

Response to Resistance Report

Key West Police Department

Case No: 20-4265

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: 10/18/20 3. Time: 0045 4. Location: 3227 Harriet Avenue 5. Incident type: Resist Arrest

6. Resistance Level 7. Explanation 8. Response Option 9. Explanation

- ☐ Passive: ☒ Physical Control Take Down
☒ Active: Bracing, Tensing, Pulling, Pushing ☐ Non-lethal Weapon
☐ Aggressive: ☐ Deadly Force
☐ Deadly Force:

SUBJECT

10. Last Name: Holloway 11. First: Megan 12. Race: Black 13. Sex: Female

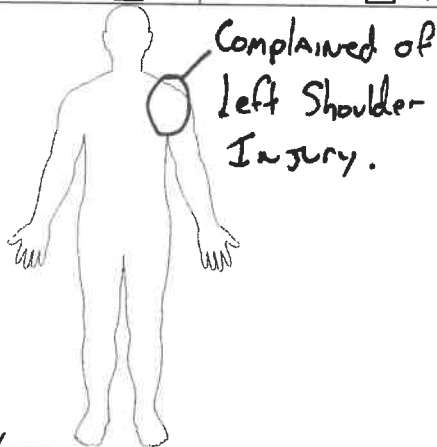
14. DOB: 04/25/1993 15. Height: 5'05" 16. Weight: 120

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

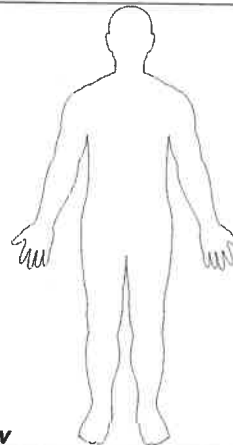
18. Appeared to be: ☒ Intoxicated ☒ Under the influence of controlled substance ☒ Emotionally / mentally disturbed

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

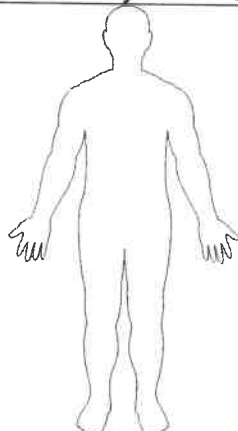
23. Officer: R. Perez 24. Race: W 25. Sex: M 26. Age: 30 27. Height: 5'09' 28. Weight: 195

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

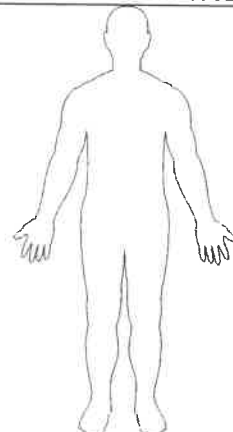
31. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)

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


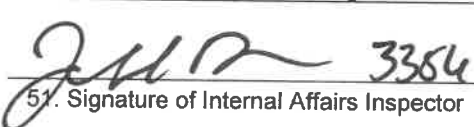


Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 20-4265

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. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.													
SUPERVISOR'S INQUIRY	40. Notified Date: 10/17/20													
	41. Time: 1800													
	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)													
	<table border="1"><thead><tr><th>Name</th><th>Address</th><th>Phone Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Name	Address	Phone Number									
	Name	Address	Phone Number											
47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS														
48. Preparing Supervisor's Signature / ID  3022														
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)													
	51. Signature of Internal Affairs Inspector  3354													
	53. If section 48 is "No" record the Professional Standards Control Number:													
54. Date Entered: 10/22/20														

