

# Response to Resistance Report

Key West Police Department

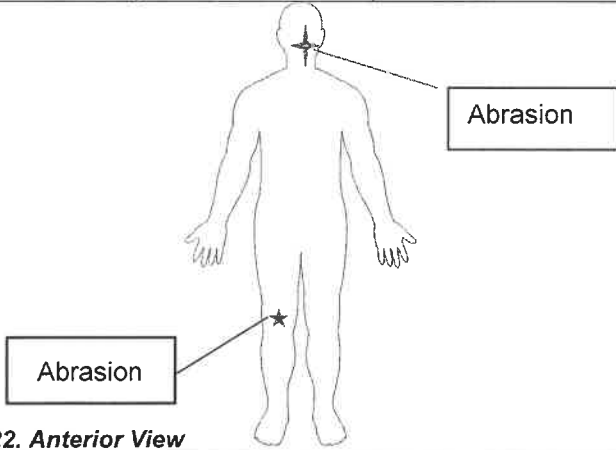
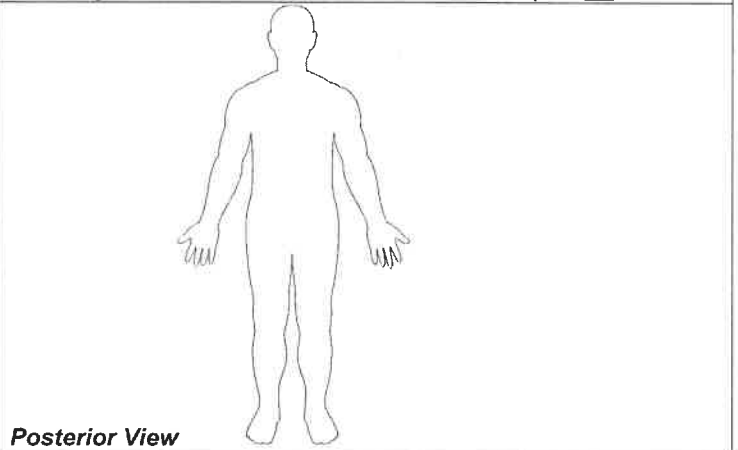
Case No: 22-6771

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

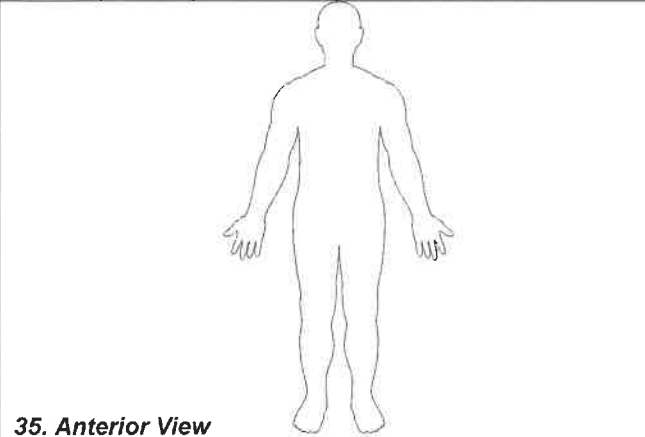
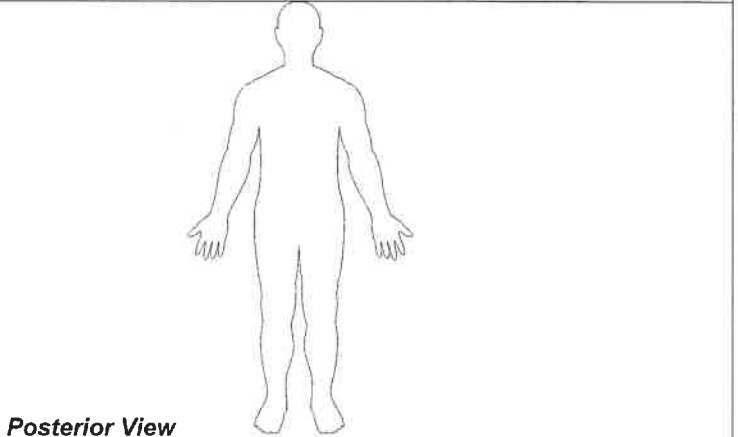
- ☐ A response through the use of non-lethal weapons,  
☒ Applies weaponless physical force of strikes, kicks, or "take-downs"  
☐ When any person sustains an apparent substantial or fatal injury as a result of the application of force  
☐ When any person complains of injury as a result of the application 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> 11/29/2022                  | <b>3. Time:</b> 0141    | <b>4. Location:</b> 511 Caroline Street              | <b>5. Incident type:</b> S32 |
|                 | <b>6. Resistance Level</b>                  | <b>7. Explanation</b>   | <b>8. Response Option</b>                            | <b>9. Explanation</b>        |
|                 | <input type="checkbox"/> Passive:           | Ran away during a theft | <input checked="" type="checkbox"/> Physical Control | Tackle                       |
|                 | <input checked="" type="checkbox"/> Active: | investigation           | <input type="checkbox"/> Non-lethal Weapon           |                              |
|                 | <input type="checkbox"/> Aggressive:        |                         | <input type="checkbox"/> Deadly Force                |                              |
|                 | <input type="checkbox"/> Deadly Force:      |                         |                                                      |                              |

