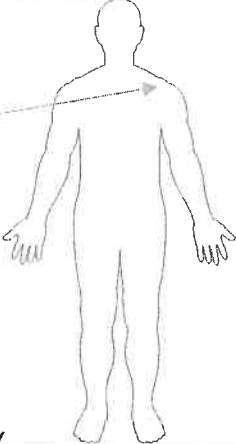
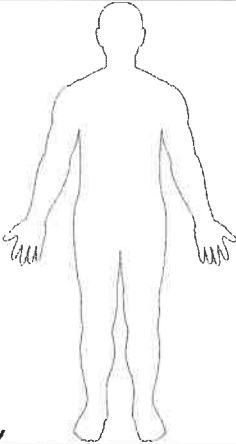
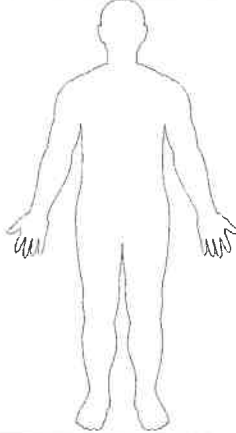
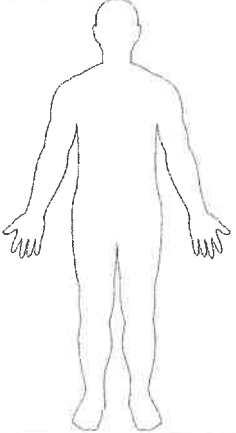


# Response to Resistance Report

Key West Police Department

Case No: 22-5506

<b>1. A Response to Resistance Report will be completed by the supervisor for:</b> (Check all that apply)																														
<input type="checkbox"/> A response through the use of non-lethal weapons, <input 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 checked="" 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	<b>2. Date:</b> 09/24/2022 <b>3. Time:</b> 1940 <b>4. Location:</b> 1445 S. Roosevelt <b>5. Incident type:</b> S34/S13P																													
	<table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none;"><b>6. Resistance Level</b></td> <td style="width: 25%; border: none;"><b>7. Explanation</b></td> <td style="width: 25%; border: none;"><b>8. Response Option</b></td> <td style="width: 25%; border: none;"><b>9. Explanation</b></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Passive:</td> <td style="border: none;"><u>Not obeying commands</u></td> <td style="border: none;"><input checked="" type="checkbox"/> Physical Control</td> <td style="border: none;"><u>Handcuffed</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Active:</td> <td style="border: none;"><u>Tensing</u></td> <td style="border: none;"><input type="checkbox"/> Non-lethal Weapon</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Aggressive:</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Deadly Force</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Deadly Force:</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<b>6. Resistance Level</b>	<b>7. Explanation</b>	<b>8. Response Option</b>	<b>9. Explanation</b>	<input checked="" type="checkbox"/> Passive:	<u>Not obeying commands</u>	<input checked="" type="checkbox"/> Physical Control	<u>Handcuffed</u>	<input checked="" type="checkbox"/> Active:	<u>Tensing</u>	<input type="checkbox"/> Non-lethal Weapon		<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force		<input type="checkbox"/> Deadly Force:												
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<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force																												
<input type="checkbox"/> Deadly Force:																														
<b>10. Last Name:</b> Gutierrez-Ruiz <b>11. First:</b> Jose <b>12. Race:</b> H <b>13. Sex:</b> M <b>14. DOB:</b> 12/30/2006 <b>15. Height:</b> 5.05 <b>16. Weight:</b> 115																														
<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 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 checked="" type="checkbox"/> Alleged    (If Evident or Alleged, describe and indicate areas on charts in Section 22 ) <b>20. Photographed:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>21. Treated:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention																														
SUBJECT	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p><b>22. Anterior View</b></p> </div> <div style="text-align: center;">  <p><b>Posterior View</b></p> </div> </div>																													
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# Response to Resistance Report (continued)