1. REPORT SIGNAL

AGENCY AGENCY NUMBER 2. RELATING CASE 3. AGENCY REPORT NUMBER 1. REPORT SIGNAL #

FL0440100

4. REPORTED DATE 10/17/2020 TIME 2347 TIME DISP. 2347 TIME ARR. 2355 TIME COMPLETED 0200

INCIDENT TYPE 1. FELONY 2. TRAFFIC FELONY 3. MISDEMEANOR 4. TRAFFIC MISDEMEANOR 5. ORDINANCE 99. OTHER

5. INCIDENT FROM DAY SATURDAY DATE 10/17/2020 TIME 2330 DAY SATURDAY DATE 10/17/2020 TIME 2347

6. OFFENSE #1 TYPE RESISTING W/O VIOLENCE MISDEMEANOR 7. STATUTE VIOLATION # 843.02 8. NCIC/UCR CODE

9. OFFENSE #2 TYPE MISDEMEANOR 7. STATUTE VIOLATION # 843.02 8. NCIC/UCR CODE

10. INCIDENT LOCATION (STREET/NUMBER) CITY STATE ZIP 3227 HARRIET AVE. KEY WEST FL. 33040 11. GEOGRAPHIC INDICATOR

12. BUSINESS NAME/AREA IDENTIFIER

13. # OFFENSES 14. # VICTIMS 15. # OFFENDERS 16. # PREM. ENT. 17. # VEH. STOLEN 18. FORCED ENTRY 19. OCCUPANCY 20. LOCATION TYPE 21. RESIDENCE - SINGLE 22. APARTMENT 23. RESIDENCE - OTHER 24. HOTEL - MOTEL 25. CONVENIENCE STORE 26. GAS STATION 27. LIQUOR SALES 28. BAR/RAVING CLUB 29. SUPERMARKET 30. DEPT./DISCOUNT STORE 31. RESTAURANT 32. DRUG STORE/HOSPITAL 33. BANK/FINANCIAL INST. 34. COMMERCIAL/OFF. 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 50. UNOCCUPIED 51. ABANDONED 52. OTHER MOBILE 53. OTHER KNOWN

VICTIM TYPE 1. JUVENILE 2. LAW ENFORCEMENT OFFICER 3. ADULT 4. BUSINESS 5. GOVERNMENT 6. CHURCH 99. OTHER

VICTIM RELATIONSHIP TO OFFENDER 1. N/A 2. PARENT 3. BRO/SISTER 4. CHILD 5. STEP-PARENT 6. EX-SPOUSE 7. CO-HABITANT 8. OTHER FAMILY 9. STUDENT 10. TEACHER 11. CHILD OF BOY/GIRL FRIEND 12. BOY/GIRL FRIEND 13. FRIEND 14. NEIGHBOR 15. SITTER/DAY CARE 16. EMPLOYEE 17. EMPLOYER 18. LANDLORD/TENANT 19. ACQUAINTANCE 20. OTHER

1. VICTIM 2. LAST NAME, FIRST, MIDDLE/BUSINESS 3. A/J 4. R/S 5. DOB/AGE PR 6. RESIDENCE ADDRESS 7. OFFENSE INDICATOR 8. RESIDENCE STATUS 9. PART YEAR 10. RESIDENCE TYPE 11. COUNTY 12. OUT STATE 13. LOCAL CONTACT ADDRESS 14. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 15. DATE/TIME AVBL 16. OCC/TITLE 17. RESIDENCE PHONE () 18. BUSINESS PHONE () 19. A/J 20. R/S 21. DOB/AGE PR 22. RESIDENCE ADDRESS 23. OFFENSE INDICATOR 24. RESIDENCE STATUS 25. PART YEAR 26. RESIDENCE TYPE 27. COUNTY 28. OUT STATE 29. LOCAL CONTACT ADDRESS 30. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 31. DATE / TIME AVBL 32. OCC/TITLE 33. RESIDENCE PHONE () 34. BUSINESS PHONE () 35. A/J 36. R/S 37. DOB/AGE PR 38. RESIDENCE ADDRESS 39. OFFENSE INDICATOR 40. RESIDENCE STATUS 41. PART YEAR 42. RESIDENCE TYPE 43. COUNTY 44. OUT STATE 45. LOCAL CONTACT ADDRESS 46. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 47. DATE / TIME AVBL 48. OCC/TITLE 49. RESIDENCE PHONE () 50. BUSINESS PHONE () 51. A/J 52. R/S 53. DOB/AGE

1. EXHIBIT OF INJURY 2. LOCATION ON BODY 3. HOSPITAL/CLINIC 4. SQUAD # 5. DOB/AGE 6. RESIDENCE ADDRESS 7. OFFENSE INDICATOR 8. RESIDENCE STATUS 9. PART YEAR 10. RESIDENCE TYPE 11. COUNTY 12. OUT STATE 13. LOCAL CONTACT ADDRESS 14. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 15. DATE / TIME AVBL 16. OCC/TITLE 17. RESIDENCE PHONE () 18. BUSINESS PHONE () 19. A/J 20. R/S 21. DOB/AGE

