

Response to Resistance Report

Key West Police Department

Case No: 20-4324

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)

2. Date: 10/21/20 3. Time: 2006 4. Location: 1110 Truxton Rd 5. Incident type: S53 / BA

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

☐ Passive:

☐ Active:

☒ Aggressive:

☐ Deadly Force:

Subject stated that he had a gun.

☐ Physical Control

☒ Non-lethal Weapon

☐ Deadly Force

TASER

10. Last Name:

11. First:

12. Race: White 13. Sex: Male

14. DOE '969

15. Height: 6'02"

16. Weight: 210

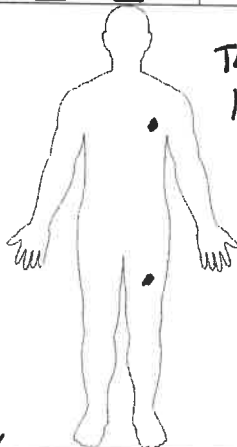
17. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 42. If "YES", complete sections 18-22

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

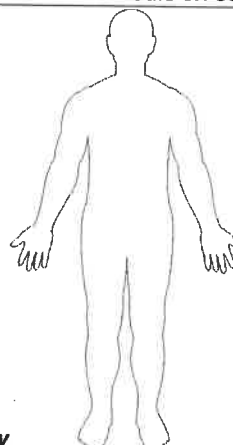
19. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)

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

SUBJECT



TASER Probe locations



22. Anterior View

Posterior View

23. Officer: C. Purcell

24. Race: W

25. Sex: M

26. Age: 25

27. Height: 6'00'

28. Weight: 245

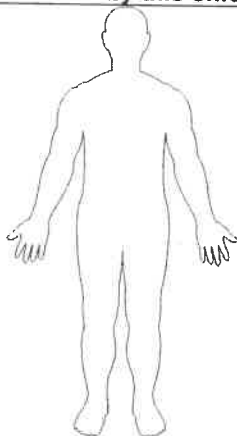
29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 2

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

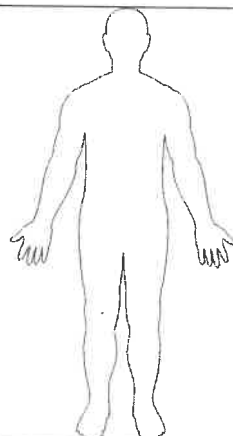
32. Photographed: ☒ No ☐ Yes 33. Treated: ☒ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital

34. Response option used by this officer: Deployed TASER

OFFICER



35. Anterior View



Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 20-4324

TASER USE ONLY	36. TASER® device serial # X120056TN	37. TASER® device serial #
	TASER®Cam serial # V21002AVT	TASER®Cam serial #
	Cartridge 1 serial # C4106R4WT	Cartridge 1 serial #
	Cartridge 2 serial #	Cartridge 2 serial #
	Number of cycles: 1	Number of cycles:
	Type of contact: <input checked="" type="checkbox"/> Probe <input type="checkbox"/> COPS <input type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> COPS <input type="checkbox"/> Drive Stun
	Did probes penetrate skin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Target distance at probe launch: 15 Feet	Target distance at probe launch:
	Distance between probes: Approx 30 Inches	Distance between probes:
	Probes removed by (name): C. Purcell	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: 10/21/20	41. Time: 2010PM
	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below) It appears on BWC videos that Officers Litton and Torrecillas did not have their weapons drawn and were not providing Ofc. Purcell with lethal coverage. It appears there was hesitation by above listed Officers to properly assist or cover Ofc. Purcell.	
	46. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)	
	Name	Address
		Phone Number
INT. AFF.	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	49. Date
	50. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes If "No", complete section 51	51. Signature of Internal Affairs Inspector
	53. If section 48 is "No" record the Professional Standards Control Number:	54. Date Entered:

