

Response to Resistance Report

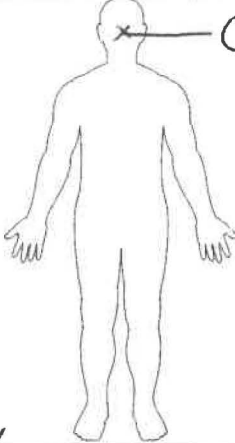
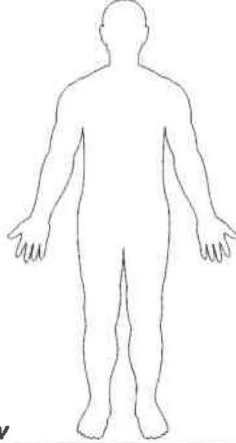
Key West Police Department

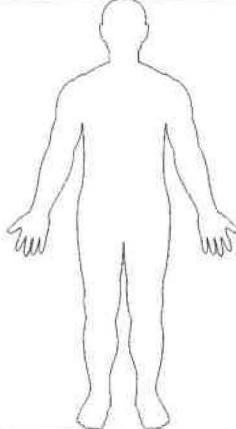
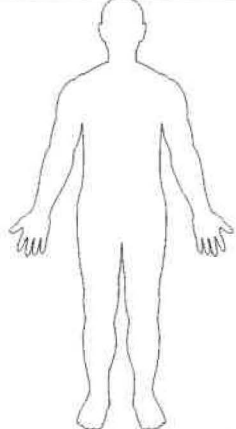
Case No: 19-2082

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: 3/31/2019	3. Time: 0014	4. Location: 202 Duval St	5. Incident type: S22p
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input checked="" type="checkbox"/> Passive:	Non-Compliant	<input type="checkbox"/> Physical Control	OC Spray
	<input checked="" type="checkbox"/> Active:	Engaged in Fighting	<input checked="" type="checkbox"/> Non-lethal Weapon	
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			

SUBJECT	10. Last Name: Steele	11. First: Ryan	12. Race: White	13. Sex: M
	14. DOB: 05/06/1985	15. Height: 6'1"	16. Weight: 190	
	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 checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	19. 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 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 type="checkbox"/> Hospital <input type="checkbox"/> Detention			
				
	22. Anterior View		Posterior View	

OFFICER	23. Officer: Neil Mogerley	24. Race: W	25. Sex: M	26. Age: 32	27. Height: 6'1	28. Weight: 250
	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: 10					
	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)					
						
	35. Anterior View		Posterior View			

Response to Resistance Report (continued)

Key West Police Department

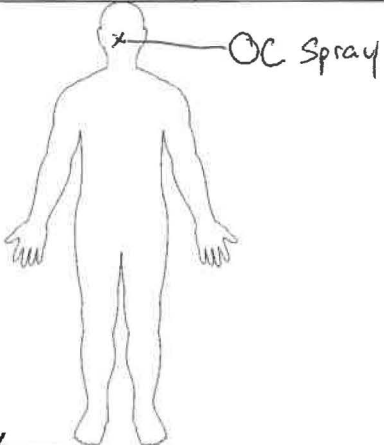
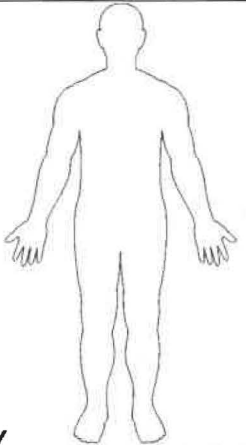
Case No: 19-2082

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: 2	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: 3/31/2019	
	41. Time: 0017	
	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)	
INT. AFF.	44. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)	
	Name	Address
	Ben Hermelin	826 White St, Key West, FL, 33040
45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		
46. Preparing Supervisor's Signature / ID <i>J. Stockton</i> 3317		
47. Date 3/31/2019		
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 <i>[Signature]</i>		
50. Date 4/2/19		
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: 19-2082

SUBJECT	10. Last Name: Ross		11. First: Simon		12. Race: White		13. Sex: M	
	14. DOB: 7/17/1992		15. Height: 6'0"		16. Weight: 190			
	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 checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed							
	19. 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 22)							
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22. Anterior View				Posterior View				

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# 19-002082	
	ORI FL0440100				Date / Time Reported 03/31/2019 00:59 Sun	
	Location of Incident 211 Duval Street - C, Key West FL 33040-		Premise Type Highway / Street / Road/	Beat/GP	Last Known Secure 03/31/2019 00:59 Sun	
					At Found 03/31/2019 00:59 Sun	

D E T A I L S	#1	Crime Incident(s) Disorderly Conduct DCA	(Com)	Weapon / Tools HANDS, FIST, FEET	Activity	
				Entry	Exit	Security
	#2	Crime Incident	()	Weapon / Tools	Activity	
				Entry	Exit	Security
	#3	Crime Incident	()	Weapon / Tools	Activity	
				Entry	Exit	Security

