

Response to Resistance Report

Key West Police Department

Case No: 20-4083

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

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

INCIDENT

2. Date: 10/5/20 3. Time: 2:00 4. Location: Duval/Charles 5. Incident type: S36

6. Resistance Level

- ☐ Passive:
☒ Active:
☒ Aggressive:
☐ Deadly Force:

7. Explanation

Pushing, Pulling, Spitting
Punched at Officer Face

8. Response Option

- ☒ Physical Control
☐ Non-lethal Weapon
☐ Deadly Force

9. Explanation

Take Down

SUBJECT

10. Last Name: TRUAX 11. First: Michael 12. Race: W 13. Sex: M

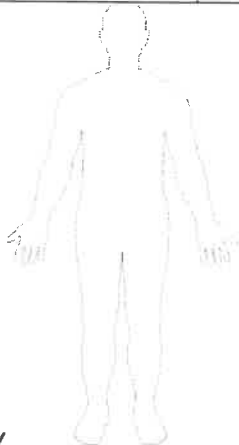
14. DOB: 12-18-86 15. Height: 5'05 16. Weight: 160

17. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 42. If "YES", complete sections 18-22

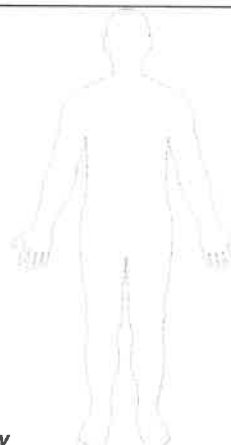
18. Appeared to be: ☒ Intoxicated ☐ Under the influence of controlled substance ☐ Emotionally / mentally disturbed

19. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)

20. Photographed: ☐ No ☒ Yes 21. Treated: ☒ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital ☐ Detention



22. Anterior View



Posterior View

OFFICER

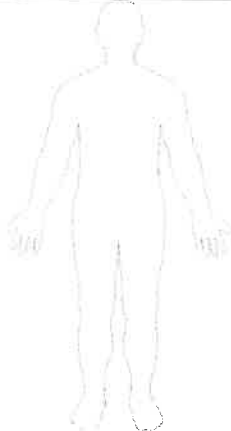
23. Officer: N. Howell 24. Race: W 25. Sex: M 26. Age: 35 27. Height: 6'1 28. Weight: 225

29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 1

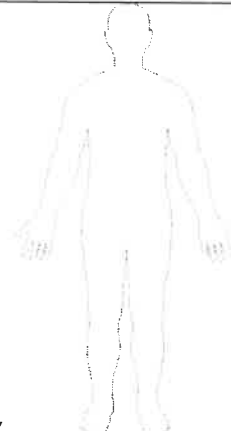
31. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)

32. Photographed: ☒ No ☐ Yes 33. Treated: ☒ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital

34. Response option used by this officer: (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: 20-4083

TASER USE ONLY	36. TASER® device serial #		37. TASER® device serial #	
	TASER®Cam serial #		TASER®Cam serial #	
	Cartridge 1 serial #		Cartridge 1 serial #	
	Cartridge 2 serial #		Cartridge 2 serial #	
	Number of cycles:		Number of cycles:	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch:		Target distance at probe launch:	
	Distance between probes:		Distance between probes:	
	Probes removed by (name):		Probes removed by (name):	
Device downloaded by:		Device downloaded by:		
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.				
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:			
	<input checked="" type="checkbox"/> All necessary criminal elements.			
	<input checked="" type="checkbox"/> All details of the arrest			
	<input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force.			
	<input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer.			
SUPERVISOR'S INQUIRY	<input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <u>N/A</u>			
	<input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject. <u>N/A</u>			
	40. Notified Date: <u>10-5-20</u>		41. Time: <u>0320</u>	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	43. Did you watch all relevant videos associated with the use of force? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	44. Did you meet with the Officer(s): <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	45. During your review did you find any potential policy violations or training issues associated with the incident?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)			
	46. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)			
	Name	Address	Phone Number	
		<u>See BWC Footage</u>		
	47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS			
INT. AFF.	50. 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)		48. Preparing Supervisor's Signature / ID <u>3022</u>	
			49. Date <u>10-11-20</u>	
			51. Signature of Internal Affairs Inspector <u>[Signature]</u>	
53. If section 48 is "No" record the Professional Standards Control Number:		52. Date <u>10/12/20</u>		
54. Date Entered:				