|                                                                                                                                                                                                                                                                                                                      |                           |                        |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-------------------|
| <b>10. Last Name:</b> Campbell                                                                                                                                                                                                                                                                                       | <b>11. First:</b> Stephen | <b>12. Race:</b> W     | <b>13. Sex:</b> M |
| <b>14. DOB:</b> 02/16/1999                                                                                                                                                                                                                                                                                           | <b>15. Height:</b> 5'11"  | <b>16. Weight:</b> 165 |                   |
| <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 type="checkbox"/> Under the influence of controlled substance <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention |                           |                        |                   |

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

|                                                                                                                                                                                                                                                                                   |                    |                   |                    |                          |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|--------------------|--------------------------|------------------------|
| <b>23. Officer:</b> Jack Gruba                                                                                                                                                                                                                                                    | <b>24. Race:</b> W | <b>25. Sex:</b> M | <b>26. Age:</b> 26 | <b>27. Height:</b> 6'00" | <b>28. Weight:</b> 190 |
| <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> 1                   |                    |                   |                    |                          |                        |
| <b>31. Injuries:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)                                                                        |                    |                   |                    |                          |                        |
| <b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital |                    |                   |                    |                          |                        |
| <b>34. Response option used by this officer:</b> Takedown - tackle                                                                                                                                                                                                                |                    |                   |                    |                          |                        |

|                |                                                                                     |                                                                                      |
|----------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>OFFICER</b> |  |  |
|                | <b>35. Anterior View</b>                                                            | <b>Posterior View</b>                                                                |

**Response to Resistance Report (continued)**

Key West Police Department

Case No: 22-6771

|                                                                                                                                                   |                                                                                                                                                                                                                           |                                                  |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| 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:                                                                                                                                                                                                         |                                                  | 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"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b>                                                                              |                                                  |                                                                                                                   |  |
| REPORT                                                                                                                                            | <b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b>                                                                                                                                                 |                                                  |                                                                                                                   |  |
|                                                                                                                                                   | <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                                                                                                                              | <b>40. Notified Date:</b> 11/29/2022                                                                                                                                                                                      |                                                  | <b>41. Time:</b> 0142 hours                                                                                       |  |
|                                                                                                                                                   | <b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)                                                                                       |                                                  |                                                                                                                   |  |
|                                                                                                                                                   | <b>43. Did you watch all relevant videos associated with the use of force?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why)                                                 |                                                  |                                                                                                                   |  |
|                                                                                                                                                   | <b>BWC was off during event and no buffering was recorded</b>                                                                                                                                                             |                                                  |                                                                                                                   |  |
|                                                                                                                                                   | <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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes," list below) |                                                  |                                                                                                                   |  |
|                                                                                                                                                   | <b>06.28 - BWC</b>                                                                                                                                                                                                        |                                                  |                                                                                                                   |  |
|                                                                                                                                                   | <b>BWC was off during event and no buffering was recorded</b>                                                                                                                                                             |                                                  |                                                                                                                   |  |
|                                                                                                                                                   | <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                                                                                                           |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           |                                                  |                                                                                                                   |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           |                                                  |                                                                                                                   |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           |                                                  |                                                                                                                   |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           |                                                  |                                                                                                                   |  |
| <b>47. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                     |                                                                                                                                                                                                                           | N. Revoredo 2962                                 |                                                                                                                   |  |
| <b>FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS</b>                                                                                      |                                                                                                                                                                                                                           | 11/29/2022                                       |                                                                                                                   |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           | <b>48. Preparing Supervisor's Signature / ID</b> |                                                                                                                   |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           | <b>49. Date</b>                                  |                                                                                                                   |  |
| INT. AFF.                                                                                                                                         | <b>50. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (If "No", complete section 51)                 |                                                  |                                                                                                                   |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           |                                                  | <b>51. Signature of Internal Affairs Inspector</b>                                                                |  |
|                                                                                                                                                   |                                                                                                                                                                                                                           |                                                  | <b>52. Date</b>                                                                                                   |  |
| <b>53. If section 48 is "No" record the Professional Standards Control Number:</b>                                                                |                                                                                                                                                                                                                           |                                                  |                                                                                                                   |  |
| <b>54. Date Entered:</b>                                                                                                                          |                                                                                                                                                                                                                           |                                                  |                                                                                                                   |  |

