## Response to Resistance Report Key West Police Department

| 1. A     | Response to Resistance Report will be completed at A response through the use of non-lethal weapons, Applies weaponless physical force of strikes, kicks, or "take-When any person sustains an apparent substantial or fatal in When any person complains of injury as a result of the appli | -downs"<br>njury as a resu<br>ication of force | lt of the application of                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Ш        | Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance, or ballistics testing)                                                                                                                                                                   |                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| INCIDENT | 2. Date: 10/14/2023 3. Time: 1642 4. Local 6. Resistance Level  ☐ Passive: Ignoring verbal commands ☐ Active: Tensing, pulling away, bracing ☐ Striking fist on face ☐ Deadly Force:                                                                                                         |                                                | ene Street 5. In  Sponse Option  Physical Control  Non-lethal Weapon  Deadly Force | cident type: Resisting With V  9. Explanation  Take-down                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
|          | -                                                                                                                                                                                                                                                                                            | st: Justin                                     | 12. Ra                                                                             | ce: W 13. Sex: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|          |                                                                                                                                                                                                                                                                                              | ight: 602                                      |                                                                                    | eight: 210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|          | 17. Did you observe the subject: No X Yes                                                                                                                                                                                                                                                    |                                                |                                                                                    | "YES", complete sections 18-22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
|          |                                                                                                                                                                                                                                                                                              |                                                |                                                                                    | tionally / mentally disturbed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
|          |                                                                                                                                                                                                                                                                                              |                                                |                                                                                    | as on charts in Section 22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| =        | 20. Photographed: No Yes 21. Treated: No 2                                                                                                                                                                                                                                                   |                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|          | 2017 Motographical Entropy 211 Motographical Entropy                                                                                                                                                                                                                                         | 100 271                                        |                                                                                    | See III . Teephal & Second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| SUBJECT  | 22. Anterior View  Posterior View                                                                                                                                                                                                                                                            |                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|          | 23. Officer: Ofc. L. Hernandez 24. Race: H 25.                                                                                                                                                                                                                                               | Sex: M 26                                      | 6. Age: 48 27. Heigh                                                               | t: 5'04" 28. Weight: 145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
|          | 29. Duty Status: On-duty Off-duty Extra duty employment Uniformed Plain clothes 30. Yrs Exp: 4                                                                                                                                                                                               |                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|          | 31. Injuries: No Evident Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)                                                                                                                                                                                |                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|          | 32. Photographed: No Yes 33. Treated: No Yes By: EMT/Paramedic on scene Hospital                                                                                                                                                                                                             |                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|          | 34. Response option used by this officer: Take-down                                                                                                                                                                                                                                          |                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| OFFICER  | Tun Suns                                                                                                                                                                                                                                                                                     |                                                | Fun A                                                                              | wir and the second seco |  |  |  |  |