AGENCY OR NUMBER: FLO 440100 2. RELATING CASE: 3. AGENCY REPORT NUMBER: 20-4083 4. REPORTED: 10/05/2020 0158 0158 0158 0253 5. INCIDENT FROM: DAY DATE TIME 6. OFFENSE #1: BATTERY 7. STATUTE VIOLATION # F.S.S. 784.03 8. NCIC/UCR CODE 9. OFFENSE #2: RESISTING WITH VIOLENCE FELONY 10. INCIDENT LOCATION (STREET/NUMBER): 202 DUVAL ST KEY WEST FL 33040 11. GEOGRAPHIC INDICATOR 12. BUSINESS NAME/AREA IDENTIFIER: RICK'S BAR 13. # OFFENSES: 3 14. # VICTIMS: 1 15. # OFFENDERS: 1 16. # PREL. ENT. N/A 17. # VEH. STOLEN N/A 18. FORCED ENTRY: YES 19. OCCUPANCY: 1. NA 2. OCCUPIED 3. UNOCCUPIED 4. ABANDONED 20. LOCATION TYPE: 1. RESIDENCE - SINGLE 2. APARTMENT 3. RESIDENCE - OTHER 4. HOTEL - MOTEL 5. CONVENIENCE STORE 6. GAS STATION 7. LIQUOR SALES 8. BARNIGHT CLUB 9. SUPERMARKET 10. DEPT./DISCOUNT STORE 11. RESTAURANT 12. DRUG STORE/HOSPITAL 13. BANK/FINANCIAL INST. 14. COMMERCIAL/OFF. BLDG. 15. INDUSTRIAL/MFG. 16. STORAGE 17. GOVT. PUBLIC BLDG. 18. SCHOOL/UNIVERSITY 19. JAIL/PRISON 20. RELIGIOUS BLDG. 21. AIRPORT 22. BUS/RAIL TERMINAL 23. CONSTRUCTION SITE 24. OTHER STRUCTURE 25. PARK LOT/GARAGE 26. HIGHWAY/ROADWAY 27. PARK/WOODLANDS 28. LAKE/WATERWAY 29. MOTOR VEHICLE 30. OTHER MOBILE 31. OTHER KNOWN VICTIM TYPE: 1. JUVENILE 2. LAW ENFORCEMENT OFFICER 3. ADULT 4. BUSINESS 5. GOVERNMENT 6. CHURCH 7. OTHER VICTIMS RELATIONSHIP TO OFFENDER: 1. N/A 2. UNDETERMINED 3. STRANGER 4. SPOUSE 5. EX-SPOUSE 6. CO-HABITANT 7. PARENT 8. BRO/SISTER 9. CHILD 10. STEP-PARENT 11. STEP-CHILD 12. OTHER FAMILY 13. STUDENT 14. TEACHER 15. CHILD OF BOY/GIRL FRIEND 16. BOY/GIRL FRIEND 17. FRIEND 18. NEIGHBOR 19. BITTER/DAY CARE 20. EMPLOYEE 21. EMPLOYER 22. LANDLORD/TENANT 23. ACQUAINTANCE 24. OTHER 1. VICTIM: 2. LAST NAME, FIRST, MIDDLE/BUSINESS: HERNANDEZ, ANELLE M. 3. AJ 4. AS 5. DOB/AGE: 10/02/1984 6. RESIDENCE ADDRESS: 22956 JOHN AVERY AVE CUDJOE KEY, FL 33042 7. OFFENSE INDICATOR: 8. RESIDENCE STATUS: 9. LOCAL CONTACT ADDRESS: 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP: 11. DATE / TIME AVBL: 12. OCC/TITLE: 13. RESIDENCE PHONE: 305 394 0035 14. BUSINESS PHONE: 1. VICTIM: 2. LAST NAME, FIRST, MIDDLE/BUSINESS: MILES JR., PAUL D. 3. AJ 4. AS 5. DOB/AGE: 10/26/1992 6. RESIDENCE ADDRESS: 5591 ROSEHILL RD UNIT 103 SARASOTA, FL 30423 7. OFFENSE INDICATOR: 8. RESIDENCE STATUS: 9. LOCAL CONTACT ADDRESS: 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP: 11. DATE / TIME AVBL: 12. OCC/TITLE: 13. RESIDENCE PHONE: 941 724 7446 14. BUSINESS PHONE: 1. EXTENT OF INJURY: 2. LOCATION ON BODY: 3. HOSPITAL/CLINIC: 4. SQUAD # 5. INJURY TYPE: 6. INJURY TYPE: 7. PERSON INTERVIEWED: 8. PERSON INTERVIEWED: 9. PERSON INTERVIEWED: 10. PERSON INTERVIEWED: 11. LAST NAME, FIRST, MIDDLE: 12. RESIDENCE ADDRESS: 13. APT. #: 14. CITY: 15. STATE: 16. RES. PHONE: 17. OFFENSE INDICATOR: 18. BUSINESS ADDRESS: 19. CITY: 20. ZIP: 21. USUAL OCCUPATION: 22. BUS. PHONE: 23. INJURED: 24. CITIZENSHIP: 25. NICKNAME: 26. AJ: 27. DOB/AGE: 28. RACE/SEX: 29. HGT.: 30. WGT.: 31. EYE COLOR: 32. HAIR: 33. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS: 34. SCARS, MARKS, TATTOOS, DEFORMITIES: 35. SS #: 36. OBTS #: 37. LAST NAME, FIRST, MIDDLE: 38. RESIDENCE ADDRESS: 39. APT. #: 40. CITY: 41. STATE: 42. RES. PHONE: 43. OFFENSE INDICATOR: 44. BUSINESS ADDRESS: 45. CITY: 46. ZIP: 47. USUAL OCCUPATION: 48. BUS. PHONE: 49. INJURED: 50. CITIZENSHIP: 51. NICKNAME: 52. AJ: 53. DOB/AGE: 54. RACE/SEX: 55. HGT.: 56. WGT.: 57. EYE COLOR: 58. HAIR: 59. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS: 60. SCARS, MARKS, TATTOOS, DEFORMITIES: 61. SS #: 62. OBTS #: 63. HAIR LENGTH: 64. HAIR STYLE: 65. FACIAL HAIR: 66. COMPLEXION: 67. TEETH: 68. APPEARANCE/DEMEANOR: 69. SPEECH: 70. R/L HANDED: 71. BUILD: 72. BUILD: 73. BUILD: 74. BUILD: 75. BUILD: 76. BUILD: 77. BUILD: 78. BUILD: 79. BUILD: 80. BUILD: 81. BUILD: 82. BUILD: 83. BUILD: 84. BUILD: 85. BUILD: 86. BUILD: 87. BUILD: 88. BUILD: 89. BUILD: 90. BUILD: 91. BUILD: 92. BUILD: 93. BUILD: 94. BUILD: 95. BUILD: 96. BUILD: 97. BUILD: 98. BUILD: 99. 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M I S S I O N	1. MISSING PERSON CODE 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. MISSING <input type="checkbox"/> <input type="checkbox"/> 2. RECOVER OOT MISSING <input type="checkbox"/> <input type="checkbox"/> 3. MISSING AND RECOVERED		2. TYPE MISSING 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. RUNAWAY <input type="checkbox"/> <input type="checkbox"/> 2. PARENTAL <input type="checkbox"/> <input type="checkbox"/> 3. INVOLUNTARY <input type="checkbox"/> <input type="checkbox"/> 4. DISABLED		3. RECOVERY INFORMATION 1 2 <input type="checkbox"/> <input type="checkbox"/> 0. N/A <input type="checkbox"/> <input type="checkbox"/> 1. VOLUNTARY <input type="checkbox"/> <input type="checkbox"/> 2. LOCATED-NOT RETURNED <input type="checkbox"/> <input type="checkbox"/> 3. HOSPITALIZED <input type="checkbox"/> <input type="checkbox"/> 4. HRS CUSTODY		AGENCY REPORT # 1 2 <input type="checkbox"/> <input type="checkbox"/> 5. LAW ENFORCEMENT CUSTODY <input type="checkbox"/> <input type="checkbox"/> 6. RETURNED TO PARENT/GUARDIAN <input type="checkbox"/> <input type="checkbox"/> 7. DECEASED <input type="checkbox"/> <input type="checkbox"/> 99. OTHER													
	4. FOUL PLAY SUSPECTED? 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. YES <input type="checkbox"/> <input type="checkbox"/> 2. NO		5. PERSON MISSING PREVIOUSLY? 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. YES <input type="checkbox"/> <input type="checkbox"/> 2. NO																	
S F O A C T O R S I L I T Y	A. WILL THE VICTIM PROSECUTE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				B. ARE THERE ANY KNOWN WITNESSES TO THE CRIME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
	C. HAVE ALL KNOWN WITNESSES BEEN IDENTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				D. HAVE ALL KNOWN WITNESSES BEEN INTERVIEWED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
	E. DO WITNESSES HAVE INFORMATION THAT IS VALUABLE TO THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				F. WAS AN ARREST MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
	G. ARE ALL KNOWN OFFENDERS IN CUSTODY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				H. CAN THE SUSPECT(S) BE LOCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
	I. CAN THE SUSPECT(S) BE NAMED? <input checked="" 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 checked="" type="checkbox"/> NO				K. CAN THE SUSPECT'S VEHICLE BE LOCATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
	L. HAS THE SUSPECT'S VEHICLE BEEN IMPOUNDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				M. HAVE COMPUTER ENTRIES BEEN MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
	N. IS THERE A SIGNIFICANT MO? <u>N/A</u>				IF YES PUT X IN BOX															
