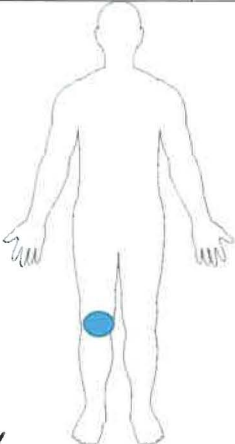
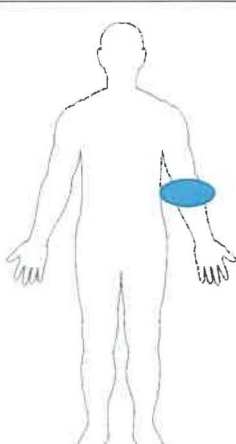
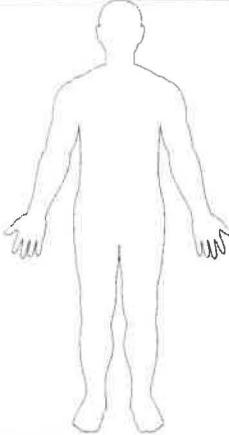
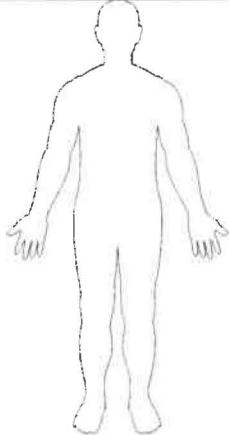


# Response to Resistance Report

Key West Police Department

Case No: 19-7461

<b>1. A Response to Resistance Report will be completed by the supervisor for:</b> (Check all that apply)			
<input type="checkbox"/> A response through the use of non-lethal weapons, <input checked="" type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs" <input type="checkbox"/> When any person sustains an apparent substantial or fatal injury as a result of the application of force <input type="checkbox"/> When any person complains of injury as a result of the application of force <input type="checkbox"/> Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)			
<b>INCIDENT</b>	<b>2. Date:</b> 12/20/19		<b>3. Time:</b> 1645
	<b>4. Location:</b> 11th St/Riviera Dr		<b>5. Incident type:</b> S31
	<b>6. Resistance Level</b> <input checked="" type="checkbox"/> Passive: Not following verbal commands <input checked="" type="checkbox"/> Active: Running/fleeing <input type="checkbox"/> Aggressive: <input type="checkbox"/> Deadly Force:	<b>7. Explanation</b> _____ _____ _____	<b>8. Response Option</b> <input checked="" type="checkbox"/> Physical Control <input type="checkbox"/> Non-lethal Weapon <input type="checkbox"/> Deadly Force
	<b>9. Explanation</b> Take-down _____ _____		
<b>SUBJECT</b>	<b>10. Last Name:</b> Stevens		<b>11. First:</b> Aurora
	<b>12. Race:</b> W		<b>13. Sex:</b> F
	<b>14. DOB:</b> 6/19/82		<b>15. Height:</b> 5'6
	<b>16. Weight:</b> 110		<b>17. Did you observe the subject:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22
	<b>18. Appeared to be:</b> <input type="checkbox"/> Intoxicated <input checked="" type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed		
	<b>19. Injuries:</b> <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 )		
	<b>20. Photographed:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>21. Treated:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention		
			
<b>22. Anterior View</b> Scrapes/Abrasions		<b>Posterior View</b> Scrapes/Abrasions	
<b>OFFICER</b>	<b>23. Officer:</b> Joseph Stockton		<b>24. Race:</b> W
	<b>25. Sex:</b> M		<b>26. Age:</b> 32
	<b>27. Height:</b> 5'7"		<b>28. Weight:</b> 190
	<b>29. Duty Status:</b> <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input checked="" type="checkbox"/> Plain clothes		
<b>30. Yrs Exp:</b> 10.5			
<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:</b> (If TASER®, also reference line number from TASER® section)			