Case No: 23-5637

## Response to Resistance Report (continued) Key West Police Department

|           | AN TAREBO design                                                                                                                                    | ar Tiorna                                                    |                            |  |  |  |  |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------|--|--|--|--|--|
| ONLY      | 36. TASER® device serial                                                                                                                            |                                                              | 37. TASER® device serial # |  |  |  |  |  |
|           | Battery serial #                                                                                                                                    |                                                              | Battery serial #           |  |  |  |  |  |
|           | Cartridge 1 serial #1: serial #2                                                                                                                    | Cartridge 1 serial #1 serial #2                              |                            |  |  |  |  |  |
|           | Cartridge 2 serial #3 serial #4                                                                                                                     | Cartridge 2 serial #3                                        |                            |  |  |  |  |  |
|           | Number of cycles: 1                                                                                                                                 | Number of cycles:                                            |                            |  |  |  |  |  |
| JSE       | Type of contact: Probe CDS Drive Stun                                                                                                               | Type of contact: Probe CODS Drive Stun                       |                            |  |  |  |  |  |
| 2         | Did probes penetrate skin: ☐ Yes ☐ No                                                                                                               | Did probes penetrate sin ☐ Yes ☐ No                          |                            |  |  |  |  |  |
| TASER USE | Target distance at probe aunch: N/A                                                                                                                 | Target distance at probe launch:                             |                            |  |  |  |  |  |
|           | Distance between probes: N/A                                                                                                                        | Distance between probes:                                     |                            |  |  |  |  |  |
|           | Probes removed (name): N/A                                                                                                                          | Probes removed by (name):                                    |                            |  |  |  |  |  |
|           | Device downloaded by: Ofc. K. Bouvier                                                                                                               | Device døwnloaded by:                                        |                            |  |  |  |  |  |
|           | ☐ 38. Check and list any additional TASER® de                                                                                                       | vices, cartridges or details in the incident description sec | ction.                     |  |  |  |  |  |
| REPORT    | 39. Offense/Incident Report and/or Warrant Affidavit must include:                                                                                  |                                                              |                            |  |  |  |  |  |
|           | 40. Notified Date: 10/14//23                                                                                                                        | 41. Time: 1642 hours                                         |                            |  |  |  |  |  |
|           | 42. Did you respond to the scene: No Yes (If "No", explain why)                                                                                     |                                                              |                            |  |  |  |  |  |
|           |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
|           | 43. Did you watch all relevant videos associated with the use of force?  No Yes (If "No", explain why)                                              |                                                              |                            |  |  |  |  |  |
|           |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
|           | 44. Did you meet with the Officer(s):  No  Yes (If "No", explain why)                                                                               |                                                              |                            |  |  |  |  |  |
| ₩.        | The year meet man are emeeted. In the Ma ree in the sexplain may                                                                                    |                                                              |                            |  |  |  |  |  |
| S INQUIRY | 45. During your review did you find any potential policy violations or training issues associated with the incident?  No Yes (If "Yes," list below) |                                                              |                            |  |  |  |  |  |
| /ISOR'    |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
| /ISC      |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
|           | 46. Were you able to locate any independent witnes                                                                                                  | ses: No Tyes (If "Yes" list below)                           |                            |  |  |  |  |  |
| SUPER     | Name                                                                                                                                                | Address Phone Number                                         | er                         |  |  |  |  |  |
| S         |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
|           |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
|           |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
|           |                                                                                                                                                     |                                                              |                            |  |  |  |  |  |
|           | Oct Boble Bodrieus                                                                                                                                  | • 2298 10/14/2023                                            | 3                          |  |  |  |  |  |
|           | Sgt. Pablo Rodriguez  47. Preparing Supervisor / Printed Name                                                                                       | 48. Preparing Supervisor / Signature / ID 49. Date           |                            |  |  |  |  |  |
|           | 47. Trobailing Supervisor 11 miles warne                                                                                                            |                                                              |                            |  |  |  |  |  |
| بير       | 50. Did the review of this incident conclude that use                                                                                               | 200 askin Unke                                               | 1                          |  |  |  |  |  |
| INT. AFF. | of force was in compliance with Departmental policy? No Yes                                                                                         | 51 Signature of Internal Affairs Inspector 52. Date          |                            |  |  |  |  |  |

Case No:

