

Response to Resistance Report

Key West Police Department

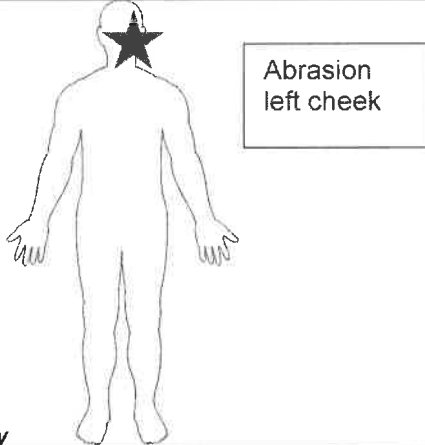
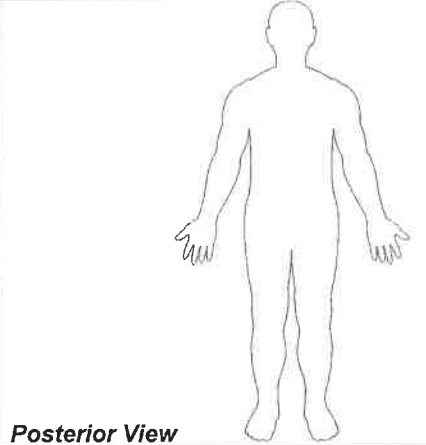
Case No: 21-5093

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

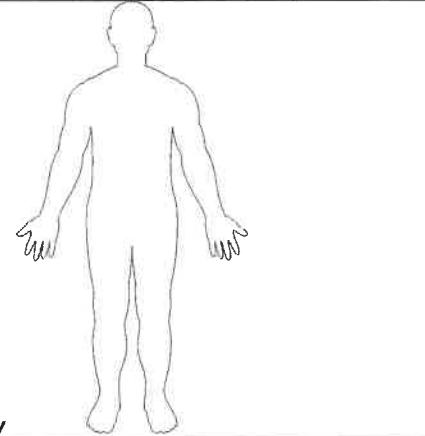
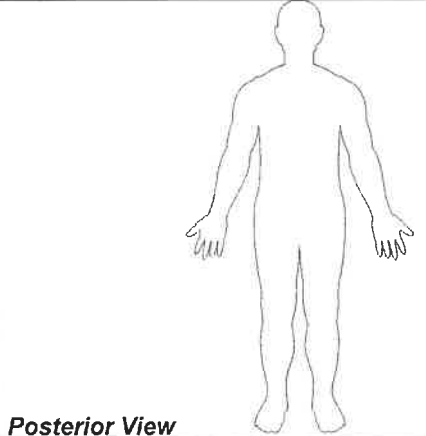
- A response through the use of non-lethal weapons,
- Applies weaponless physical force of strikes, kicks, or "take-downs"
- When any person sustains an apparent substantial or fatal injury as a result of the application of force
- When any person complains of injury as a result of the application of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

INCIDENT	2. Date: 09/19/2021		3. Time: 2138		4. Location: 200 Sunset Lane		5. Incident type: Assult LEO	
	6. Resistance Level		7. Explanation		8. Response Option		9. Explanation	
	<input type="checkbox"/> Passive:		_____		<input checked="" type="checkbox"/> Physical Control		Take down	
	<input type="checkbox"/> Active:		_____		<input type="checkbox"/> Non-lethal Weapon		_____	
<input checked="" type="checkbox"/> Aggressive:		Combative with Officers		<input type="checkbox"/> Deadly Force		_____		
<input type="checkbox"/> Deadly Force:		_____		_____		_____		

10. Last Name: Kitchen			11. First: David			12. Race: W			13. Sex: M		
14. DOB: 11/14/1963			15. Height: 6'00"			16. Weight: 245					
17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22											
18. Appeared to be: <input checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed											
19. Injuries: <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)											
20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention											

SUBJECT	 <p>22. Anterior View</p>	 <p>Posterior View</p>
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23. Officer: William Howell		24. Race: W		25. Sex: M		26. Age: 35		27. Height: 6'01"		28. Weight: 220	
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 clothes 30. Yrs Exp: 2											
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: (If TASER®, also reference line number from TASER® section)											