	O. ARE THERE ANY UNUSUAL CIRCUMSTANCES OR FACTORS SUCH AS LIMITED OPPORTUNITY, LARGE AMOUNTS OF TRACEABLE PROPERTY TAKEN, UNIQUE TYPE O PROPERTY OR UNIQUE MO WHICH WOULD ASSIST THE INVESTIGATOR? IF YES EXPLAIN IN THE NARRATIVE.																			
	V E H I C L E O R V E S S E L	1. VEHICLE CODES S - STOLEN A - ABANDONED I - IMPOUNDED U - USED IN CRIME		X - SEIZED R - RECOVERED OOT H - RETURNED TO OWNER V - VICTIM/THEFT/ATT THEFT		F - FAILED TO RETURN Y - STOLEN AND RECOVERED O - OTHER (ARSON/DAMAGE)		2. VEHICLE/VESSEL TYPE <input type="checkbox"/> 1. AUTO <input type="checkbox"/> 2. TRUCK/VAN <input type="checkbox"/> 3. MOTORCYCLE <input type="checkbox"/> 4. CAMPER/RV <input type="checkbox"/> 5. BUS <input type="checkbox"/> 6. TRAILER <input type="checkbox"/> 7. BOAT <input type="checkbox"/> 8. AIRCRAFT <input type="checkbox"/> 99. OTHER												
3. VIN # / HULL #		4. DECAL #		5. HOW WAS VIN ACQUIRED?																
6. MAKE		7. MODEL		8. YR.		9. BODY STYLE		10. LIC. #/TAG #/VESSEL REG.		11. YR.		12. STATE								
13. VEHICLE COLOR TOP CODE COLOR RANGE 1. BLACK 2. DARK BLUE 3. LT. BLUE/AQUA/TURQUOISE 4. DARK BROWN 5. LT. BROWN/BRONZE/COPPER 6. PURPLE 7. DARK GREEN 8. LT. GREEN/LIME/OLIVE 9. GRAY/SILVER				BOTTOM CODE COLOR RANGE 10. RED/MAROON 11. PINK 12. BEIGE/TAN 13. WHITE/CREAM 14. YELLOW 15. ORANGE/GOLD 99. OTHER/UNKNOWN				14. SPECIAL VEHICLE FEATURES CODE FEATURE <input type="checkbox"/> 1. LEVEL ALTERED <input type="checkbox"/> 2. STICKER/DECAL ON BODY/BUMPER <input type="checkbox"/> 3. STICKER/DECAL ON WINDOW <input type="checkbox"/> 4. RUST OR PRIMER SPOTS <input type="checkbox"/> 5. PAINTED INSCRIPTION ON BODY <input type="checkbox"/> 6. DECORATIVE PAINT <input type="checkbox"/> 7. MISSING PARTS <input type="checkbox"/> 8. WINDOW BROKEN <input type="checkbox"/> 9. DAMAGE TO FRONT												
15. ADDITIONAL DESCRIPTION				VALUE		16. TAG COMES BACK TO NAME, ADDRESS, STATE, ETC.														
17. DOORS LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WINDOWS CLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO		19. KEY IN IGNITION <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		27. BUSINESS ADDRESS (ZIP)		PHONE								
28. LOCATION OF RECOVERY OF MV				29. RECOVERY MILEAGE		30. EVIDENCE OF STRIPPING <input type="checkbox"/> YES <input type="checkbox"/> NO		31. DISPOSITION OF VEHICLE												
32. VEHICLE TOWED BY / WHERE?				33. IF OOT RECOVERY - MSG. #				AUTHORITY												
P R O P E R T Y		PROP. CODE S - STOLEN F - FOUND D - DAMAGE (INC. VALUE)		R - OOT RECOVERED P - PERSONAL M - MANUFACTURE/PRODUCE/ CULTIVATE P - POSSESS		H - RETURNED TO OWNER K - PHOTOS TAKEN PROPERTY RETURNED TO OWNER		E - EVIDENCE/SEIZED Y - STOLEN & REC. A - ARSON		1. PROPERTY RECEIPT #										
	2. PROP. CODE		3. PER/ SUS #		4. QUAN.		5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.		6. VALUE		2. PROP. CODE		3. PER/ SUS #		4. QUAN.		5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.		6. VALUE	
	35		1		1		BWC 4059													
C R I M E	1. ID REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO				2. SCENE PROCESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO				3. WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
	4. LATENTS <input type="checkbox"/> YES <input type="checkbox"/> NO				6. EVIDENCE TO PROPERTY UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO				7. ID TECHNICIAN / PIN # / UNIT #				8. FIRST OFFICER ON SCENE / PIN # / UNIT #							
