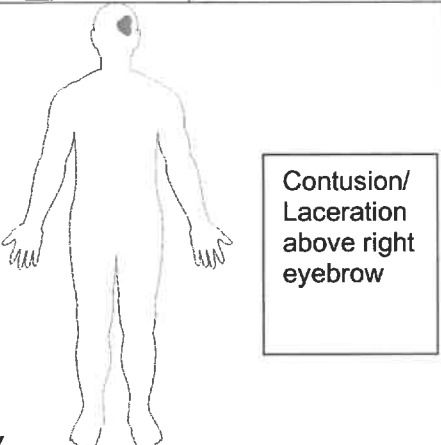
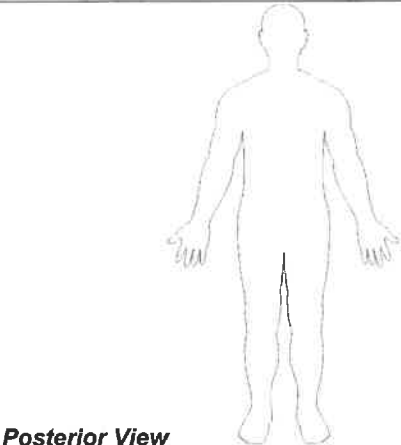
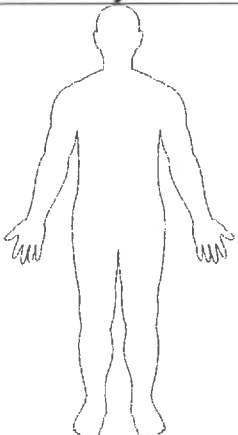
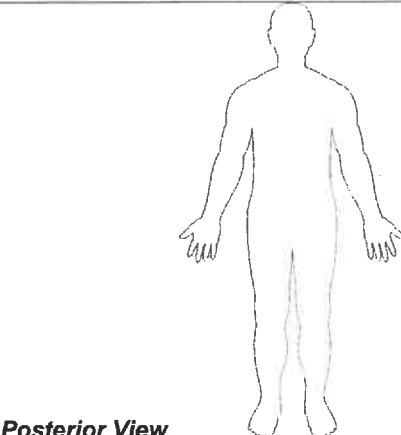


Response to Resistance Report

Key West Police Department

Case No: 21-5686

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)																					
<input type="checkbox"/> A response through the use of non-lethal weapons, <input checked="" type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs" <input type="checkbox"/> When any person sustains an apparent substantial or fatal injury as a result of the application of force <input type="checkbox"/> When any person complains of injury as a result of the application of force <input type="checkbox"/> Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)																					
INCIDENT	2. Date: 10/16/2021 3. Time: 0250 4. Location: 218 Duval/Teasers 5. Incident type: S34/Battery LEO																				
	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%; text-align: left;">6. Resistance Level</th> <th style="width: 25%; text-align: left;">7. Explanation</th> <th style="width: 25%; text-align: left;">8. Response Option</th> <th style="width: 25%; text-align: left;">9. Explanation</th> </tr> <tr> <td><input checked="" type="checkbox"/> Passive:</td> <td>Refused to comply with orders</td> <td><input checked="" type="checkbox"/> Physical Control</td> <td>Take down</td> </tr> <tr> <td><input checked="" type="checkbox"/> Active:</td> <td>Bracing, Tensing, Pulling away</td> <td><input type="checkbox"/> Non-lethal Weapon</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Aggressive:</td> <td>Physically fighting Officer</td> <td><input type="checkbox"/> Deadly Force</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Deadly Force:</td> <td></td> <td></td> <td></td> </tr> </table>	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation	<input checked="" type="checkbox"/> Passive:	Refused to comply with orders	<input checked="" type="checkbox"/> Physical Control	Take down	<input checked="" type="checkbox"/> Active:	Bracing, Tensing, Pulling away	<input type="checkbox"/> Non-lethal Weapon		<input checked="" type="checkbox"/> Aggressive:	Physically fighting Officer	<input type="checkbox"/> Deadly Force		<input type="checkbox"/> Deadly Force:			
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation																	
	<input checked="" type="checkbox"/> Passive:	Refused to comply with orders	<input checked="" type="checkbox"/> Physical Control	Take down																	
<input checked="" type="checkbox"/> Active:	Bracing, Tensing, Pulling away	<input type="checkbox"/> Non-lethal Weapon																			
<input checked="" type="checkbox"/> Aggressive:	Physically fighting Officer	<input type="checkbox"/> Deadly Force																			
<input type="checkbox"/> Deadly Force:																					
10. Last Name: Barnes 11. First: William 12. Race: W 13. Sex: M 14. DOB: 04/18/1973 15. Height: 5'07" 16. Weight: 200																					
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 checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention																					
SUBJECT	 <p>22. Anterior View</p>																				
	 <p>Posterior View</p>																				
OFFICER	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: Takedown																				
 <p>35. Anterior View</p>																					
 <p>Posterior View</p>																					

