

Response to Resistance Report

Key West Police Department

Case No: 17-5044

1. A Response to Resistance Report will be completed by the supervisor for:

(Check all that apply)

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

INCIDENT

2. Date: 10/15/17 3. Time: 0418 4. Location: 1010 Windsor Lane 5. Incident: Traffic

6. Resistance Level

7. Explanation

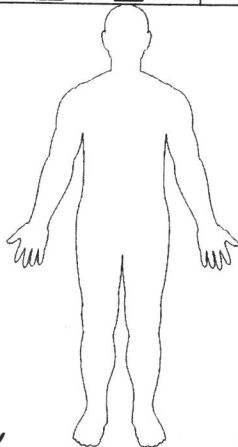
8. Response Option

9. Explanation

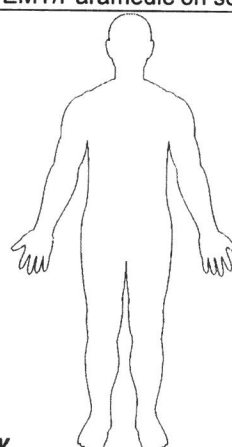
- ☒ Passive: Refused to get out of car
☒ Active: Pull away
☐ Aggressive:
☐ Deadly Force:
☒ Physical Control
☐ Non-lethal Weapon
☐ Deadly Force
Take-down

SUBJECT

10. Last Name: Yero-Canete. 11. First: Wilfredo 12. Race: H 13. Sex: M
14. DOB: 10/10/1976 15. Height: 5'09" 16. Weight: 170
17. Did you observe the subject: ☐ No ☒ Yes If NO, explain why in Section 42. If "YES", complete sections 18-22
18. Appeared to be: ☒ Intoxicated ☐ Under the influence of controlled substance ☒ Emotionally / mentally disturbed
19. Injuries: ☒ No ☐ Evident ☐ Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)
20. Photographed: ☐ No ☒ Yes 21. Treated: ☐ No ☒ Yes By: ☐ EMT/Paramedic on scene ☒ Hospital ☐ Detention



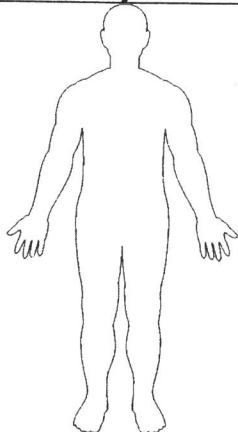
22. Anterior View



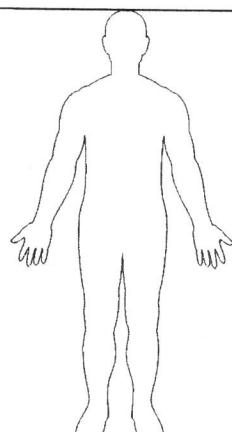
Posterior View

OFFICER

23. Officer: NEIL MOGERLY 24. Race : W 25. Sex: M 26. Age: 32 27. Height : 5'10 28. Weight: 240
29. Duty Status: ☒ On-duty ☐ Off-duty ☐ Extra duty employment ☒ Uniformed ☐ Plain clothes 30. Yrs Exp: 8
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



35. Anterior View



Posterior View

Response to Resistance Report (continued)

Key West Police Department

Case No: 17-5044

TASER USE ONLY	36. TASER® device serial #	37. TASER® device serial #	
	TASER®Cam serial #	TASER®Cam serial #	
	Cartridge 1 serial #	Cartridge 1 serial #	
	Cartridge 2 serial #	Cartridge 2 serial #	
	Number of cycles:	Number of cycles:	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch:	Target distance at probe launch:	
	Distance between probes:	Distance between probes:	
	Probes removed by (name):	Probes removed by (name):	
Device downloaded by:	Device downloaded by:		
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.			
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:		
	<input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.		
SUPERVISOR'S INQUIRY	40. Notified Date: 10/15/17		41. Time: 0540
	42. Did you respond to the scene: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why)		
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	44. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
	Name	Address	Phone Number
INT. AFF.	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Sergeant Pablo Rodriguez 2298
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		10/15/17
	46. Preparing Supervisor's Signature / ID		47. Date
	48. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "No", complete section 51)		49. Signature of Internal Affairs Inspector
		50. Date	
51. If section 48 is "No" record the Professional Standards Control Number:		52. Date Entered:	