	5. PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO																			
D R U G I N F O	1. DRUG ACTIVITY <input type="checkbox"/> N - N/A <input type="checkbox"/> B - BUY <input type="checkbox"/> D - DELIVER <input type="checkbox"/> E - USE		<input type="checkbox"/> K - DISPENSE/DISTRIBUTE <input type="checkbox"/> M - MANUFACTURE/PRODUCE/ CULTIVATE <input type="checkbox"/> P - POSSESS		<input type="checkbox"/> R - SMUGGLE <input type="checkbox"/> S - SELL <input type="checkbox"/> T - TRAFFIC <input type="checkbox"/> U - UNKNOWN <input type="checkbox"/> Z - OTHER		2. DRUG TYPE <input type="checkbox"/> N - N/A <input type="checkbox"/> A - AMPHETAMINE <input type="checkbox"/> B - BARBITURATE <input type="checkbox"/> C - COCAINE		<input type="checkbox"/> E - HEROIN <input type="checkbox"/> H - HALLUCINOGEN <input type="checkbox"/> M - MARIJUANA <input type="checkbox"/> O - OPIUM/DERIVATIVE		<input type="checkbox"/> P - PARAPHERNALIA EQUIPMENT <input type="checkbox"/> S - SYNTHETIC <input type="checkbox"/> U - UNKNOWN <input type="checkbox"/> Z - OTHER									
	3. ACTIVITY		4. TYPE		5. DESCRIPTION		6. QUANTITY		7. UNIT		8. ESTIMATED STREET VALUE									
	ACTIVITY		TYPE		DESCRIPTION		QUANTITY		UNIT		ESTIMATED STREET VALUE									
W E A P O N	1. WEAPON TYPE USED 1 2 <input type="checkbox"/> <input type="checkbox"/> 00. N/A <input type="checkbox"/> <input type="checkbox"/> 01. HANDGUN <input type="checkbox"/> <input type="checkbox"/> 02. RIFLE <input type="checkbox"/> <input type="checkbox"/> 03. SHOTGUN <input type="checkbox"/> <input type="checkbox"/> 04. FIREARM <input type="checkbox"/> <input type="checkbox"/> 05. KNIFE/CUT- TING INST.		1 2 <input type="checkbox"/> <input type="checkbox"/> 06. BLUNT OBJECT <input type="checkbox"/> <input type="checkbox"/> 07. HANDS/FISTS/FEET <input type="checkbox"/> <input type="checkbox"/> 08. POISON <input type="checkbox"/> <input type="checkbox"/> 09. EXPLOSIVES <input type="checkbox"/> <input type="checkbox"/> 10. FIRE/INCENDIARY <input type="checkbox"/> <input type="checkbox"/> 11. THREAT/INTIMIDATION		1 2 <input type="checkbox"/> <input type="checkbox"/> 12. SIMULATED <input type="checkbox"/> <input type="checkbox"/> 13. DRUGS <input type="checkbox"/> <input type="checkbox"/> 99. UNKNOWN (NARR.)		2. WEAPON FEATURES 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. CHROME/NICKEL <input type="checkbox"/> <input type="checkbox"/> 2. BLUE STEEL <input type="checkbox"/> <input type="checkbox"/> 3. AUTOMATIC <input type="checkbox"/> <input type="checkbox"/> 4. REVOLVER <input type="checkbox"/> <input type="checkbox"/> 5. SHORT BARREL <input type="checkbox"/> <input type="checkbox"/> 6. LONG BARREL		1 2 <input type="checkbox"/> <input type="checkbox"/> 7. DOUBLE BARREL <input type="checkbox"/> <input type="checkbox"/> 8. SINGLE BARREL <input type="checkbox"/> <input type="checkbox"/> 9. SAWED OFF <input type="checkbox"/> <input type="checkbox"/> 10. PUMP <input type="checkbox"/> <input type="checkbox"/> 11. BOLT ACTION <input type="checkbox"/> <input type="checkbox"/> 12. ALTERED STOCK		1 2 <input type="checkbox"/> <input type="checkbox"/> 13. I.G. BORE <input type="checkbox"/> <input type="checkbox"/> 14. SM. BORE <input type="checkbox"/> <input type="checkbox"/> 99. OTHER DESCRIBE									
	3. CALIBER/GAUGE		4. MAKE		5. SERIAL #		6. BARREL LENGTH		7. MODEL #		8. COLOR		9. TYPE OF GRIPS		10. BUTT		11. Pg. Pgs. of			

