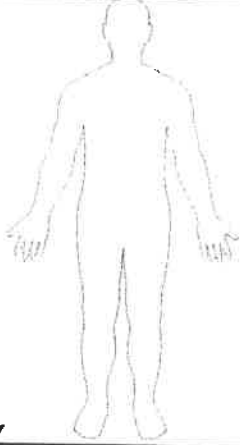
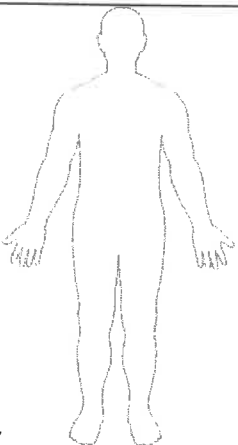
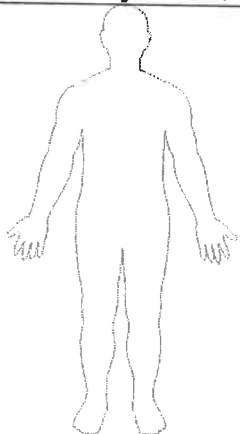
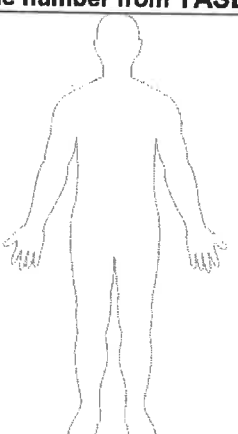


# Response to Resistance Report

Key West Police Department

Case No: 20-3959

|  |   |  |  |                              |  |
|--|---|--|--|------------------------------|--|
| <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>  | 2. Date: <u>9-25-20</u>   | 3. Time: <u>0119</u>   | 4. Location: <u>800 CAROLINE ST</u>  | 5. Incident type: <u>S2R</u> |  |
|  | 6. Resistance Level   | 7. Explanation   | 8. Response Option   | 9. Explanation               |  |
|  | <input type="checkbox"/> Passive:   |  | <input checked="" type="checkbox"/> Physical Control                                       | <u>LEG SWEEP</u>             |  |
|  | <input checked="" type="checkbox"/> Active:   | <u>PULLING AWAY, KICKED OFF</u>  | <input type="checkbox"/> Non-lethal Weapon   |                              |  |
|  | <input type="checkbox"/> Aggressive:  |  | <input type="checkbox"/> Deadly Force  |                              |  |
|  | <input type="checkbox"/> Deadly Force:  |  |  |                              |  |
| <b>SUBJECT</b>   | 10. Last Name:  | 11. First:   | 12. Race: <u>W</u>   | 13. Sex: <u>F</u>            |  |
|  | 14. DOB: <u>1967</u>  | 15. Height: <u>5'4</u>   | 16. Weight: <u>110 lbs</u>   |                              |  |
|  | 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention |  |  |                              |  |
|  | <br>N/A   |  | <br>N/A |                              |  |
|  | 22. Anterior View   |  | Posterior View   |                              |  |
|  | <b>OFFICER</b>  | 23. Officer: <u>William Howell</u> 24. Race: <u>W</u> 25. Sex: <u>M</u> 26. Age: <u>35</u> 27. Height: <u>6'2</u> 28. Weight: <u>220</u>   |  |                              |  |
|  |   | 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: <u>1</u> |  |                              |  |
| 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)  |   |  |  |                              |  |
| <br>N/A   |   | <br>N/A  |  |                              |  |
| 35. Anterior View  |   | Posterior View   |  |                              |  |

**Response to Resistance Report (continued)**

Key West Police Department

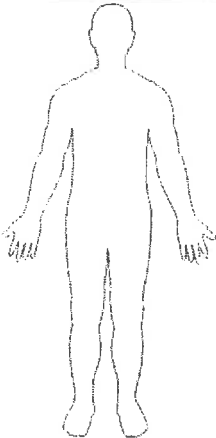
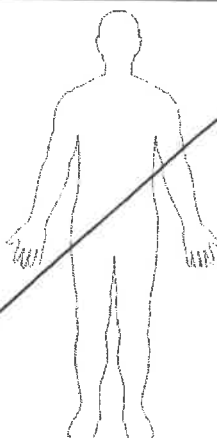
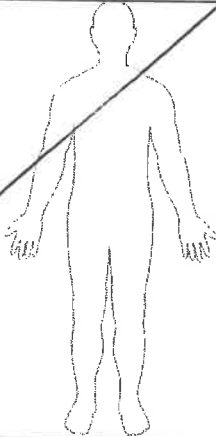
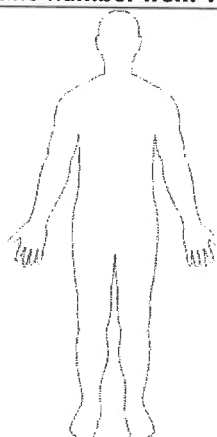
Case No: 20-3959

