# Response to Resistance Report Key West Police Department

| 1. A     | Response to Resistance Report will be compared a response through the use of non-lethal weapons, Applies weaponless physical force of strikes, kicks, of When any person sustains an apparent substantial of When any person complains of injury as a result of the Discharge of firearm in the line of duty off-duty or on-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or "take-downs"<br>or fatal injury as a result of the application of force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Location: 430 Duval St 5. Incident type: S32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| INCIDENT | 6. Resistance Level  Passive:  Non-Compliant  Active:  Pulling Away  Aggressive:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Response Option Physical Control Non-lethal Weapon Deadly Force  9. Explanation Escort Position Take-Down                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|          | Deadly Force:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | 10. Last Name: Cochran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. First: Nicholas 12. Race: White 13. Sex: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|          | <b>14. DOB</b> : 05/02/1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15. Height: 6'00" 16. Weight: 210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|          | 17. Did you observe the subject: No X Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If NO, explain why in Section 42. If "YES", complete sections 18-22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e influence of controlled substance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 9        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vident or Alleged, describe and indicate areas on charts in Section 22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | 20. Photographed: No res 21. Treated: L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No Yes By: EMT/Paramedic on scene Hospital Detention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SUBJECT  | 22. Anterior View                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Posterior View  25 Saw Mar 25 Area 5427 Mainta 51 0120 Mainta 245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| -        | 23. Officer: Santiago Perez 24. Race: H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | duty employment Uniformed Plain clothes 30. Yrs Exp: 1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|          | 31. Injuries: No Evident Alleged (If Ev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | vident 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: (If TASI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ER®, also reference line number from TASER® section) 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OFFICER  | The state of the s | True Constitution of the c |
|          | 35 Anterior View                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Postorior View                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Case No: 19-0206

