

# Response to Resistance Report

Key West Police Department

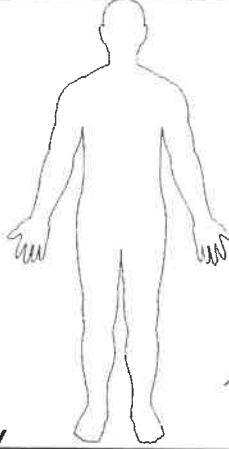
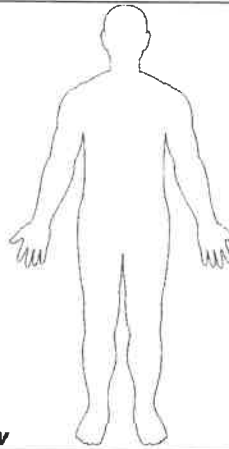
Case No: 22-3075

## 1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

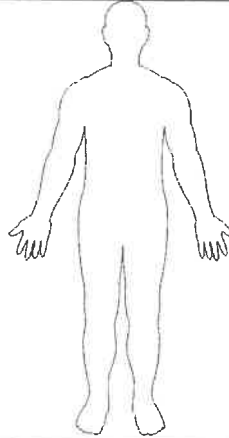
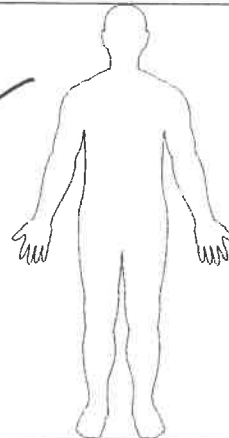
- ☐ A response through the use of non-lethal weapons,  
☒ Applies weaponless physical force of strikes, kicks, or "take-downs"  
☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force  
☐ When any person complains of injury as a result of the application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

|                 |                                                 |                               |                                                      |                                |
|-----------------|-------------------------------------------------|-------------------------------|------------------------------------------------------|--------------------------------|
| <b>INCIDENT</b> | <b>2. Date:</b> 05/27/2022                      | <b>3. Time:</b> 1228          | <b>4. Location:</b> 527 Duval Street                 | <b>5. Incident type:</b> Theft |
|                 | <b>6. Resistance Level</b>                      | <b>7. Explanation</b>         | <b>8. Response Option</b>                            | <b>9. Explanation</b>          |
|                 | <input checked="" type="checkbox"/> Passive:    | Refused to comply with orders | <input checked="" type="checkbox"/> Physical Control | Take-down, re-direction        |
|                 | <input checked="" type="checkbox"/> Active:     | Tensing, kicking, running     | <input type="checkbox"/> Non-lethal Weapon           |                                |
|                 | <input checked="" type="checkbox"/> Aggressive: | Physically kicked officer     | <input type="checkbox"/> Deadly Force                |                                |
|                 | <input type="checkbox"/> Deadly Force:          |                               |                                                      |                                |

|                |                                                                                                                                                                                                                                                                                                                                                       |                         |                        |                   |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|-------------------|
| <b>SUBJECT</b> | <b>10. Last Name:</b> KOBOS                                                                                                                                                                                                                                                                                                                           | <b>11. First:</b> JASON | <b>12. Race:</b> W     | <b>13. Sex:</b> M |
|                | <b>14. DOB:</b> 8/21/98                                                                                                                                                                                                                                                                                                                               | <b>15. Height:</b> 602  | <b>16. Weight:</b> 180 |                   |
|                | <b>17. Did you observe the subject:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22                                                                                                                                                                       |                         |                        |                   |
|                | <b>18. Appeared to be:</b> <input checked="" type="checkbox"/> Intoxicated <input checked="" type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed                                                                                                                       |                         |                        |                   |
|                | <b>19. Injuries:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)                                                                                                                                            |                         |                        |                   |
|                | <b>20. Photographed:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>21. Treated:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>By:</b> <input checked="" type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention |                         |                        |                   |
|                |                                                                                                                                                                                                                                                                                                                                                       |                         |                        |                   |

|                |                                                                                    |                                                                                     |
|----------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>SUBJECT</b> |  |  |
|                | <b>22. Anterior View</b>                                                           | <b>Posterior View</b>                                                               |

