

# Response to Resistance Report

Key West Police Department

Case No: 22-5525

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: 09/25/2022 3. Time: 2333 4. Location: Telegraph Ln 5. Incident type: S13V

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

- ☐ Passive: Tensing/pulling away ☒ Physical Control Modified leg sweep  
☒ Active: ☒ Non-lethal Weapon Drive stun  
☐ Aggressive: ☐ Deadly Force  
☐ Deadly Force:

10. Last Name: Stryker 11. First: Gregory 12. Race: W 13. Sex: M

14. DOB: 01/11/1976 15. Height: 5'11" 16. Weight: 250

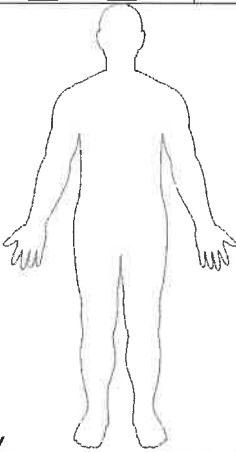
17. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 42. If "YES", complete sections 18-22

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

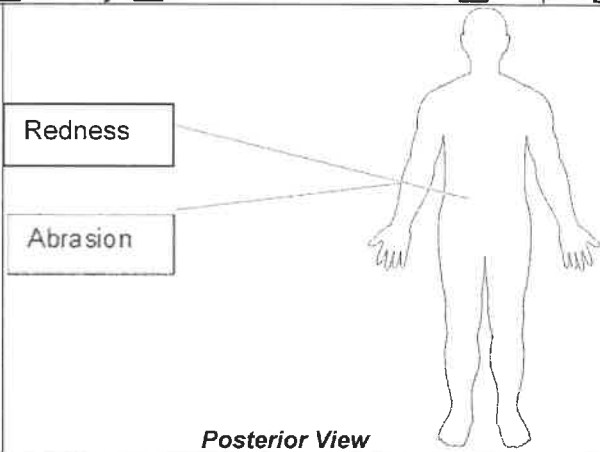
19. Injuries: ☐ No ☒ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)

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

SUBJECT



22. Anterior View



Posterior View

23. Officer: Jack Gruba 24. Race: W 25. Sex: M 26. Age: 26 27. Height: 6'00" 28. Weight: 190

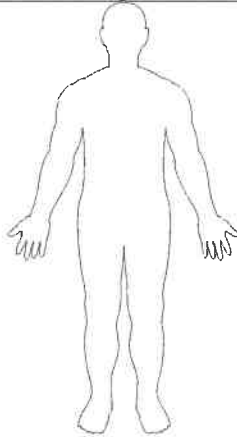
29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 1

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

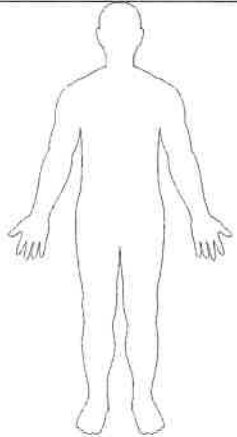
32. Photographed: ☒ No ☐ Yes 33. Treated: ☒ No ☐ Yes By: ☐ EMT/Paramedic on scene ☐ Hospital

34. Response option used by this officer: TASER Drive Stun

OFFICER



35. Anterior View

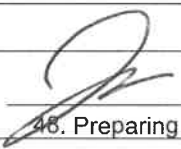


Posterior View

# Response to Resistance Report (continued)

Key West Police Department

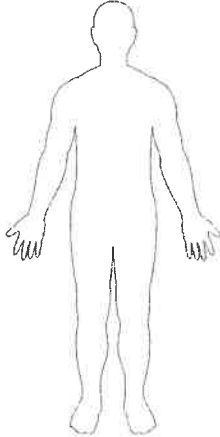
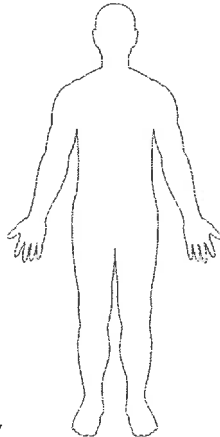
Case No: 22-5525