1. PERSON INTERVIEWED 2. A/J 3. AGE 4. RES. ADDRESS 5. APT. 6. CITY 7. RES. PHONE 8. LOCAL CONTACT ADDRESS 9. BUS. ADDRESS 10. CITY 11. BUS. PHONE 12. PERSON INTERVIEWED 13. A/J 14. AGE 15. RES. ADDRESS 16. APT. 17. CITY 18. RES. PHONE 19. LOCAL CONTACT ADDRESS 20. BUS. ADDRESS 21. CITY 22. BUS. PHONE

1. LAST NAME, FIRST, MIDDLE 2. RESIDENCE ADDRESS 3. APT. # 4. CITY 5. STATE 6. RES. PHONE 7. OFFENSE INDICATOR 8. BUSINESS ADDRESS 9. CITY 10. ZIP 11. USUAL OCCUPATION 12. BUS. PHONE 13. INJURED 14. CITIZENSHIP 15. NICKNAME 16. A/J 17. DOB/AGE 18. RACE/SEX 19. HGT. 20. WGT. 21. EYE COLOR 22. HAIR 23. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS 24. SCARS, MARKS, TATTOOS, DEFORMITIES 25. SS # 26. OBTS # 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 #

1. HAIR LENGTH 2. HAIR STYLE 3. FACIAL HAIR 4. COMPLEXION 5. TEETH 6. APPEARANCE/DEMEANOR 7. SPEECH 8. R/L HANDED 9. BUILD 10. EYE COLOR 11. HAIR 12. SCARS, MARKS, TATTOOS, DEFORMITIES 13. SS # 14. OBTS #

M P I S S I O N G	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		4. AGENT 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 <input type="checkbox"/> <input type="checkbox"/> 3. UNKNOWN																	
S F O A C T O R S	A. WILL THE VICTIM PROSECUTE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				B. ARE THERE ANY KNOWN WITNESSES TO THE CRIME? <input type="checkbox"/> YES <input checked="" 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															
V E H I C L E O R V E S S E L	E. DO WITNESSES HAVE INFORMATION THAT IS VALUABLE TO THE INVESTIGATION? <input type="checkbox"/> YES <input checked="" 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 T Y	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. BY LEO																			
	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? NO				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 TY PROPERTY OR UNIQUE MO WHICH WOULD ASSIST THE INVESTIGATOR? IF YES EXPLAIN IN THE NARRATIVE. NO																			
	1. VEHICLE CODES S - STOLEN A - ABANDONED 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 #															
	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				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)									
	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											
	PROP. CODE S - STOLEN F - FOUND D - DAMAGE (INC. VALUE)				R - OOT RECOVERED P - PERSONAL 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	
	E		2		BWC VIDEO 3759															
					TOTAL VALUE (IF CONTINUATION LEFT WITH OR DAMAGE VICTIM, MAKE AN ESTIMATE)															
	1. ID REQUESTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				2. SCENE PROCESSED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				3. WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
	4. LATENTS <input type="checkbox"/> YES <input checked="" 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 # /							
	5. PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
	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									
	ACTIVITY		TYPE		DESCRIPTION		QUANTITY		UNIT		ESTIMATED STREET VALUE									
	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.				2. WEAPON FEATURES 1 2 <input type="checkbox"/> <input type="checkbox"/> 06. BLUNT OBJECT <input type="checkbox"/> <input type="checkbox"/> 07. HANDS/FISTS/FEET 															

CRIME AGAINST PROPERTY M.O.

AGENCY REPORT #

M.O. BURGLARY / THEFTS & ATTEMPTS	1. ENTRY	EXIT	2. PROPERTY TARGETS	3. METHOD OF BREAKING	4. INSTRUMENT USED	5. PREMISES SECURED
	<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"/> 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			
			10. VICTIM WAS			
			<input type="checkbox"/> 1. HOME <input type="checkbox"/> 2. WORK <input type="checkbox"/> 3. VACATION <input type="checkbox"/> 4. GONE			

CRIMES AGAINST PERSONS M.O.