|  |   |   |              |
|--|---|---|--------------|
| <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 <i>N/A</i>  | 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 type="checkbox"/> All necessary criminal elements.<br><input type="checkbox"/> All details of the arrest<br><input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force.<br><input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer.<br><input type="checkbox"/> Detailed description of injury complaints and/or observed injuries<br><input 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> <u>9-25-20</u> <b>41. Time:</b> <u>0119</u>   |   |              |
|  | <b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)   |   |              |
|  | <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><br><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<br><b>FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS</b>   |   |              |
|  | <div style="display: flex; justify-content: space-between;"><div><i>BPV</i> <u>3467</u></div><div><u>9-25-26</u></div></div> <b>48. Preparing Supervisor's Signature / ID</b> <b>49. Date</b>   |   |              |
|  | <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 type="checkbox"/> Yes If "No", complete section 51   |   |              |
|  | <div style="display: flex; justify-content: space-between;"><div><b>51. Signature of Internal Affairs Inspector</b></div><div><b>52. Date</b></div></div>   |   |              |
| <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: 20-3959

|         |  | 23. Officer:   | 24. Race: | 25. Sex:   | 26. Age: | 27. Height | 28. Weight |
|---------|--|--|-----------|--|----------|------------|------------|
| OFFICER |  | 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)  |           |  |          |            |            |
|         |  |   |           |    |          |            |            |
|         |  | 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)  |           |  |          |            |            |
|         |  |   |           |  |          |            |            |
|         |  | 35. Anterior View  |           | Posterior View   |          |            |            |

## KEY WEST POLICE DEPARTMENT

1. REPORT SIGNAL #

AGENCY OR NUMBER

2. RELATING CASE

3. AGENCY REPORT NUMBER

FLD 440100

4. REPORTED

DATE  
09/24/2020

TIME

1816

TIME DISP.

1856

TIME ARR.

1901

TIME COMPLETED

1945

INCIDENT TYPE

1. FELONY

2. TRAFFIC FELONY

3. MISDEMEANOR

4. TRAFFIC MISDEMEANOR

5. ORDINANCE

99. OTHER

6. OFFENSE #1

TYPE

ATTEMPTED

7. STATUTE VIOLATION #

8. NCIC/UCR CODE

9. OFFENSE #2

TYPE

ATTEMPTED

STATUTE VIOLATION #

NCIC/UCR CODE

10. STREET ADDRESS

CITY

STATE

ZIP

11. GEOGRAPHIC INDICATOR

12. BUS

13. # OFFENSES

14. # VICTIMS

15. # OFFENDERS

16. # PREM. ENT.