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

| _         |                                                              |                                                                                                   |                                                        |                         |
|-----------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------|
|           | 36. TASER® device serial #                                   |                                                                                                   | 37. TASER® device serial #                             |                         |
|           | TASER®Cam serial#                                            |                                                                                                   | TASER®Cam serial #                                     |                         |
|           | Cartridge 1 serial #                                         |                                                                                                   | Cartridge 1 serial #                                   |                         |
| ONLY      | Cartridge 2 serial #                                         |                                                                                                   | Cartridge 2 serial #                                   |                         |
| O         | Number of cycles: 2                                          |                                                                                                   | Number of cycles:                                      |                         |
| USE       | Type of contact: ☐ Probe ☐                                   | CODS Drive Stun                                                                                   | Type of contact: Probe CODS                            | ☐ Drive Stun            |
| RU        | Did probes penetrate skin:                                   | Yes 🗌 No                                                                                          | Did probes penetrate skin: ☐ Yes ☐                     | No                      |
| TASER     | Target distance at probe launc                               | h:                                                                                                | Target distance at probe launch:                       |                         |
| T         | Distance between probes:                                     |                                                                                                   | Distance between probes:                               |                         |
|           | Probes removed by (name):                                    |                                                                                                   | Probes removed by (name):                              |                         |
|           | Device downloaded by:                                        |                                                                                                   | Device downloaded by:                                  |                         |
|           | ☐ 38. Check and list any add                                 | litional TASER® device                                                                            | s, cartridges or details in the incide                 | nt description section. |
| REPORT    | Details outlining the respons Detailed description of injury | ents.<br>ct's words, mannerisms and<br>e to resistance utilized by e<br>complaints and/or observe | d actions that justify the use of force.  ach officer. | ubject.                 |
|           | 40. Notified Date: 1/10/2019                                 | 4                                                                                                 | 11. Time: 0200                                         |                         |
|           | 42. Did you respond to the sce                               |                                                                                                   |                                                        |                         |
|           |                                                              |                                                                                                   |                                                        |                         |
|           |                                                              |                                                                                                   |                                                        |                         |
|           |                                                              |                                                                                                   |                                                        |                         |
|           |                                                              |                                                                                                   |                                                        |                         |
|           | 43. Did you meet with the Office                             | er: No Yes (If "N                                                                                 | lo" evolain why)                                       |                         |
| JR.       | 43. Dia you meet with the Omo                                | er. 10 2 103 (11 10                                                                               | io , explain why)                                      |                         |
| INQUIRY   |                                                              |                                                                                                   |                                                        |                         |
| 1         |                                                              |                                                                                                   |                                                        |                         |
| Ϋ́        |                                                              |                                                                                                   |                                                        |                         |
| VISOR'S   |                                                              |                                                                                                   |                                                        |                         |
|           | 44. Were you able to locate an                               | y independent witnesses:                                                                          |                                                        |                         |
| SUPER     | Name                                                         | 4440 EUS E D 1344                                                                                 | Address                                                | Phone Number            |
| တ         | Ryan M Dickie                                                | 1142 Elfin Forest Rd Wes                                                                          | t, San Marcos, CA                                      | (305) 809-2454          |
|           | Michael Vechell                                              | General Delivery, Key We                                                                          | st, Fl                                                 | (310) 625-9724          |
|           | John Maceachen                                               | 14 Lanes Ave, Taunton, N                                                                          | 1A                                                     | (305) 983-9973          |
|           | Anthony Collazo                                              | 542 Porter Ln, Key West,                                                                          | FI                                                     | (305) 927-1668          |
|           | 45. Is further review recommen                               | nded: No No Yes                                                                                   | Mr fol                                                 | 1/10/19                 |
|           | FORWARD COMPLETED ORIGINAL REPO                              |                                                                                                   | 46. Preparing Supervisor's Signature / ID              | 47. Date                |
|           | 48. Did the review of this incid                             |                                                                                                   | 1 //                                                   | , ,                     |
| AFF       | of force was in compliance wit                               | h Departmental                                                                                    | W 1                                                    | 1/2/19                  |
| INT. AFF. | policy? No Yes (If "No                                       | ", complete section 51)                                                                           | 49. Signature of Internal Affairs Inspector            | 50. Date                |
| =         | 51. If section 48 is "No" record                             | the Professional Standar                                                                          | rds Control Number: 52. L                              | Date Entered:           |