| TASER USE ONLY                                                                                                                               | <b>36. TASER® device serial # X1200CRYC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                          | <b>37. TASER® device serial #</b>                                                                                 |  |      |         |              |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|------|---------|--------------|--|--|--|--|--|--|--|--|--|
|                                                                                                                                              | TASER®Cam serial # <b>V21002AKD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          | TASER®Cam serial #                                                                                                |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Cartridge 1 serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          | Cartridge 1 serial #                                                                                              |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Cartridge 2 serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          | Cartridge 2 serial #                                                                                              |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Number of cycles: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          | Number of cycles:                                                                                                 |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input checked="" 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 checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          | Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No                               |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Target distance at probe launch: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          | Target distance at probe launch:                                                                                  |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Distance between probes: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          | Distance between probes:                                                                                          |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Probes removed by (name): N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          | Probes removed by (name):                                                                                         |  |      |         |              |  |  |  |  |  |  |  |  |  |
| Device downloaded by: Sgt. Stockton                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Device downloaded by:                                                                                                                                                                                    |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
| REPORT                                                                                                                                       | <b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b><br><input checked="" type="checkbox"/> All necessary criminal elements.<br><input checked="" type="checkbox"/> All details of the arrest<br><input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force.<br><input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer.<br><input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries<br><input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject. |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>40. Notified Date:</b> 09/25/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>41. Time:</b> 2336 hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>43. Did you watch all relevant videos associated with the use of force?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | Ofc. Gruba's BWC would not upload. He has emailed IT about the problem. I was able to review Ofc. Perez' BWC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
| SUPERVISOR'S INQUIRY                                                                                                                         | <b>44. Did you meet with the Officer(s):</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>45. During your review did you find any potential policy violations or training issues associated with the incident?</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>46. Were you able to locate any independent witnesses:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <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                                                                                                      |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>47. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                                                                                                              | <b>FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>48. Preparing Supervisor's Signature / ID</b>                                                                                                                                                         |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
| <b>49. Date</b>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>50. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If "No", complete section 51) |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
| <b>51. Signature of Internal Affairs Inspector</b>                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>52. Date</b>                                                                                                                                                                                          |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |
| <b>53. If section 48 is "No" record the Professional Standards Control Number:</b>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>54. Date Entered:</b>                                                                                                                                                                                 |                                                                                                                   |  |      |         |              |  |  |  |  |  |  |  |  |  |

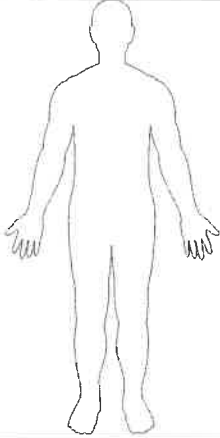
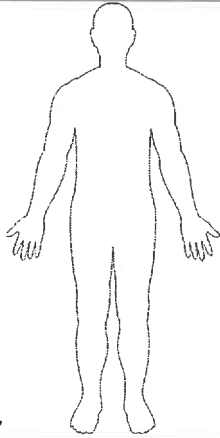
# Response to Resistance Report (continued)