M.O. RAPE / ROBBERY / HOMICIDE & ATTEMPTS	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"/> 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
	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"/> 7. CUT/STABBED VICTIM <input type="checkbox"/> 8. GAG VICTIM <input type="checkbox"/> 9. HIT VICTIM <input type="checkbox"/> 10. SHOT VICTIM <input type="checkbox"/> 11. THREATS ONLY <input type="checkbox"/> 99. OTHER	
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. RATED 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

WORTHLESS DOCUMENTS	STATUS TYPE <input type="checkbox"/> 1. FORGED <input type="checkbox"/> 2. COUNTERFEIT <input type="checkbox"/> 3. FORGED AND UTTERED <input type="checkbox"/> 4. COUNTERFEITED AND UTTERED			
	TYPE <input type="checkbox"/> 1. CHECK <input type="checkbox"/> 2. CREDIT CARD <input type="checkbox"/> 3. MONEY ORDER <input type="checkbox"/> 4. BOND/CERTIFICATE <input type="checkbox"/> 5. ATM/DEBIT CARD <input type="checkbox"/> 6. IDENTIFICATION <input type="checkbox"/> 7. PRESCRIPTION <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	
	3. CHECK PAYABLE TO	4. DATE OF DOCUMENT	2. OWNER OF CHECK NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME	
	5. BANK DRAWN ON	6. SIGNATURE ON FACE (MAKER)	3. THEFT VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CASE NUMBER P.D.	
	7. ACCOUNT NUMBER	8. OWNER OF CHECK (PERSON OR COMPANY)	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. HAVE THE ORIGINAL DOCUMENTS BEEN PROTECTED FOR EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?	
TYPE OF IDENTIFICATION USED				
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 of	

NARRATIVE

SEE ATTACHED.

AGENCY REPORT NUMBER

20-4265

OFFICER ASSAULTED / KILLED

1. INCIDENT TYPE

- ☐ 1. OFFICER KILLED FELONIOUS
☐ 2. OFFICER KILLED ACCIDENT OR NEGLIGENCE
☐ 3. OFFICER ASSAULTED, NO INJURY
☐ 4. OFFICER ASSAULTED, MINOR INJURY
☐ 5. OFFICER ASSAULTED, SERIOUS INJURY

3. TYPE OF ASSIGNMENT

- ☐ 1. ONE PERSON VEHICLE, ALONE
☐ 2. ONE PERSON VEHICLE, ASSISTED
☐ 3. TWO PERSON VEHICLE
☐ 4. DETECTIVE OR SPECIAL ASSIGNMENT, ALONE

5. WAS OFFENDER INJURED? ☐ YES ☐ NO ☐ UNK.
EXTENT OF INJURIES TO OFFENDER

- ☐ 00. N/A ☐ 02. MODERATE ☐ 04. FATAL
☐ 01. MINOR ☐ 03. SERIOUS

2. OFFICER ACTIVITY

- ☐ 1. RESPONDING TO DISTURBANCE
☐ 2. BREAKING AND ENTERING IN PROGRESS OR PURSUING
☐ 3. ROBBERY IN PROGRESS OR PURSUING ROBBERY SUSPECT
☐ 4. ATTEMPTING OTHER ARREST
☐ 5. CIVIL DISORDER

- ☐ 5. DETECTIVE OR SPECIAL ASSIGNMENT, ASSISTED
☐ 6. TRAFFIC/MOTORCYCLE OFFICER
☐ 7. OTHER, ALONE
☐ 8. OTHER, ASSISTED

- ☐ 6. DOMESTIC DISTURBANCE
☐ 7. HANDLING, TRANSPORTING, CUSTODY OF PRISONERS
☐ 8. INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES
☐ 9. AMBUSH, NO WARNING
☐ 10. ASSAILANT MENTALLY DERANGED
☐ 11. TRAFFIC PURSUIT OR STOP

☐ 99. OTHER

4. (ANSWER ALL QUESTIONS)

- WAS OFFICER WEARING BODY ARMOR? ☐ Y ☐ N ☐ UNK ☐ N/A
 DID ARMOR PREVENT SERIOUS INJURY OR FATALITY? ☐ Y ☐ N ☐ UNK ☐ N/A
 WAS OFFICER AWARE OFFENDER HAD WEAPON? ☐ Y ☐ N ☐ UNK ☐ N/A
 DID OFFENDER USE OFFICER'S WEAPON? ☐ Y ☐ N ☐ UNK ☐ N/A
 WAS A FIREARM DISCHARGED BY OFFENDER? ☐ Y ☐ N ☐ UNK ☐ N/A