CRIME AGAINST PROPERTY M.O.

AGENCY REPORT #

1. ENTRY		EXIT	2. PROPERTY TARGETS	3. METHOD OF BREAKING	4. INSTRUMENT USED	5. PREMISES SECURED
M.O. BURGLARY / THEFTS & ATTEMPTS	<input type="checkbox"/> 10. FRONT <input type="checkbox"/> 20. REAR <input type="checkbox"/> 30. SIDE <input type="checkbox"/> 1. DOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 3. SLIDING DOOR <input type="checkbox"/> 4. DUCT/VENT <input type="checkbox"/> 5. ADJ. BUILDING <input type="checkbox"/> 6. ROOF <input type="checkbox"/> 7. WALL <input type="checkbox"/> 8. GARAGE DOOR <input type="checkbox"/> 99. OTHER/UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> 1. BUSINESS MACHINES <input type="checkbox"/> 2. BEER/LIQUOR <input type="checkbox"/> 3. CIGARETTES <input type="checkbox"/> 4. CKS./CHECK MACHINES <input type="checkbox"/> 5. CLOTHING <input type="checkbox"/> 6. ELECTRONICS <input type="checkbox"/> 7. FIREARMS <input type="checkbox"/> 8. FOOD <input type="checkbox"/> 9. JEWELRY <input type="checkbox"/> 10. TOOLS <input type="checkbox"/> 99. OTHERS	<input type="checkbox"/> 1. BREAK/CUT GLASS <input type="checkbox"/> 2. BREAK/REMOVE DOOR PANEL <input type="checkbox"/> 3. CUT/BREAK LOCK <input type="checkbox"/> 4. CHOPPED/SMASH <input type="checkbox"/> 5. CUT/BREAK SCREEN <input type="checkbox"/> 6. HID IN BUILDING <input type="checkbox"/> 7. KICK/PUSH <input type="checkbox"/> 8. PICK LOCK <input type="checkbox"/> 9. PRIED/JIMMIED <input type="checkbox"/> 10. REMOVE JALOUSIE <input type="checkbox"/> 11. REMOVE AIR COND./FAN <input type="checkbox"/> 12. REMOVE WINDOW/DOOR <input type="checkbox"/> 13. SMASH GLASS-TAKE MERCHANDISE <input type="checkbox"/> 14. UNLOCKED/NO FORCE <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. BOLT CUTTER <input type="checkbox"/> 2. BRICK/ROCK <input type="checkbox"/> 3. CHANNEL LOCKS/ VICE GRIPS <input type="checkbox"/> 4. CHOPPING TOOL <input type="checkbox"/> 5. CUTTING TOOL <input type="checkbox"/> 6. CUTTING TORCH <input type="checkbox"/> 7. FEET <input type="checkbox"/> 8. HAMMER <input type="checkbox"/> 9. KEY <input type="checkbox"/> 10. PRYING TOOL <input type="checkbox"/> 11. SAW/DRILL <input type="checkbox"/> 12. SCREW DRIVER <input type="checkbox"/> 13. TAPE <input type="checkbox"/> 14. VEHICLE <input type="checkbox"/> 99. OTHER	DATE: _____ TIME: _____ 6. TYPE OF PROTECTION <input type="checkbox"/> 1. LOCKS <input type="checkbox"/> 2. BARS <input type="checkbox"/> 3. SILENT ALARM <input type="checkbox"/> 4. AUDIBLE ALARM <input type="checkbox"/> 5. LISTENING DEVICE <input type="checkbox"/> 6. MOTION DETECTOR <input type="checkbox"/> 99. OTHER
	7. BURGLARY ELEMENTS			8. SUSPECT'S ACTIONS		9. CRIME SCENE INFO.
<input type="checkbox"/> 1. ALARM INOPERATIVE <input type="checkbox"/> 2. BURGLARIZED DURING LAST 12 MONTHS <input type="checkbox"/> 3. ADMITTED STRANGER OR TRADESMAN DURING PAST 7 DAYS (RES. BURGLARY) <input type="checkbox"/> 4. TELEPHONE SURVEY, UNUSUAL CALLS, WRONG NUMBER, HANG-UPS DURING PAST 7 DAYS <input type="checkbox"/> 5. TENTED, UNDER CONSTRUCTION <input type="checkbox"/> 6. SAFE OPENED/ATTEMPTED <input type="checkbox"/> 99. OTHER			<input type="checkbox"/> 1. ATE/DRANK ON PREMISES <input type="checkbox"/> 2. BROKE INTO COIN OPERATED MACHINE <input type="checkbox"/> 3. BURGLARY NOT COMPLETED <input type="checkbox"/> 4. DEFEATED/ATTEMPTED TO DEFEAT ALARM <input type="checkbox"/> 5. DEFECATED <input type="checkbox"/> 6. DISTRACTED VICTIM <input type="checkbox"/> 7. IMPERSONATION <input type="checkbox"/> 8. KNEW LOCATION OF HIDDEN CASH <input type="checkbox"/> 9. LEFT TOOLS ON SCENE <input type="checkbox"/> 10. MALICIOUS DESTRUCTION <input type="checkbox"/> 11. NEATLY SEARCHED		<input type="checkbox"/> 12. PIGEON DROP <input type="checkbox"/> 13. RANSACKED ENTIRELY <input type="checkbox"/> 14. RANSACKED PORTION <input type="checkbox"/> 15. REMOVE PRINTS/WORE GLOVES <input type="checkbox"/> 16. TRICKERY <input type="checkbox"/> 17. TRIPPED ALARM AND RETURNED LATER <input type="checkbox"/> 18. TURNED LIGHTS OFF-ON <input type="checkbox"/> 19. USED TOOLS FOUND AT THE SCENE <input type="checkbox"/> 99. OTHER	
					ID REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN WHY <input type="checkbox"/> 1. SCENE WET <input type="checkbox"/> 2. ALREADY CLEANED BY VICTIM <input type="checkbox"/> 3. SURFACE NOT CONDUCTIVE TO PRINTS <input type="checkbox"/> 4. CONTAMINATION EXPLAIN IN NARR. 10. VICTIM WAS <input type="checkbox"/> 1. HOME <input type="checkbox"/> 3. VACATION <input type="checkbox"/> 2. WORK <input type="checkbox"/> 4. GONE	

CRIMES AGAINST PERSONS M.O.