Response to Resistance Report (continued)

Key West Police Department

Case No: 21-5686

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: 10/16/2021		41. Time: 0255		
	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
	Stephen Stritt		Teasers Employee		570-872-0870
	Jason Berger		Teasers Employee		305-849-1520
	47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		_____		10-16.21
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:		

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name <i>Key West Police Department</i>			Case# <i>21-005686</i>		
	ORI <i>FL0440100</i>			Date / Time Reported <i>10/16/21 02:47 Sat</i>		
	Location of Incident <i>218 DUVAL ST, Key West FL 33040</i>			Gang Relat <i>NO</i>	Premise Type <i>Bar / Nightclub /</i>	Beat/GP <i>B1, GPB1</i>
				Last Known Secure <i>10/16/21 02:47 Sat</i>		
			At Found <i>10/16/21 02:47 Sat</i>			
#1	Crime Incident(s) <i>Disorderly Conduct DCA</i>		(Com)	Weapon / Tools <i>HANDS, FIST, FEET</i>		Activity
				Entry	Exit	Security
#2	Crime Incident <i>Resist Arrest / Escape XOM</i>		(Com)	Weapon / Tools		Activity
				Entry	Exit	Security
#3	Crime Incident <i>Trespassing XOT</i>		(Com)	Weapon / Tools		Activity
				Entry	Exit	Security

M V I C T I M	MO						
	# of Victims	<i>2</i>	Type:	<i>BUSINESS</i>		Injury:	<i>Domestic: N</i>
	V1	Victim/Business Name (Last, First, Middle) <i>TEASERS NIGHTCLUB</i>		Victim of Crime #	<i>3</i>	DOB	<i>Age</i>
		Home Address <i>218 DUVAL ST, Key West, FL 33040-</i>		Email			Home Phone <i>305-292-7673</i>
		Employer Name/Address		Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN

O T H E R S I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)									
	Type: <i>SOCIETY/PUBLIC/STATE</i>			Injury:						
	Code	Name (Last, First, Middle) <i>SOCIETY</i>		Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	<i>V2</i>			<i>1,2</i>	<i>//</i>				<i>N/A</i>	
	Home Address			Email			Home Phone			
	Employer Name/Address			Business Phone		Mobile Phone				
Type:			Injury:							
Code	Name (Last, First, Middle)		Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
				<i>Age</i>						
Home Address			Email			Home Phone				
Employer Name/Address			Business Phone		Mobile Phone					

P R O P E R T Y	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)									
	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
		<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>BWC 4059</i>			
		<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>3</i>	<i>FLEET AXON 4059</i>			