Key West Police Department

Case No: 22-5506

<b>TASER USE ONLY</b>	<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>					
<b>REPORT</b>	<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.				
<b>SUPERVISOR'S INQUIRY</b>	<b>40. Notified Date:</b> 09/24/2022		<b>41. Time:</b> 1940		
	<b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>43. Did you watch all relevant videos associated with the use of force?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>44. Did you meet with the Officer(s):</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)				
	<b>45. During your review did you find any potential policy violations or training issues associated with the incident?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	<b>46. Were you able to locate any independent witnesses:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)				
	Name		Address		Phone Number
<b>47. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		3755		09/24/2022	
<b>FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS</b>		48. Preparing Supervisor's Signature / ID		49. Date	
<b>INT. AFF.</b>	<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 checked="" type="checkbox"/> Yes (If "No", complete section 51)		3317		
	51. Signature of Internal Affairs Inspector		2/13/2023		
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>				INCIDENT/INVESTIGATION REPORT				Case# <i>22-005506</i>				
	ORI <i>FL0440100</i>								Date / Time Reported <i>09/24/2022 19:30 Sat</i>				
	Location of Incident <i>1445 S ROOSEVELT BLVD, Key West FL 33040</i>				Gang Relat NO	Premise Type <i>Hotel / Motel Other</i>		Beat/GP B5, GPB5		Last Known Secure <i>09/24/2022 19:30 Sat</i>			
									At Found <i>09/24/2022 19:30 Sat</i>				
D E T A I L	#1	Crime Incident(s) <i>Loitering And Prowling /curfew Violation XOS</i>			(Com)	Weapon / Tools <i>KNIFE</i>			Activity				
		Entry				Exit			Security				
	#2	Crime Incident <i>Juvenile Incident FAH</i>			(Com)	Weapon / Tools			Activity				
		Entry				Exit			Security				
	#3	Crime Incident			( )	Weapon / Tools			Activity				
		Entry				Exit			Security				
MO													
V I C T I M	# of Victims <i>1</i>		Type: <i>BUSINESS</i>			Injury:			Domestic: <i>N</i>				
	V1		Victim/Business Name (Last, First, Middle) <i>COCONUT MALLORY</i>			Victim of Crime # <i>1,</i>	DOB / / Age	Race	Sex	Relationship To Offender <i>ST</i>	Resident Status <i>N/A</i>	Military Branch/Status	
	Home Address <i>1445 S ROOSEVELT BLV, Key West, FL 33040-</i>						Email			Home Phone			
	Employer Name/Address						Business Phone			Mobile Phone			
	VYR	Make	Model	Style	Color	Lic/Lis	VIN						
O T H E R S	CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)												
	Type:					Injury:							
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
	Home Address					Email				Home Phone			
	Employer Name/Address					Business Phone			Mobile Phone				
I N V O L V E D	Type:					Injury:							
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
	Home Address					Email				Home Phone			
	Employer Name/Address					Business Phone			Mobile Phone				
	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)												
P R O P E R T Y	VI #	Code	Status Frm/Tc	Value	OJ	QTY	Property Description			Make/Model	Serial Number		
		35	EVID	\$0.00		2	<i>AXON BWC S34</i>			<i>AXON/Bwc</i>			
		35	EVID	\$0.00		1	<i>AXON IN-CAR RECORDING S34 4194</i>			<i>AXON/In-car</i>			
Officer/ID# <i>ROBERTS, ERIK (4194)</i>													
Invest ID# <i>(0)</i>						Supervisor <i>CONATY, JAY THOMAS (3755)</i>							
Status	Complainant Signature				Case Status <i>Cleared By Arrest</i>		<i>09/24/2022</i>		Case Disposition: <i>Cleared By Arrest</i>		<i>09/24/2022</i>		



# INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 22-005506

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  
*CONATY, J.T. (3755), HANSELL, M. (3648), ROSCOE, R. (4011), BERNATOVA, A. (4193), ADORNO, S.D. (4155)*

Suspect Hate / Bias Motivated:

## INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 22-005506

*Key West Police Department*

NARRATIVE





**REPORTING OFFICER NARRATIVE**

Key West Police Department

OCA
22-005506
Date / Time Reported
Sat 09/24/2022 19:30

Victim
COCONUT MALLORY

Offense
LOITERING AND PROWLING /CURFEW

On Saturday 09/24/2022 at approximately 1937 hrs. I (Ofc. E. Roberts) responded to 1445 S. Roosevelt Blvd (Coconut Mallory Resort) reference a subject wearing a ski mask with a knife.

On arrival I observed Ofc. M. Hansell and Sgt. J. Conaty speaking with witnesses. They stated that a white male wearing a black ski mask and a white tank top was seen with a knife in his possession wandering the property of the resort. While taking statements from the reporting parties, Jose Gutierrez-Ruiz was identified as fitting the description of the subject in question. Ruiz was known to me from prior interaction. There was a black cloth in material object hanging from his right front pocket. I stopped Ruiz and asked him why he was in possession of a ski mask. I placed Ruiz in handcuff restraints and proceeded to ask if he was staying at the resort, to which he responded no. He also stated that he regularly wears a ski mask. When questioned if he had weapons in his possession, He stated that he had a pocket-knife in his pants.

Multiple guests stated that they witnessed Ruiz walking around with the blade of the knife open while wearing the ski mask.

I spoke with the property manager, Yenisey Eppy, who stated that she wished to pursue charges of Loitering or prowling (FS 856.021) due to the concern and fear caused to the guests of the resort by Ruiz's actions, as well as his lack of lawful reason to be present on the premises.

Due to the above stated facts I find probable cause that Jose Gutierrez-Ruiz did willingly and knowingly loiter or prowl in a place, under circumstances that warrant a justifiable and reasonable alarm or immediate concern for the safety of persons or property in the vicinity contrary to FS 856.021.

Ruiz was secured in my patrol car and transported to the Monroe County Detention Center.

I notified the Florida Department of Juvenile Justice of the Arrest at 2016 hrs. 09/24/2022.

Ruiz sustained an abrasion to his right shoulder while being placed in handcuff restraints.

Ofc. D. Slaunwhite notified Ruiz's mother, Carmen Ruiz of the arrest.

My Axon BWC was activated during this incident and uploaded to Evidence.com.

My Axon In-Car Recording System was activated during transport and uploaded to Evidence.com.

=====



## Incident Report Suspect List

Key West Police Department

OCA: 22-005506

<b>1</b>	Name (Last, First, Middle) <i>GUTIRREZ-RUIZ, JOSE ALBERTO</i>						Also Known As <i>RUIZ, JOSE ALBERTO</i>				Home Address <i>41 9TH AVE - B KEY WEST, FL 33040 305-922-0546</i>																																				
	Business Address <i>KWHS</i> <i>305-296-5628, FRESHMAN</i>																																														
	DOB <i>12/30/2006</i>	Age <i>15</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>H</i>	Hgt <i>500</i>	Wgt <i>100</i>	Hair <i>BRO</i>	Eye <i>BRO</i>	Skin <i>LGT</i>	Driver's License / State. <i>G362421064700 FL</i>																																				
	Scars, Marks, Tattoos, or other distinguishing features <i>TAT OTHR OTHER / NONE</i>																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td colspan="2">Make</td> <td colspan="3">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Dr</td> <td>Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="4">VIN</td> </tr> </table>												<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN	Weapon, Type	Feature	Make		Model			Color	Caliber	Dir of Travel			VehYr/Make/Model		Dr	Style	Color		Lic/St		VIN			
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