OFFICER	 <p>35. Anterior View</p>	 <p>Posterior View</p>
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Response to Resistance Report (continued)

Key West Police Department

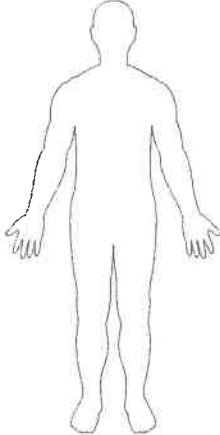
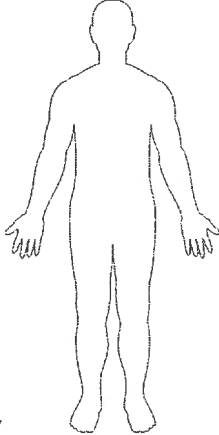
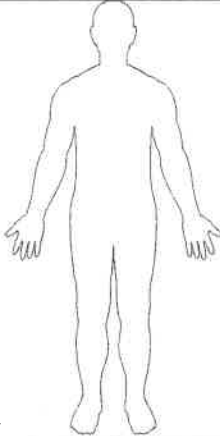
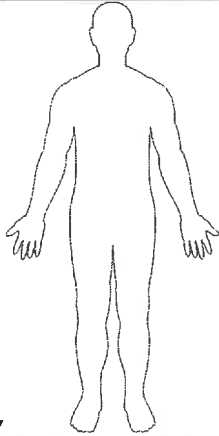
Case No: 21-5093

TASER USE ONLY	36. TASER® device serial #		37. TASER® device serial #		
	TASER®Cam serial #		TASER®Cam serial #		
	Cartridge 1 serial #		Cartridge 1 serial #		
	Cartridge 2 serial #		Cartridge 2 serial #		
	Number of cycles:		Number of cycles:		
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun		
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Target distance at probe launch:		Target distance at probe launch:		
	Distance between probes:		Distance between probes:		
	Probes removed by (name):		Probes removed by (name):		
Device downloaded by:		Device downloaded by:			
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.					
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:				
	<input checked="" type="checkbox"/> All necessary criminal elements.				
	<input checked="" type="checkbox"/> All details of the arrest				
	<input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force.				
	<input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer.				
	<input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries				
<input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.					
SUPERVISOR'S INQUIRY	40. Notified Date: 09/20/2021		41. Time: 0041		
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	43. Did you watch all relevant videos associated with the use of force? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	44. Did you meet with the Officer(s): <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	45. During your review did you find any potential policy violations or training issues associated with the incident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	46. Were you able to locate any independent witnesses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
	Jeff Nobles		5606 David St. Dickinson TX 77539		281-330-7794
47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		 3631		09/23/2021	
FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		48. Preparing Supervisor's Signature / ID		49. Date	
INT. AFF.	50. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input type="checkbox"/> Yes If "No", complete section 51)				
	51. Signature of Internal Affairs Inspector		52. Date		
53. If section 48 is "No" record the Professional Standards Control Number:		54. Date Entered:			

Response to Resistance Report (continued)

Key West Police Department

Case No: 21-5093

OFFICER	23. Officer: Scott Ham 24. Race: W 25. Sex: M 26. Age: 30 27. Height: 6'00" 28. Weight: 205	
	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: 2	
	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: (If TASER®, also reference line number from TASER® section)	
 <p>35. Anterior View</p>	 <p>Posterior View</p>	
OFFICER	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)	
 <p>35. Anterior View</p>	 <p>Posterior View</p>	

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INCIDENT/INVESTIGATION REPORT

Agency Name <i>Key West Police Department</i>			Case# <i>21-005093</i>		
ORI <i>FL0440100</i>					
Location of Incident <i>200 SUNSET LN, Key West FL 33040-</i>			Premise Type <i>Other Structure Other</i>		Beat/GP <i>B1, GPB1</i>
#1 Crime Incident(s) <i>Battery SCA</i>			Weapon / Tools <i>HANDS, FIST, FEET</i>		Activity <i></i>
#2 Crime Incident ()			Weapon / Tools		Activity
#3 Crime Incident ()			Weapon / Tools		Activity