17. # VEH. STOLEN

18. FORCED ENTRY

19. OCCUPANCY

20. UNOCCUPIED

21. LOCATION TYPE

22. RESIDENCE - SINGLE

23. RESIDENCE - OTHER

24. HOTEL - MOTEL

25. CONVENIENCE STORE

26. GAS STATION

27. LIQUOR SALES

28. BARN/CLUB

29. SUPERMARKET

30. DEPT./DISCOUNT STORE

31. RESTAURANT

32. DRUG STORE/HOSPITAL

33. BANK/FINANCIAL INST.

34. COMMERCIAL/OFC. 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. PARK/WOODLANDS

48. LAKE/WATERWAY

49. MOTOR VEHICLE

VICTIM TYPE

1. JUVENILE

2. LAW ENFORCEMENT OFFICER

3. ADULT

4. BUSINESS

5. GOVERNMENT

6. CHURCH

7. OTHER

8. NEIGHBOR

9. SITTER/DAY CARE

10. EMPLOYEE

11. EMPLOYEE

12. EMPLOYEE

13. EMPLOYEE

14. EMPLOYEE

15. EMPLOYEE

16. EMPLOYEE

17. EMPLOYEE

18. EMPLOYEE

19. EMPLOYEE

20. EMPLOYEE

21. EMPLOYEE

22. EMPLOYEE

23. EMPLOYEE

24. EMPLOYEE

25. EMPLOYEE

26. EMPLOYEE

27. EMPLOYEE

28. EMPLOYEE

29. EMPLOYEE

30. EMPLOYEE

31. EMPLOYEE

32. EMPLOYEE

33. EMPLOYEE

34. EMPLOYEE

35. EMPLOYEE

36. EMPLOYEE

37. EMPLOYEE

38. EMPLOYEE

39. EMPLOYEE

40. EMPLOYEE

41. EMPLOYEE

42. EMPLOYEE

43. EMPLOYEE

44. EMPLOYEE

45. EMPLOYEE

46. EMPLOYEE

47. EMPLOYEE

48. EMPLOYEE

49. EMPLOYEE

50. EMPLOYEE

51. EMPLOYEE

52. EMPLOYEE

53. EMPLOYEE

54. EMPLOYEE

55. EMPLOYEE

56. EMPLOYEE

57. EMPLOYEE

58. EMPLOYEE

59. EMPLOYEE

60. EMPLOYEE

61. EMPLOYEE

62. EMPLOYEE

63. EMPLOYEE

64. EMPLOYEE

65. EMPLOYEE

66. EMPLOYEE

67. EMPLOYEE

68. EMPLOYEE

69. EMPLOYEE

70. EMPLOYEE

71. EMPLOYEE

72. EMPLOYEE

73. EMPLOYEE

74. EMPLOYEE

75. EMPLOYEE

76. EMPLOYEE

77. EMPLOYEE

78. EMPLOYEE

79. EMPLOYEE

80. EMPLOYEE

81. EMPLOYEE

82. EMPLOYEE

83. EMPLOYEE

84. EMPLOYEE

85. EMPLOYEE

86. EMPLOYEE

87. EMPLOYEE

88. EMPLOYEE

89. EMPLOYEE

90. EMPLOYEE

91. EMPLOYEE

92. EMPLOYEE

93. EMPLOYEE

94. EMPLOYEE

95. EMPLOYEE

96. EMPLOYEE

97. EMPLOYEE

98. EMPLOYEE

99. EMPLOYEE

100. EMPLOYEE

101. EMPLOYEE

102. EMPLOYEE

103. EMPLOYEE

104. EMPLOYEE

105. EMPLOYEE

106. EMPLOYEE

107. EMPLOYEE

108. EMPLOYEE

109. EMPLOYEE

110. EMPLOYEE

111. EMPLOYEE

112. EMPLOYEE

113. EMPLOYEE

114. EMPLOYEE

115. EMPLOYEE

116. EMPLOYEE

117. EMPLOYEE

118. EMPLOYEE

119. EMPLOYEE

120. EMPLOYEE

121. EMPLOYEE

122. EMPLOYEE

123. EMPLOYEE

124. EMPLOYEE

125. EMPLOYEE

126. EMPLOYEE

127. EMPLOYEE

128. EMPLOYEE

129. EMPLOYEE

130. EMPLOYEE

131. EMPLOYEE

132. EMPLOYEE

133. EMPLOYEE

134. EMPLOYEE

135. EMPLOYEE

136. EMPLOYEE

137. EMPLOYEE

138. EMPLOYEE

139. EMPLOYEE

140. EMPLOYEE

141. EMPLOYEE

142. EMPLOYEE

143. EMPLOYEE

144. EMPLOYEE

145. EMPLOYEE

146. EMPLOYEE

147. EMPLOYEE

148. EMPLOYEE

149. EMPLOYEE

150. EMPLOYEE

151. EMPLOYEE

152. EMPLOYEE

153. EMPLOYEE

154. EMPLOYEE

155. EMPLOYEE

156. EMPLOYEE

157. EMPLOYEE

158. EMPLOYEE

159. EMPLOYEE

160. EMPLOYEE

161. EMPLOYEE

162. EMPLOYEE

163. EMPLOYEE

164. EMPLOYEE

165. EMPLOYEE

166. EMPLOYEE

167. EMPLOYEE

168. EMPLOYEE

169. EMPLOYEE

170. EMPLOYEE

171. EMPLOYEE

172. EMPLOYEE

173. EMPLOYEE

174. EMPLOYEE

175. EMPLOYEE

176. EMPLOYEE

177. EMPLOYEE

178. EMPLOYEE

179. EMPLOYEE

180. EMPLOYEE

181. EMPLOYEE

182. EMPLOYEE

183. EMPLOYEE

184. EMPLOYEE

185. EMPLOYEE

186. EMPLOYEE

187. EMPLOYEE

188. EMPLOYEE

189. EMPLOYEE

190. EMPLOYEE

191. EMPLOYEE

192. EMPLOYEE

193. EMPLOYEE

194. EMPLOYEE

195. EMPLOYEE

196. EMPLOYEE

197. EMPLOYEE

198. EMPLOYEE

199. EMPLOYEE

200. EMPLOYEE

201. EMPLOYEE

202. EMPLOYEE

203. EMPLOYEE

204. EMPLOYEE

205. EMPLOYEE

206. EMPLOYEE

207. EMPLOYEE

208. EMPLOYEE

209. EMPLOYEE

210. EMPLOYEE

211. EMPLOYEE

212. EMPLOYEE

213. EMPLOYEE

214. EMPLOYEE

215. EMPLOYEE

216. EMPLOYEE

217. EMPLOYEE

218. EMPLOYEE

219. EMPLOYEE

220. EMPLOYEE

221. EMPLOYEE

222. EMPLOYEE

223. EMPLOYEE

224. EMPLOYEE

225. EMPLOYEE

226. EMPLOYEE

227. EMPLOYEE

228. EMPLOYEE

229. EMPLOYEE

230. EMPLOYEE

231. EMPLOYEE

232. EMPLOYEE

233. EMPLOYEE

234. EMPLOYEE

235. EMPLOYEE

236. EMPLOYEE

237. EMPLOYEE

238. EMPLOYEE

239. EMPLOYEE

240. EMPLOYEE

241. EMPLOYEE

242. EMPLOYEE

243. EMPLOYEE

244. EMPLOYEE

245. EMPLOYEE

246. EMPLOYEE

247. EMPLOYEE

248. EMPLOYEE

249. EMPLOYEE

250. EMPLOYEE

251. EMPLOYEE

252. EMPLOYEE

253. EMPLOYEE

254. EMPLOYEE

255. EMPLOYEE

256. EMPLOYEE

257. EMPLOYEE

258. EMPLOYEE

259. EMPLOYEE

260. EMPLOYEE

261. EMPLOYEE

262. EMPLOYEE

263. EMPLOYEE

264. EMPLOYEE

265. EMPLOYEE

266. EMPLOYEE

267. EMPLOYEE

268. EMPLOYEE

269. EMPLOYEE

270. EMPLOYEE

271. EMPLOYEE

272. EMPLOYEE

273. EMPLOYEE

274. EMPLOYEE

275. EMPLOYEE

276. EMPLOYEE

277. EMPLOYEE

278. EMPLOYEE

|                            |  |         |   |  |  |         |  |  |
|----------------------------|--|---------|---|--|--|---------|--|--|
| MISSING PERSON INFORMATION | 1. MISSING PERSON CODE<br>1 2<br><input checked="" type="checkbox"/> 1. MISSING<br><input type="checkbox"/> 2. RECOVER OOT MISSING<br><input type="checkbox"/> 3. MISSING AND RECOVERED  |         | 2. TYPE MISSING<br>1 2<br><input type="checkbox"/> 1. RUNAWAY<br><input type="checkbox"/> 2. PARENTAL<br><input type="checkbox"/> 3. INVOLUNTARY<br><input type="checkbox"/> 4. DISABLED  |  | 3. RECOVERY INFORMATION<br>1 2<br><input type="checkbox"/> 0. N/A<br><input type="checkbox"/> 1. VOLUNTARY<br><input type="checkbox"/> 2. LOCATED-NOT RETURNED<br><input type="checkbox"/> 3. HOSPITALIZED<br><input type="checkbox"/> 4. HRS CUSTODY  |         | AGENCY REPORT #<br>1 2<br><input checked="" type="checkbox"/> 5. LAW ENFORCEMENT CUSTODY<br><input type="checkbox"/> 6. RETURNED TO PARENT/GUARDIAN<br><input type="checkbox"/> 7. DECEASED<br><input type="checkbox"/> 99. OTHER  |  |
