

# Response to Resistance Report

Key West Police Department

Case No: 18-2652

## 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: 05/12/2018 3. Time: 10200 4. Location: MCDC 5. Incident type: S83

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

- ☒ Passive: Non-Compliant ☒ Physical Control Knee Strike  
☒ Active: Pulling Away ☐ Non-lethal Weapon  
☒ Aggressive: Kicking Officers ☐ Deadly Force  
☐ Deadly Force:

10. Last Name: Ruggiero 11. First: Michael 12. Race: White 13. Sex: M

14. DOB: 02/24/1984 15. Height: 5'9" 16. Weight: 200

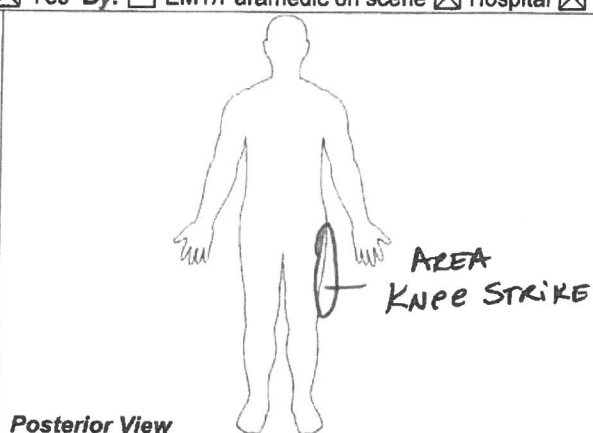
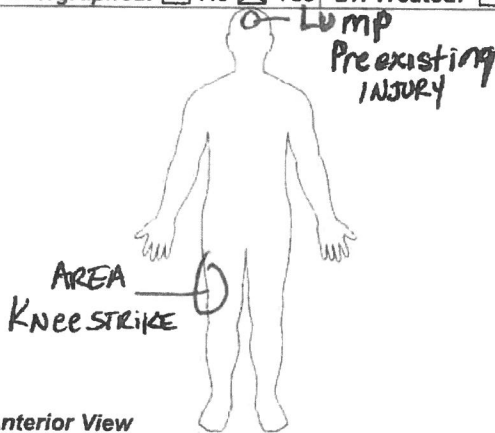
17. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 42. If "YES", complete sections 18-22

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



23. Officer: Neil Mogerley 24. Race: W 25. Sex: M 26. Age: 32 27. Height: 6'1 28. Weight: 250

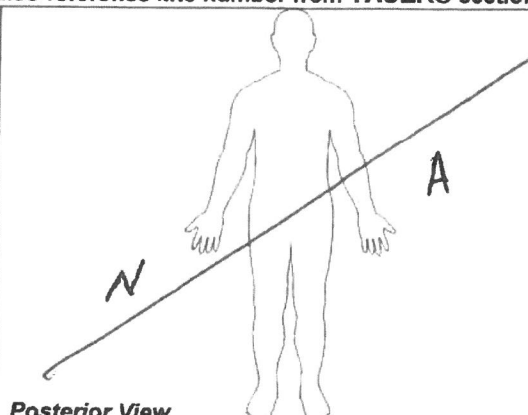
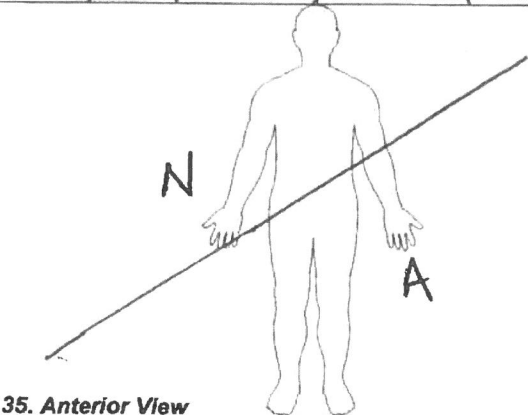
29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☐ Uniformed ☐ Plain clothes 30. Yrs Exp: 9

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

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

34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)