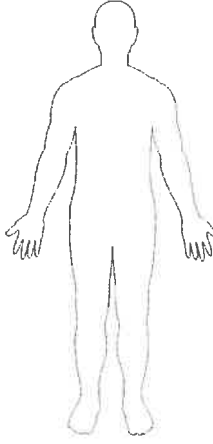
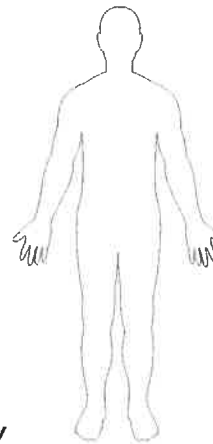
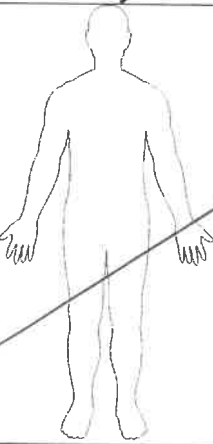
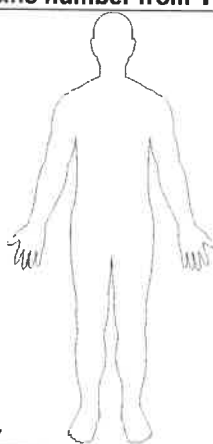
|                |                                                                                                                                                                                                                                                                                   |                    |                   |                    |                         |                        |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|--------------------|-------------------------|------------------------|
| <b>OFFICER</b> | <b>23. Officer:</b> Scott Standerwick                                                                                                                                                                                                                                             | <b>24. Race:</b> W | <b>25. Sex:</b> M | <b>26. Age:</b> 53 | <b>27. Height:</b> 6'1" | <b>28. Weight:</b> 215 |
|                | <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 clothes                                         |                    |                   |                    |                         |                        |
|                | <b>30. Yrs Exp:</b> 18                                                                                                                                                                                                                                                            |                    |                   |                    |                         |                        |
|                | <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>OFFICER</b> | <b>34. Response option used by this officer:</b> Take Down                          |                                                                                      |
|                |  |  |
|                | <b>35. Anterior View</b>                                                            | <b>Posterior View</b>                                                                |

# Response to Resistance Report (continued)

Key West Police Department

Case No: 22-3075

|                |                                                                                                                                                                                                                                                              |  |                                                                                      |            |             |                 |                 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|------------|-------------|-----------------|-----------------|
| <b>OFFICER</b> | 23. Officer: Thomas Stutz                                                                                                                                                                                                                                    |  | 24. Race: W                                                                          | 25. Sex: M | 26. Age: 43 | 27. Height: 509 | 28. Weight: 195 |
|                | 29. Duty Status: <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                                   |  |                                                                                      |            |             |                 | 30. Yrs Exp: 13 |
|                | 31. Injuries: <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)                                                          |  |                                                                                      |            |             |                 |                 |
|                | 32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital |  |                                                                                      |            |             |                 |                 |
|                | 34. Response option used by this officer: Redirect to ground                                                                                                                                                                                                 |  |                                                                                      |            |             |                 |                 |
|                |                                                                                                                                                                             |  |    |            |             |                 |                 |
|                | 35. Anterior View                                                                                                                                                                                                                                            |  | Posterior View                                                                       |            |             |                 |                 |
| <b>OFFICER</b> | 23. Officer:                                                                                                                                                                                                                                                 |  | 24. Race:                                                                            | 25. Sex:   | 26. Age:    | 27. Height      | 28. Weight      |
|                | 29. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain                                                         |  |                                                                                      |            |             |                 | 30. Yrs Exp:    |
|                | 31. Injuries: <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)                                                                     |  |                                                                                      |            |             |                 |                 |
|                | 32. Photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital                       |  |                                                                                      |            |             |                 |                 |
|                | 34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)                                                                                                                                                        |  |                                                                                      |            |             |                 |                 |
|                |                                                                                                                                                                           |  |  |            |             |                 |                 |
|                | 35. Anterior View                                                                                                                                                                                                                                            |  | Posterior View                                                                       |            |             |                 |                 |