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# of Victims <i>1</i>		Type: <i>LAW ENFORCEMENT (LEO)</i>		Injury:		Domestic: <i>N</i>				
V1 Victim/Business Name (Last, First, Middle) <i>HOWELL, WILLIAM NEIL</i>		Victim of Crime # <i>1</i>	DOB <i>07/26/1985</i>	Age <i>36</i>	Race <i>W</i>	Sex <i>M</i>	Relationship To Offender <i>ST</i>	Resident Status <i>Resident</i>		Military Branch/Status
Home Address <i>1604 N ROOSEVELT BLVD, Key West, FL 33040-</i>								Home Phone <i>305-809-1000</i>		
Employer Name/Address <i>KEY WEST POLICE 1604 N ROOSEVELT BLVD (OFFICER)</i>							Business Phone		Mobile Phone	
VYR	Make	Model	Style	Color	Lic/Lis		VIN			

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CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type:		Injury:									
Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
Home Address							Home Phone				
Employer Name/Address						Business Phone		Mobile Phone			

Type:		Injury:									
Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
Home Address							Home Phone				
Employer Name/Address						Business Phone		Mobile Phone			

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L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
("OJ" = Recovered for Other Jurisdiction)

V1 #	Code	Status Fm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	35	EVID	\$0.00		1	BWC 4059		
	35	EVID	\$0.00		1	FLEET AXON 4059		
	99	EVID	\$0.00		5	PHOTOGRAPHS OF INJURIES		
Officer/ID# <i>HOWELL, WILLIAM N (4059)</i>								

Invest ID#	<i>(0)</i>	Supervisor	<i>(0)</i>
Status	Complainant Signature	Case Status <i>Cleared By Arrest</i>	Case Disposition: <i>Cleared By Arrest</i>
		<i>09/20/2021</i>	<i>09/20/2021</i>

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 21-005093

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S						

Assisting Officers
LITTON, A.J. (3958)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA <i>21-005093</i>
Date / Time Reported <i>Sun 09/19/2021 21:41</i>

Victim <i>HOWELL, WILLIAM NEIL</i>	Offense <i>BATTERY</i>
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On Sunday, 09/19/2021 at approximately 2009 hours; Ofc. Ham and I (Ofc. Howell) were dispatched to 205 Elizabeth Street (Sebago Watersports) regarding a possible battery call.

During our investigation, Ofc. Ham and I tracked the suspect's possible location to the Sunset Key Ferry Terminal (near 200 Sunset Lane). As Ofc. Ham and I waited for the suspect's arrival; we were approached by suspect's parents. The suspect's father, David O. Kitchen (DOB: 11/14/1963, Arrestee) became agitated with his wife and told her to "shut up" as well as yell obscenities at her, while she was speaking with Ofc. Ham and me. I politely asked Kitchen not to speak to his wife in that manner. Kitchen became even more agitated, aggressively stepped towards me and began yelling obscenities directly in my face. Kitchen then attempted to push me. Due to Kitchen's actions and his rising level of resistance I performed a controlled takedown. I placed Kitchen on his stomach, as Ofc. Ham and I placed Kitchen in handcuffs. After Kitchen complied and was placed in handcuffs, Ofc. Ham and I sat him up and eventually walked Kitchen to a nearby bench so that he was not sitting on the ground.

Kitchen received a small abrasion on his left cheek, just below his left eye. Kitchen did not appear to have further injuries at that time. Kitchen refused medical attention on scene.

I took photographs of Kitchen's face, his hands, and knees. I uploaded the photographs to Evidence.com.

I transported Kitchen to Monroe County Detention Center, without incident.

Kitchen remained compliant and courteous for the remainder of the encounter and transport. Kitchen apologized for his actions on scene.

Based on the facts and evidence, I believe there is probable cause that on 09/19/2021, Cody R. Kitchen did knowingly and intentionally violate F.S.S. 784.07-2A Assault On LEO, by actually and intentionally attempting to shove me, while I was engaged in my legal, lawful duties as a uniformed law enforcement officer.