Key West Police Department

Case No: 22-5525

|                |                                                                                                                                                                                                                                                                                   |  |  |  |                                                                                    |  |  |                       |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------|--|--|-----------------------|
| <b>OFFICER</b> | <b>23. Officer:</b> Randy Perez <b>24. Race:</b> W <b>25. Sex:</b> M <b>26. Age:</b> 33 <b>27. Height:</b> 5'8" <b>28. Weight:</b> 210                                                                                                                                            |  |  |  |                                                                                    |  |  |                       |
|                | <b>29. Duty Status:</b> <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain                                                 |  |  |  |                                                                                    |  |  | <b>30. Yrs Exp:</b> 3 |
|                | <b>31. Injuries:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)                                                                        |  |  |  |                                                                                    |  |  |                       |
|                | <b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital |  |  |  |                                                                                    |  |  |                       |
|                | <b>34. Response option used by this officer:</b> Modified leg sweep                                                                                                                                                                                                               |  |  |  |                                                                                    |  |  |                       |
|                |                                                                                                                                                                                                  |  |  |  |  |  |  |                       |
|                | 35. Anterior View                                                                                                                                                                                                                                                                 |  |  |  | Posterior View                                                                     |  |  |                       |

|                |                                                                                                                                                                                                                                                             |  |  |  |                                                                                      |  |  |                     |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------|--|--|---------------------|
| <b>OFFICER</b> | <b>23. Officer:</b> <b>24. Race:</b> <b>25. Sex:</b> <b>26. Age:</b> <b>27. Height:</b> <b>28. Weight:</b>                                                                                                                                                  |  |  |  |                                                                                      |  |  |                     |
|                | <b>29. Duty Status:</b> <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain                                                 |  |  |  |                                                                                      |  |  | <b>30. Yrs Exp:</b> |
|                | <b>31. Injuries:</b> <input type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)                                                             |  |  |  |                                                                                      |  |  |                     |
|                | <b>32. Photographed:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital |  |  |  |                                                                                      |  |  |                     |
|                | <b>34. Response option used by this officer:</b> (If TASER®, also reference line number from TASER® section)                                                                                                                                                |  |  |  |                                                                                      |  |  |                     |
|                |                                                                                                                                                                          |  |  |  |  |  |  |                     |
|                | 35. Anterior View                                                                                                                                                                                                                                           |  |  |  | Posterior View                                                                       |  |  |                     |

## INCIDENT DATA

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## OTHERS

INVOLVED

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## INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-005525

| Status Codes          | L = Lost | S = Stolen | R = Recovered | D = Damaged  | Z = Seized     | B = Burned | C = Counterfeit / Forged  | F = Found |
|-----------------------|----------|------------|---------------|--------------|----------------|------------|---------------------------|-----------|
| D<br>R<br>U<br>G<br>S | UCR      | Status     | Quantity      | Type Measure | Suspected Type |            | Up to 3 types of activity |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |
|                       |          |            |               |              |                |            |                           |           |

Assisting Officers  
CONATY, J.T. (3755), PEREZ, R. (4010), ROSCOE, R. (4011), SLAUNWHITE, D.R. (4154)

Suspect Hate / Bias Motivated:

## INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 22-005525

Key West Police Department

NARRATIVE

# REPORTING OFFICER NARRATIVE

Key West Police Department

|                        |  |                      |
|------------------------|--|----------------------|
| Victim                 |  | OCA                  |
| Society                |  | 22-005525            |
| Offense                |  | Date / Time Reported |
| RESIST ARREST / ESCAPE |  | Sun 09/25/2022 23:21 |

-- Gregory Lee Stryker 3 Arrest Narrative:

On 09/25/2022, at approximately 2321 hours, Ofc. R. Perez and I, Ofc. Gruba, were on routine foot patrol on Telegraph Ln (behind Ricks Bar), when we noticed a golf cart illegally parked on private property. In the golf cart there was a man sleeping in the front seat with his legs sticking straight up in the air.