	
<b>35. Anterior View</b>	<b>Posterior View</b>

**Response to Resistance Report (continued)**

Key West Police Department Case No: 19-7461

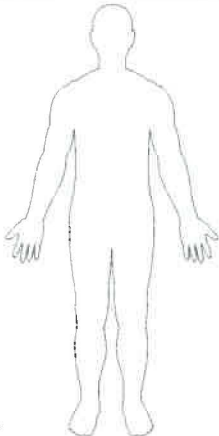
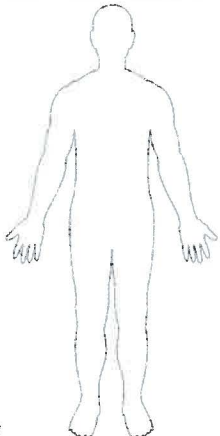
<b>TASER USE ONLY</b>	<b>36. TASER® device serial #</b>	<b>37. TASER® device serial #</b>
	TASER®Cam serial #	TASER®Cam serial #
	Cartridge 1 serial #	Cartridge 1 serial #
	Cartridge 2 serial #	Cartridge 2 serial #
	Number of cycles:	Number of cycles:
	Type of contact: <input type="checkbox"/> Probe <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"/> <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>40. Notified Date:</b> 12/20/19 <span style="float: right;"><b>41. Time:</b> 1703</span>	
	<b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
<b>SUPERVISOR'S INQUIRY</b>	<b>43. Did you meet with the Officer:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
<b>44. 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>45. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS</b>		<b>46. Preparing Supervisor's Signature / ID</b> <u>33856</u>
			<b>47. Date</b> <u>12/20/19</u>
	<b>48. 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)		<b>49. Signature of Internal Affairs Inspector</b> <u>[Signature]</u>
			<b>50. Date</b> <u>1/6/20</u>
<b>51. If section 48 is "No" record the Professional Standards Control Number:</b>		<b>52. Date Entered:</b>	

## Response to Resistance Report (continued)

Key West Police Department

Case No: 19-7461

<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>			

<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>						

I N C I D E N T  D A T A	Agency Name <b>Key West Police Department</b>		<b>INCIDENT/INVESTIGATION REPORT</b>				Case# <b>19-007461</b>	
	ORI <b>FL0440100</b>		Location of Incident <b>11th Street And Riviera Dr, Key West FL 33040-</b>		Premise Type <b>Highway / Street / Road/</b>	Beat/GP	Date / Time Reported <b>12/20/2019 16:34 Fri</b>	
							Last Known Secure <b>12/20/2019 16:34 Fri</b>	
							At Found <b>12/20/2019 16:34 Fri</b>	
M O	#1	Crime Incident(s) (Com) <b>Assist Other Agency ASA</b>			Weapon / Tools <b>NOT APPLICABLE/NONE</b>			Activity
					Entry	Exit	Security	
	#2	Crime Incident ( )			Weapon / Tools			Activity
					Entry	Exit	Security	
	#3	Crime Incident ( )			Weapon / Tools			Activity
					Entry	Exit	Security	
V I C T I M	# of Victims <b>1</b>		Type: SOCIETY/PUBLIC/STATE		Injury:		Domestic: N	
	Victim/Business Name (Last, First, Middle) <b>Society</b>		Victim of Crime # <b>1,</b>	DOB <b>Age</b>	Race	Sex	Relationship To Offender	Resident Status <b>N/A</b>
	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: INDIVIDUAL Injury:							
O T H E R  S  I N V O L V E D	Code <b>IO</b>	Name (Last, First, Middle) <b>BRINGLE, ROBERT AARON</b>			Victim of Crime #	DOB <b>12/25/1982 Age 36</b>	Race <b>W</b>	Sex <b>M</b>
	Home Address <b>11 Opal Drive Key West, FL</b>			Home Phone <b>305-587-0015</b>				
	Employer Name/Address			Business Phone		Mobile Phone <b>305-842-1630</b>		
	Type: INDIVIDUAL		Injury:					
	Code <b>IO</b>	Name (Last, First, Middle) <b>STEVENS, AURORA ROSEMARY</b>			Victim of Crime #	DOB <b>06/19/1982 Age 37</b>	Race <b>W</b>	Sex <b>F</b>
	Home Address <b>1227 Flagler Av - C Key West, FL 33040</b>			Home Phone <b>305-849-0519</b>				
P R O P E R T Y	Employer Name/Address <b>UNKNOWN (UNKNOWN)</b>			Business Phone <b>305-</b>		Mobile Phone <b>305-399-8430</b>		
	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	Property Description	Make/Model
		<b>02</b>	<b>TOWE</b>	<b>\$0.00</b>		<b>1</b>	<b>2016 GRV, NMNK85 FL</b>	<b>DODG Challenger</b>
Officer/ID# <b>STOCKTON, JOSEPH (3317)</b>								
Invest ID# <b>(0)</b>				Supervisor <b>DEAN, JEFFREY (3386)</b>				
Status	Complainant Signature			Case Status Information Only <b>12/20/2019</b>		Case Disposition:		Page 1

# INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 19-007461

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

19-007461

Victim

*Society*

Offense

*ASSIST OTHER AGENCY*

Date / Time Reported

*Fri 12/20/2019 16:34*

On Friday, December 20, 2019 at approximately 1634 hours, I, Sergeant Joseph A. Stockton, was informed by Detective Jay T. Conaty, that ROBERT AARON BRINGLE, DOB 12/25/1982) was in the area of the 2900 block of Riviera Drive. Detective J. Conaty told me that he and MCSO detective Jenna Moeller had five (5) signed arrest warrants for BRINGLE in hand. Detective J. Conaty advised BRINGLE was in a 2016 dark gray Dodge Challenger bearing Florida Tag NMNK65.