OFFICER



# Response to Resistance Report (continued)

Key West Police Department

Case No: 18-2652

|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------|----------|
| TASER USE ONLY                                                                                                                        | 36. TASER® device serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | 37. TASER® device serial #                                                                                        |              |          |
|                                                                                                                                       | TASER®Cam serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | TASER®Cam serial #                                                                                                |              |          |
|                                                                                                                                       | Cartridge 1 serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | Cartridge 1 serial #                                                                                              |              |          |
|                                                                                                                                       | Cartridge 2 serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | Cartridge 2 serial #                                                                                              |              |          |
|                                                                                                                                       | Number of cycles: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Number of cycles:                                                                                                 |              |          |
|                                                                                                                                       | Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun |              |          |
|                                                                                                                                       | Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No                               |              |          |
|                                                                                                                                       | Target distance at probe launch:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | Target distance at probe launch:                                                                                  |              |          |
|                                                                                                                                       | Distance between probes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | Distance between probes:                                                                                          |              |          |
|                                                                                                                                       | Probes removed by (name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           | Probes removed by (name):                                                                                         |              |          |
| Device downloaded by:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Device downloaded by:                     |                                                                                                                   |              |          |
| <input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
| REPORT                                                                                                                                | 39. Offense/Incident Report and/or Warrant Affidavit must include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                                                   |              |          |
|                                                                                                                                       | <input checked="" type="checkbox"/> All necessary criminal elements.<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. |                                           |                                                                                                                   |              |          |
| SUPERVISOR'S INQUIRY                                                                                                                  | 40. Notified Date: 05/12/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | 41. Time: 0206                                                                                                    |              |          |
|                                                                                                                                       | 42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       | 43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       | 44. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                   |              |          |
| Name                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address                                   |                                                                                                                   | Phone Number |          |
| SGT Tom Careaga                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MCDC                                      |                                                                                                                   | 305-293-7400 |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |              |          |
| 45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 46. Preparing Supervisor's Signature / ID |                                                                                                                   | 47. Date     |          |
| FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <i>Sgt. Frank Murphy 1951</i>             |                                                                                                                   | 05/12/2018   |          |
| INT. AFF.                                                                                                                             | 48. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | 49. Signature of Internal Affairs Inspector                                                                       |              | 50. Date |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | <i>SGT. A. Smith / 2935</i>                                                                                       |              | 6/13/18  |
|                                                                                                                                       | 51. If section 48 is "No" record the Professional Standards Control Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | 52. Date Entered:                                                                                                 |              |          |