INCIDENT DATA

#3	Crime Incident
----	----------------

Weapon / Tools	
Entry	Exit

	Activity
Security	

MO

# of Victims <i>1</i>		Type: SOCIETY/PUBLIC/STATE				Injury:				Domestic: N			
V1	Victim/Business Name (Last, First, Middle) <i>Society</i>					Victim of Crime # <i>1,</i>	DOB Age	Race	Sex	Relationship To Offender	Resident Status <i>N/A</i>	Military Branch/Status	
	Home Address										Home Phone		
Employer Name/Address								Business Phone		Mobile Phone			
VYR	Make	Model	Style	Color	Lic/Lis			VIN					

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)										
Type:			Injury:							
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
Home Address							Home Phone			
Employer Name/Address						Business Phone		Mobile Phone		

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

PROPERTY

[illegible]

Officer/ID#	CONATY, JAY THOMAS (3755)			
Invest ID#	(0)	Supervisor	BLASBERG, FRANK (1598)	
Complainant Signature	Case Status Cleared By Arrest	10/15/2017	Case Disposition: Cleared By Arrest	10/15/2017
			Page 1	

Incident Report Additional Name List

Key West Police Department

OCA: 17-005044

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	MINARIK, JOSEPH EDWARD		07/16/1977	40		M
	Address 215 7th Ave , Indialantic, FL 32903-		H: - -			
	Empl/Addr		B: - -			
			Mobile #: - -			

INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 17-005044

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

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

Assisting Officers

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA

17-005044

Victim

Offense

DRIVING UNDER THE INFLUENCE

Date / Time Reported

Sun 10/15/2017 04:18

On 10/15/2017 at 0418 hours, I (Ofc. Jay Conaty) responded to the 700 block of Truman Ave. to assist Ofc. B. DeHanas with a crash.

When I arrived on scene, Ofc. DeHanas and Ofc. N. Mogerley told me that a non-compliant male driver had already been placed in handcuffs. The male driver was identified as Wilfredo Yero Canete by a valid Florida driver's license. Ofc. Mogerley told me that Yero Canete had an extremely strong odor of an alcoholic beverage coming from his person, slurred speech and bloodshot, watery, glassy eyes. Ofc. DeHanas told me that Yero Canete was in the driver's seat when he approached the car, and would not respond to his commands to get out of the car. Ofc. DeHanas told me that a witness saw Yero Canete's black BMW (FL tag EXNV84) hit a parked vehicle on the 600 block of Truman Ave. Ofc. DeHanas said the car Yero Canete struck was a Dodge Caravan (MI tag DB60130). Ofc. DeHanas told me that he attempted to stop the BMW because it was speeding and had sparks coming from underneath the car. Ofc. DeHanas got the witness (Joseph Minarik) to fill out a witness statement. Ofc. DeHanas told me he would complete the crash report.

Yero Canete spoke very little English, and I was unable to explain the situation to him or ask him any questions. I could smell an extremely strong odor of an alcoholic beverage coming from Yero Canete's person. Yero Canete's speech was very slurred, and he struggled to sit upright without falling over. I saw Yero Canete's eyes were bloodshot, watery and glassy. I assisted Yero Canete to my patrol car to transport him to the jail. I noted that Yero Canete had a laceration on the bridge of his nose, so I took Yero Canete to Lower Keys Medical Center (LKMC) to be evaluated at 0450 hours. Yero Canete received stitches to his nose as well as a CT scan. Yero Canete was medically cleared by Dr. H. Reinoso at 0643 hours.