# Response to Resistance Report (continued)

Key West Police Department

Case No: 22-3075

|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| TASER USE ONLY                                                                                                                        | <b>36. TASER® device serial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | <b>37. TASER® device serial #</b>                                                                                 |  |
|                                                                                                                                       | TASER®Cam serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             | TASER®Cam serial #                                                                                                |  |
|                                                                                                                                       | Cartridge 1 serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | Cartridge 1 serial #                                                                                              |  |
|                                                                                                                                       | Cartridge 2 serial #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | Cartridge 2 serial #                                                                                              |  |
|                                                                                                                                       | Number of cycles: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | 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                                                                                                                                | <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. |                                             |                                                                                                                   |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                                                   |  |
| SUPERVISOR'S INQUIRY                                                                                                                  | <b>40. Notified Date:</b> 05/27/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | <b>41. Time:</b> 1228                                                                                             |  |
|                                                                                                                                       | <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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                   |  |
|                                                                                                                                       | <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                                                                   |  |
|                                                                                                                                       | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | Address                                                                                                           |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                                                   |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                                                   |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                                                   |  |
| INT. AFF.                                                                                                                             | <b>47. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | Sgt P. Rodriguez 2298                                                                                             |  |
|                                                                                                                                       | FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             | 02/27/2022                                                                                                        |  |
|                                                                                                                                       | <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             | 48. Preparing Supervisor's Signature / ID                                                                         |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | 49. Date                                                                                                          |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 51. Signature of Internal Affairs Inspector |                                                                                                                   |  |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 52. Date                                    |                                                                                                                   |  |
| <b>53. If section 48 is "No" record the Professional Standards Control Number:</b>                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>54. Date Entered:</b>                    |                                                                                                                   |  |