# Monroe County Adult Arrest Form

☒ ARREST  
☐ WARRANT  
☐ COMPLAINT AFFIDAVIT

KEY WEST PD  
 ARREST #

OBTS #

|                                                         |     |                                                                                                                                                              |                 |                  |         |                                |        |                                                                                                                                                      |                   |                                                                                                                                                                                                                   |                  |
|---------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|---------|--------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Filing Agency<br>KEY WEST PD                            |     | Case #<br>18-002652                                                                                                                                          |                 | Doc. Control #   |         | State ID #                     |        | FBI                                                                                                                                                  |                   | SS #                                                                                                                                                                                                              |                  |
| Defendant's Last Name<br>RUGGIERO                       |     |                                                                                                                                                              |                 | First<br>MICHAEL |         | Middle<br>A                    |        | SUF                                                                                                                                                  |                   | Alias<br>Citizenship                                                                                                                                                                                              |                  |
| Race<br>W                                               | Eth | Sex<br>M                                                                                                                                                     | Hgt<br>600      | Eyes             | Hair    | Wgt                            | Comp   | Age<br>34                                                                                                                                            | DOB<br>02/24/1984 | Birthplace                                                                                                                                                                                                        | Scars, Marks, TT |
| Facial Hair                                             |     | Build                                                                                                                                                        | Marital St      | Hand Use         |         | Glasses                        | Speech |                                                                                                                                                      | Parole/Probation  |                                                                                                                                                                                                                   | Language Spoken  |
| Permanent Address<br>2669 GALAHAD CT, DYER, IN          |     |                                                                                                                                                              |                 |                  |         |                                |        | Phone (Home):<br>(305) 296-5513                                                                                                                      |                   | Local Address:                                                                                                                                                                                                    |                  |
| Email Address                                           |     |                                                                                                                                                              |                 |                  |         |                                |        | Phone (Cell):                                                                                                                                        |                   | Place of Employment<br>Occupation                                                                                                                                                                                 |                  |
| Arrest Location<br>511 GREENE ST                        |     |                                                                                                                                                              |                 |                  |         | Area/ <input type="checkbox"/> |        | Phone (Work):                                                                                                                                        |                   | Arresting Officer<br>DANTU, NICHOLAS (3835)                                                                                                                                                                       |                  |
| Violation Location<br>511 GREENE ST, KEY WEST, FL 33040 |     |                                                                                                                                                              |                 |                  |         | Area/ <input type="checkbox"/> |        | Date/Time of Violation<br>05/11/2018 23:07                                                                                                           |                   | Date/Time Arrested<br>05/12/2018 02:51                                                                                                                                                                            |                  |
| DL #<br>R260541840640                                   |     | State<br>IN                                                                                                                                                  | Breathalyzer By |                  | Reading | Miranda Advisement             |        | By Whom?                                                                                                                                             |                   | Indication of: Y N UK                                                                                                                                                                                             |                  |
| Domestic Violence                                       |     | Weapon Seized<br>NOT APPLICABLE/NONE                                                                                                                         |                 | Officer Injured? |         | Language Spoken?               |        | Caution                                                                                                                                              |                   | Alcohol Influence: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/><br>Drug Influence: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |                  |
| Drug Type:                                              |     | Type: B-Barbiturate H-Hallucinogen P-Paraphernalia/ U-Unknown<br>N-N/A C-Cocaine M-Marijuana Equipment Z-Other<br>A-Amphetamine E-Heroin O-Opium S-Synthetic |                 |                  |         | Activity:                      |        | Activity: B-Buy E-Use K-Dispense/<br>N-N/A T-Traffic M-Manufacture/ Distribute<br>P-Possess A-Smuggle Produce/ Z-Other<br>S-Sell D-Deliver Cultivate |                   |                                                                                                                                                                                                                   |                  |

|                           |  |       |                               |                         |                             |
|---------------------------|--|-------|-------------------------------|-------------------------|-----------------------------|
| Defendant's Vehicle Make: |  | Type: | Year:                         | Color:                  | Vehicle Registration State: |
| VIN #                     |  | Tag # |                               | Vehicle Tag Expiration: |                             |
| Vehicle Status:           |  |       | Other identifiers or remarks: |                         |                             |

# CODEFENDANT: ADDRESS PHONE # RACE SEX DOB

| COUNT | OFFENSES CHARGE                           | Statute   | Warrant # | Court Date and Time | Citation # |
|-------|-------------------------------------------|-----------|-----------|---------------------|------------|
| 1/M   | VIOLATION OF DOMESTIC VIOLENCE INJUNCTION | 741.31-4A |           |                     |            |
| 2/M   | RESIST OFFICER WITH VIOLENCE              | 843.01    |           |                     |            |
|       |                                           |           |           |                     |            |
|       |                                           |           |           |                     |            |
|       |                                           |           |           |                     |            |

Before me this date personally appeared who being first duly sworn deposes and says that on the 11st day of May, 2018 at 511 GREENE ST, KEY WEST, FL 33040 the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows  
 On 11 May 2018, about 2230 hours, I (Ofc. Dantu) was dispatched to 3930 S. Roosevelt Blvd, Apt # 407 S in reference to an injunction violation.

Upon arrival, I met with Portia Flowers who told me her ex boyfriend, Michael Antonio Ruggiero violated their injunction:

I swear the above statement is correct and true to the best of my knowledge and belief.