Ofc. Perez and I, walked up to the golf cart baring Florida tag 24AXRS and woke the man later identified (by rapid ID at the jail) as Gregory Lee Stryker DOB: 01/11/1976. Earlier in the night I had delt with the same individual, where security at the Red Garter Saloon had asked Stryker to leave and Stryker tried to fight one of the security guards. I told Stryker after getting kicked out of the Red Garter Saloon to go back to his hotel and call it a night. I asked Stryker what he was doing sleeping in the golf cart. Stryker's response was that he was waiting for his friends to leave the strip club, so he could go back to his hotel room. Ofc. R. Perez asked Stryker for his name and date of birth, because he did not have identification on him. Stryker gave the name Stephen R Reyes DOB: 01/26/1988. Ofc. R. Perez ran the name in his patrol vehicle. The name did not come back to anybody. When I asked Stryker what his middle initial was, he refused to give me one. Ofc. R. Perez came back, and we attempted to place Stryker under arrest for giving a false name. I told Stryker to put his hands behind his back and he tensed up. Ofc. R. Perez told Stryker multiple times to stop resisting. Stryker continued to resist by tensing up and trying to pull away from us. I redirected Stryker to the ground. Stryker still refused to place his hands behind his back. I told Stryker 3 times that I would tase him if he kept resisting. Stryker kept resisting. I drive stunned Stryker in the lower left portion of his back. During the five seconds that the Taser was engaged, I lost contact and then regained contact, finishing the 5 second cycle to gain compliance. Stryker complied and put his hands behind his back. Stryker stated that he had defecated himself. The smell was immediately apparent.

Ofc. R. Perez and I got Stryker to his feet and placed him into the back of my patrol vehicle. I transported Stryker to Monroe County Detention Center. On the way to the jail Stryker told me multiple times that he would "bash my brains in when we got out of the cuffs," and was yelling racially derogatory slurs and sexual derogatory slurs, that most people would find highly offensive. Once we got to the jail, detention deputies took Stryker to intake. Detention deputies used their rapid ID system, using Stryker's fingerprint to find his ID. After a computer check of Stryker's name and date of birth, it showed that Stryker had an active felony warrant out of Broward County for possession of amphetamine and possession of cannabis, with no bond. Warrant number: 18014495CF10A

Gregory Lee Stryker violated Florida State Statute 901.36-1, false identification given to a law enforcement officer. Stryker was lawfully detained by a law enforcement officer, due to him sleeping on a golf cart on private property. Stryker gave the false name Stephen R Reyes DOB: 01/26/1988 to myself and Ofc. R. Perez, who at the time of this incident were sworn police officers, dressed in our class B Key West Police Department uniforms.

Gregory Lee Stryker violated Florida State Statute 843.02, resisting officer without violence. Stryker resisted by tensing up and not following Ofc. R. Perez and my lawful commands. At the time Ofc. R. Perez and I were engaged in the lawful execution of a legal duty. At the time Ofc. R. Perez and I were officers for Key West Police Department. At the time Stryker knew Ofc. R. Perez and I were law enforcement officers. My BWC and in-car Axon were activated during this incident.

End of report.