## INCIDENT DATA

PROPERTY

# INCIDENT/INVESTIGATION REPORT

*Key West Police Department*

Case # 22-006771

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

*BOUVIER, K. (3356), TORRECILLAS, J. (3759), HANSELL, M. (3648), REVOREDO, N. (2962), GRUBA, J.Z. (4156)*

Suspect Hate / Bias Motivated:

## INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 22-006771

*Key West Police Department*

NARRATIVE

**REPORTING OFFICER NARRATIVE***Key West Police Department*

OCA

22-006771

Victim

*STAMPER, ADAM JAMES*

Offense

*THEFT OTHER*

Date / Time Reported

*Tue 11/29/2022 01:40*

On 11/29/2022, at approximately 0140 hours, Ofc. Torrecillas and I (Ofc. Rojas) assisted Ofc. Gruba at 511 Caroline, after he radioed to dispatch that he was pursuing a suspect on foot. The suspect, later identified as Stephen William Campbell, was a suspect of a theft, at 512 Green St (Tattoos and Scars Saloon parking lot).

On arrival I met with Ofc. Bouvier who was with Campbell. Campbell was handcuffed behind the back. I assisted Ofc. Bouvier in a search incident to arrest. As I searched Campbell, I observed a black Tribit speaker near Campbell. I then placed Campbell in the rear of Ofc. Torrecillas patrol vehicle.

I then spoke with the victim, Adams James Stamper. Stamper told me he was in the parking lot of Tattoo and Scars Saloon when he witnessed Campbell, grab his Tribit speaker from the basket of his tricycle. Stamper then chased after Campbell and another male that was accompanying Campbell. Stamper said he was yelling at the two men for running off with his Tribit speaker as he perused them. I asked Stamper if he wanted to press charges and he replied yes. Stamper advised me the Tribit speaker is worth approximately \$180. The Tribit speaker was recovered and returned to Stamper.

I then spoke to Ofc. Gruba. Ofc. Gruba told me he witnessed Campbell and his male companion run together on Duval St, from the direction of the parking lot next to Shots and Giggles, with Campbell in possession of the Tribit speaker. Ofc. Gruba identified himself as a law enforcement officer and told the 2 men to stop as they ran away from him. Ofc. Gruba pursued the pair and observed Campbell and his companion laugh as they ran from him. Ofc. Gruba said the 2 men ran West on Green St, South on Duval St, turned onto Caroline St, and finally near to the Curry Mansion (511 Caroline St), where Ofc. Gruba placed Campbell in handcuffs. Campbell had the Tribit speaker with him when he was handcuffed. It is apparent that Campbell ran to obstruct Ofc. Gruba from performing his duties.

Sgt. Revoredo advised me he had the male companion handcuffed in the rear of his vehicle; the male was identified as Christopher Robert Garner. Garner himself was brought back by a group of people who saw Garner and Campbell running together from uniformed law enforcement Officers, Garner was handcuffed by Sgt Revoredo. Garner stated he ran because he was being chased.

Sgt Revoredo advised me, he had mirandized Campbell and Campbell invoked his rights, Campbell was not questioned further regarding the incident.