OFFICER/ELECTRONIC SIGNATURE \_\_\_\_\_ APPROVING SUPERVISOR \_\_\_\_\_ DIVISION / UNIT \_\_\_\_\_  
 STATE OF FLORIDA COUNTY OF MONROE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_, who is personally known to me or who has produced (ID Type) Police as identification and who DID take an oath.

SIXTEENTH JUDICIAL COURT  
 MONROE County  
 State of FLORIDA

**Monroe County Adult Arrest Form**

KEY WEST PD  
ARREST # \_\_\_\_\_

OBTS # \_\_\_\_\_

case # 2018-DR-274-K

Division: Key West Family Court

Order Extending Injunction for Protection Against Domestic Violence.

According to the Injunction, Ruggiero was not to go to Flowers place of employment: Wet Willies, Duval Central, Duval Street, Key West, FL 33040.

According to Flowers, Ruggiero went to both places of employment on 11 May 2018. Flowers told me Ruggiero went to Wet Willies and then to Duval Central. Flowers said her boss at Wet Willies told her that Ruggiero was coming to Wet Willies. Flowers said she left Wet Willies and went to Duval Central. Flowers told me while she was at Duval Central, Ruggiero entered the premises and spoke with her boss at Duval Central, Eric.

I confirmed the injunction with KWPd dispatch. I drove to Duval Central on Duval Street to speak to the owner, Eric. Eric confirmed that Ruggiero had come to Duval Central earlier on 11 May 2008 and he confirmed Flowers was on the premises while Ruggiero was there.

I located Ruggiero at 511 Greene Street. Ofc. Perez and I spoke with Ruggiero and at first he was co-operative. Ruggiero admitted he had gone to Wet Willies and Duval Central earlier on 11 May 2018.

I explained to Ruggiero that he violated his injunction against him. I arrested Ruggiero. Once I had handcuffed Ruggiero he started to resist with violence. He refused to get into the Police Vehicle, he tried to kick out the window and kept repeating that he wanted me and Ofc. Perez to kill him. While I tried to get Ruggiero into the Police vehicle he tried to kick me.

When I arrived at the Monroe County Detention Center, Ruggiero became violent and once again resisted. Officers Mogerley and Valdez who were at the jail helped restrain Ruggiero and get him into the restraint chair. Ruggiero tried to kick Ofc. Valdez and head-butt Ofc. Mogerley. Once again Ruggiero was asking that we kill him.

Based on the facts and evidence in this case there is probable cause to believe on 11 May 2018 a violation by Ruggiero of Order Extending Injunction for Protection Against Domestic Violence, case #2018-DR-274-K occurred and on 12 May 2018, about 0200 hours, Ruggiero was charged with resisting with violence under Florida Statute 843.01:

Ruggiero knowingly and willfully resisted, obstructed and opposed a law enforcement officer by engaging in violent conduct against law enforcement officers.

I swear the above statement is correct and true to the best of my knowledge and belief.

OFFICER/ELECTRONIC SIGNATURE \_\_\_\_\_

APPROVING SUPERVISOR \_\_\_\_\_

DIVISION / UNIT \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MONROE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_, who is personally known to me or who has produced (ID Type) Police as identification and who DID take an oath.

SIXTEENTH JUDICIAL COURT  
MONROE County  
State of FLORIDA

## INCIDENT DATA

| Entry | Exit |
|-------|------|
|-------|------|

\_\_\_\_\_

|          |  |
|----------|--|
| Security |  |
|----------|--|

MO

V  
I  
C  
T  
I  
M

OTHERS INVOLVED

# PROPERTY

Status

# INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 18-002652

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

VALDES-MARRERO, A. (3820), MOGERLEY, N. (3819), PEREZ, S. (3834), CONATY, J.T. (3755)

Suspect Hate / Bias Motivated:

NARRATIVE

**REPORTING OFFICER NARRATIVE**

OCA

18-002652

Date / Time Reported

Fri 05/11/2018 23:07

Key West Police Department

Victim

FLOWERS, PORTIA

Offense

COURT VIOLATION

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Ruggiero knowingly and willfully resisted, obstructed and opposed a law enforcement officer by engaging in violent conduct against law enforcement officers.