Ofc. C. Williams and Ofc. T. Wiseman arrived at the Emergency Room (ER) to assist. I told Ofc. Williams I would need her to translate as she spoke Spanish. I transported Yero Canete to MCDC, and we arrived in the DUI room at 0649 hours. I started the 20 minute observation period at 0649 hours. Ofc. Williams advised Yero Canete of his Miranda Rights, and Yero Canete agreed to speak to me. Yero Canete told Ofc. Williams that he knew he was in a crash, and that he had consumed "12-15" beers before the accident. Yero Canete could not remember when he last ate. I asked if Yero Canete would participate in Standardized Field Sobriety Exercises (SFSE's) and Yero Canete said he would not. I then asked if Yero Canete would provide a breath sample for the purpose of determining its alcohol content, and Yero Canete agreed.

Ofc. A. Rodriguez arrived at MCDC to serve as Breath Test Operator (BTO). Ofc. Rodriguez conducted the breath test, and explained the results to Yero Canete. Ofc. Rodriguez told me that Yero Canete provided breath samples of 0.213g/210L of breath at 0713 hours and 0.196g/210L of breath at 0715 hours.

I issued Yero Canete citations for DUI - .15 or higher (A0LKEME), DUI and damage property (A0LKENE), leaving the scene of a crash (A89YQQE) and careless driving (A89YQRE). I gave Yero Canete copies of all citations, and explained that he had a court date of 11/02/2017 at 0900 hours with Judge Fowler at 302 Fleming St. in Key West. When asking Yero Canete to sign the citations, stating that it was not an admission of guilt, Yero Canete responded, "but I am guilty."

Based on the facts and evidence of this case, there is probable cause that Yero Canete did commit the offense of DUI - .15 or higher in violation of F.S.S. 316.193-4. Yero Canete was driving a vehicle within

REPORTING OFFICER NARRATIVE

Key West Police Department

OCA

17-005044

Victim

Offense

DRIVING UNDER THE INFLUENCE

Date / Time Reported

Sun 10/15/2017 04:18

this state and was under the influence of alcoholic beverages to the extent his normal faculties were impaired. Yero Canete provided a breath sample greater than .15g/210L of breath. Yero Canete also committed the offense of DUI and property damage in violation of F.S.S. 316.193-3C1 by causing damage to another's property. Yero Canete committed the offense of leaving the scene of a crash without giving information in violation of F.S.S. 316.061-1. Yero Canete was involved in a crash that caused damage to another vehicle. Yero Canete did not immediately stop to give his name, address and registration number of the vehicle he was driving. Yero Canete drove away from the scene at a high rate of speed until he was stopped by Ofc. DeHanas.

My BWC and in car cameras were activated for this event.

Incident Report Suspect List

Key West Police Department

OCA: 17-005044

1	Name (Last, First, Middle)						Also Known As				Home Address																																
	YERO CANETE, WILFREDO										2685 N ROOSEVELT BLVD - 2 KEY WEST, FL																																
	Business Address																																										
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.																																
	10/10/1976	41	W	M	H	506	160	BRO	BRO	MED	Y625880763700 FL																																
Scars, Marks, Tattoos, or other distinguishing features																																											
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td>Height</td> <td>Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td>Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> <td>Mode of Travel</td> </tr> <tr> <td>VehYr/Make/Model</td> <td>Drs</td> <td>Style</td> <td>Color</td> <td>Lic/St</td> <td colspan="2">VIN</td> <td colspan="3"></td> </tr> </table>														Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height	Weight	SSN	Weapon, Type	Feature	Make	Model		Color	Caliber	Dir of Travel		Mode of Travel	VehYr/Make/Model	Drs	Style	Color	Lic/St	VIN				
Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height	Weight	SSN																																		
Weapon, Type	Feature	Make	Model		Color	Caliber	Dir of Travel		Mode of Travel																																		
VehYr/Make/Model	Drs	Style	Color	Lic/St	VIN																																						
Notes							Physical Char																																				

Incident Report Related Vehicle List

Key West Police Department

OCA: 17-005044

1	Veh Yr/Make/Model 2011 BMW, 4d			Style		Color BLK		Lic/Lis /Decal EXNV84 FL			VIN WBAPH7C5XBE683352	
	IBR Status Arre			Date 10/15/2017		Location						
	Condition			Value \$0.00		Offense Code 2100		Jurisdiction Locally		State #		NIC #
	Name (Last, First, Middle) * No name *					Also Known As			Home Address			
	Business Address											
	DOB		Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features				

