

Response to Resistance Report

Key West Police Department

Case No: 19-151

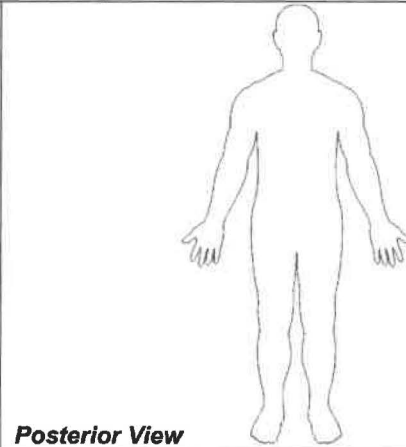
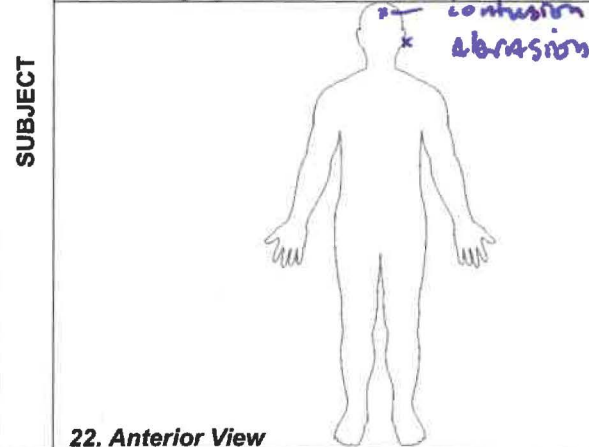
1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

- ☐ 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)

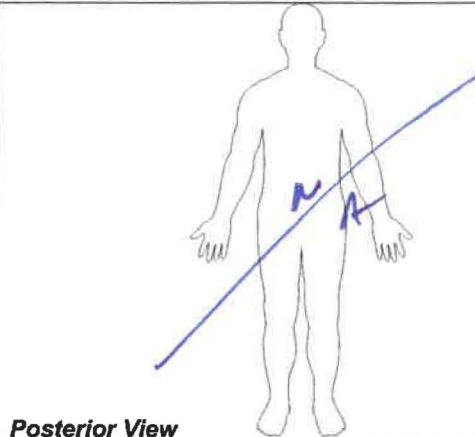
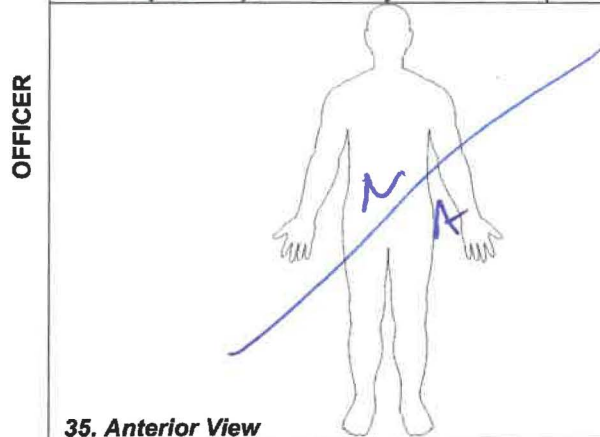
2. Date: 1/7/19 3. Time: 1342 4. Location: 3800 N. Roosevelt 5. Incident type: S-3

INCIDENT	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input checked="" type="checkbox"/> Passive:	Would not comply	<input checked="" type="checkbox"/> Physical Control	Take Down
	<input checked="" type="checkbox"/> Active:	Banging Head on car hood	<input type="checkbox"/> Non-lethal Weapon	
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			

SUBJECT	10. Last Name: Foor	11. First: Eric	12. Race: W	13. Sex: M
	14. DOB: 01/16/1990	15. Height: 5'09"	16. Weight: 160	
	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 type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed			
	19. 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 22)			
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention			