|                                                                                                                                                        |                                                                                                                                                                     | INCIDENT/INVESTIGATION<br>REPORT                         |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  | Case#<br>22-003075                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------|-------|----------------------------------------------------------|------------------------------------|--------------------------------|----------------------------------------|---------------------|--------------------------------|----------------------------------|----------------------------------------------|--|
|                                                                                                                                                        |                                                                                                                                                                     |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  | Date / Time Reported<br>05/27/2022 12:28 Fri |  |
| INCIDENT DATA                                                                                                                                          | Agency Name<br>Key West Police Department                                                                                                                           |                                                          | ORI<br>FL0440100 |       | Location of Incident<br>527 DUVAL ST, Key West FL 33040- |                                    | Premise Type                   |                                        | Beat/GP<br>B1, GPB1 |                                | At Found<br>05/27/2022 12:28 Fri |                                              |  |
|                                                                                                                                                        | #1                                                                                                                                                                  | Crime Incident(s) (Com)<br>Theft By Shoplifting<br>THJ   |                  |       |                                                          | Weapon / Tools NOT APPLICABLE/NONE |                                |                                        |                     | Activity                       |                                  |                                              |  |
|                                                                                                                                                        |                                                                                                                                                                     | Entry                                                    |                  | Exit  |                                                          | Security                           |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        |                                                                                                                                                                     |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
| #2                                                                                                                                                     | Crime Incident (Com)<br>Resist Arrest / Escape<br>XOM                                                                                                               |                                                          |                  |       | Weapon / Tools                                           |                                    |                                |                                        | Activity            |                                |                                  |                                              |  |
|                                                                                                                                                        | Entry                                                                                                                                                               |                                                          | Exit             |       | Security                                                 |                                    |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        |                                                                                                                                                                     |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
| #3                                                                                                                                                     | Crime Incident ( )                                                                                                                                                  |                                                          |                  |       | Weapon / Tools                                           |                                    |                                |                                        | Activity            |                                |                                  |                                              |  |
|                                                                                                                                                        | Entry                                                                                                                                                               |                                                          | Exit             |       | Security                                                 |                                    |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        |                                                                                                                                                                     |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
| MO                                                                                                                                                     |                                                                                                                                                                     |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
| VICTIM                                                                                                                                                 | # of Victims 3                                                                                                                                                      |                                                          | Type: BUSINESS   |       | Injury:                                                  |                                    |                                |                                        | Domestic: N         |                                |                                  |                                              |  |
|                                                                                                                                                        | V1                                                                                                                                                                  | Victim/Business Name (Last, First, Middle)<br>WALGREENS  |                  |       |                                                          | Victim of Crime #<br>1,            | DOB<br>/ / : :<br>Age          | Race                                   | Sex                 | Relationship To Offender<br>ST | Resident Status<br>N/A           | Military Branch/Status                       |  |
|                                                                                                                                                        |                                                                                                                                                                     | Home Address<br>527 DUVAL ST, Keywest, FL 33040-         |                  |       |                                                          | Home Phone<br>305-292-2979         |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        | Employer Name/Address                                                                                                                                               |                                                          |                  |       |                                                          |                                    | Business Phone                 |                                        | Mobile Phone        |                                |                                  |                                              |  |
|                                                                                                                                                        | VYR                                                                                                                                                                 | Make                                                     | Model            | Style | Color                                                    | Lic/Lis                            | VIN                            |                                        |                     |                                |                                  |                                              |  |
| OTHERS INVOLVED                                                                                                                                        | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)<br>Type: LAW ENFORCEMENT (LEO) Injury: Minor Injuries |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        | Code<br>V2                                                                                                                                                          | Name (Last, First, Middle)<br>STANDERWICK, SCOTT         |                  |       |                                                          | Victim of Crime #<br>.2            | DOB<br>04/05/1969<br>Age 53    | Race<br>W                              | Sex<br>M            | Relationship To Offender<br>ST | Resident Status<br>Resident      | Military Branch/Status                       |  |
|                                                                                                                                                        |                                                                                                                                                                     | Home Address                                             |                  |       |                                                          | Home Phone                         |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        | Employer Name/Address<br>Key West Police Department (DETECTIVE)                                                                                                     |                                                          |                  |       |                                                          |                                    | Business Phone<br>305-809-1000 |                                        | Mobile Phone        |                                |                                  |                                              |  |
|                                                                                                                                                        | Type: LAW ENFORCEMENT (LEO) Injury: None                                                                                                                            |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
| PROPERTY                                                                                                                                               | Code<br>V3                                                                                                                                                          | Name (Last, First, Middle)<br>STUTZ, THOMAS J            |                  |       |                                                          | Victim of Crime #<br>.2            | DOB<br>08/01/1978<br>Age 43    | Race<br>W                              | Sex<br>M            | Relationship To Offender<br>ST | Resident Status<br>Resident      | Military Branch/Status                       |  |
|                                                                                                                                                        |                                                                                                                                                                     | Home Address<br>1604 N ROOSEVELT BLVD KEY WEST, FL 33040 |                  |       |                                                          | Home Phone<br>305-809-1000         |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        | Employer Name/Address<br>Key West Police Department (POLICE OFFICER)                                                                                                |                                                          |                  |       |                                                          |                                    | Business Phone<br>305-809-1000 |                                        | Mobile Phone        |                                |                                  |                                              |  |
|                                                                                                                                                        | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found<br>("OJ" = Recovered for Other Jurisdiction)                 |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        | VI #                                                                                                                                                                | Code                                                     | Status<br>Frm/To | Value | OJ                                                       | QTY                                | Property Description           |                                        | Make/Model          |                                | Serial Number                    |                                              |  |
| 1                                                                                                                                                      | 99                                                                                                                                                                  | R                                                        | \$17.90          |       | 1                                                        | GUMMY VITAMINS                     |                                |                                        |                     |                                |                                  |                                              |  |
| 1                                                                                                                                                      | 99                                                                                                                                                                  | S,R                                                      | \$17.90          |       | 1                                                        | GUMMY VITAMINS                     |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        | 99                                                                                                                                                                  | EVID                                                     | \$0.00           |       | 1                                                        | RECEIPT                            |                                |                                        |                     |                                |                                  |                                              |  |
|                                                                                                                                                        | 35                                                                                                                                                                  | EVID                                                     | \$0.00           |       | 1                                                        | BWC 2864                           |                                |                                        |                     |                                |                                  |                                              |  |
| Officer/ID# STANDERWICK, SCOTT J (2864) Outstanding Stolen Val [Total Stolen]: \$0.00 [\$17.90], Tot Rec Val: \$17.90<br>Invest ID# (0) Supervisor (0) |                                                                                                                                                                     |                                                          |                  |       |                                                          |                                    |                                |                                        |                     |                                |                                  |                                              |  |
| Status                                                                                                                                                 | Complainant Signature                                                                                                                                               |                                                          |                  |       | Case Status<br>Cleared By Arrest                         |                                    | 05/27/2022                     | Case Disposition:<br>Cleared By Arrest |                     | 05/27/2022                     | Page 1                           |                                              |  |