23-5637

| - 1           | Age                                                                                                                                    | ncy N                                             | lame                        |                      |         |            |                 | יוו ר                       | ICIDE      | N I /INV    | ESI         | IGAH                                            | NC         | C                              | ase#    |                   |                     |          |         |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------|----------------------|---------|------------|-----------------|-----------------------------|------------|-------------|-------------|-------------------------------------------------|------------|--------------------------------|---------|-------------------|---------------------|----------|---------|
| 7             | Key West Police Department                                                                                                             |                                                   |                             |                      |         |            | İ               | REPORT                      |            |             |             |                                                 |            | 23-005637 Date / Time Reported |         |                   |                     |          |         |
| I<br>N        | OR                                                                                                                                     |                                                   |                             | FL0440               | _       |            |                 |                             |            |             |             |                                                 |            |                                |         | 10/14/2           | 2023                | 16:29    | Sat     |
| C I D E N T D | Location of Incident                                                                                                                   |                                                   |                             |                      |         | Gano       | Relat Pro       | emise Type                  |            | Beat/GP     |             |                                                 | 10/14/2    |                                |         | 16:29             | Sat                 |          |         |
|               | 501 GREENE ST, Key West FL 33040                                                                                                       |                                                   |                             |                      | N       |            | ghway/rod       | ad/alle                     | y/st I     | 31, GPB     | 1 A         | At Found 10/14/2023 16:29 Sc                    |            |                                | Sat     |                   |                     |          |         |
|               | #1                                                                                                                                     | Cri                                               | me Incid                    | ent(s)               |         |            |                 | (Com)                       |            | /Tools Per  |             |                                                 |            |                                |         |                   |                     | Activi   |         |
|               | Daniery Aggravatea                                                                                                                     |                                                   |                             |                      |         |            | Entry           |                             |            | Exit        |             |                                                 | Security   |                                |         | 14                |                     |          |         |
|               | #2 Disorderly Conduct<br>DCA                                                                                                           |                                                   |                             |                      |         |            | (Com)           | Weapon                      | / Tools    |             |             |                                                 |            |                                |         |                   | Activi              | ty       |         |
| Α             |                                                                                                                                        |                                                   |                             |                      |         |            |                 | Entry                       |            |             | Exit        |                                                 |            | Secur                          | ritu    |                   |                     |          |         |
| T<br>A        |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            | LAIL        |             |                                                 | Sccui      | iiiy                           |         | Activi            | hv                  |          |         |
|               | #3                                                                                                                                     |                                                   | me Incid<br>s <i>passin</i> |                      |         |            |                 | (Com)                       | Weapon     | / Tools     |             |                                                 |            |                                | ,       |                   |                     | PACTIVE  | ·y      |
|               |                                                                                                                                        | XO                                                |                             | '6                   |         |            |                 |                             | Entry      |             |             | Exit                                            |            |                                | Secui   | rity              |                     |          |         |
| МО            |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
|               | # 01                                                                                                                                   | f Victi                                           | ms 2                        | Type                 | ΙΔΌ     | / ENE      | ORCEM           | ENT (LEO)                   | <u> </u>   | Injury      | Poss        | ible Inter                                      | nal Inimr  | ·                              |         | Domestic          | . N                 |          |         |
|               | π O1                                                                                                                                   |                                                   | _                           | siness Name (I       |         |            |                 | ENT (EEO,                   | Victim of  |             |             | Possible Internal Injury  DOB   Race   Sex   Re |            |                                | onship  |                   |                     | s Mil    | itary   |
| V             | V                                                                                                                                      | 11                                                |                             | VDEZ, LEÒ.           |         |            | ,               |                             |            |             |             | 01/09/1975                                      |            | 1                              | fender  | D . 7             |                     |          | /Status |
| I<br>C        | Но                                                                                                                                     | me A                                              | ddress                      |                      |         |            |                 |                             |            | 1,4         | Emai        | e 48                                            | $W \mid M$ | 1ST                            |         | Resid             |                     | e Phone  |         |
| Т             | 16                                                                                                                                     | 04 N                                              | ROOS                        | EVELT BL             | D , $D$ | Key W      | est, FL         | 33040-                      |            |             | Dinai       | .1                                              |            |                                |         |                   | 11011               |          | 05      |
| I<br>M        | En                                                                                                                                     |                                                   | r Name/                     | Address<br>ST POLICE | DEI     | ADTA       | <i>ለ</i> ሮእ/ፕ 1 | KOA NI DOL                  | OCEVEI     | T DI VID (  | Business Ph |                                                 |            | s Phone                        | one Mob |                   | ile Phone           | 3        |         |
|               | VY                                                                                                                                     |                                                   | Make                        | Model                | DEF     |            | vle             | Color                       |            | Lic/Lis     | CLI         | J.E.                                            | VIN        |                                |         |                   |                     |          |         |
|               | _                                                                                                                                      |                                                   | L                           |                      | A 710   |            | *****           |                             | 1 101      | D.D.        | D (         |                                                 | ((C, 1), 1 |                                |         |                   |                     |          |         |