I transported Campbell to the Monroe County Detention Center (MCDC) without incident. Garner was transported by Ofc. Gruba to MCDC without incident.

Based on the facts and circumstances, I do believe Stephen William Campbell and Christopher Robert Garner, violated F.S.S 812.014 of Theft. Campbell and Garner did knowingly deprive Adams James Stamper of his speaker.

Based on the facts and circumstances, I do believe Stephen William Campbell and Christopher Robert Garner, violated F.S.S 843.02 of resisting without violence. Campbell and Garner did run, in an attempt to obstruct Ofc. Gruba from performing his duties.

Based on the facts and circumstances, I do believe Christopher Robert Garner violated F.S.S 777.011 of Principle of the first degree, as Garner procured the offence of theft to be committed by Stephen William Garner.

My body worn camera (BWC) and in car camera were activated.

Stamper was provided a case number.

## REPORTING OFFICER NARRATIVE

*Key West Police Department*

OCA

*22-006771*

Victim

*STAMPER, ADAM JAMES*

Offense

*THEFT OTHER*

Date / Time Reported

*Tue 11/29/2022 01:40*

Cleared by an arrest report.

# Incident Report Suspect List

Key West Police Department

OCA: 22-006771

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------|------------------|-----------------|-----------------|-------------------|-------------------|--------------------|-------------------|--------------------|----------------------------------------------------------------------------------------|--|--|--|--------------------------------|--|-------------|--|------|-----|-----|--------|--|--------|--|-----|--|--|--------------|--|---------|--|------|--|-------|--|-------|--|---------|---------------------------------|--|--|------------------|--|--|-----|-------|--|-------|--|--------|--|-----|--|--|--|--|
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name (Last, First, Middle)<br><b>CAMPBELL, STEPHEN WILLIAM</b> |                  |                  |                 |                 | Also Known As     |                   |                    |                   |                    | Home Address<br><b>3823 17TH ST FRONT<br/>SAN FRANCISCO, CA 94102<br/>703-585-2459</b> |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Address                                               |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOB<br><b>02/16/1999</b>                                       | Age<br><b>23</b> | Race<br><b>W</b> | Sex<br><b>M</b> | Eth<br><b>N</b> | Hgt<br><b>511</b> | Wgt<br><b>155</b> | Hair<br><b>BRO</b> | Eye<br><b>BRO</b> | Skin<br><b>FAR</b> | Driver's License / State.<br><b>Y6006624 CA</b>                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Scars, Marks, Tattoos, or other distinguishing features        |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| <table border="1"> <tr> <td colspan="2"><b>Reported Suspect Detail</b></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="3">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel<br/>Mode of Travel</td> </tr> <tr> <td colspan="3">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="5">VIN</td> </tr> </table> |                                                                |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                        |  |  |  | <b>Reported Suspect Detail</b> |  | Suspect Age |  | Race | Sex | Eth | Height |  | Weight |  | SSN |  |  | Weapon, Type |  | Feature |  | Make |  | Model |  | Color |  | Caliber | Dir of Travel<br>Mode of Travel |  |  | VehYr/Make/Model |  |  | Drs | Style |  | Color |  | Lic/St |  | VIN |  |  |  |  |
| <b>Reported Suspect Detail</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | Suspect Age      |                  | Race            | Sex             | Eth               | Height            |                    | Weight            |                    | SSN                                                                                    |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| Weapon, Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                | Feature          |                  | Make            |                 | Model             |                   | Color              |                   | Caliber            | Dir of Travel<br>Mode of Travel                                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| VehYr/Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                  | Drs              | Style           |                 | Color             |                   | Lic/St             |                   | VIN                |                                                                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| Physical Char                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                        |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------|------------------|-----------------|-----------------|-------------------|-------------------|--------------------|-------------------|--------------------|--------------------------------------------------------------------------------|--|--|--|--------------------------------|--|-------------|--|------|-----|-----|--------|--|--------|--|-----|--|--|--------------|--|---------|--|------|--|-------|--|-------|--|---------|---------------------------------|--|--|------------------|--|--|-----|-------|--|-------|--|--------|--|-----|--|--|--|--|
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name (Last, First, Middle)<br><b>GARNER, CHRISTOPHER ROBERT</b> |                  |                  |                 |                 | Also Known As     |                   |                    |                   |                    | Home Address<br><b>116 DAPHNE WAY<br/>PALO ALTO, CA 94303<br/>805-458-2136</b> |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Address                                                |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOB<br><b>05/27/1994</b>                                        | Age<br><b>28</b> | Race<br><b>W</b> | Sex<br><b>M</b> | Eth<br><b>N</b> | Hgt<br><b>602</b> | Wgt<br><b>190</b> | Hair<br><b>BRO</b> | Eye<br><b>BRO</b> | Skin<br><b>FAR</b> | Driver's License / State.<br><b>F4514878 CA</b>                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Scars, Marks, Tattoos, or other distinguishing features         |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| <table border="1"> <tr> <td colspan="2"><b>Reported Suspect Detail</b></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="3">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel<br/>Mode of Travel</td> </tr> <tr> <td colspan="3">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="5">VIN</td> </tr> </table> |                                                                 |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                |  |  |  | <b>Reported Suspect Detail</b> |  | Suspect Age |  | Race | Sex | Eth | Height |  | Weight |  | SSN |  |  | Weapon, Type |  | Feature |  | Make |  | Model |  | Color |  | Caliber | Dir of Travel<br>Mode of Travel |  |  | VehYr/Make/Model |  |  | Drs | Style |  | Color |  | Lic/St |  | VIN |  |  |  |  |
| <b>Reported Suspect Detail</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | Suspect Age      |                  | Race            | Sex             | Eth               | Height            |                    | Weight            |                    | SSN                                                                            |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| Weapon, Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 | Feature          |                  | Make            |                 | Model             |                   | Color              |                   | Caliber            | Dir of Travel<br>Mode of Travel                                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| VehYr/Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                  | Drs              | Style           |                 | Color             |                   | Lic/St             |                   | VIN                |                                                                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |
| Physical Char                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                  |                  |                 |                 |                   |                   |                    |                   |                    |                                                                                |  |  |  |                                |  |             |  |      |     |     |        |  |        |  |     |  |  |              |  |         |  |      |  |       |  |       |  |         |                                 |  |  |                  |  |  |     |       |  |       |  |        |  |     |  |  |  |  |