DISTANCE FROM OFFICER IN FEET (ESTIMATE)

WAS A FIREARM DISCHARGED BY THE OFFICER? ☐ Y ☐ N ☐ UNK ☐ N/A

6. OFFICER EXPERIENCE (IN YEARS) _____ AGE _____

7. OFFICER ASSAULTED BY OFFENDER/SUSPECT # _____

1. Officer Reporting (Print and Sign)

J. TORRECILLAS

5. Officer Reviewing (If Applicable)

SET. B. VAZQUEZ

6. ID Number

3467

7. Routed To

8. Referred To

9. Assigned To

2. ID Number(s)

3759

3. Unit

BN

4. Date

10/18/2022

11. Date

10-18-20

12. Pg

Pg

of

ADMIN.

On October 17, 2020, at approximately 2347 hours, I, Officer J. Torrecillas was dispatched to 3227 Harriet Ave., reference a trespass. While I was en route, dispatch provided a description of the female trespasser.

Officer R. Perez arrived on scene first and advised he was with the reporting person. I advised dispatch I would check the area and look for the female. Ofc. Perez advised over two-way communication radio the female had returned to the scene and I responded there.

On arrival, I met with Dontrell Holloway (reporting person). I began my investigation and attempted to speak with Dontrell on the front porch. The female, later identified as Megan Holloway (arrestee), was inside the residence and stuck her head out of the doorway. Megan began yelling loudly at Dontrell. I asked Megan several times to stop yelling, but she continued to yell. I advised Megan if she continued to yell, preventing me from conducting my investigation, she would be placed in handcuffs. Megan ignored me and continued yelling. I advised Ofc. Perez, who was standing behind Megan, to handcuff her. As Ofc. Perez attempted to gain control of Megan, she pulled away and continued to yell, pulling her arms away from us. Megan attempted to prevent us from placing handcuffs on her. Megan dropped to the ground and continued to pull her arms in front of her. Once handcuffed, Officer C. Morris, Ofc. Perez and I escorted Megan to Ofc. Perez's patrol car. As we were escorting Megan, she continuously attempted to fall on the ground and refused to walk. Once we arrived at Ofc. Perez's patrol car, I returned to speak to Dontrell again.

Dontrell stated Megan, went to his house, and argued with him when he asked her to leave. Dontrell stated Megan hit his television with her cell phone, causing it to break. Dontrell stated it was the second television of his she had broken. Dontrell showed me the television. The points of impact on the television were consistent with being struck by a cell phone. After obtaining all the information of the television, Dontrell stated he wished to pursue charges against Megan, but later recanted and stated he no longer wished to pursue charges.

I went to speak to Megan again. I advised Megan, Dontrell would not be pursuing charges against her for breaking the television, but she was going to jail for resisting without violence. Megan began yelling again and again refused to walk to my patrol car. Megan began attempting to pull away from us again and dropped herself to the ground. Megan began yelling her shoulder was hurting and was out of place. Ofc. Morris immediately advised dispatch to send rescue to our location.

As we were awaiting rescue, Megan attempted to stand up. Ofc. Perez and I advised her to stay seated and wait for rescue to arrive. Megan lunged forward at Ofc. Perez and he stated she tried to bite him on the arm but was unsuccessful.

Key West Fire Rescue 1 responded and arrived on scene. Megan was evaluated by rescue personnel who stated they did not believe her shoulder to be out of place. Megan was transported to the Lower Keys Medical Center Emergency Room by Rescue 1.

While at the emergency room, Megan continued screaming at the medical staff. The medical staff treated Megan although she was belligerent towards them. Dr. Betancourt evaluated Megan and determined Megan's arm was not out of place and cleared her to be transported to the detention center. As we attempted to leave the emergency room, Megan stated she refused to walk and laid on the ground once again. Ofc. Perez and I, along with an emergency room medical staff member, assisted her to my patrol car and placed her in the back seat.

I transported Megan to the Monroe County Detention Center.

Megan was obstructing my ability to conduct an investigation by continuously yelling and ignoring my commands. Megan resisted by continuously pulling away from us as we attempted to place handcuffs on her. Megan continued to resist by laying on the ground and refusing to walk at the scene, and later at the emergency room. Megan was in violation of F.S.S. 843.02, Resisting officer without violence.

My BWC was activated and uploaded to Axon Evidence.