Officer/ID#	<i>HOWELL, WILLIAM N (4059)</i>		Supervisor	<i>HAMMERS, JESSE L (3631)</i>	
Invest ID#	<i>(0)</i>				
Status	Complainant Signature	Case Status <i>Cleared By Arrest</i>	<i>10/16/21</i>	Case Disposition: <i>Cleared By Arrest</i>	<i>10/16/21</i>

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 21-005686

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
BOZZETTI, C.A. (4058)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA 21-005686
Date / Time Reported Sat 10/16/21 02:47

Victim <i>TEASERS NIGHTCLUB</i>	Offense <i>DISORDERLY CONDUCT</i>
------------------------------------	--------------------------------------

On Saturday, 10/16/2021 at approximately 0247 hours, I (Ofc. Howell) was dispatched to the 218 Duval Street (Teasers) regarding an unknown white male subject possibly trespassing and possibly attempting to start a physical altercation with staff.

I encountered William M. Barnes (DOB: 04/18/1973, Arrestee) who was standing on the steps of the business at 218 Duval Street, near the entrance, arguing with several members of Teasers staff and management. Barnes was yelling obscenities toward Teasers staff and managers, aggressively attempting to entice them into a physical altercation by stepping toward them and yelling obscenities. I approached, stepped between Teasers staff and Barnes, and attempted to identify myself. Barnes cut me off and continuously yelled at me. I immediately instructed Barnes to leave the property. Barnes refused to leave the property. I asked the Teasers manager if he wanted Barnes trespassed from the property; he stated yes. I instructed Barnes to provide a form of identification. Initially, Barnes refused to provide a valid form of identification. I asked Barnes again for a valid form of identification and he eventually fumbled through his pockets. Barnes finally produced a Florida Driver's License. Barnes attempted to yell at Teasers' staff and managers again while I was standing in front of him. I, again, instructed Barnes to leave the property. Barnes refused to leave the property again. I instructed Barnes to turn around and place his hands behind his back. Barnes pulled away from me and took a fighting stance. I clearly and concisely instructed Barnes to give me his hands. As I attempted to place Barnes' right hand in the handcuff, Barnes violently pulled away from me. I grabbed Barnes' right hand again and place it the handcuff. I clearly and concisely gave Barnes instructions to provide his other hand. Barnes continuously attempted to pull away from me. Due to Barnes' actions and his level of resistance rising, I performed a takedown. I guided Barnes to the ground in a controlled manner. I placed Barnes on his stomach. Barnes still continued to resist and would not provide his left hand. Barnes struggled to lift his left elbow as if in a manner that appeared to be an attempt to elbow me several times. I placed my left elbow across his left shoulder, upper arm, and the side of his face and applied sufficient pressure, momentarily, to prevent this action. I continuously gave Barnes clear and concise verbal commands to "give me his other hand." Barnes continuously refused until Ofc. Bozzetti arrived a few minutes later as my backup. Ofc. Bozzetti and I placed Barnes in handcuffs. Ofc. Bozzetti and I searched Barnes subsequent to arrest.

I transported Barnes to Monroe County Detention Center. Barnes was medically refused at Monroe County Detention Center.

I transported Barnes to Lower Keys Medical Center. Barnes was medically cleared by Doctor Jones. I returned Barnes to Monroe County Detention Center.

I, personally, issued Barnes a trespass warning for 218 Duval Street on 10/16/2021 at approximately 0247 hours.

Based on the facts and evidence, I believe there is probable cause that on 10/16/2021, William M. Barnes did knowingly and intentionally violate F.S.S. 843.01 Resisting with Violence, by purposefully attempting to struggle away from me and push me as I detained him while I engaged in my legal, lawful duties as a uniformed law enforcement officer.

Based on the facts and evidence, I believe there is probable cause that on 10/16/2021, William M. Barnes did knowingly and intentionally violate F.S.S. 843.02 Resisting Officer without Violence, by purposely refusing to identify himself, while I was engaged in my legal, lawful duties as a uniformed law enforcement officer.