Kitchen appeared to be under the influence of alcohol. Kitchen's speech was slurred, and his eyes were glassy and bloodshot. Kitchen's breath had the odor of alcoholic intoxicants.

My BWC was activated for the encounter, takedown, arrest and subsequent search of Kitchen. My FLEET Axon was activated for the transport of Kitchen to Monroe County Detention Center. I uploaded the videos to Evidence.com.

At this time, no further information.

Incident Report Suspect List

Key West Police Department

OCA: 21-005093

1	Name (Last, First, Middle) <i>KITCHEN, DAVID ORVEL</i>					Also Known As					Home Address <i>28107 HERITAGE TRAIL BOERNE, TX 78015</i>				
	Business Address <i>UNKNOWN, UNKNOWN</i>														
DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.					
<i>11/14/1963</i>	<i>57</i>	<i>W</i>	<i>M</i>	<i>N</i>	<i>600</i>	<i>245</i>	<i>BLO</i>	<i>BLU</i>	<i>FAR</i>	<i>06589966 TX</i>					
Scars, Marks, Tattoos, or other distinguishing features															
Reported Suspect Detail															
Suspect Age					Race	Sex	Eth	Height	Weight	SSN					
Weapon, Type	Feature	Make	Model				Color	Caliber	Dir of Travel		Mode of Travel				
VchYr/Make/Model			Drs	Style		Color	Lic/St		VIN						
Notes							Physical Char								

Incident Report Related Property List

Key West Police Department

OCA: 21-005093

1	Property Description BWC 4059			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00	Qty 1.000	Unit EA	Jurisdiction Locally			
	Status Evidence	Date 09/19/2021	NIC #	State #	Local #		OAN		
	Name (Last, First, Middle) Howell, William Neil			DOB 07/26/1985	Age 36	Race W	Sex M		

Notes

2	Property Description FLEET AXON 4059			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00	Qty 1.000	Unit EA	Jurisdiction Locally			
	Status Evidence	Date 09/19/2021	NIC #	State #	Local #		OAN		
	Name (Last, First, Middle) Howell, William Neil			DOB 07/26/1985	Age 36	Race W	Sex M		

Notes

3	Property Description PHOTOGRAPHS OF INJURIES			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00	Qty 5.000	Unit EA	Jurisdiction Locally			
	Status Evidence	Date 09/19/2021	NIC #	State #	Local #		OAN		
	Name (Last, First, Middle) Howell, William Neil			DOB 07/26/1985	Age 36	Race W	Sex M		

Notes

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 09/20/2021 04:29

OCA: **21005093**

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

Investigator: *HAM, RANDOLPH (4009)*

Date / Time: *09/20/2021 02:01:47, Monday*

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

On September 19, 2021 at approximately 2141 hours, Ofc. W. Howell and I (Ofc. S. Ham) were at 245 Front St. near the ferry terminal investigating a battery that occurred at 205 Elizabeth St.

Ofc. Howell and I were waiting for the ferry to transport us to Sunset Key when male and female walked up. The female was speaking to someone on the phone and told them the police were looking for Cody. Ofc. Howell and I asked her if her name was Stacie Kitchen and she stated yes. We told Stacie we were looking for Cody Kitchen to ask him a few questions regarding the incident that occurred at 205 Elizabeth St. Her husband later identified as David Kitchen, began yelling at Stacie to not tell us anything. Ofc. Howell told David to not speak to his wife like that. David then approached Ofc. Howell and stated, "don't tell me how to speak to my fucking wife." David then told Ofc. Howell "I will fucking beat your fucking." David then shoved Stacie back and got closer to Ofc. Howell. David raised his hands and put his left hand on Ofc. Howell's torso. I grabbed a hold of David's left hand and gained control of his left arm. I gave David one verbal command to get on the ground and Ofc. Howell and I escorted David to the ground. I handcuffed David and we placed him in a seated position to wait for Sgt. J. Hammers.

My Axon BWC was activated and uploaded.

Investigator Signature: _____