# Incident Report Additional Name List

Key West Police Department

OCA: 22-003075

## Additional Name List

| Name Code/# | Name (Last, First, Middle)                                | Victim of<br>Crime # | DOB             | Age | Race | Sex |
|-------------|-----------------------------------------------------------|----------------------|-----------------|-----|------|-----|
| 1) RP 1     | SANTANA, ISIS                                             |                      | 04/23/1972      | 50  | W    | F   |
|             | Address 6701 SW 62ND AVE Apt. 409, SOUTH MIAMI, FL 33143- |                      | H: 786-391-5139 |     |      |     |
|             | Empl/Addr Walgreens                                       |                      | B: - -          |     |      |     |
|             |                                                           |                      | Mobile #: - -   |     |      |     |

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-003075

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  
RODRIGUEZ, P.D. (2298), STUTZ, T. (3138), WAITE, K.J. (3646)

Suspect Hate / Bias Motivated:

NARRATIVE

**REPORTING OFFICER NARRATIVE**

Key West Police Department

|                            |                                        |                                                                                |
|----------------------------|----------------------------------------|--------------------------------------------------------------------------------|
| Victim<br><i>WALGREENS</i> | Offense<br><i>THEFT BY SHOPLIFTING</i> | OCA<br><i>22-003075</i><br>Date / Time Reported<br><i>Fri 05/27/2022 12:28</i> |
|----------------------------|----------------------------------------|--------------------------------------------------------------------------------|

On 5/27/2022 at approximately 1235 hours I, Ofc Standerwick, was on routine patrol of Appelrouth and Duval Street on my KWPD bike when I was flagged down by Isis Santana, Manager Walgreens (527 Duval Street).

