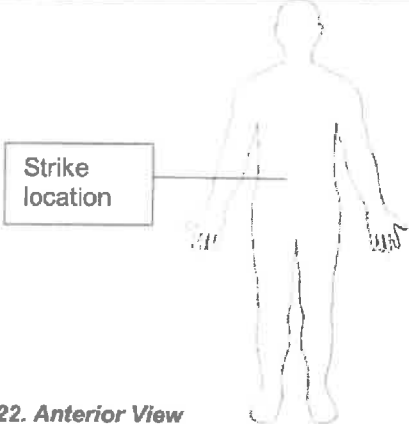
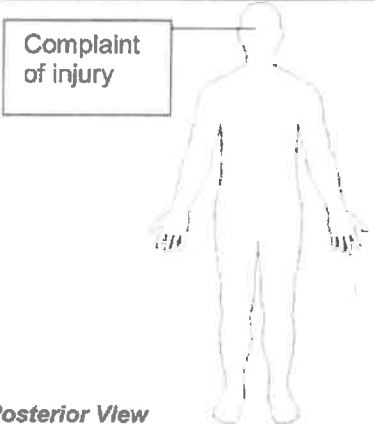
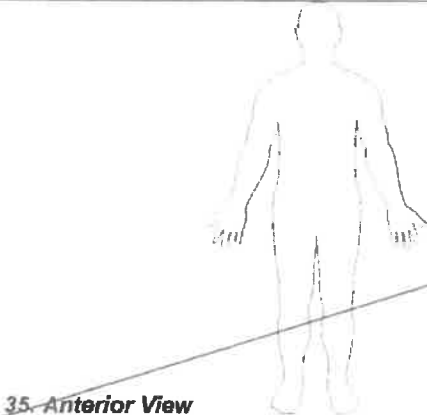
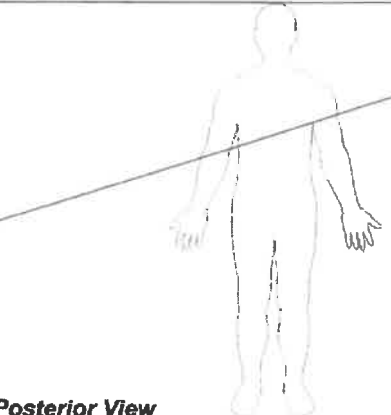


# Response to Resistance Report

Key West Police Department

Case No: 18-6650

<b>1. A Response to Resistance Report will be completed by the supervisor for:</b> (Check all that apply)						
<input type="checkbox"/> A response through the use of non-lethal weapons,						
<input checked="" type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs"						
<input checked="" type="checkbox"/> When any person sustains an apparent substantial or fatal injury as a result of the application of force						
<input checked="" type="checkbox"/> When any person complains of injury as a result of the application of force						
<input type="checkbox"/> Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)						
<b>INCIDENT</b>	<b>2. Date:</b> 11/26/18	<b>3. Time:</b> 1630 Hrs	<b>4. Location:</b> 1000 Atlantic Blvd.	<b>5. Incident type:</b> Battery LEO		
	<b>6. Resistance Level</b>	<b>7. Explanation</b>	<b>8. Response Option</b>	<b>9. Explanation</b>		
	<input checked="" type="checkbox"/> Passive:	Would not comply	<input checked="" type="checkbox"/> Physical Control	Strike		
	<input checked="" type="checkbox"/> Active:	Actively resisting	<input type="checkbox"/> Non-lethal Weapon			
	<input checked="" type="checkbox"/> Aggressive:	Kicked Officer	<input type="checkbox"/> Deadly Force			
<input type="checkbox"/> Deadly Force:						
<b>SUBJECT</b>	<b>10. Last Name:</b> Garcia-Perez		<b>11. First:</b> Osmel	<b>12. Race:</b> W	<b>13. Sex:</b> M	
	<b>14. DOB:</b> 12/26/74		<b>15. Height:</b> 5'08"	<b>16. Weight:</b> 130		
	<b>17. Did you observe the subject:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22					
	<b>18. Appeared to be:</b> <input checked="" type="checkbox"/> Intoxicated <input checked="" type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed					
	<b>19. Injuries:</b> <input type="checkbox"/> No <input type="checkbox"/> Evident <input checked="" type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)					
	<b>20. Photographed:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>21. Treated:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>By:</b> <input checked="" type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention					
						
	<b>22. Anterior View</b>		<b>Posterior View</b>			
	<b>OFFICER</b>	<b>23. Officer:</b> Kristopher Bouvier		<b>24. Race:</b> B	<b>25. Sex:</b> M	<b>26. Age:</b> 35
		<b>27. Height:</b> 5'10"		<b>28. Weight:</b> 290		
<b>29. Duty Status:</b> <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes						
<b>30. Yrs Exp:</b> 6.5						
<b>31. Injuries:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)						
<b>32. Photographed:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>33. Treated:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>By:</b> <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital						
<b>34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)</b>						
						