# Incident Report Related Property List

Key West Police Department

OCA: 22-006771

|   |                                                  |                           |       |                        |                     |                     |         |      |                                |  |
|---|--------------------------------------------------|---------------------------|-------|------------------------|---------------------|---------------------|---------|------|--------------------------------|--|
| 1 | Property Description<br><b>BWC 4250</b>          |                           |       |                        | Make<br><b>AXON</b> |                     | 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>11/29/2022</b> | NIC # |                        | State #             |                     | Local # |      | OAN                            |  |
|   | Name (Last, First, Middle)<br><b>* No name *</b> |                           |       |                        | DOB                 |                     | Age     | Race | Sex                            |  |

Notes

|   |                                                  |                           |       |                        |                     |                     |         |      |                                |  |
|---|--------------------------------------------------|---------------------------|-------|------------------------|---------------------|---------------------|---------|------|--------------------------------|--|
| 2 | Property Description<br><b>FLEET CAMERA</b>      |                           |       |                        | Make<br><b>AXON</b> |                     | 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>11/29/2022</b> | NIC # |                        | State #             |                     | Local # |      | OAN                            |  |
|   | Name (Last, First, Middle)<br><b>* No name *</b> |                           |       |                        | DOB                 |                     | Age     | Race | Sex                            |  |

Notes

|   |                                                          |                           |       |                          |                          |                     |                         |                  |                                |  |
|---|----------------------------------------------------------|---------------------------|-------|--------------------------|--------------------------|---------------------|-------------------------|------------------|--------------------------------|--|
| 3 | Property Description<br><b>BLUETOOTH SPEAKER</b>         |                           |       |                          | Make<br><b>TRIBIT</b>    |                     | Model<br><b>SPEAKER</b> |                  | Caliber                        |  |
|   | Color<br><b>Black/Black</b>                              | Serial No.                |       | Value<br><b>\$180.00</b> |                          | Qty<br><b>1.000</b> |                         | Unit             | Jurisdiction<br><b>Locally</b> |  |
|   | Status<br><b>Sr</b>                                      | Date<br><b>11/29/2022</b> | NIC # |                          | State #                  |                     | Local #                 |                  | OAN                            |  |
|   | Name (Last, First, Middle)<br><b>Stamper, Adam James</b> |                           |       |                          | DOB<br><b>06/08/1975</b> |                     | Age<br><b>47</b>        | Race<br><b>W</b> | Sex<br><b>M</b>                |  |