1. TELEPHONE	2. SUSPECTS ACTION (ROBBERY ONLY)	3. VICTIM IS (WAS)
<input type="checkbox"/> 1. CALLED VICTIM (BEFORE/AFTER) <input type="checkbox"/> 2. PULLED OUT CORD <input type="checkbox"/> 3. SUSPECT USED VICTIM'S PHONE <input type="checkbox"/> 4. USED CORD TO TIE VICTIM <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. ASSAULTED VICTIM <input type="checkbox"/> 2. ASK FOR OR BUYS MERCHANDISE <input type="checkbox"/> 3. APOLOGETIC <input type="checkbox"/> 4. DEMANDED JEWELRY <input type="checkbox"/> 5. MADE THREATS <input type="checkbox"/> 6. OTHER THEFT INVOLVED <input type="checkbox"/> 7. PROSTITUTION INVOLVED <input type="checkbox"/> 8. PURSE SNATCHED	<input type="checkbox"/> 1. ABOUT TO ENTER HOME <input type="checkbox"/> 2. ALONE <input type="checkbox"/> 3. ELDERLY <input type="checkbox"/> 4. GAMBLING <input type="checkbox"/> 5. GOING TO BANK <input type="checkbox"/> 6. HANDICAPPED
<input type="checkbox"/> 9. PUT MONEY IN BAG <input type="checkbox"/> 10. SEX ACT INVOLVED <input type="checkbox"/> 11. SHOTS FIRED <input type="checkbox"/> 12. USED LOOKOUT <input type="checkbox"/> 13. USED MASK <input type="checkbox"/> 14. USED NOTE <input type="checkbox"/> 15. USED STOLEN CAR <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 7. INTOXICATED <input type="checkbox"/> 8. OPENING/CLOSING BUSINESS <input type="checkbox"/> 9. RETARDED <input type="checkbox"/> 99. OTHER	
4. FORCED VICTIMS TO	5. FORCE USED ON VICTIMS	6. IMPERSONATED
<input type="checkbox"/> 1. DISROBE <input type="checkbox"/> 2. ENTER CAR TRUNK <input type="checkbox"/> 3. ENTER RESTROOM <input type="checkbox"/> 4. GET MONEY FROM BANK, FAMILY, ETC. <input type="checkbox"/> 5. GO TO ANOTHER LOCATION <input type="checkbox"/> 6. LIE DOWN <input type="checkbox"/> 7. OPEN SAFE <input type="checkbox"/> 8. PUT PROPERTY IN SACK <input type="checkbox"/> 9. REAR OF BUILDING	<input type="checkbox"/> 1. ABDUCTS <input type="checkbox"/> 2. BLINDFOLD VICTIM <input type="checkbox"/> 3. BOUND VICTIM <input type="checkbox"/> 4. BIT VICTIM <input type="checkbox"/> 5. COVERED VICTIM'S FACE <input type="checkbox"/> 6. CHOKED VICTIM	<input type="checkbox"/> 1. CUSTOMER <input type="checkbox"/> 2. DELIVERY PERSON <input type="checkbox"/> 3. DISABLED MOTORIST <input type="checkbox"/> 4. DRUNK <input type="checkbox"/> 5. EMPLOYEE/EMPLOYER <input type="checkbox"/> 6. FRIEND <input type="checkbox"/> 7. INJURED <input type="checkbox"/> 8. POLICE/LAW <input type="checkbox"/> 9. RELATIVE
7. SOLICITED, OFFERED	8. CHARACTERISTIC OF SUSPECT (SEX CRIMES ONLY)	
<input type="checkbox"/> 1. AID FOR CAR <input type="checkbox"/> 2. ASSISTANCE/INFORMATION <input type="checkbox"/> 3. CIGARETTE <input type="checkbox"/> 4. CON GAME <input type="checkbox"/> 5. DRUGS <input type="checkbox"/> 6. FOOD, DRINKS, CANDY	<input type="checkbox"/> 7. GIFT/PRIZE <input type="checkbox"/> 8. MONEY <input type="checkbox"/> 9. PROSTITUTION/SEX <input type="checkbox"/> 10. RIDE <input type="checkbox"/> 11. USE OF PHONE <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. ANAL SEX <input type="checkbox"/> 2. APOLOGETIC <input type="checkbox"/> 3. CHILD MOLEST <input type="checkbox"/> 4. EJACULATED <input type="checkbox"/> 5. FOUL LANGUAGE <input type="checkbox"/> 6. GENTLE <input type="checkbox"/> 7. MAKES THREATS
<input type="checkbox"/> 8. ORAL SEX <input type="checkbox"/> 9. MASTURBATED <input type="checkbox"/> 10. RAPED MORE THAN ONCE <input type="checkbox"/> 11. RIPPED/CUT CLOTHES <input type="checkbox"/> 12. UNABLE TO ACHIEVE ERECTION	<input type="checkbox"/> 13. UNUSUAL ODOR (BODY ODOR, SMELLED GOOD, ETC.) <input type="checkbox"/> 14. USED LUBRICANT <input type="checkbox"/> 15. USED VICTIM'S NAME <input type="checkbox"/> 16. VIOLENT <input type="checkbox"/> 99. OTHER	

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

PLEASE SEE ATTACHED NARRATIVE.