Notes

Incident Report Related Property List

Key West Police Department

OCA: 17-005044

1 Property Description BWC 3755		Make		Model		Caliber	
Color	Serial No.	Value \$0.00	Qty 4.000	Unit EA	Jurisdiction Locally		
Status Evidence	Date 10/15/2017	NIC #	State #	Local #	OAN		
Name (Last, First, Middle)			DOB	Age	Race	Sex	

Notes

2 Property Description IN CAR 3755		Make		Model		Caliber	
Color	Serial No.	Value \$0.00	Qty 2.000	Unit EA	Jurisdiction Locally		
Status Evidence	Date 10/15/2017	NIC #	State #	Local #	OAN		
Name (Last, First, Middle)			DOB	Age	Race	Sex	

Notes

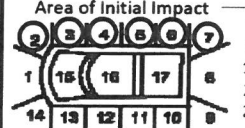
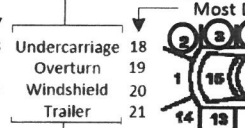
FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

TOTAL # OF VEHICLE SECTION(S) 2
TOTAL # OF PERSON SECTION(S) 1
TOTAL # OF NARRATIVE SECTION(S) 2

CRASH DATE 10/15/2017		TIME OF CRASH 4:18 AM		DATE OF REPORT 10/15/2017		REPORTING AGENCY CASE NUMBER 17-005044		HSMV CRASH REPORT NUMBER 86987998	
CRASH IDENTIFIERS									
COUNTY CODE 42	CITY CODE 38	COUNTY OF CRASH MONROE		PLACE OR CITY OF CRASH KEY WEST		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>		TIME REPORTED 4:18 AM	TIME DISPATCHED 4:18 AM
TIME ON SCENE 4:18 AM		TIME CLEARED SCENE 4:18 AM		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (if Investigation NOT Complete)		Notified By: 1 Motorist 2 Law Enforcement 2	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY 600 BLOCK TRUMAN AVE						AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2	
AT FEET 100		MILES		N S E W <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 SIMONTON ST		OR FROM MILEPOST # 4	
Road System Identifier 2 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			Type of Shoulder 3 1 Paved 2 Unpaved 3 Curb			Type of Intersection 1 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>									
Light Condition 4 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		Weather Condition 1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		Roadway Surface Condition 1 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown		School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact 4 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown	
First Harmful Event 14 1 No 2 Yes 88 Unknown		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Failing, Shifting Cargo 18 Other Non-Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown	
First Harmful Event Relation to Junction 1 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown					
Work Zone Related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
WITNESSES									
NAME JOSEPH E. MINARIK		ADDRESS 215 7TH AVE		CITY & STATE INDIALANTIC, FL		ZIP CODE 32903			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NON VEHICLE PROPERTY DAMAGE									
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 17-005044		HSMV CRASH REPORT NUMBER 86987998				
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER EXNV84		STATE FL	REGISTRATION EXPIRES 10/10/2018	Check if Permanent VIN Registration <input type="checkbox"/> WBAPH7C5XBE683352				
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2011	MAKE BMW	MODEL	STYLE 4D	COLOR BLK	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT 1,000		
INSURANCE COMPANY INFINITY INDEMNITY			INSURANCE POLICY NUMBER 109810570507001		Towed due to Damage: 1 No 2 Yes		VEHICLE REMOVED BY ARNOLDS TOWING			
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>				CURRENT ADDRESS 22403 SW 126TH AVE		CITY & STATE MIAMI, FL		ZIP CODE 33170		
TRAILER #		LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent VIN Registration <input type="checkbox"/>	YEAR 0	MAKE	LENGTH	AXLES	
TRAILER #		LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent VIN Registration <input type="checkbox"/>	YEAR 0	MAKE	LENGTH	AXLES	
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>				ON STREET, ROAD, HIGHWAY 600 BLOCK TRUMAN AVE				AT EST. SPEED 35	POSTED SPEED 25	TOTAL LANES 2
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact 		
MOTOR CARRIER NAME				US DOT NUMBER		Most Damaged Area 				
MOTOR CARRIER ADDRESS				CITY & STATE		ZIP CODE		PHONE NUMBER		
Vehicle Body Type 1		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		Trafficway 1 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		Commercial Motor Vehicle Configuration 1 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Trailer				
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		Comm/Non-Commercial <input type="checkbox"/> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type 1 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargo Body Type 1 1 No Cargo 2 Bus				
Most Harmful Event 15		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision with a Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End				
Sequence of Events 1st 15 2nd 3rd 4th		Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left		Vehicle Maneuver Action 1 1 Straight Ahead 2 Stopped in Traffic 3 Turning Left 4 Slowing 5 Negotiating a Curve 6 Leaving Traffic Lane 7 Entering Traffic Lane 8 Parked 9 Making U-Turn 10 Overtaking/Passing				
Special Function of Motor Vehicle 1		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		Traffic Control Device For This Vehicle 1 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign				
Vehicle Defects 1		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown				
VIOLATIONS										
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER		
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER		
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER		