<b>35. Anterior View</b>		<b>Posterior View</b>				

# Response to Resistance Report (continued)

Key West Police Department

Case No: 18-6650

TASER USE ONLY	<b>36. TASER® device serial #</b>		<b>37. TASER® device serial #</b>	
	TASER®Cam serial #		TASER®Cam serial #	
	Cartridge 1 serial #		Cartridge 1 serial #	
	Cartridge 2 serial #		Cartridge 2 serial #	
	Number of cycles: 1		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 checked="" type="checkbox"/> No		Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: N/A		Target distance at probe launch:	
	Distance between probes: N/A		Distance between probes:	
	Probes removed by (name): N/A		Probes removed by (name):	
Device downloaded by:		Device downloaded by:		
<input type="checkbox"/> <b>38. Check and list any additional TASER® devices, cartridges or details in the incident description section.</b>				
REPORT	<b>39. Offense/Incident Report and/or Warrant Affidavit must include:</b> <input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of Injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.			
	<b>40. Notified Date:</b> 11/26/2018		<b>41. Time:</b> 1640 hrs	
	<b>42. Did you respond to the scene:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	Officers Anna Anglin and Edward Cuneo were on scene.			
SUPERVISOR'S INQUIRY	<b>43. Did you meet with the Officer:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)			
	<b>44. Were you able to locate any independent witnesses:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)			
	Name	Address	Phone Number	
INT. AFF.	<b>45. Is further review recommended:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		11/26/2018	
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		47. Date	
	<b>48. Did the review of this incident conclude that use of force was in compliance with Departmental policy?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51)		49. Signature of Internal Affairs Inspector	
			50. Date	
	<b>51. If section 48 is "No" record the Professional Standards Control Number:</b>		<b>52. Date Entered:</b>	

		INCIDENT/INVESTIGATION REPORT				Case# 18-006650			
		Agency Name Key West Police Department		Date / Time Reported 11/26/2018 16:26 Mon					
INCIDENT DATA	ORI FL0440100		Last Known Secure 11/26/2018 16:26 Mon		At Found 11/26/2018 16:26 Mon				
	Location of Incident 1000 Atlantic Blvd, Key West FL 33040-		Premise Type Parking Lot / Area Other	Beat/GP B4, GPB4					
	#1	Crime Incident(s) Battery SCA	(Com)	Weapon / Tools HANDS, FIST, FEET	Activity				
				Entry	Exit	Security			
	#2	Crime Incident Disorderly Conduct DCA	(Com)	Weapon / Tools	Activity				
			Entry	Exit	Security				
#3	Crime Incident	( )	Weapon / Tools	Activity					
			Entry	Exit	Security				
MO									
VICTIM	# of Victims 2		Type: SOCIETY/PUBLIC/STATE		Injury: Domestic: N				
	V1	Victim/Business Name (Last, First, Middle) Society		Victim of Crime # 2,	DOB Age	Race Sex Relationship To Offender Resident Status Military Branch/Status N/A			
	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: INDIVIDUAL Injury: Minor Injuries								
	Code V2	Name (Last, First, Middle) BOUVIER, KRISTOPHER		Victim of Crime # 1,	DOB Age 99	Race Sex Relationship To Offender Resident Status Military Branch/Status U M ST			
	Home Address 1604 N Roosevelt Bv Key West, FL 33040				Home Phone 305-809-1111				
	Employer Name/Address				Business Phone	Mobile Phone			
PROPERTY	Type: INDIVIDUAL Injury:								
	Code RP	Name (Last, First, Middle) SPURLOCK, CASSIE SUE		Victim of Crime #	DOB Age 41	Race Sex Relationship To Offender Resident Status Military Branch/Status W F Resident			
	Home Address 1 General Delivery Key West, FL 33040				Home Phone 317-384-2352				
	Employer Name/Address				Business Phone	Mobile Phone			
	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)								
PROPERTY	VI	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		35	EVID	\$0.00		1	AXON BODY CAM, 3356		
		35	EVID	\$0.00		1	IN CAR COBAN, 3356		
Officer/ID# BOUVIER, KRISTOPHER (3356)									
Invest ID# (0)					Supervisor (0)				
Status	Complainant Signature			Case Status Cleared By Arrest		Case Disposition: Cleared By Arrest		Page 1	
R_CS1IBR Printed By: DBARRIOS, L17049 # dbarrios Sys#: 1 11/26/2018 16:53									

# Incident Report Additional Name List

Key West Police Department

OCA: 18-006650

## Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	THOMPSON, LAWRENCE G		07/10/1954	64	W	M
	Address 1 General Delivery , Key West, FL 33040-		H: 302-419-5136			
	Empl/Addr		B: - -			
			Mobile #: - -			

# INCIDENT/INVESTIGATION REPORT

Key West Police Department

Case # 18-006650

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

CUNEO, E.J. (3922), BARRIOS, B. (1555), OCONNELL, K. (2015), ANGLIN, A.J. (2865), RODRIGUEZ, A. (3465), STOCKTON, J. (3317)

Suspect Hate / Bias Motivated:

NARRATIVE

## REPORTING OFFICER NARRATIVE

Key West Police Department

OCA
18-006650
Date / Time Reported
Mon 11/26/2018 16:26

Victim

Society

Offense

BATTERY

On Monday November 26, 2018, at approximately 4:26 PM, I, Ofc. K. Bouvier was dispatched to 1000 Atlantic Blvd. in reference to a call of a man banging on an occupied vehicle.