|               | CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)  Type: BUSINESS Injury: |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
| O<br>T        | Type: BUSINESS  Code Name (Last, First, Middle)  Victim of DOB Race Sex Relationship Resident Status Military                          |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
| Н             |                                                                                                                                        |                                                   |                             |                      |         |            |                 | Crime # 2,3                 | 1 / /      | · · ·       |             | To O                                            | ffender    | N/A                            | ,       | Branch            | /Status             |          |         |
| E<br>R        | Home Address                                                                                                                           |                                                   |                             |                      |         |            |                 |                             | 2,3        | Age<br>Emai |             |                                                 | 151        |                                | 19/2    |                   | e Phone             |          |         |
| S             | 135 DUVAL ST KEY WEST, FL 33040                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 | 05-440-    | _                              |         |                   |                     |          |         |
| I             | EII                                                                                                                                    | Employer Name/Address Business Phone Mobile Phone |                             |                      |         |            |                 |                             |            |             |             |                                                 |            | ,                              |         |                   |                     |          |         |
| N<br>V        | Ту                                                                                                                                     | Type: INDIVIDUAL Injury:                          |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
| 0             | Code Name (Last, First, Middle)  MAUNEY, MICHAEL LINDEMANN                                                                             |                                                   |                             |                      |         |            |                 |                             |            |             |             | ionship<br>ffender                              | Resident   | Statu                          |         | itary<br>1/Status |                     |          |         |
| L<br>V        | M                                                                                                                                      |                                                   |                             |                      |         |            |                 |                             | Age 35     |             |             | 35                                              | 35 W M K   |                                |         | Resid             |                     |          |         |
| E             | Home Address 3307 DONALD AVE KEY WEST, FL 33040                                                                                        |                                                   |                             |                      |         |            |                 |                             |            | Ema         | il          |                                                 |            |                                |         |                   | ne Phone<br>95-849- |          |         |
| D             |                                                                                                                                        |                                                   | r Name/                     |                      |         |            |                 |                             |            |             |             |                                                 | Busine     | ss Phon                        | e       |                   |                     | ile Phon |         |
|               | 1 =                                                                                                                                    | None                                              | 2 = B                       | urned 3 = Co         | unteri  | feit / For | rged 4:         | APTAIN)<br>= Damaged /      | Vandalize  | d 5 = Reco  | vered       | 6 = Seize                                       | d 7 = St   | olen 8                         | = Unkn  | lown              | _                   |          |         |
|               |                                                                                                                                        |                                                   |                             |                      | ("OJ"   | = Reco     | vered for       | Other Jurisdi               | iction)    |             |             |                                                 |            |                                |         | 1                 |                     |          |         |
|               | VI<br>#                                                                                                                                |                                                   | Status<br>Frm/To            | Value                | OJ      | QTY        |                 |                             | ty Descrip | tion        |             |                                                 | Make/      | Model                          |         |                   | Seri                | al Numb  | ег      |
|               |                                                                                                                                        | 27                                                | EVID                        | \$0.00               |         | 1          | BWC 34.         | 52<br>LEET 3452             |            |             |             |                                                 |            |                                |         | _                 |                     |          |         |
| P             |                                                                                                                                        | 27<br>74                                          | EVID<br>EVID                | \$0.00<br>\$0.00     |         | 4          | AXON P          |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
| R             |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
| O<br>P        |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
| E             |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         | -                 |                     |          |         |
| R<br>T        |                                                                                                                                        |                                                   |                             |                      | -       |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
| Y             |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
|               |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
|               |                                                                                                                                        |                                                   |                             |                      |         |            |                 |                             |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
|               | 0.0                                                                                                                                    |                                                   | D#                          |                      |         |            | 1855            | in to a                     |            |             |             |                                                 |            |                                |         |                   |                     |          |         |
|               | Officer/ID# HERNANDEZ, LEONARDO (3452)  Invest ID# (0) Supervisor (0)                                                                  |                                                   |                             |                      |         |            |                 |                             |            | _           |             | _                                               |            |                                |         |                   |                     |          |         |
|               |                                                                                                                                        |                                                   | nant Sign                   | (0)                  |         |            | l Co            | se Status                   |            |             |             |                                                 | sposition: |                                |         | (0)               | 1                   | _        |         |
| Status        | COI                                                                                                                                    | пътап                                             | mir oigii                   | aidic                |         |            | Cle             | se Status<br>ared By Arrest |            | 10/14       | /2023       | Case Di                                         | Position.  |                                |         |                   |                     | Pag      | e I     |