Page 3 of 7

PERSON # 1		REPORTING AGENCY CASE NUMBER 17-005044		HSMV CRASH REPORT NUMBER 86987998	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # 1	NAME WILFREDO YERO CANETE		PHONE NUMBER
				Check if Recommended	Driver Re-exam
CURRENT ADDRESS (Number and Street) 22403 SW 126TH AVE			CITY & STATE MIAMI, FL		ZIP CODE 33170
DATE OF BIRTH 10/10/1976	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER Y625880763700		STATE FL	EXPIRES 06/01/2018
			INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		2
DRIVER					
DL Type 5		Required Endorsements 2		Drivers Actions at Time of Crash	
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		1st 31 2nd 3rd 4th	
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (Explain in Narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Factor	
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC) 1 1 1		Helmet Use (HU) 3	
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclose Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Ejection (EJECT) 1 Not Ejected 2 Ejected - Totally 3 Ejected - Partially 4 Not Applicable 88 Unknown		Eye Protection (EP) 3	
				1 Yes 2 No 3 Not Applicable	
DRIVER OR PASSENGER					
Non-Motorist Description		Non-Motorist Location At Time of Crash		Action Prior to Crash	
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1st 2nd 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown			
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
2		3		2	
				BAC .213	
				SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	
				88	
				DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	
				88	
				DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	
				88	
				DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
				88	
ADDITIONAL PASSENGERS					
PERSON #		VEHICLE #		NAME	
DATE OF BIRTH		INJ		SEX	
LOC: S R O		EJECT		HU	
EP		ABD		RS	
CURRENT ADDRESS (Number and Street)					
CITY & STATE					
ZIP CODE					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					
EMS AGENCY NAME OR ID					
EMS RUN NUMBER					
MEDICAL FACILITY TRANSPORTED TO					
PERSON #					
VEHICLE #					
NAME					
DATE OF BIRTH					
INJ					
SEX					
LOC: S R O					
EJECT					
HU					
EP					
ABD					
RS					
CURRENT ADDRESS (Number and Street)					
CITY & STATE					
ZIP CODE					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					
EMS AGENCY NAME OR ID					
EMS RUN NUMBER					
MEDICAL FACILITY TRANSPORTED TO					

NARRATIVE

REPORTING AGENCY CASE NUMBER

17-005044

HSMV CRASH REPORT NUMBER

86987998

D1 did not provide an explanation of events that took place involving this crash.

I spoke with Joseph E. Minarik (witness), who told me: He was near the cross walk of Truman Ave. and Simonton St. He saw a black car (V1) traveling "north" (east) (he said as if leaving Key West, that is "north" to him). The passenger side of V1 hit the side of V2, which was parallel parked on the south side of Truman Ave., on the 600 block of Truman Ave. V2 was not on the curb before the crash occurred. After hitting V2, V1 continued traveling "north" (east) on Truman Ave., when I turned my lights on and pulled V1 over on a traffic stop.