Ms. Santana was waving her arms at me and pointing to a white male who was about to urinate in a flower bed next to Walgreens. Ms. Santana advised me the white male, later identified as Jason Kobos (Defendant), had just stolen some items in her store. These items included vitamin gummies and energy tablets for water. The total value of these items was \$37.97. I approached the Defendant who informed me he had to piss. The Defendant had cuts and scrapes on his face and lips and was bleeding from some of the lacerations. Ms. Santana informed me the stolen items were in his waist. I approached the Defendant to detain him, and when I did, I could see some of the stolen items in his waist band. I detained the Defendant by holding onto his right bicep. As soon as I held him the Defendant pulled away and attempted to flee heading South on Duval Street. The Defendant tried to get on his bike to flee, and I was able to grab his arm by Southard and Duval Street. The Defendant continued to pull away from my grasp and I had to struggle with him to the ground. Once on the ground I was straddling the Defendant and he informed me he had given up. I informed the Defendant to roll on his stomach where I commanded him to put his arms behind his back, which he did. The Defendant was handcuffed and brought back to 527 Duval Street. While transporting the Defendant back to the scene I noticed my BWC had fallen off during the struggle. Brian Teague (Witness) found my BWC and returned it to me. Witness Teague also witnessed the altercation and wrote a sworn witness statement for Ofc Stutz. Gregory Gruminski (Witness) also saw the incident and provided a sworn witness statement as well. I contacted Sgt Rodriguez and informed him of the incident, and he responded to the scene. Based on the Defendant's previous injuries I contacted KWFD rescue for first aide for the Defendant. Rescue responded and the Defendant refused treatment. Ofc Stutz and Ofc Waite responded to the scene for assistance with the Defendant who was becoming unruly by cursing and screaming at the top of his lungs. Sgt Rodriguez requested KWFD return to the scene to treat and transport the Defendant to the hospital. While waiting for rescue to respond the Defendant began to yell at the Officers and stand up from a seated position. The Defendant was then repositioned to the ground by Ofc Stutz and Waite. Once on the ground the Defendant kicked the Officers striking Ofc Stutz in the leg multiple times. The Defendant continued lashing out at the Officers with his limbs requiring them to use a hobble on the Defendant. The Defendant was placed in KWFD ambulance where he continued to fight KWFD personal and I in the ambulance and the Defendant kicked me in the jaw with his foot before we were able to restrain him fully. The Defendant was transported to the hospital where he was treated for his injuries and released. While in route to the hospital the Defendant informed me, he was in Walgreens because he fell off his bike and that's why he had cuts on his face. The Defendant said he became upset because he The Defendant was transported to MCSO detention center. The Defendant was also found to have extraditable warrants from Washington State.

Due to the Defendant stealing items worth \$37.97 from Walgreens he is charged with Petit Theft.

Due to the Defendant resisting me by fleeing me he is charged with Resisting without Violence.

Due to the Defendant kicking and striking Ofc Stutz and Myself he is charged 2 counts of Battery on Law enforcement officer.

Due to the Defendant resisting Officers on scene with violence he is charged with resisting with violence.