| $\mathbb{R}$               | EPORTING OFFICER NARRATIVE | OCA                  |  |  |
|----------------------------|----------------------------|----------------------|--|--|
| Key West Police Department |                            | 23-005637            |  |  |
| Victim                     | Offense                    | Date / Time Reported |  |  |
| HERNANDEZ, LEONARDO        | BATTERY AGGRAVATED         | Sat 10/14/2023 16:29 |  |  |

## -- Justin David Peters Arrest Narrative:

On Saturday October 14, 2023, at about 1632 hours, Ofc. Gustavo Medina and I, (Ofc. L. Hernandez), were dispatched to 135 Duval Street (Rock House Live), in reference to a male refusing to leave the establishment and acting belligerent. The reporting party said the male was getting more aggressive and was trying to reenter the establishment after being told to leave.

On arrival, I observed the male, later identified as Justin David Peters (DOB 05/18/1982), in a heated verbal and physical altercation with the staff of the establishment near the entrance to the business by the threshold of the door. The two male staff members, identified as Edward Louis Connor Reninger (DOB 08/11/2026) and Michael Lindemann Mauney (DOB 10/27/1987), were trying to keep Justin from reentering the establishment by extending their arm's length.

I saw Justin moving forward in an aggressive manner towards the staff. As I was exiting my vehicle, I gave loud and clear commands to Justin to move away from the entrance and place his hands behind his back, due to the nature of the call, Justin's unpredictable behavior I grabbed his left arm and began to order him to turn around and he tensed up, tried to pull away from me. I managed to turned him around but when I began to place him in handcuffs he tried to pull away from me aggressively, he knocked down my BWC with his arms and struck me on the left side of my face causing some redness to my left cheek.

Due to Justin's continued aggressive resistance I brought Justin down to the ground by using a controlled take down technique and I managed to place him in handcuffs, checked them for tightness and double locked them. Ofc. G. Medina arrived on scene and assisted me to bring him to my patrol vehicle # 5218. I contacted Sgt. Pablo Rodriguez who arrived on scene and completed the required response to resistance investigation. It should be noted Justin did not suffer any visible injuries during the arrest.

Justin was under the influence of alcoholic beverages of controlled substances as per his erratic and unpredictable aggressive behavior, strong odor of alcoholic beverages emanating from his breath and person, bloodshot eyes, slurred and incoherent speech and unkept clothing. Justin kept crying and spitting during transport to the hospital and jail.

Ofc. G. Medina and I conducted an incident to arrest search of Justin and placed him in the back of my patrol vehicle # 5218, rear Axon Fleet (3452) activated. During transport to the Monroe County Detention Center, I noticed Justin began to bang his head against the partition of the patrol vehicle. I told Justin to stop, and he did but not after he caused a small laceration to the upper area of his forehead.

Due to this injury and his level of intoxication I decided to transport Justin to Lower Keys Medical Center to get medical clearance. Once Justin was medically cleared, I transported him to the Monroe County Detention Center where he was turned over to Detention Deputies without issues.

Based on all facts, evidence, and totality of circumstances I believe Justin committed the felony criminal offense of battery on law enforcement officer as described in FSS 784.07-2B - Justin actually and intentionally struck me in the face while I was in the course of a lawful arrest causing redness on my left cheek. I identified myself to Justin as an officer, I was wearing my Key West Police issued Class B uniform during my encounter with Justin which clearly identifies me as a law enforcement officer.

Based on all facts, evidence, and totality of circumstances I believe Justin committed the felony criminal offense of resisting arrest with violence as described in FSS 843.01 - Justin knowingly and willfully resisted a lawful arrest by

## REPORTING OFFICER NARRATIVE

| , a                        | OCA                |                      |
|----------------------------|--------------------|----------------------|
| Key West Police Department |                    | 23-005637            |
| Victim                     | Offense            | Date / Time Reported |
| HERNANDEZ, LEONARDO        | BATTERY AGGRAVATED | Sat 10/14/2023 16:29 |

trying to defeat the detention by pulling away, tensing up and striking the arresting officer in the face.

Based on all facts, evidence, and totality of circumstance I believe Justin committed the misdemeanor criminal offense of trespassing, failing to leave after being ordered by owner / authorized agent of the establishment as described in FSS 810.09 - 2B - Justin defied the order of the manager on duty / bartender / authorized agent of the establishment to leave the premises.

Based on all facts, evidence, and totality of circumstances I believe Justin committed the misdemeanor criminal offense of disorderly conduct on the premises of a licensed establishment as defined in FSS 509.143 - Justin's actions created a creditable threat to the safety of the staff and occupants of the establishment. Justin was refusing to leave and kept trying to reenter the establishment by force.

| My BWC and Axon Fleet (3452) | were both activated | during this incident. |
|------------------------------|---------------------|-----------------------|
|------------------------------|---------------------|-----------------------|

End of battery on LEO report. Cleared by arrest.

Reporting Officer: HERNANDEZ, Printed By: LHERNANDEZ1, L23125 # Ihernandez1 10/15/2023