MO										
V I C T I M	# of Victims 1		Type: SOCIETY/PUBLIC/STATE			Injury:		Domestic: N		
	V1	Victim/Business Name (Last, First, Middle) Society	Victim of Crime # 1,	DOB Age	Race	Sex	Relationship To Offender	Resident Status N/A	Military Branch/Status	
	Home Address							Home Phone		
	Employer Name/Address						Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN			
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: Injury:									

O T H E R I N V O L V E D	Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
	Home Address							Home Phone		
	Employer Name/Address						Business Phone		Mobile Phone	
	Type: Injury:									
	Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
	Home Address							Home Phone		
Employer Name/Address						Business Phone		Mobile Phone		

L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)									
P R O P E R T Y	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		35	EVID	\$1.00		1	BWC3819		
Officer/ID# MOGERLEY, NEIL (3819)									
Invest ID# (0)							Supervisor STOCKTON, JOSEPH (3317)		
Status	Complainant Signature			Case Status <i>Cleared By Arrest</i>			Case Disposition: <i>Cleared By Arrest</i>		Page 1

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 19-002082

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

STOCKTON, J. (3317), DANTU, N. (3835), BRABLC, M. (3925)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE*Key West Police Department*

Victim <i>Society</i>	Offense <i>DISORDERLY CONDUCT</i>	OCA <i>19-002082</i> Date / Time Reported <i>Sun 03/31/2019 00:59</i>
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On March 31, 2019 at about 00:14 hours, I was on foot standing on the sidewalk in front of Ricks Bar (202 Duval Street). I observed two males start fighting on the sidewalk in front of Irish Kevin's Bar (211 Duval Street). The males were later identified as Ryan Steele (dob:05/06/1985), and Simon Ross (dob:07/17/1992). Ross was standing in front of the door area of Irish Kevins, and Steele came quickly walking up from the area of Shortys. Steele walked up to Ross and punched Ross in the face. The two then grabbed each other in the shoulder area and were pushing and pulling on each other. They both moved into the street. Steele punched Ross again. Steele fell to the ground and Ross began punching Steele several times as he was laying on the ground. I ran up and yelled "POLICE STOP". Ross was still punching Steele. I pepper sprayed Ross. Ross punched Steele about 8-12 times as he was on the ground. Steele stood up and punched Ross. I pepper sprayed Steele. Ross started to walk away. I followed Ross to the sidewalk and stopped him. I placed him into handcuffs.

I walked Ross over to Charles Street and sat him down on the sidewalk. I went up to Steele and placed him into handcuffs. I also said him down on the sidewalk on Charles Street. I requested dispatch to have Key West Rescue respond.

I had an employee at Ricks bring me a hose and both Ross and Steele had fresh water to wash their faces. Both Ross and Steele were evaluated by Key West Fire and Rescue, and both denined treatment and the need to go to the emergency room.

It was later learned that Steele was mad that Ross ran into his friend with his bicycle.

Sgt. Stockton, Ofc. Dantu, and Ofc. Brablc responded to the scene.

The fight caused a large gathering of people in the area to watch the fight and also stopped traffic due to them fighting in the roadway.

The incident was captured on the security camera at Ricks Bar. A copy was placed into evidence at the Key West Police Dept.

I transported Steel and Ofc. Brablc transported Ross to the Monroe County Correctional Center. They both were processed on charges of disorderly conduct.

Incident Report Suspect List

Key West Police Department

OCA: 19-002082

1	Name (Last, First, Middle) ROSS, SIMON						Also Known As				Home Address 321 PECON LANE KEY WEST, FL 33040 413-320-1904																																										
	Business Address																																																				
	DOB 07/17/1992	Age 26	Race W	Sex M	Eth N	Hgt 600	Wgt 185	Hair BLN	Eye HAZ	Skin LGT	Driver's License / State. [REDACTED]																																										
	Scars, Marks, Tattoos, or other distinguishing features																																																				
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="2">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel Mode of Travel</td> </tr> <tr> <td colspan="4">Veh Yr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="2">VIN</td> </tr> </table>															Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN		Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel Mode of Travel		Veh Yr/Make/Model				Drs	Style		Color		Lic/St		VIN	
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Notes																																																					
Physical Char																																																					

2	Name (Last, First, Middle) STEELE, RYAN S						Also Known As				Home Address 9315 HIRST ROAD NEWARK, OH 43056 740-281-7854																																										
	Business Address																																																				
	DOB 05/06/1985	Age 33	Race W	Sex M	Eth N	Hgt 610	Wgt 195	Hair BRO	Eye BLU	Skin LGT	Driver's License / State. [REDACTED]																																										
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Incident Report Related Property List

Key West Police Department

OCA: 19-002082

1	Property Description BWC3819			Make		Model		Caliber	
	Color	Serial No.		Value \$1.00		Qty 1.000		Unit	Jurisdiction Locally
	Status Evidence	Date 03/31/2019	NIC #		State #		Local #		OAN
	Name (Last, First, Middle) * No name *				DOB		Age	Race	Sex

Notes