☐ Initial Report Continued

KEY WEST POLICE DEPARTMENT

☒ Investigative/Supplemental Report

REPORT SIGNAL #

53

1. AGENCY REPORT NUMBER 20-4324	2. LOCATION OF INCIDENT APT. #	3. INC. DATE 10/21/20	TIME 2005	DAY WED
4. DATE OF DISPATCH 10/21/20	5. TIME DISP. 2006	6. ON SCENE 2009	7. IN SERVICE 2230	8. CROSS REF. INC. # N/A
9. TYPE OFFENSE/INCIDENT SS3				

SEE ATTACHED

NARRATIVE

ADMIN.	1. Officer(s) Reporting (Print and Sign) CHASE D PURCELL	2. ID Number(s) 3967	3. Unit 87	4. Date 10/21/20
	5. Officer Reviewing (if Applicable) [Signature]	6. ID Number 3022	7. Routed to REC	8. Referred to
		9. Assigned to	10. By	11. Date 10-21-20
		12. Pg Pgs 1 of 1		

On 10/21/2020 at approximately 2005 hours, I, Officer Purcell, responded to _____ to back Officer Litton and Officer Torrecillas with a possible suicide attempt.

Upon arrival I observed a white male (_____ in the garage area of _____ had his arms extended towards me with his hands clasped together as if he were holding a handgun. _____ was screaming "I have a gun, I'm going to shoot you". _____ stepped into the light in the garage and I was able to confirm he did not have a firearm in his hands. I advanced into the garage keeping _____ at gunpoint and giving him clear verbal commands to put his hands up and get on the ground. I holstered my duty pistol and drew my taser continuing to give '_____ Verbal commands.' _____ reached behind his back as if he was retrieving a weapon from his waistline. I deployed my taser striking _____ in the chest and leg achieving full NMI. _____ fell to the ground and I placed him in handcuffs.

Key West Fire Department Rescue advised _____ needed to be transported to Lower Keys Medical Center for further evaluation. _____ claimed he took large quantities of medication and said "I'm not going to make it to the hospital with what I took". _____ was loaded into the ambulance. Rescue advised me '_____ was going into respiratory failure and was turning blue. Rescue was able to establish an airway and with the use of assisted breaths brought _____'s vitals back to a stable level. I accompanied rescue and _____ to the hospital.

My Axon BWC was activated shortly after I deployed My Taser.

AGENCY ORI NUMBER: 2. RELATING CASE: 3. AGENCY REPORT NUMBER: 20-4324

4. REPORTED: DATE 10/21/2020 TIME 2004 TIME DISP. 2005 TIME ARV. 2009 TIME COMPLETED

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

5. INCIDENT FROM: DAY Wed. DATE 10/21/2020 TIME 2004 DAY DATE TIME

6. OFFENSE #1: Baker Act TYPE: ATTEMPTED 7. STATUTE VIOLATION # 8. NCIC/UCR CODE

9. OFFENSE #2 TYPE: ATTEMPTED STATUTE VIOLATION # NCIC/UCR CODE

10. INCIDENT LOCATION (STREET ADDRESS): CITY Key West STATE FL ZIP 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. UNOCCUPIED

21. LOCATION TYPE 22. GAS STATION 23. DRUG STORE/HOSPITAL 24. SCHOOL/UNIVERSITY 25. OTHER STRUCTURE 26. PARK LOT/GARAGE 27. HIGHWAY/ROADWAY 28. PARK/WOODLANDS 29. LAKE/WATERWAY 30. MOTOR VEHICLE