Upon arrival I met with the Reporting Person, Cassie Sue Spurlock, DOB 08/04/1977, who pointed out the person who was banging on her car. The person was identified as Osmel Garcia-Perez, DOB 12/26/1974. Mr. Garcia was highly intoxicated with the odor of an alcoholic beverage on his breath and person. Mr. Garcia had slurred and incoherent speech.

There was no damage to Ms. Spurlock's car as a result of Mr. Garcia banging on it. Ms. Spurlock did say while Mr. Garcia was banging on her vehicle he was yelling lewd statements and making sexual gestures to her. Ms. Spurlock said Mr. Garcia told her that he would "Buy her" multiple times as he circled her car. Ms. Spurlock went on to say that Mr. Garcia made "an obscene gesture, with his hand and his tongue to indicate oral sexual actions." Ms. Spurlock said she stop multiple times. Ms. Spurlock said Mr. Garcia walked over to her driver-side door and "Jerked it open". Ms. Spurlock said she then called 911.

Due to Mr. Garcia's level of intoxication I initially took him into protective custody. I had to repeat instructions for Mr. Garcia to enter the patrol car multiple times. Once Mr. Garcia was in the car, just prior to closing the door, Mr. Garcia intentionally raised his leg and kicked his foot out of the open car door and stomped on my right foot. As a result of Mr. Garcia's action I immediately delivered 1 closed fist strike to Mr. Garcia's right torso. Mr. Garcia recoiled into the patrol car and I closed the door.

I notified Sgt. D. Barrios and requested he respond to the scene. Sgt. D. Barrios interviewed Mr. Garcia and requested a rescue unit respond. Mr. Garcia was initially complaining of a headache as well as stomach pain. Key West Recue 3 responded and cleared Mr. Garcia for transport to the jail.

Mr. Garcia later told officers that he had drank 3 liters of vodka throughout the day.

Based on the witness interviews and the actions of Mr. Garcia during the course of this investigation, I believe probable cause exists that OSMEL GARCIA-PEREZ, DOB 12/26/1974 did violate the following Florida Statutes:

784.07-2B- Battery on Law Enforcement Officer and 877.03 Disorderly conduct.

I arrested Mr. Garcia and transported him to the Monroe County Detention Center. Mr. Garcia was turned over to detention staff without incident.

My KWPd issued Body Cam and In-Car COBAN System were activated during this call.

Case Status: Cleared By Arrest

///NOTHING FOLLOWS///

# Incident Report Suspect List

Key West Police Department

OCA: 18-006650

1	Name (Last, First, Middle)						Also Known As				Home Address																																		
	GARCIA, OSMEL										I GENERAL DELIVERY KEY WEST, FL 33040																																		
	Business Address																																												
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.																																		
	12/26/1974	43	W	M	H	508		BRO	BRO	MED	G620640744661 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 colspan="2">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 colspan="2">Mode of Travel</td> </tr> <tr> <td>Veh Yr/Make/Model</td> <td>Drs</td> <td>Style</td> <td colspan="2">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		Veh Yr/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																																				
Veh Yr/Make/Model	Drs	Style	Color		Lic/St	VIN																																							
Notes						Physical Char																																							

# Incident Report Related Property List

Key West Police Department

OCA: 18-006650

<b>1</b> Property Description <b>AXON BODY CAM, 3356</b>		Make		Model		Caliber	
Color	Serial No.	Value <b>\$0.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>		
Status <b>Evidence</b>	Date <b>11/26/2018</b>	NIC #	State #	Local #	OAN		
Name (Last, First, Middle) <b>Thompson, Lawrence G</b>			DOB <b>07/10/1954</b>	Age <b>64</b>	Race <b>W</b>	Sex <b>M</b>	

Notes

<b>2</b> Property Description <b>IN CAR COBAN, 3356</b>		Make		Model		Caliber	
Color	Serial No.	Value <b>\$0.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>		
Status <b>Evidence</b>	Date <b>11/26/2018</b>	NIC #	State #	Local #	OAN		
Name (Last, First, Middle) <b>Thompson, Lawrence G</b>			DOB <b>07/10/1954</b>	Age <b>64</b>	Race <b>W</b>	Sex <b>M</b>	

Notes