# Incident Report Suspect List

Key West Police Department

OCA: 22-003075

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                    |                  |                 |                 |                   |                                                |                    |                      |                                                                  |                                                |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------|------------------|-----------------|-----------------|-------------------|------------------------------------------------|--------------------|----------------------|------------------------------------------------------------------|------------------------------------------------|--|--------------------------------|--|--------------------|--|-------------|------------|------------|---------------|--|---------------|--|------------|---------------------|----------------|-------------|--|--------------|--|--|--------------|----------------|----------------------|--|--|-------------------------|--|------------|--------------|--|--------------|--|---------------|--|------------|--|--|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name (Last, First, Middle)<br><b>KOBOS, JASON TYLER</b>  |                    |                  |                 |                 |                   | Also Known As<br><b>HONEYCUTT, JASON TYLER</b> |                    |                      | Home Address<br><b>1 GENERAL DELIVERY<br/>KEY WEST, FL 33040</b> |                                                |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Address <b>BOURBON ST, DANCER, 724 DUVAL ST</b> |                    |                  |                 |                 |                   |                                                |                    |                      |                                                                  |                                                |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DOB<br><b>08/21/1998</b>                                 | Age<br><b>23</b>   | Race<br><b>W</b> | Sex<br><b>M</b> | Eth<br><b>N</b> | Hgt<br><b>602</b> | Wgt<br><b>180</b>                              | Hair<br><b>BRO</b> | Eye<br><b>BRO</b>    | Skin<br><b>LGT</b>                                               | Driver's License / State.<br><b>7784833 AK</b> |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Scars, Marks, Tattoos, or other distinguishing features  |                    |                  |                 |                 |                   |                                                |                    |                      |                                                                  |                                                |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
| <table border="1"> <tr> <td colspan="2"><b>Reported Suspect Detail</b></td> <td colspan="2"><b>Suspect Age</b></td> <td><b>Race</b></td> <td><b>Sex</b></td> <td><b>Eth</b></td> <td colspan="2"><b>Height</b></td> <td colspan="2"><b>Weight</b></td> <td><b>SSN</b></td> </tr> <tr> <td><b>Weapon, Type</b></td> <td><b>Feature</b></td> <td colspan="2"><b>Make</b></td> <td colspan="3"><b>Model</b></td> <td><b>Color</b></td> <td><b>Caliber</b></td> <td colspan="3"><b>Dir of Travel</b></td> </tr> <tr> <td colspan="2"><b>VehYr/Make/Model</b></td> <td><b>Drs</b></td> <td colspan="2"><b>Style</b></td> <td colspan="2"><b>Color</b></td> <td colspan="2"><b>Lic/St</b></td> <td colspan="3"><b>VIN</b></td> </tr> </table> |                                                          |                    |                  |                 |                 |                   |                                                |                    |                      |                                                                  |                                                |  | <b>Reported Suspect Detail</b> |  | <b>Suspect Age</b> |  | <b>Race</b> | <b>Sex</b> | <b>Eth</b> | <b>Height</b> |  | <b>Weight</b> |  | <b>SSN</b> | <b>Weapon, Type</b> | <b>Feature</b> | <b>Make</b> |  | <b>Model</b> |  |  | <b>Color</b> | <b>Caliber</b> | <b>Dir of Travel</b> |  |  | <b>VehYr/Make/Model</b> |  | <b>Drs</b> | <b>Style</b> |  | <b>Color</b> |  | <b>Lic/St</b> |  | <b>VIN</b> |  |  |
| <b>Reported Suspect Detail</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | <b>Suspect Age</b> |                  | <b>Race</b>     | <b>Sex</b>      | <b>Eth</b>        | <b>Height</b>                                  |                    | <b>Weight</b>        |                                                                  | <b>SSN</b>                                     |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
| <b>Weapon, Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Feature</b>                                           | <b>Make</b>        |                  | <b>Model</b>    |                 |                   | <b>Color</b>                                   | <b>Caliber</b>     | <b>Dir of Travel</b> |                                                                  |                                                |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
| <b>VehYr/Make/Model</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | <b>Drs</b>         | <b>Style</b>     |                 | <b>Color</b>    |                   | <b>Lic/St</b>                                  |                    | <b>VIN</b>           |                                                                  |                                                |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |
| Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                    |                  |                 |                 | Physical Char     |                                                |                    |                      |                                                                  |                                                |  |                                |  |                    |  |             |            |            |               |  |               |  |            |                     |                |             |  |              |  |  |              |                |                      |  |  |                         |  |            |              |  |              |  |               |  |            |  |  |

# Incident Report Related Property List

Key West Police Department

OCA: 22-003075

|                                                 |                           |       |                         |         |                     |         |      |                                |     |
|-------------------------------------------------|---------------------------|-------|-------------------------|---------|---------------------|---------|------|--------------------------------|-----|
| 1 Property Description<br><b>GUMMY VITAMINS</b> |                           |       |                         | Make    |                     | Model   |      | Caliber                        |     |
| Color                                           | Serial No.                |       | Value<br><b>\$17.90</b> |         | Qty<br><b>1.000</b> |         | Unit | Jurisdiction<br><b>Locally</b> |     |
| Status<br><b>Sr</b>                             | Date<br><b>05/27/2022</b> | NIC # |                         | State # |                     | Local # |      | OAN                            |     |
| Name (Last, First, Middle)<br><b>Walgreens,</b> |                           |       |                         |         | DOB<br><b>/ /</b>   |         | Age  | Race                           | Sex |