31. RESIDENCE - SINGLE 32. APARTMENT 33. RESIDENCE - OTHER 34. HOTEL - MOTEL 35. CONVENIENCE STORE 36. GAS STATION 37. LIQUOR SALES 38. BARN/STABLE 39. SUPERMARKET 40. DEPT. DISCOUNT STORE 41. RESTAURANT 42. DRUG STORE/HOSPITAL 43. BANK/FINANCIAL INST. 44. COMMERCIAL/OFC. BLDG. 45. INDUSTRIAL/MFG. 46. STORAGE 47. GOVT./PUBLIC BLDG. 48. SCHOOL/UNIVERSITY 49. JAIL/PRISON 50. RELIGIOUS BLDG. 51. AIRPORT 52. BUS/RAIL TERMINAL 53. CONSTRUCTION SITE 54. OTHER STRUCTURE 55. PARK LOT/GARAGE 56. HIGHWAY/ROADWAY 57. PARK/WOODLANDS 58. LAKE/WATERWAY 59. MOTOR VEHICLE

61. VICTIM TYPE 62. 1. JUVENILE 63. 2. LAW ENFORCEMENT OFFICER 64. 3. ADULT 65. 4. BUSINESS 66. 5. GOVERNMENT 67. 6. CHURCH 68. 7. OTHER

69. VICTIMS RELATIONSHIP TO OFFENDER 70. 1. N/A 71. 2. UNDETERMINED 72. 3. STRANGER 73. 4. SPOUSE 74. 5. EX-SPOUSE 75. 6. CO-HABITANT 76. 7. PARENT 77. 8. BROTHER/SISTER 78. 9. CHILD 79. 10. STEP-PARENT 80. 11. STEP-CHILD 81. 12. IN-LAW 82. 13. OTHER FAMILY 83. 14. STUDENT 84. 15. TEACHER 85. 16. CHILD OF BOY/GIRL FRIEND 86. 17. BOY/GIRL FRIEND 87. 18. FRIEND 88. 19. NEIGHBOR 89. 20. SITTER/DAY CARE 90. 21. EMPLOYEE 91. 22. LANDLORD/TENANT 92. 23. ACQUAINTANCE 93. 24. OTHER

94. 1. VICTIM 95. 2. PR 96. 3. WITNESS 97. 4. R/S 98. 5. DOB/AGE 99. 6. R/S 100. 7. DOB/AGE

101. 7. OFFENSE INDICATOR 102. 8. RESIDENCE STATUS 103. 9. RESIDENCE TYPE 104. 10. COUNTY 105. 11. OUT STATE 106. 12. LOCAL CONTACT ADDRESS 107. 13. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 108. 14. DATE / TIME AVBL. 109. 15. OCC./TITLE

110. 13. RESIDENCE PHO# 111. 14. BUSINESS PHONE () 112. 15. OCC./TITLE

113. 1. VICTIM 114. 2. PR 115. 3. WITNESS 116. 4. R/S 117. 5. DOB/AGE 118. 6. R/S 119. 7. DOB/AGE

120. 7. OFFENSE INDICATOR 121. 8. RESIDENCE STATUS 122. 9. RESIDENCE TYPE 123. 10. COUNTY 124. 11. OUT STATE 125. 12. LOCAL CONTACT ADDRESS 126. 13. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 127. 14. DATE / TIME AVBL. 128. 15. OCC./TITLE

129. 13. RESIDENCE PHO# 130. 14. BUSINESS PHONE () 131. 15. OCC./TITLE

132. 1. EXTENT OF INJURY 133. 2. LOCATION ON BODY 134. 3. HOSPITAL/CLINIC 135. 4. SQUAD #

136. 1. VICTIM 137. 2. PR 138. 3. WITNESS 139. 4. R/S 140. 5. DOB/AGE 141. 6. R/S 142. 7. DOB/AGE

143. 7. OFFENSE INDICATOR 144. 8. RESIDENCE STATUS 145. 9. RESIDENCE TYPE 146. 10. COUNTY 147. 11. OUT STATE 148. 12. LOCAL CONTACT ADDRESS 149. 13. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 150. 14. DATE / TIME AVBL. 151. 15. OCC./TITLE

152. 13. RESIDENCE PHO# 153. 14. BUSINESS PHONE () 154. 15. OCC./TITLE

155. 1. PERSON INTERVIEWED 156. 2. AJ 157. 3. AGE 158. 4. RES. ADDRESS 159. 5. APT. 160. 6. CITY 161. 7. STATE 162. 8. RES. PHONE