|                            | 4. FOUL PLAY SUSPECTED?<br>1 2<br><input checked="" type="checkbox"/> 1. YES<br><input checked="" type="checkbox"/> 2. NO  |         | 5. PERSON MISSING PREVIOUSLY?<br>1 2<br><input checked="" type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO<br><input type="checkbox"/> 3. UNKNOWN   |  |  |         |  |  |
|                            | A. WILL THE VICTIM PROSECUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |         | B. ARE THERE ANY KNOWN WITNESSES TO THE CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |         |  |  |
| OFFENSE INFORMATION        | C. HAVE ALL KNOWN WITNESSES BEEN IDENTIFIED? <input 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 type="checkbox"/> NO   |         | F. WAS AN ARREST MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |         |  |  |
|                            | G. ARE ALL KNOWN OFFENDERS IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO  |         | H. CAN THE SUSPECT(S) BE LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |         |  |  |
| VEHICLE OR VESSEL          | I. CAN THE SUSPECT(S) BE NAMED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN HOW AND BY WHOM SUSPECT WAS NAMED  |         | J. CAN THE SUSPECT'S VEHICLE BE DESCRIBED? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | K. CAN THE SUSPECT'S VEHICLE BE LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |         |  |  |
|                            | L. HAS THE SUSPECT'S VEHICLE BEEN IMPOUNDED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |         | M. HAVE COMPUTER ENTRIES BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |         |  |  |
|                            | N. IS THERE A SIGNIFICANT MO?  |         | IF YES PUT X IN BOX   |  |  |         |  |  |
| VEHICLE OR VESSEL          | 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.   |         |   |  |  |         |  |  |
|                            | 1. VEHICLE CODES<br>S - STOLEN<br>A - ABANDONED<br>I - IMPOUNDED<br>U - USED IN CRIME  |         | X - SEIZED<br>R - RECOVERED OOT<br>H - RETURNED TO OWNER<br>V - VICTIM/THEFT/ATT THEFT  |  | F - FAILED TO RETURN<br>Y - STOLEN AND RECOVERED<br>O - OTHER (ARSON/DAMAGE)   |         | 2. VEHICLE/VESSEL TYPE<br><input type="checkbox"/> 1. AUTO<br><input type="checkbox"/> 2. TRUCK/VAN<br><input type="checkbox"/> 3. MOTORCYCLE<br><input type="checkbox"/> 4. CAMPER/RV<br><input type="checkbox"/> 5. BUS<br><input type="checkbox"/> 6. TRAILER<br><input type="checkbox"/> 7. BOAT<br><input type="checkbox"/> 8. AIRCRAFT<br><input type="checkbox"/> 99. OTHER   |  |
|                            | 3. VIN # / HULL #  |         | 4. DECAL #  |  | 5. HOW WAS VIN ACQUIRED?   |         |  |  |
| VEHICLE OR VESSEL          | 6. MAKE  |         | 7. MODEL  |  | 8. YR.   |         | 9. BODY STYLE  |  |
|                            | 10. LIC. # / TAG # / VESSEL REG.   |         | 11. YR.   |  | 12. STATE  |         |  |  |
|                            | 13. VEHICLE COLOR TOP<br>CODE COLOR RANGE<br>1. BLACK<br>2. DARK BLUE<br>3. LT. BLUE/AQUA/TURQUOISE<br>4. DARK BROWN<br>5. LT. BROWN/BRONZE/COPPER<br>6. PURPLE<br>7. DARK GREEN<br>8. LT. GREEN/LIME/OLIVE<br>9. GRAY/SILVER  |         | BOTTOM<br>CODE COLOR RANGE<br>10. RED/MAROON<br>11. PINK<br>12. BEIGE/TAN<br>13. WHITE/CREAM<br>14. YELLOW<br>15. ORANGE/GOLD<br>99. OTHER/UNKNOWN  |  | 14. SPECIAL VEHICLE FEATURES<br>CODE FEATURE<br><input type="checkbox"/> 1. LEVEL ALTERED<br><input type="checkbox"/> 2. STICKER/DECAL ON BODY/BUMPER<br><input type="checkbox"/> 3. STICKER/DECAL ON WINDOW<br><input type="checkbox"/> 4. RUST OR PRIMER SPOTS<br><input type="checkbox"/> 5. PAINTED INSCRIPTION ON BODY<br><input type="checkbox"/> 6. DECORATIVE PAINT<br><input type="checkbox"/> 7. MISSING PARTS<br><input type="checkbox"/> 8. WINDOW BROKEN<br><input type="checkbox"/> 9. DAMAGE TO FRONT |         | CODE FEATURE<br><input type="checkbox"/> 10. DAMAGE TO REAR<br><input type="checkbox"/> 11. DAMAGE TO SIDE<br><input type="checkbox"/> 12. BODY PART(S) DIFFERENT COLORS<br><input type="checkbox"/> 13. VINYL TOP<br><input type="checkbox"/> 14. EXTRA ANTENNA(S) OR MIRROR<br><input type="checkbox"/> 15. SPECIAL RIMS/TIRES<br><input type="checkbox"/> 16. LOUD MUFFLER<br><input type="checkbox"/> 99. OTHER/DESCRIBE BELOW |  |
| 15. ADDITIONAL DESCRIPTION |  | VALUE   |   | 16. TAG COMES BACK TO NAME, ADDRESS, STATE, ETC. |  |         |  |  |
| VEHICLE OR VESSEL          | 17. DOORS LOCKED<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |         | 18. WINDOWS CLOSED<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 19. KEY IN IGNITION<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |         | 20. FINANCED BY  |  |