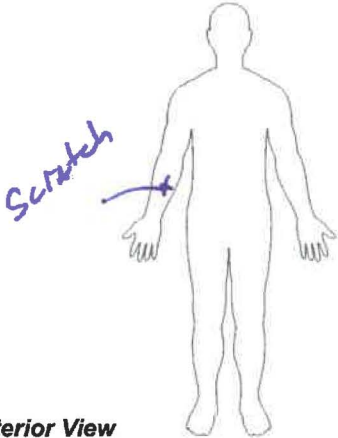
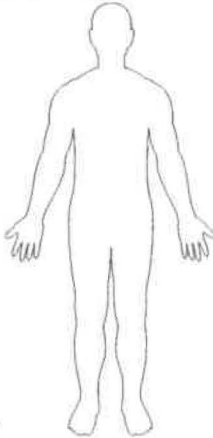
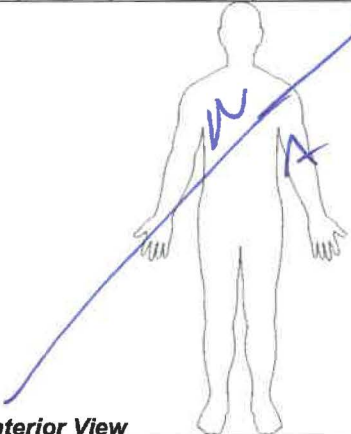
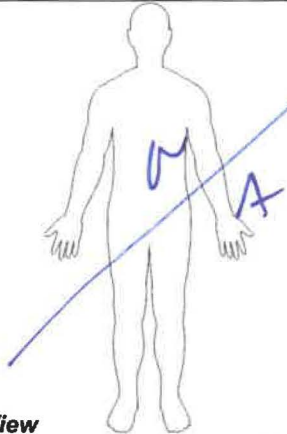
OFFICER	23. Officer: Frank Duponty	24. Race: W	25. Sex: M	26. Age: 50	27. Height: 5'08"	28. Weight: 260
	29. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes 30. Yrs Exp: 22 yr					
	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) 36					



Response to Resistance Report (continued)

Key West Police Department

Case No: 19-151

OFFICER	23. Officer: Officer Fernandez 24. Race: H 25. Sex: M 26. Age: 43 27. Height: 5'8" 28. 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: 16					
	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes 33. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" 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		
OFFICER	23. Officer: 24. Race: 25. Sex: 26. Age: 27. Height: 28. Weight:					
	29. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain 30. Yrs Exp:					
	31. Injuries: <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)					
	32. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input 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		

Response to Resistance Report (continued)

Key West Police Department

Case No: 19-151

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 checked="" 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: 01/07/19													
	41. Time: 1351 hours													
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)													
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)													
44. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)														
<table border="1"><thead><tr><th>Name</th><th>Address</th><th>Phone Number</th></tr></thead><tbody><tr><td>Sgt. Siracuse</td><td>KWPD</td><td>305-809-1000</td></tr><tr><td>Mundy Mira</td><td>28-D 11th Avenue, Key West, FL</td><td>305-360-2000</td></tr><tr><td>Officer Vazquez</td><td>KWPD</td><td>305-809-1000</td></tr></tbody></table>			Name	Address	Phone Number	Sgt. Siracuse	KWPD	305-809-1000	Mundy Mira	28-D 11 th Avenue, Key West, FL	305-360-2000	Officer Vazquez	KWPD	305-809-1000
Name	Address	Phone Number												
Sgt. Siracuse	KWPD	305-809-1000												
Mundy Mira	28-D 11 th Avenue, Key West, FL	305-360-2000												
Officer Vazquez	KWPD	305-809-1000												
45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes														
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS														
INT. AFF.	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)													
49. Signature of Internal Affairs Inspector		50. Date												
51. If section 48 is "No" record the Professional Standards Control Number:		52. Date Entered:												

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name Key West Police Department		INCIDENT/INVESTIGATION REPORT		Case# 19-000151	
	ORI FL0440100				Date / Time Reported 01/07/2019 13:42 Mon	
	Location of Incident 817 Peacock Plz, Key West FL 33040-				Last Known Secure 01/07/2019 13:42 Mon	
	Premise Type Restaurant Commercial				Beat/GP B5, GPB5	
V I C T I M	#1 Crime Incident(s) (Com) Baker / Marchman Act ZOJ		Weapon / Tools NOT APPLICABLE/NONE		Activity	
			Entry		Exit	
	#2 Crime Incident ()		Weapon / Tools		Activity	
			Entry		Exit	
	#3 Crime Incident ()		Weapon / Tools		Activity	
			Entry		Exit	
M O						
	# of Victims 0		Type:		Injury:	
	Victim/Business Name (Last, First, Middle)		Victim of Crime #		DOB	
	Home Address		Home Phone			
O T H E R I N V O L V E D	Employer Name/Address		Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)					
	Type: INDIVIDUAL		Injury:			
P R O P E R T Y	Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex
	IO	FOOR, ERIC MICHAEL		01/16/1990	W	M
	Home Address		Home Phone			
	Employer Name/Address		Business Phone		Mobile Phone	
P R O P E R T Y	Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex
	IO	BRICKER, ANNABELLE ESTHER		12/04/1992	W	F
	Home Address		Home Phone			
	Employer Name/Address		Business Phone		Mobile Phone	
P R O P E R T Y	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)					
	VI #	Code	Status Frm/To	Value	OJ	QTY
Officer/ID# FERNANDEZ, JOSE J (2607)						
Invest ID# (0)			Supervisor DUPONTY, FRANK T (1951)			
Status	Complainant Signature		Case Status <i>Cleared As Other</i>		Case Disposition:	
			01/07/2019		Page 1	

Incident Report Additional Name List

Key West Police Department

OCA: 19-000151

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	MIRA, ARMANDO MANUEL 3		11/01/1967	51	W	M
Address	28 11th Ave , Key West, FL 33040-		H: 305-360-2000			
Empl/Addr			B: - -			
			Mobile #: - -			

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 19-000151

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

19-000151

Victim

Offense

BAKER / MARCHMAN ACT

Date / Time Reported

Mon 01/07/2019 13:42

On 01/07/19, at 1346 hours, I was dispatched to 817 Peacock Plaza, Subway, in reference to a male causing a disturbance.