As I was traveling west on the 2900 block of Riviera Drive, I saw the above listed vehicle pull out from a parking on the north side of the roadway. The vehicle began traveling west on Riviera Drive. Knowing the driver (BRINGLE) was wanted, I conducted a traffic stop north of the intersection of Riviera Drive on 11th Street.

I approached the driver of the vehicle and immediately identified him as ROBERT AARON BRINGLE, DOB 12/25/1982, from previous operations.

Detective J. Conaty and MCSO Detective J. Moeller has arrived on scene at this time.

I asked BRINGLE to turn off the vehicle and step out. BRINGLE complied with my request. I explained he has a warrant for his arrest. I placed handcuffs on BRINGLE and searched him. MCSO Detective J. Moeller was speaking with the white female passenger. MCSO Detective J. Moeller asked the white female passenger to step out of the vehicle.

I was standing by with BRINGLE while waiting for the transport vehicle. MCSO Deputy Aaron Roddy arrived on scene and we placed BRINGLE in the rear of his marked patrol vehicle.

Detective J. Conaty and Deputy A. Roddy began searching the vehicle. I was standing with MCSO Detective J. Moeller while we were speaking to the white female passenger. The white female passenger was identified as AURORA ROSEMARY STEVENS, DOB 06/19/1982. MCSO Detective J. Moeller was attempting to speak with STEVENS to possible work as a confidential informant.

MCSO Detective J. Moeller asked STEVENS to step in front of the vehicle to be searched prior to continuing the conversation, when STEVENS began running north on 11th Street, in an attempt to escape. MCSO Detective J. Moeller and I gave chase. I was able to grab STEVENS' right arm and direct her momentum towards the road. Deputy A. Roddy came to assist us in placing STEVENS in handcuffs.

I notified Sergeant Jeffrey W. Dean to respond to my located to complete department required documentation for the use of force.

Prior to Sergeant J. Dean arriving, I noticed blood on STEVENS' right elbow and right knee. I asked if she wanted KWFD Rescue to respond to treat her injuries, but she refused.

MCSO Detective J. Moeller began searching STEVENS and her purse, since STEVENS was now in custody, due to the state charge of resisting. MCSO Detective J. Moeller located other illegal substances in STEVENS' purse. MCSO Detective J. Moeller will be charging STEVENS. (See MCSO Case # 19-9326)

While Sergeant J. Dean was speaking with STEVENS, she requested to be checked by KWFD Rescue. Deputy A. Roddy transported BRINGLE to the Monroe County Detention Center (MCDC).

**REPORTING OFFICER NARRATIVE***Key West Police Department*

Victim <i>Society</i>	Offense <i>ASSIST OTHER AGENCY</i>	OCA <i>19-007461</i>
		Date / Time Reported <i>Fri 12/20/2019 16:34</i>

KWFD Rescue responded and transported STEVENS to Lower Key Medical Center (LKMC) to be checked. Officer M. Brable followed KWFD Rescue to LKMC and transferred custody of STEVENS to Deputy A. Roddy.

While searching the vehicle Detective J. Conaty located other narcotics which BRINGLE admitted to owning, after being read his Miranda Warnings and agreeing to speak. (See KWPD Case # 19-7460)

The vehicle was towed from the scene by Arnold's Towing.

///END OF REPORT///

# Incident Report Related Vehicle List

Key West Police Department

OCA: 19-007461

1	VehYr/Make/Model 2016 DODG, Challenger				Style 2D		Color GRY		Lic/Lis /Decal NMNK85 FL 2019, 17917765				VIN 2C3CDZBT2GH157729	
	IBR Status Towed				Date 12/20/2019		Location 11TH STREET AND RIVIERA DR, KEY WEST FL							
	Condition		Value \$0.00				Offense Code		Jurisdiction Locally		State #		NIC #	
	Name (Last, First, Middle) Bringle, Robert Aaron						Also Known As				Home Address 11 OPAL DRIVE KEY WEST, FL 305-587-0015			
	Business Address													
	DOB 12/25/1982		Age 36	Race W	Sex M	Hgt	Wgt 200	Scars, Marks, Tattoos, or other distinguishing features						

Notes