163. 4. LOCAL CONTACT ADDRESS 164. 5. BUS. ADDRESS 165. 6. CITY 166. 7. BUS. PHONE

167. 1. PERSON INTERVIEWED 168. 2. AJ 169. 3. AGE 170. 4. RES. ADDRESS 171. 5. APT. 172. 6. CITY 173. 7. STATE 174. 8. RES. PHONE

175. 4. LOCAL CONTACT ADDRESS 176. 5. BUS. ADDRESS 177. 6. CITY 178. 7. BUS. PHONE

179. 1. LAST NAME, FIRST, MIDDLE 180. 2. BUSINESS ADDRESS 181. 3. APT. 182. 4. CITY 183. 5. STATE 184. 6. RES. PHONE

185. 7. INJURED 186. 8. CITIZENSHIP 187. 9. NICKNAME 188. 10. AJ 189. 11. DOB 190. 12. RACE/SEX 191. 13. HGT. 192. 14. WGT. 193. 15. EYE COLOR 194. 16. HAIR

195. 17. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS 196. 18. SCARS, MARKS, TATTOOS, DEFORMITIES 197. 19. SS 198. 20. OBTS #

199. 1. LAST NAME, FIRST, MIDDLE 200. 2. RESIDENCE ADDRESS 201. 3. APT. 202. 4. CITY 203. 5. STATE 204. 6. RES. PHONE

205. 7. INJURED 206. 8. CITIZENSHIP 207. 9. NICKNAME 208. 10. AJ 209. 11. DOB/AGE 210. 12. RACE/SEX 211. 13. HGT. 212. 14. WGT. 213. 15. EYE COLOR 214. 16. HAIR

215. 17. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS 216. 18. SCARS, MARKS, TATTOOS, DEFORMITIES 217. 19. SS 218. 20. OBTS #

219. 1. HAIR LENGTH 220. 2. HAIR STYLE 221. 3. FACIAL HAIR 222. 4. COMPLEXION 223. 5. TEETH 224. 6. APPEARANCE/DEMEANOR 225. 7. SPEECH 226. 8. R/L HANDED 227. 9. BUILD 228. 10. 1. LIGHT 229. 11. 2. MEDIUM 230. 12. 3. HEAVY

M I S S I O N I 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		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		6. DISASTER VICTIM <input type="checkbox"/> <input type="checkbox"/> 6. DISASTER VICTIM <input type="checkbox"/> <input type="checkbox"/> 7. VOLUNTARY ADULT <input type="checkbox"/> <input type="checkbox"/> 8. UNKNOWN			
S F A C T O R S	A. WILL THE VICTIM PROSECUTE? <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" 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			
R E C O V E R 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.							
	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
P R O P E R T Y	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?				IF YES PUT X IN BOX			
C R I M E	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.							
D R U G I N F O	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"/> 9. OTHER	
	3. VIN # / HULL #		4. DECAL #		5. HOW WAS VIN ACQUIRED?			
W E A P O N	6. MAKE		7. MODEL		8. YR.		9. BODY STYLE	
	10. LIC. #/TAG #/VESSEL REG.		11. YR.		12. STATE			
S C E N E	13. VEHICLE COLOR TOP		BOTTOM		14. SPECIAL VEHICLE FEATURES			
	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		CODE COLOR RANGE 10. RED/MAROON 11. PINK 12. BEIGE/TAN 13. WHITE/CREAM 14. YELLOW 15. ORANGE/GOLD 99. OTHER/UNKNOWN		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		CODE FEATURE <input type="checkbox"/> 10. DAMAGE TO REAR <input type="checkbox"/> 11. DAMAGE TO SIDE <input type="checkbox"/> 12. BODY PART(S) DIFFERENT COLORS <input type="checkbox"/> 13. VINYL TOP <input type="checkbox"/> 14. EXTRA ANTENNA(S) OR MIRROR <input type="checkbox"/> 15. SPECIAL RIMS/TIRES <input type="checkbox"/> 16. LOUD MUFFLER <input type="checkbox"/> 99. OTHER/DESCRIBE BELOW	
C R I M E	15. ADDITIONAL DESCRIPTION		VALUE		16. TAG COMES BACK TO NAME, ADDRESS, STATE, ETC.			
	17. DOORS <input checked="" 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	
D R U G I N F O	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	
W E A P O N	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			
D R U G I N F O	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 #							
W E A P O N	2. PROP. CODE		3. PER/ SUS #		4. QUAN.		5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.	
	6. VALUE							
W E A P O N	E		1		1		Axon BWC 3958	
	E		1		1		Star Trek Klingon Blade \$150	
W E A P O N	TOTAL VALUE OR DAMAGE		(IF CONTINUATION LEFT WITH VICTIM, MAKE AN ESTIMATE)					
W E A P O N	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 /			