|                            | 21. DATE OF LAST PAYMENT   |         | 22. INSURANCE COMPANY   |  |  |         |  |  |
|                            | 23. PERSON LAST DRIVING VEH.   |         | 24. R/S   |  | 25. DOB/AGE  |         | 26. RESIDENCE ADDRESS (ZIP) PHONE  |  |
| VEHICLE OR VESSEL          | 27. BUSINESS ADDRESS (ZIP) PHONE   |         | 28. LOCATION OF RECOVERY OF MV  |  | 29. RECOVERY MILEAGE   |         | 30. EVIDENCE OF STRIPPING<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
|                            | 31. DISPOSITION OF VEHICLE   |         | 32. VEHICLE TOWED BY / WHERE?   |  | 33. IF OOT RECOVERY - MSG. #   |         | AUTHORITY  |  |
|                            | 34. IF OOT RECOVERY - MSG. #   |         | AUTHORITY   |  |  |         |  |  |
| PROPERTY                   | PROP. CODE<br>S - STOLEN<br>F - FOUND<br>D - DAMAGE (INC. VALUE)   |         | R - OOT RECOVERED<br>P - PERSONAL<br>K - PHOTOS TAKEN PROPERTY RETURNED TO OWNER  |  | E - EVIDENCE/SEIZED<br>Y - STOLEN & REC.<br>A - ARSON  |         | 1. PROPERTY RECEIPT #  |  |
|                            | 2. PROP. CODE  |         | 3. PER/ SUS #   |  | 4. QUAN.   |         | 5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.  |  |
|                            | 6. VALUE   |         | 7. PROP. CODE   |  | 8. PER/ SUS #  |         | 9. QUAN.   |  |
| PROPERTY                   | 10. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.   |         | 11. VALUE   |  | 12. PROP. CODE   |         | 13. PER/ SUS #   |  |
|                            | 14. QUAN.  |         | 15. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.  |  | 16. VALUE  |         | 17. PROP. CODE   |  |
|                            | 18. PER/ SUS #   |         | 19. QUAN.   |  | 20. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.   |         | 21. VALUE  |  |
| PROPERTY                   | 22. TOTAL VALUE (IF CONTINUATION LEFT WITH OR DAMAGE VICTIM, MAKE AN ESTIMATE)   |         | 23. WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 24. ID REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO   |         | 25. SCENE PROCESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
|                            | 26. LATENTS <input type="checkbox"/> YES <input type="checkbox"/> NO   |         | 27. EVIDENCE TO PROPERTY UNIT<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 28. ID TECHNICIAN / PIN # / UNIT #   |         | 29. FIRST OFFICER ON SCENE / PIN # / UNIT #  |  |
|                            | 30. PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO  |         | 31. ID TECHNICIAN / PIN # / UNIT #  |  | 32. FIRST OFFICER ON SCENE / PIN # / UNIT #  |         | 33. ID TECHNICIAN / PIN # / UNIT #   |  |
| DRUG INFO                  | 1. DRUG ACTIVITY<br><input type="checkbox"/> N - N/A<br><input type="checkbox"/> B - BUY<br><input type="checkbox"/> D - DELIVER<br><input type="checkbox"/> E - USE   |         | 2. DRUG TYPE<br><input type="checkbox"/> N - N/A<br><input type="checkbox"/> A - AMPHETAMINE<br><input type="checkbox"/> B - BARBITURATE<br><input type="checkbox"/> C - COCAINE  |  | 3. DRUG TYPE<br><input type="checkbox"/> N - N/A<br><input type="checkbox"/> A - AMPHETAMINE<br><input type="checkbox"/> B - BARBITURATE<br><input type="checkbox"/> C - COCAINE   |         | 4. DRUG TYPE<br><input type="checkbox"/> N - N/A<br><input type="checkbox"/> A - AMPHETAMINE<br><input type="checkbox"/> B - BARBITURATE<br><input type="checkbox"/> C - COCAINE   |  |
|                            | 3. ACTIVITY  |         | 4. TYPE   |  | 5. DESCRIPTION   |         | 6. QUANTITY  |  |
|                            | 7. UNIT  |         | 8. ESTIMATED STREET VALUE   |  | 9. QUANTITY  |         | 10. UNIT   |  |
| WEAPON                     | 1. WEAPON TYPE USED<br>1 2<br><input type="checkbox"/> 00. N/A<br><input type="checkbox"/> 01. HANDGUN<br><input type="checkbox"/> 02. RIFLE<br><input type="checkbox"/> 03. SHOTGUN<br><input type="checkbox"/> 04. FIREARM<br><input type="checkbox"/> 05. KNIFE/CUTTING INST. |         | 2. WEAPON FEATURES<br>1 2<br><input type="checkbox"/> 06. BLUNT OBJECT<br><input type="checkbox"/> 07. HANDS/FISTS/FEET<br><input type="checkbox"/> 08. POISON<br><input type="checkbox"/> 09. EXPLOSIVES<br><input type="checkbox"/> 10. FIRE/INCENDIARY<br><input type="checkbox"/> 11. THREAT/INTIMIDATION |  | 3. WEAPON TYPE USED<br>1 2<br><input type="checkbox"/> 00. N/A<br><input type="checkbox"/> 01. HANDGUN<br><input type="checkbox"/> 02. RIFLE<br><input type="checkbox"/> 03. SHOTGUN<br><input type="checkbox"/> 04. FIREARM<br><input type="checkbox"/> 05. KNIFE/CUTTING INST.   |         | 4. WEAPON TYPE USED<br>1 2<br><input type="checkbox"/> 00. N/A<br><input type="checkbox"/> 01. HANDGUN<br><input type="checkbox"/> 02. RIFLE<br><input type="checkbox"/> 03. SHOTGUN<br><input type="checkbox"/> 04. FIREARM<br><input type="checkbox"/> 05. KNIFE/CUTTING INST.   |  |
|                            | 5. CALIBER/GAUGE   |         | 6. MAKE   |  | 7. SERIAL #  |         | 8. BARREL LENGTH   |  |
|                            | 9. MODEL #   |         | 10. COLOR   |  | 11. TYPE OF GRIPS  |         | 12. BUTT   |  |
| 13. Pg.                    |  | 14. Pg. |   | 15. Pg.  |  | 16. Pg. |  |  |