Notes

|   |                                                  |                           |       |                        |                     |                     |         |      |                                |  |
|---|--------------------------------------------------|---------------------------|-------|------------------------|---------------------|---------------------|---------|------|--------------------------------|--|
| 4 | Property Description<br><b>BWC 4250</b>          |                           |       |                        | Make<br><b>AXON</b> |                     | 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>11/29/2022</b> | NIC # |                        | State #             |                     | Local # |      | OAN                            |  |
|   | Name (Last, First, Middle)<br><b>* No name *</b> |                           |       |                        | DOB                 |                     | Age     | Race | Sex                            |  |

Notes



# Incident Report Related Property List

Key West Police Department

OCA: 22-006771

|                            |                      |            |            |       |          |            |         |         |              |      |  |
|----------------------------|----------------------|------------|------------|-------|----------|------------|---------|---------|--------------|------|--|
| 5                          | Property Description |            |            |       | Make     |            | Model   |         | Caliber      |      |  |
|                            | BLUETOOTH SPEAKER    |            |            |       | TRIBIT   |            | SPEAKER |         |              |      |  |
|                            | Color                |            | Serial No. |       | Value    |            | Qty     |         | Unit         |      |  |
|                            | Black/Black          |            |            |       | \$180.00 |            | 1.000   |         |              |      |  |
|                            |                      |            |            |       |          |            |         |         | Jurisdiction |      |  |
|                            |                      |            |            |       |          |            |         | Locally |              |      |  |
| Status                     |                      | Date       |            | NIC # |          | State #    |         | Local # |              | OAN  |  |
| Recovered                  |                      | 11/29/2022 |            |       |          |            |         |         |              |      |  |
| Name (Last, First, Middle) |                      |            |            |       |          | DOB        |         | Age     |              | Race |  |
| Stamper, Adam James        |                      |            |            |       |          | 06/08/1975 |         | 47      |              | W    |  |
|                            |                      |            |            |       |          |            |         |         |              | Sex  |  |
|                            |                      |            |            |       |          |            |         |         |              | M    |  |

Notes

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

Printed: 11/29/2022 17:44

OCA: **22006771**

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

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Investigator: *GRUBA, JACK Z (4156)*

Date / Time: *11/29/2022 04:56:27, Tuesday*

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *General Supplemental Report*

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On 11/29/2022, at approximately 0140 hours, Sgt. Revoredo called out over the radio that there was a theft that had just occurred at Shots and Giggles, 201 Ann St.

I saw two younger guys running from the direction of Shots and Giggles and turn South onto Duval St. One of the individuals was carrying a black and rainbow lit speaker. I asked over the radio what the individuals stole. Sgt. Revoredo immediately replied that it was a speaker. At that point the two males that were running were going past Lucy's, 221 Duval St. I was at the corner of Charles and Duval St and I yelled for them to stop and announced that I was police. I ran towards them announcing again that I was police and for them to stop. They continued to run, turning East onto Caroline St. The two ran onto the property of Curry Mansion, 511 Caroline St. I saw the two start to run out the other driveway of Curry Mansion, near Ann St, and ran to cut them off. I redirected the one who was carrying the speaker to the ground. This suspect was later identified as Stephen Campbell and the individual who stole the speaker. I placed Campbell into handcuffs.

The Curry Mansion night security caught the other suspect, Christopher Garner, in the rear parking lot of Curry Mansion and walked him back to myself and Sgt. Revoredo. Garner was placed into the back of Sgt. Revoredo's vehicle and then transferred over to my patrol vehicle. I transported Garner to Monroe County Detention Center.

I did not sustain any injuries from the RRI.

My BWC was activated after the RRI took place and was not on buffering.

I left my business card and a flash drive for night security, at the Curry Mansion, to pass on to the day supervisor, to retrieve possible video footage of the RRI.

End of report.

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