Joseph provided a sworn witness statement.

Prior to the events that Joseph witnessed, I was driving west on Truman Ave. As I got closer to the intersection of Truman Ave. and Simonton Ave., I saw a black car (V1) traveling east. As V1 passed my patrol car, it appeared to be speeding up, revving its engine, slightly drifting from side to side and squeeling its tires. I turned on my light bar, turned around to conduct a traffic stop. As I was turning around my patrol car and approaching V1, I saw sparks coming from the rear of V1. V1 stopped near the 700 block of Truman Ave. (next to St. Mary's Catholic Church). I got out of my patrol car and told D1 to turn the car off. He did not comply, but instead took off his shirt. I told D1 to step out of the car. D1 continued to not comply with my basic orders. D1 then started to open the driver side door of D1. Ofc. Mogerly took D1 out of the car and put him on the ground. I handcuffed D1 as he was on the ground.

V2 had dents and black paint transfer along the driver side of the car. The front driver-side tire of V2 was turned to the right. The rear-driver side tire was flat. The rear-driver side hubcap was damaged, cracked and part of it was missing. The passenger side of V2 was partially up and on the curb of the sidewalk. There were tire marks/dirt marks leading from V2 toward V1.

I did not see the crash in this incident. After reviewing my COBAN In-Car footage, I was unable to view the crash from this incident. I left a case number with V2, as no driver or

**** Continued ****

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

☐

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME

DATE OF BIRTH

INJ

SEX

LOC: S

R

O

EJECT

HU

EP

ABD

RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

☐

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER RANK & NAME

3756

OFC

BRETT DEHANAS

DEPARTMENT

Key West Police Department

FHP

SO

PD

OTHER

☐☐☒☐

NARRATIVE

REPORTING AGENCY CASE NUMBER

17-005044

HSMV CRASH REPORT NUMBER

86987998

responsible was present during this incident.

Ofc. Mogerly stood by while V1 got towed.

My body worn camera was activated during this incident. I later uploaded my BWC footage onto the Key West Police Department COBAN Server.

END

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
----------	-----------	------	---------------	-----	-----	--------	---	---	-------	----	----	-----	----

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

☐

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON # VEHICLE # NAME

DATE OF BIRTH

INJ

SEX

LOC: S

R

O

EJECT

HU

EP

ABD

RS

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

☐

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
----------	------------------	-------------------	--------	-----------------

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
----------	------------------	-------------------	--------	-----------------

REPORTING OFFICER

ID/BADGE NUMBER RANK & NAME

3756 OFC BRETT DEHANAS

DEPARTMENT

Key West Police Department

FHP

☐

SO

☐

PD

☒

OTHER

☐

DIAGRAM

REPORTING AGENCY CASE NUMBER

17-005044

HSMV CRASH REPORT NUMBER

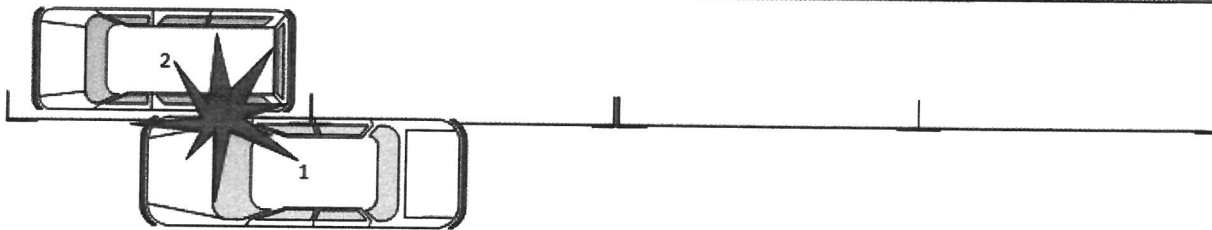
86987998



Indicate North

606 Truman Avenue

Sidewalk



600 Block Truman Avenue

Drawing Not To Scale.