## AGENCY REPORT #

**CRIMES AGAINST PERSONS/M.O.**

|  |   |   |
|--|---|---|
| <b>STATUS TYPE</b> <input type="checkbox"/> 1. FORGED <input type="checkbox"/> 2. COUNTERFEIT <input type="checkbox"/> 3. FORGED AND UTTERED <input type="checkbox"/> 4. COUNTERFEITED AND UTTERED |   |   |
| <b>TYPE</b><br><input type="checkbox"/> 1. CHECK<br><input type="checkbox"/> 2. CREDIT CARD  | <input type="checkbox"/> 3. MONEY ORDER<br><input type="checkbox"/> 4. BOND/CERTIFICATE<br><input type="checkbox"/> 5. ATM/DEBIT CARD<br><input type="checkbox"/> 6. IDENTIFICATION | <input type="checkbox"/> 7. PRESCRIPTION<br><input type="checkbox"/> 8. TRAVELERS CHECKS<br><input type="checkbox"/> 99. OTHER  |
| <b>CHECK</b>   |   | <b>CRIME SCENE SPECIFICS</b>  |
| 1. CHECK NO.   | 2. AMOUNT   | 1. CAN OFFENDER BE IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>2. OWNER OF CHECK NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, NAME _____<br><br>3. THEFT VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, CASE NUMBER _____ R.D. _____<br><br>4. WAS OFFENDER ENDORSEMENT OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>5. WAS OFFENDER(S) PHOTOGRAPHED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>6. FORGERY AFFIDAVIT OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>7. HAVE THE ORIGINAL DOCUMENTS BEEN PROTECTED FOR EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO   WHERE? _____ |
| 3. CHECK PAYABLE TO  | 4. DATE OF DOCUMENT   |   |
| 5. BANK DRAWN ON   | 6. SIGNATURE ON FACE (MAKER)  |   |
| 7. ACCOUNT NUMBER  | 8. OWNER OF CHECK (PERSON OR COMPANY)   |   |
| <b>TYPE OF IDENTIFICATION USED</b>   |   |   |
| 9. DRIVERS LICENSE #   | 10. STATE   | <b>CREDIT CARDS</b>   |
| 11. OTHER I.D. (DESCRIBE. INCLUDE #'S. PHOTO I.D., ETC.)   |   | 12. COMPANY NAME  |
| 14. ISSUED TO  |   | 13. CARD NUMBER   |
| 15. Pg. _____ of _____   |   | 15. Pg. _____ of _____  |



NARRATIVE

PLEASE SEE ATTACHED NARRATIVE.