Key West Police Department Communications Division advised several 911 calls were made in regards to the male banging on the windows to the Subway restaurant. Upon arrival I met with Sgt. F. Duponty who was on scene and speaking to a white male. Sgt. F. Duponty asked the male to sit down and place both of his hands behind his back. Sgt. F. Duponty informed the white male he was being handcuffed while we conducted our investigation. The male complied and placed both of his hands behind his back. Sgt. F. Duponty was able to handcuff the white male without incident.

The white male was identified, Eric Michael Foor, through a valid Florida identification card, F600-213-90-016-0, out of Key West, FL.

Foor, for no apparent reason rapidly stood up and yelled, "I don't want to be alive anymore, I just want to die." I grabbed the back of Foor's shirt and attempted to maintain his balance since he was still handcuffed. Foor physically resisted and Sgt. F. Duponty grabbed Foor's right arm also attempting to prevent Foor from falling; however, Foor continued to physically resist, by attempting to run and pull away from us. Due to Foor's actions he caused us to step off the sidewalk and onto the roadway causing all three of us to fall onto the roadway. While on the ground Foor continued to yell, "Just kill me." Foor appeared to be suffering from a mental breakdown.

Prior to our arrival Foor was seen banging his head against the front window of the Subway restaurant and he sustained a minor abrasion in the center of his forehead. Foor then sustained abrasions to his left ear which was caused by the fall. Key West Rescue 3 responded and treated Foor on scene. Once Key West Rescue 3 treated/cleared foor, Sgt. F. Duponty and Ofc. B. Vazquez began to escort Foor to my patrol car, Unit 5233. As they approached my patrol car, foor again began to physically resist, so they held foor against to front left side of my patrol car. Sgt. F. Duponty and Ofc. B. Vazquez attempted to calm Foor, advising him he needed to relax and stop resisting. Foor ignored their request and then began to bang head against the hood of my patrol car, causing a small dent to the hood and irritate his earlier forehead injury.

Key West Rescue 3 was still on scene and we decided that based on foor's continuous outbursts of rage, he was going to be taken into protective custody. Foor had to be restrained to a rescue 3 stretcher, to prevent further injury. Foor's hands were handcuffed to the stretcher rails. Key West Rescue 3 paramedic administered a sedative to calm Foor. Ofc. B. Vazquez road in the back of Rescue 3, while in route to Lower Keys Medical Center, emergency room.

While at the emergency room foor continued to yell bizarre statements in reference to hurting himself. Foor was also restrained to the hospital bed. Foor was extremely uncooperative with hospital staff and would not answer any medical questions. Hospital nursing staff had to administer four different sedatives to calm Foor.

I believe Foor is unable to determine for himself whether examination is necessary and without care or treatment, Foor is likely to suffer from neglect or refuse to care for himself and such refusal could pose a threat of harm to his well-being; and there is a substantial likelihood that without care or treatment, Foor will cause serious bodily harm to himself, or others in the near future as evidenced by his recent behavior. I was also informed that Foor had a history of mental health issues and was last seen back in 2012 and 2018 for anxiety attacks, and being aggressive towards medical staff.

REPORTING OFFICER NARRATIVE

Key West Police Department

Victim	Offense <i>BAKER / MARCHMAN ACT</i>	OCA <i>19-000151</i> Date / Time Reported <i>Mon 01/07/2019 13:42</i>
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During the incident I sustained a 4" superficial cut on my right forearm, I was treated on scene and notified Sgt. D. Barrios and Sgt. F. Duponty of my injury.

My BWC was activated and the video was downloaded on the Key West Police Department Axon server. I took several pictures of Foor's injuries, patrol car damage, and also downloaded them into Axon server.

Incident Report Related Property List

Key West Police Department

OCA: 19-000151

1	Property Description PICTURES			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00		Qty 6.000	Unit	Jurisdiction Locally		
	Status Evidence	Date 01/07/2019	NIC #		State #	Local #		OAN	
	Name (Last, First, Middle) * No name *				DOB		Age	Race	Sex

Notes

2	Property Description BWC 2607			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00		Qty 1.000	Unit	Jurisdiction Locally		
	Status Evidence	Date 01/07/2019	NIC #		State #	Local #		OAN	
	Name (Last, First, Middle) * No name *				DOB		Age	Race	Sex

Notes