Based on the facts and evidence, I believe there is probable cause that on 10/16/2021, William M. Barnes did

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA <i>21-005686</i>
Date / Time Reported <i>Sat 10/16/21 02:47</i>

Victim <i>TEASERS NIGHTCLUB</i>	Offense <i>DISORDERLY CONDUCT</i>
------------------------------------	--------------------------------------

knowingly and intentionally F.S.S. 810.09-1A1 Trespass on Property Other Than Structure or Conveyance, by actually and intentionally remaining on the premises and refusing to leave the property, after being warned several times.

Based on the facts and evidence, I believe there is probable cause that on 10/16/2021, William M. Barnes did knowingly and intentionally violate F.S.S. 509.143 Disorderly Conduct on The Premises of An Establishment; by purposely disturbing the peace, corrupting the public morals and attempting to engage in fighting or brawling by causing a physical disturbance and disrupting patrons of businesses in the surrounding area.

My BWC was activated for the encounters, takedown, arrest, and subsequent search of Barnes. My FLEET AXON was activated for the transports of Barnes to Monroe County Detention Center and Lower Keys Medical Center. I uploaded the videos to Evidence.com.

At this time, no further information.

Incident Report Suspect List

Key West Police Department

OCA: 21-005686

1	Name (Last, First, Middle) <i>BARNES, WILLIAM MORGAN</i>						Also Known As				Home Address <i>6491 WINKLER RD FORT MYERS, FL 33919</i>	
	Business Address											
DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.		
<i>04/18/73</i>	<i>48</i>	<i>W</i>	<i>M</i>		<i>507</i>					<i>B652933731380 FL</i>		
Scars, Marks, Tattoos, or other distinguishing features												

<i>Reported Suspect Detail</i>		Suspect Age	Race	Sex	Eth	Height	Weight	SSN
Weapon, Type	Feature	Make	Model		Color	Caliber	Dir of Travel	
VehYr/Make/Model		Drs	Style		Color	Lic/St	VIN	
Mode of Travel								

Notes	Physical Char
-------	---------------

Incident Report Related Property List

Key West Police Department

OCA: 21-005686

1	Property Description BWC 4059			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00	Qty 1.000	Unit EA	Jurisdiction Locally			
	Status Evidence	Date 10/16/21 00:00:00	NIC #	State #	Local #		OAN		
	Name (Last, First, Middle) * No name *			DOB		Age	Race	Sex	

Notes

2	Property Description FLEET AXON 4059			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00	Qty 3.000	Unit EA	Jurisdiction Locally			
	Status Evidence	Date 10/16/21 00:00:00	NIC #	State #	Local #		OAN		
	Name (Last, First, Middle) * No name *			DOB		Age	Race	Sex	

Notes

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 12/06/21 09:08

OCA: **21005686**

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

Investigator: *BOZZETTI, C. A.*

Date / Time: *10/16/21 22:12:47, Saturday*

Supervisor: *KOURI, D. G.*

Supervisor Review Date / Time: *10/16/21 22:15:11, Saturday*

Contact:

Reference: *General Supplemental Report*

On 10/16/2021, around 03:00 hours, I (Ofc. Bozzetti) responded to Teasers, 218 Duval St, reference a male that was fighting with Ofc. Howell.

On arrival, Ofc. Howell was on top of the male, later identified as William Barnes, attempting to get him in handcuffs. Barnes was on his stomach and was actively trying to keep Ofc. Howell from gaining control of his arms and refusing to comply with Ofc. Howell's clear verbal commands. A Teasers bouncer had control of Barnes' legs. I went to the left side of Barnes and secured his left arm. I applied pressure to his shoulder joint, Barnes stopped resisting and Ofc. Howell was able to secure Barnes in handcuffs.

Ofc. Howell and I escorted Barnes downstairs away from the business. No further involvement in this case.

My BWC was activated during this incident.

