
| Employer Name/Address | | | | | | Business Phone | | | Mobile Phone | | |
| Type: | | | | Injury: | | | | | | | |
| Code | Name (Last, First, Middle) | Victim of Crime # | DOB | Race | Sex | Relationship To Offender | Resident Status | Military Branch/Status | | | |
| | | | Age | | | | | | | | |
| Home Address | | | | | | | Home Phone | | | | |
| Employer Name/Address | | | | | | Business Phone | | | Mobile Phone | | |

PROPERTY

[illegible]

| | | | |
|-----------------------|---------------------------------|-------------------|---------------------------|
| Officer/ID# | LEAHY, BRIAN (2965) | | |
| Invest ID# | (0) | Supervisor | RODRIGUEZ, PABLO D (2298) |
| Complainant Signature | Case Status Cleared As Other | Case Disposition: | Page 1 |
| | 10/22/2017 | | |

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 17-005179

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*

OCA

17-005179

Victim

Offense

INCIDENT REPORT

Date / Time Reported

Sun 10/22/2017 18:05

On 10/22/2017, at approximately 0304 hours, I, Officer Leahy was traveling in my marked patrol vehicle, north, on White Street, towards the traffic light at Truman Avenue. I observed a white male, later identified as Brett Brewer, standing in the middle of the intersection of Truman Avenue and White Street. He looked at my patrol vehicle and screamed, "Take me to fucking jail" along with other statements, I could not understand. I activated my in-car camera and my BWC. I could see his fists were clinched and his body was very tense as he walked towards my vehicle, aggressively. I backed up my vehicle and called for back-up. Brewer walked over to the front door of the Chevron gas station (1126 Truman Avenue) stripped his shirt off, knelt down and closed his eyes. I had Brewer lie down. I handcuffed Brewer only detaining him based on his physical and mental demeanor. Brewer stated, "I had a bad trip" mentioning both heroin and acid. Brewer was sweating continuously and I observed his pupils to be large and his speech to be rapid. Brewer was calm for a moment but once i brought him to his feet he screamed, "I'm dead I'm dead I'm dead, someone help me help." Brewer then tensed up and tried to pull away from myself and Sgt. Rodriguez with much force, bringing all of us to the ground with him. Brewer would go in and out of consciousness. One moment quiet, the next screaming about the lord and dying etc. and at the same time trying to break the handcuffs with brute strength. Key West Rescue 5 arrived on scene and administered a sedative, by injection, to Brewer. Brewer was subsequently transported to Lower Keys Medical Center for evaluation and treatment. I rode along with Key West Rescue 5 to Lower Keys Medical Center. Once restrained by hospital staff, I removed the handcuffs. I observed what appeared to be burn blisters on Brewer's hands, which were older but had opened up when he tried to pull his hands under his body while in handcuffs . I observed no injuries on Brewer's person which would have resulted from him falling with us to the ground. It was suspected that Brewer was under the influence of drugs and alcohol. I did not photograph Brewer's person at the time of the incident. I left Brewer at the emergency room for treatment.