Notes

|                                           |                           |       |                        |         |                     |         |      |                                |     |
|-------------------------------------------|---------------------------|-------|------------------------|---------|---------------------|---------|------|--------------------------------|-----|
| 2 Property Description<br><b>BWC 2864</b> |                           |       |                        | Make    |                     | Model   |      | Caliber                        |     |
| Color                                     | Serial No.                |       | Value<br><b>\$0.00</b> |         | Qty<br><b>1.000</b> |         | Unit | Jurisdiction<br><b>Locally</b> |     |
| Status<br><b>Evidence</b>                 | Date<br><b>05/27/2022</b> | NIC # |                        | State # |                     | Local # |      | OAN                            |     |
| Name (Last, First, Middle)                |                           |       |                        |         | DOB                 |         | Age  | Race                           | Sex |

Notes

|                                          |                           |       |                        |         |                     |         |      |                                |     |
|------------------------------------------|---------------------------|-------|------------------------|---------|---------------------|---------|------|--------------------------------|-----|
| 3 Property Description<br><b>RECEIPT</b> |                           |       |                        | Make    |                     | Model   |      | Caliber                        |     |
| Color                                    | Serial No.                |       | Value<br><b>\$0.00</b> |         | Qty<br><b>1.000</b> |         | Unit | Jurisdiction<br><b>Locally</b> |     |
| Status<br><b>Evidence</b>                | Date<br><b>05/27/2022</b> | NIC # |                        | State # |                     | Local # |      | OAN                            |     |
| Name (Last, First, Middle)               |                           |       |                        |         | DOB                 |         | Age  | Race                           | Sex |

Notes

**CASE SUPPLEMENTAL REPORT**  
*NOT SUPERVISOR APPROVED*

Printed: 05/28/2022 17:47

OCA: **22003075**

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

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Investigator: *STUTZ, THOMAS (3138)*

Date / Time: *05/27/2022 17:12:04, Friday*

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

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On Friday, May 27, 2022, at approximately 1235 hours, I responded to the area of 527 Duval St., Walgreens, to assist Ofc. Standerwick who advised he had a resisting subject in custody.

On arrival, I observed Ofc. Standerwick had the subject, later identified as Jason Kobos, detained in handcuffs standing near the Walgreens. Ofc. Standerwick advised the subject tried to flee on a bicycle when he was flagged down about the incident. Kobos made multiple spontaneous utterance reference to the retail theft he had just committed, which were captured on my BWC.

Ofc. Standerwick requested I obtain written statements from two passers-by that witnessed the incident. I obtained the statements and later provided them to Ofc. Standerwick.

Upon returning, I observed Kobos was now seated in handcuffs and was screaming at passer-bys that he was a "Hell's Angel". Kobos continued this behavior for several minutes while crying. Ofc. Standerwick then requested myself, Ofc. Waite, and Ofc. Rojas standby with Kobos while he moved his patrol vehicle closer to the location. After Ofc. Standerwick left, Kobos continued screaming then tried to stand up. I told Kobos to remain seated and he lunged toward me knocking my BWC to the ground. Kobos fell backward after running into me and began kicking upward at my chest and face in an attempt to strike me. Kobos landed several kicks on my legs and chest. Ofc. Waite, Ofc. Rojas and I turned Kobos onto his stomach and immobilized his legs so he could no longer try to kick us. Kobos was later placed in a hobble by Ofc. Waite to secure his feet.

Kobos was later transported from the scene by Key West Fire Rescue for evaluation at Lower Keys Medical Center.

My BWC was activated during this incident and entered into evidence.

//END OF REPORT//

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