AGENCY REPORT NUMBER

20-3959

## OFFICER ASSAULTED / KILLED

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| <b>INCIDENT TYPE</b><br><input type="checkbox"/> 1. OFFICER KILLED FELONIOUS<br><input type="checkbox"/> 2. OFFICER KILLED ACCIDENT OR NEGLIGENCE<br><input type="checkbox"/> 3. OFFICER ASSAULTED, NO INJURY<br><input type="checkbox"/> 4. OFFICER ASSAULTED, MINOR INJURY<br><input type="checkbox"/> 5. OFFICER ASSAULTED, SERIOUS INJURY          |  | <b>2. OFFICER ACTIVITY</b><br><input type="checkbox"/> 1. RESPONDING TO DISTURBANCE<br><input type="checkbox"/> 2. BREAKING AND ENTERING IN PROGRESS OR PURSUING B AND E SUSPECT<br><input type="checkbox"/> 3. ROBBERY IN PROGRESS OR PURSUING ROBBERY SUSPECT<br><input type="checkbox"/> 4. ATTEMPTING OTHER ARREST<br><input type="checkbox"/> 5. CIVIL DISORDER |  | <input type="checkbox"/> 6. DOMESTIC DISTURBANCE<br><input type="checkbox"/> 7. HANDLING, TRANSPORTING, CUSTODY OF PRISONERS<br><input type="checkbox"/> 8. INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES<br><input type="checkbox"/> 9. AMBUSH, NO WARNING<br><input type="checkbox"/> 10. ASSAILANT MENTALLY DERANGED<br><input type="checkbox"/> 11. TRAFFIC PURSUIT OR STOP |  | <input type="checkbox"/> 99. OTHER  |  |
| <b>3. TYPE OF ASSIGNMENT</b><br><input type="checkbox"/> 1. ONE PERSON VEHICLE, ALONE<br><input type="checkbox"/> 2. ONE PERSON VEHICLE, ASSISTED<br><input type="checkbox"/> 3. TWO PERSON VEHICLE<br><input type="checkbox"/> 4. DETECTIVE OR SPECIAL ASSIGNMENT, ALONE  |  | <input type="checkbox"/> 5. DETECTIVE OR SPECIAL ASSIGNMENT, ASSISTED<br><input type="checkbox"/> 6. TRAFFIC/MOTORCYCLE OFFICER<br><input type="checkbox"/> 7. OTHER, ALONE<br><input type="checkbox"/> 8. OTHER, ASSISTED   |  | <b>4. (ANSWER ALL QUESTIONS)</b><br>WAS OFFICER WEARING BODY ARMOR?<br>DID ARMOR PREVENT SERIOUS INJURY OR FATALITY?<br>WAS OFFICER AWARE OFFENDER HAD WEAPON?<br>DID OFFENDER USE OFFICER'S WEAPON?<br>WAS A FIREARM DISCHARGED BY OFFENDER?<br>DISTANCE FROM OFFICER IN FEET (ESTIMATE) _____<br>WAS A FIREARM DISCHARGED BY THE OFFICER?   |  | Y N UNK N/A<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| <b>5. WAS OFFICER INJURED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.<br><b>EXTENT OF INJURIES TO OFFENDER</b><br><input type="checkbox"/> 00. N/A <input type="checkbox"/> 02. MODERATE <input type="checkbox"/> 04. FATAL<br><input type="checkbox"/> 01. MINOR <input type="checkbox"/> 03. SERIOUS |  | <b>OFFENDER</b><br>R/S AGE   |  | <b>6. OFFICER EXPERIENCE (IN YEARS)</b> _____ AGE _____<br><b>7. OFFICER ASSAULTED BY OFFENDER/SUSPECT #</b> _____  |  |   |  |

|        |  |  |  |                         |  |                        |  |                     |  |
|--------|--|--|--|-------------------------|--|------------------------|--|---------------------|--|
| ADMIN. | 1. Officer Reporting (Print and Sign)<br>OFF. W. HOWELL <i>[Signature]</i> |  |  | 2. ID Number(s)<br>4059 |  | 3. Unit<br>KWPD        |  | 4. Date<br>09/24/20 |  |
|        | 5. Officer Reviewing (If Applicable)<br>SGT. BRAZIER <i>[Signature]</i>    |  |  | 6. ID Number<br>3267    |  | 7. Routed To           |  | 8. Referred To      |  |
|        |  |  |  | 9. Assigned To          |  | 10. By                 |  | 11. Date<br>9-24-20 |  |
|        |  |  |  |                         |  | 12. Pg. _____ of _____ |  |                     |  |

On Thursday, 09/24/2020 at approximately 1901 hours, I (Ofc. Howell) was dispatched to a call at \_\_\_\_\_ regarding of a call about a possible missing person case.

I met with I \_\_\_\_\_ (DOB: 10/18/1942, Involved Other) who stated her daughter is missing and she believes she's a danger to herself.