# Incident Report Suspect List

Key West Police Department

OCA: 18-002652

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                  |                  |                 |       |                   |               |         |                                 |      |                                                      |  |                                |  |             |  |      |     |     |        |  |        |  |     |              |         |      |  |       |  |  |       |         |                                 |  |  |                  |  |     |       |  |       |  |        |  |     |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------|------------------|-----------------|-------|-------------------|---------------|---------|---------------------------------|------|------------------------------------------------------|--|--------------------------------|--|-------------|--|------|-----|-----|--------|--|--------|--|-----|--------------|---------|------|--|-------|--|--|-------|---------|---------------------------------|--|--|------------------|--|-----|-------|--|-------|--|--------|--|-----|--|--|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name (Last, First, Middle)<br><i>RUGGIERO, MICHAEL A</i> |                  |                  |                 |       |                   | Also Known As |         |                                 |      | Home Address<br><i>2669 GALAHAD CT<br/>DYER, IN</i>  |  |                                |  |             |  |      |     |     |        |  |        |  |     |              |         |      |  |       |  |  |       |         |                                 |  |  |                  |  |     |       |  |       |  |        |  |     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Address                                         |                  |                  |                 |       |                   |               |         |                                 |      |                                                      |  |                                |  |             |  |      |     |     |        |  |        |  |     |              |         |      |  |       |  |  |       |         |                                 |  |  |                  |  |     |       |  |       |  |        |  |     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOB<br><i>02/24/1984</i>                                 | Age<br><i>34</i> | Race<br><i>W</i> | Sex<br><i>M</i> | Eth   | Hgt<br><i>600</i> | Wgt           | Hair    | Eye                             | Skin | Driver's License / State.<br><i>R260541840640 IN</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 colspan="2">Height</td> <td colspan="2">Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td colspan="2">Make</td> <td colspan="3">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel<br/>Mode of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">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<br>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<br>Mode of Travel |      |                                                      |  |                                |  |             |  |      |     |     |        |  |        |  |     |              |         |      |  |       |  |  |       |         |                                 |  |  |                  |  |     |       |  |       |  |        |  |     |  |  |
| VehYr/Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Drs              | Style            |                 | Color |                   | Lic/St        |         | VIN                             |      |                                                      |  |                                |  |             |  |      |     |     |        |  |        |  |     |              |         |      |  |       |  |  |       |         |                                 |  |  |                  |  |     |       |  |       |  |        |  |     |  |  |
| Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                  |                  |                 |       | Physical Char     |               |         |                                 |      |                                                      |  |                                |  |             |  |      |     |     |        |  |        |  |     |              |         |      |  |       |  |  |       |         |                                 |  |  |                  |  |     |       |  |       |  |        |  |     |  |  |

**Supplements - Case #: 18-002652 : Supplement**

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On 5/12/18, I was at the Monroe County Correctional Center and Officer Dantu was bringing in a combative male that he had arrested. The Jail Sgt. requested Officer Marrero and I help him get the male into a restraint chair.

The male was in the back of Ofc. Dantu's car and he was laying down and refusing to get out. We lifted him out of the car and placed him onto the ground. The male was not moving and I gave him a sternum rub, and he became alert. He started to try to kick us and roll around. We restrained him on the ground. The jail Sgt. brought the restraint chair and we moved him into the chair. As we were attempting to strap him in he was trying to kick Ofc. Marrero, I delivered a knee strike to his right leg to gain compliance. The male was actively resisting us by pulling his body away and trying to prevent us from restraining him in the chair. He was screaming things like "kill me" and "shoot me". I had to push his waist down on the chair to get the belt attached. and hold his upper body down while he was trying to use his upper torso to hit us. The male was strapped down to the chair and he was brought into booking.

The male was later transported in the chair to the Lower Keys Medical Center. I assisted in bringing him down to the ambulance, and putting him into the ambulance. He was left in the restraint chair while transported to the emergency room to prevent injury to himself, medical staff and Officers.

This ends my involvement in the case.