AGENCY REPORT

CRIMES AGAINST PERSONS M.O.

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
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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
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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, _____
7. ACCOUNT NUMBER	8. OWNER OF CHECK (PERSON OR COMPANY)	CASE NUMBER _____ P.D. _____
		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		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 of

See printed narrative

20-4324

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 B AND E SUSPECT
☐ 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 ☐ 99. OTHER

- ☐ 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

(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 # _____

ADMIN.	1. Officer Reporting (Print and Sign) <i>Andrew Little</i>		2. ID Number(s) <i>3958</i>		3. Unit <i>84</i>		4. Date <i>10/22/2010</i>		
	5. Officer Reviewing (If Applicable) <i>Sgt. B. VARENEB</i>		7. Routed To <i>3460</i>		9. Assigned To		10. By		
6. ID Number <i>3460</i>		8. Referred To		10. By		11. Date <i>10-22-20</i>		12. Pg. <i>1</i> of <i>1</i>	

On 10/21/2020 at approximately 2000 hours, I (Ofc. A. Litton) was dispatched to , in reference to a suicidal subject.

had reportedly taken numerous prescription medications and stated to his wife, he wanted to end his life. I was en route while dispatch was communicating with who began stating was injuring himself with a fork. I arrived on scene and could hear a female's voice shout the subject was going out back. I did not see anybody on the East side of the building, so I continued toward the front door. I made contact with and from the driveway as they were walking out if the residence was standing in front of as he made a motion with his hands and fingers as if he was holding a gun. was also saying he had a gun as a hysterical was shouting he had no weapons. stood in front of as he continued to point his fingers over her shoulder at me.

Officer C. Purcell and Officer J. Torrecillas arrived on scene. attention was drawn to Officer Purcell who pushed to the other side of the residence and drew his duty issued firearm on . moved around a parked vehicle and then confronted Officer Purcell in the same manner. Officer Purcell switched to his Taser before motioned to his waistband with his right hand. Officer Purcell tased , effectively striking him in his chest and thigh causing neuromuscular incapacitation. fell backwards allowing us to place him safely into custody under the Baker Act.

was placed in the ambulance and transported to Lower Keys Medical Center. While being transported, complications arose, and was subsequently intubated in the ambulance to assist with breathing. was once in the military, has prior law enforcement employment, has owned firearms in the past, and has a history of domestic violence. With 's consent to search the residence, Officer Torrecillas and I remained on scene to search for weapons or firearms. No firearms or ammunition was located, but a large, sharpened steel Star Trek Klingon blade was seized from the residence and placed into Key West Police Property for safekeeping.

did ingest medication in an attempt to commit suicide. also attempted suicide-by-cop by stating he had a firearm and tried to incite a response from officers on scene. Along with the Baker Act, the Key West Police Department will be petitioning for a Risk Protection Order for

Axon BWC was activated during this incident and later uploaded to Evidence.com.