\_\_\_\_\_ stated her daughter, \_\_\_\_\_ (DOB: \_\_\_\_/\_\_\_\_/1967, Involved Other), was upset with her because \_\_\_\_\_ refused to take her to her impounded vehicle in Tavernier. \_\_\_\_\_ stated I \_\_\_\_\_ had just been released from Monroe County Detention Center for driving without a valid license and driving without current insurance on her vehicle. \_\_\_\_\_ stated \_\_\_\_\_ stood outside in the rain at approximately 1545 hours, for at least thirty minutes, refusing to come inside. \_\_\_\_\_ stated \_\_\_\_\_ attempted to contact a taxi but the taxi dispatcher told her it would be a while and she became even more frustrated. \_\_\_\_\_ stated \_\_\_\_\_ began pacing around the parking lot of the hotel, near \_\_\_\_\_ Avenue. \_\_\_\_\_ stated she asked \_\_\_\_\_ to return to the room several times but \_\_\_\_\_ refused. \_\_\_\_\_ stated she became tired and went back to her hotel room to sit down and rest. \_\_\_\_\_ stated that was the last time she saw \_\_\_\_\_. \_\_\_\_\_ stated \_\_\_\_\_ emailed her, threatening to shoot her if she found access to a firearm. \_\_\_\_\_ stated \_\_\_\_\_ claims to see things and believes \_\_\_\_\_, as well as \_\_\_\_\_'s ex-husband, are "copies" and not real. \_\_\_\_\_ stated \_\_\_\_\_ has a history of mental illness but refuses to take any of her medication. \_\_\_\_\_ stated \_\_\_\_\_ believes all machines are "evil" and trying to track her. I attempted to contact \_\_\_\_\_ via her cell phone however she refused to answer.

I created and emailed an Attempt to Locate to the Key West Police Department. I gave Dispatch \_\_\_\_\_'s description and information to have her listed in NCIC/FCIC as missing.

My BWC was activated and I uploaded the video to Evidence.com.

At this time, no further information.



|                                    |   |                     |                          |                      |  |               |
|------------------------------------|---|---------------------|--------------------------|----------------------|--|---------------|
| 1. AGENCY REPORT NUMBER<br>28-3959 | 2. LOCATION OF INCIDENT<br>KEY WEST BIGHT PARKING LOT (CAROLINE ST) |                     | 3. INC. DATE<br>09/25/20 |                      | TIME<br>0125   | DAY<br>FRIDAY |
| 4. DATE OF DISPATCH<br>09/25/2020  | 5. TIME DISP.<br>0121   | 6. ON SCENE<br>0125 | 7. IN SERVICE            | 8. CROSS REF. INC. # | 9. TYPE OFFENSE/INCIDENT<br>MISSING PERSON / BAKER A |               |

PLEASE SEE ATTACHED NARRATIVE.

|        |   |                         |                 |                     |                |        |                     |
|--------|---|-------------------------|-----------------|---------------------|----------------|--------|---------------------|
| ADMIN. | 1. Officer(s) Reporting (Print and Sign)<br>OFC. W. HOWEN | 2. ID Number(s)<br>4059 | 3. Unit<br>KWPD | 4. Date<br>09/25/20 |                |        |                     |
|        | 5. Officer Reviewing (if Applicable)<br>SLT. B. VAZQUEZ   | 6. ID Number<br>3467    | 7. Routed to    | 8. Referred to      | 9. Assigned to | 10. By | 11. Date<br>9-25-20 |

On Friday, 09/25/2020 at approximately 0125 hours, I (Ofc. Howell) was dispatched to a follow-up call at Bayview Park, Steamboat Condos and Southern Most Point regarding of a call about the missing person from an earlier case.

While driving from Steamplant Condos to Southern Most Point via Caroline Street when I noticed a white female, that matched the description of a missing person, walking down the sidewalk near the Key West Bight Parking Lot.

I stopped [REDACTED] (DOB: [REDACTED], '1967, Involved Other) who was identified by her passport, social security card and birth certificate.

While speaking with [REDACTED] and attempting to give her the opportunity to voluntarily be transported to Lower Keys Medical Center, [REDACTED] refused to comply. [REDACTED] attempted to walk away. I grabbed her by the left wrist and attempted to place her in protective custody under the Baker Act. [REDACTED] suddenly and swiftly pulled her arm away and began swinging her purse at me. Given these circumstances and [REDACTED]'s level of resistance rising, I performed a leg sweep technique and took [REDACTED] to the ground in a control manner. [REDACTED] continued to physically resist as I placed her in handcuffs, at one point attempted to knee me in the groin area. I transported [REDACTED] to the Lower Keys Medical Center.

I believe [REDACTED] met the criteria for a Baker Act because she believes her mother, her sister and her ex-husband are clone robots. [REDACTED] threatened to "shoot them in the head" if she could find a firearm. [REDACTED] injured her right shoulder a few months ago however refused to get medical attention/treatment stating, "all machines are evil and are out to get her." [REDACTED] appears to suffer from an unknown mental illness. Due to this, I believe [REDACTED] is unable to care for herself.

Doctor Guerdan, at Lower Keys Medical Center, accepted [REDACTED] for a Baker Act.

I took pictures via AXON Capture of [REDACTED]'s face, arms, legs and back to show no injuries occurred during the take-down. I uploaded them to Evidence.com.

My BWC was activated, however during the struggle with [REDACTED] it was briefly turned off. I later uploaded the video to Evidence.com.

At this time, no further information.