20-4083

OFFICER ASSAULTED / KILLED

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

ADMIN.	1. Officer Reporting (Print and Sign) OFC. W. HOWER	2. ID Number(s) 4059	3. Unit KWPD	4. Date 10/5/20
	5. Officer Reviewing (If Applicable) Sgt. B. YARNEY	6. ID Number 3467	7. Routed To	8. Referred To
	9. Assigned To	10. By	11. Date 10-5-20	12. Pgs. of

On Monday, 10/05/2020 at approximately 0158 hours, I (Ofc. Howell) was on a foot patrol of the 200 Block of Duval Street. I was flagged down by the security staff at Rick's Bar regarding a trespassing call.

As I walked up to the entrance of Rick's Bar, Deck Bar, I encountered Michael P. Truax (DOB: 12/18/1986, Arrestee) who was arguing with security staff as well as the security manager, Raymundo M. Acedera. Truax was extremely irritated that he was removed from the bar. Acedera explained, repetitively, that Truax fell asleep multiple times and was given multiple warning about sleeping at the bar. Truax yelled that Acedera was being unfair and demanded a refund for his drinks. Acedera asked Truax if he returned his money, if he would go home. Truax was too intoxicated to recognize he was getting a refund and continued to argue with the other security staff as Acedera walked away. Acedera returned with Truax's refund and asked Truax to leave. Truax snatched the money from Acedera's hand and continued to yell about being removed from the bar. I explained to Truax that he needed to go home and "sleep it off" several times. Truax continued to become increasingly agitated but eventually walked away. Truax returned a few minutes later and walked back towards the entrance of Rick's Bar, Deck Bar. Acedera stopped Truax at the entrance again. Truax turned around and again walked away. After a few minutes, Truax attempted to return to Rick's Bar. I intercepted him in front of the Red Garter Saloon, near Charles Street. Truax continued to yell about being removed from Rick's Bar, Deck Bar. I instructed Truax to "turn around and go home" several times. Truax attempted to get close to my face. I instructed Truax to back up because he was too close to me and was spitting as he talked. Truax then stepped back and attempted to spit at me, however his spit missed and fell on the ground in front on me. At this point, several other patrons from Rick's Bar were gathering around and began to tell Truax to leave before he "got arrested." Truax became frustrated with one of the female patrons, Anelle M. Hernandez (DOB: 10/02/1984, Witness/Victim) and swung his right fist at her as she pointed for Truax to leave. I immediately shoved Truax backwards, but he still made contact with Hernandez's hand. Truax became enraged and swung his right fist at me. I grabbed Truax by the left wrist and attempted to place him in protective custody. Truax suddenly and swiftly attempted to pull his arm away and attempted to strike me with his right fist. Given these circumstances and Truax's level of resistance rising, I performed a leg sweep technique and took Truax to the ground in a controlled manner. I attempted to grab Truax's shirt collar however, due to Truax struggling with me, I could only grab the back of his neck as I performed the technique. Truax continued to physically resist and some of the security staff from Rick's Bar assisted in restraining Truax until Ofc. R. Perez arrived. Ofc. R. Perez and I placed Truax in handcuffs. I transported Truax to the Monroe County Detention Center.

Based on the facts and evidence, I believe there is probable cause that on 10/05/2020, Michael P. Truax did knowingly and intentionally violate F.S.S. 784.03 Battery, by actually and intentionally striking Anelle M. Hernandez's hand against her will.

Based on the facts and evidence, I believe there is probable cause that on 10/05/2020, Michael P. Truax did knowingly and intentionally violate F.S.S. 843.01 Resisting with Violence, by purposely attempting to struggle away from me and punch me as I detained him while I engaged in my legal, lawful duties as a uniformed law enforcement officer.

Based on the facts and evidence, I believe there is probable cause that on 10/05/2020, Michael P. Truax did knowingly and intentionally violate F.S.S. 784.07 Assault of Law Enforcement Officer, by purposely attempting to spit on me while I engaged in my legal, lawful duties as a uniformed law enforcement officer.

Truax appeared to be under the influence of alcohol. Truax's speech was slurred and his eyes were bloodshot. Truax's breath had the odor of alcoholic intoxicants.

Truax was not injured during takedown technique.

Acedera sent me a copy of the security video showing the altercation near Charles Street. I uploaded the video to Evidence.com

My BWC was not activated for the initial confrontation however I recorded witness statements and I uploaded the video to Evidence.com.

At this time, no further information.

Off. W. HOWEN  4059