=====

# Incident Report Suspect List

Key West Police Department

OCA: 22-005525

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                  |                  |                 |                 |                   |                                          |                    |                   |                    |                                                                  |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|------------------|-----------------|-----------------|-------------------|------------------------------------------|--------------------|-------------------|--------------------|------------------------------------------------------------------|--------------------------------|--|-------------|--|------|-----|-----|--------|--------|-----|--|--------------|---------|------|--|-------|--|-------|---------|---------------|--|----------------|------------------|--|-----|-------|-------|--|--------|--|-----|--|--|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name (Last, First, Middle)<br><i>STRYKER, GREGORY LEE 3</i> |                  |                  |                 |                 |                   | Also Known As<br><i>REYES, STEPHEN R</i> |                    |                   |                    | Home Address<br><i>418 W CRESCENT DR<br/>CLEWISTON, FL 33440</i> |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Business Address                                            |                  |                  |                 |                 |                   |                                          |                    |                   |                    |                                                                  |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DOB<br><i>01/11/1976</i>                                    | Age<br><i>46</i> | Race<br><i>W</i> | Sex<br><i>M</i> | Eth<br><i>N</i> | Hgt<br><i>511</i> | Wgt<br><i>240</i>                        | Hair<br><i>BLN</i> | Eye<br><i>BLU</i> | Skin<br><i>LGT</i> | Driver's License / State.<br><i>S362292760110 FL</i>             |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Scars, Marks, Tattoos, or other distinguishing features     |                  |                  |                 |                 |                   |                                          |                    |                   |                    |                                                                  |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
| <table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td>Height</td> <td>Weight</td> <td colspan="2">SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> <td>Mode of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Drs</td> <td>Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> </table> |                                                             |                  |                  |                 |                 |                   |                                          |                    |                   |                    |                                                                  | <i>Reported Suspect Detail</i> |  | Suspect Age |  | Race | Sex | Eth | Height | Weight | SSN |  | Weapon, Type | Feature | Make |  | Model |  | Color | Caliber | Dir of Travel |  | Mode of Travel | VehYr/Make/Model |  | Drs | Style | Color |  | Lic/St |  | VIN |  |  |
| <i>Reported Suspect Detail</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | Suspect Age      |                  | Race            | Sex             | Eth               | Height                                   | Weight             | SSN               |                    |                                                                  |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
| Weapon, Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Feature                                                     | Make             |                  | Model           |                 | Color             | Caliber                                  | Dir of Travel      |                   | Mode of Travel     |                                                                  |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
| VehYr/Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | Drs              | Style            | Color           |                 | Lic/St            |                                          | VIN                |                   |                    |                                                                  |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |
| Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                  |                  |                 |                 | Physical Char     |                                          |                    |                   |                    |                                                                  |                                |  |             |  |      |     |     |        |        |     |  |              |         |      |  |       |  |       |         |               |  |                |                  |  |     |       |       |  |        |  |     |  |  |

OCA: 22005525

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Investigator: PEREZ, RANDY (4010)

Date / Time: 09/25/2022 23:51:32, Sunday

Supervisor: CONATY, JAY THOMAS (3755)

Supervisor Review Date / Time: 09/26/2022 01:26:36, Monday

Contact:

Reference: General Supplemental Report

On 09/25/2022, at 2321 hours, Ofc. Gruba and I (Ofc. R. Perez) were on routine foot patrol of the 200 block of Duval St.

While on foot patrol we noticed a golf cart bearing Florida tag 24AXRS parked on Telegraph Ln. Upon inspection of the golf cart, we see a male laying across the front seat sleeping. We woke the male up and identify ourselves as police officers. The male had slurred speech, glossy bloodshot eyes, and the smell of an alcoholic beverage on his person. I asked the male for his name and date of birth. He stated his name was Stephen R. Rojas, his date of birth was 01/27/1988 and his driver's license is out of Florida. I checked F/NCIC, and I did not get a return on the male. The F/NCIC return stated there was not a person with that name or date of birth in their records.

I returned to the scene the male was seated on the golfcart and we ask the male to stand up and he refused. I explained to the male that I am giving him a legal lawful order to stand up. The male stood up and we told him to place his hands behind his back. The male began to pull away, tense up and resist. I gave the male several loud verbal commands to stop tensing up and to put his hands behind his back. The male continued to resist and began to grab my vest and push me away. Ofc. Gruba told the male several times to stop resisting.

We used a modified leg sweep to guide the male to the ground. While on the ground we told the male to get on his stomach and place his hands behind his back. The male initially listened to our commands but then continued to pull his hands away. Ofc. Gruba gave the male several warning that if he continued to resist, he will be drive stunned. Ofc. Gruba drive stunned the male on his lower back with his TASER. We then managed to get the males hands and place him in handcuffs.

We contacted Sgt. Conaty and asked him if he could come to the scene to conduct a used of force investigation.

The male was later identified as Gregory Lee Stryker DOB 01/11/1976.

My AXON BWC was activated during this incident.

Investigator Signature: \_\_\_\_\_