Case No: 19-0206

|        |                                                                               |            |                    |                            |        |          |                   | 11                     | NCIDE         | AIT/INIX/            | COT          | TAN           | IAOL                |                           |                     |                                 |                                         |           |                           |
|--------|-------------------------------------------------------------------------------|------------|--------------------|----------------------------|--------|----------|-------------------|------------------------|---------------|----------------------|--------------|---------------|---------------------|---------------------------|---------------------|---------------------------------|-----------------------------------------|-----------|---------------------------|
|        | Age                                                                           | ency N     |                    | D 7.                       | _      |          |                   | 11                     | MCIDEI        |                      |              | IGAI          | ION                 |                           | Ca                  | se#                             | 9-00020                                 | 5         |                           |
| _      |                                                                               |            | Key We             | est Police I               | Эерс   | artmei   | ıt                |                        |               | REP                  | DRT          |               |                     |                           | Da                  |                                 | me Reported                             | 1         | 01.40 70                  |
| I<br>N | OR                                                                            | I          |                    | FL0440                     | 100    |          |                   |                        |               |                      |              |               |                     |                           | La                  | st Kno                          | wn Secure                               | 019       | 01:40 Thu                 |
| C      | Loc                                                                           | ation o    | of Incide          |                            |        |          |                   |                        | Premise 7     | ype                  |              |               | Bea                 | t/GP                      |                     |                                 | 01/10/2                                 | 019       | 01:40 Thu                 |
| I<br>D |                                                                               |            | 525                | Duval St, Ke               | ey W   | est FL   | 33040-            |                        | 1             | ay / Stree           | t / Ro       | ad/           | B1, 0               | GPB1                      | At                  | Found                           | 01/10/2                                 | 019       | 01:40 Thu                 |
| E<br>N | #1                                                                            |            | me Incide          |                            |        |          |                   | (Com)                  | Weapon /      | Tools NO             | T API        | PLICABI       | LE/NC               | NE                        |                     |                                 |                                         |           | Activity                  |
| T      | -                                                                             | Th<br>TV   | eft Of E           | Ricycle                    |        |          |                   |                        | Entry         |                      |              | Exit          |                     |                           |                     | Secur                           | rity                                    | -         |                           |
| D      |                                                                               | Cri        | me Incide          | ent                        | -      |          |                   | (Com)                  | Weapon /      | Tools                |              |               |                     |                           |                     |                                 |                                         | T         | Activity                  |
| A<br>T | #2                                                                            | Me.        |                    | est / Escape               | ?      |          |                   |                        | Entry         |                      |              | Exit          |                     |                           |                     | Secur                           | rits/                                   |           |                           |
| Å      | _                                                                             | XC         |                    |                            |        |          |                   |                        |               | m 1                  |              | LAIL          |                     |                           |                     | Secui                           | inty                                    | -         | Activity                  |
|        | #3                                                                            | Cri        | me Incide          | ent                        |        |          |                   | ( )                    | Weapon /      | Tools                |              |               |                     |                           |                     |                                 |                                         |           | Motivity                  |
|        |                                                                               |            |                    |                            |        |          |                   |                        | Entry         |                      |              | Exit          |                     |                           |                     | Secur                           | rity                                    |           |                           |
| МО     |                                                                               |            |                    |                            |        |          |                   |                        | 4             |                      |              | 1             |                     |                           |                     |                                 |                                         |           |                           |
| MIC    |                                                                               |            |                    |                            |        |          |                   |                        |               |                      |              |               |                     |                           |                     |                                 |                                         |           |                           |
|        | # of                                                                          |            | ms 2               | Type:                      |        |          |                   |                        |               | Injury:              |              |               | I a                 | la I                      |                     |                                 | Domestic:                               |           |                           |
| V      | $\mathbf{V}_1$                                                                |            |                    | iness Name (L<br>L, MICHAL |        |          | idle)             |                        |               | Victim of<br>Crime # |              | OOB<br>6/1982 | Race                |                           | Relation<br>To Offe |                                 | Resident S                              |           | Military<br>Branch/Status |
| I      |                                                                               |            | JOILLI             | L, michil                  | JL 01  | 10014    |                   |                        |               | 1                    |              | 36            | W                   | M                         | ST                  |                                 | Reside                                  | nt        |                           |
| C<br>T | Но                                                                            | me Ad      |                    | D. I. D. E. I.             | (EDI)  |          |                   | 22242                  |               |                      | -            |               |                     |                           |                     | Hor                             | me Phone                                | 2.1       | 0 (25 072)                |
| I      | Fm                                                                            | nlove      | GENEI<br>Name/A    | RAL DELIV                  | ERY    | , Key    | West, FL          | 33040-                 |               |                      |              |               | Rus                 | inecc                     | Phone               |                                 | Mobile                                  |           | 0-625-9724                |
| M      | Litt                                                                          | рюус       | 110111077          | 1441033                    |        | SE       | LF EMP            | LOYED                  |               |                      |              |               | Dus                 | 111633                    | THON                |                                 | IVIODIN                                 | 7 1 110   |                           |
|        | VY                                                                            | R          | Make               | Model                      |        | St       | yle               | Color                  | Lie           | c/Lis                |              |               | VIN                 | 1                         |                     |                                 |                                         |           |                           |
|        | CO                                                                            | DES:       | V- Vict            | im (Denote V2              | V3)    | 0=0      | )wner (if otl     | er than vic            | etim) R =     | Reporting            | Person       | (if other     | than v              | ictim'                    |                     |                                 |                                         |           |                           |
| 0      | -                                                                             | _          | NDIVII             |                            | 2, 10) |          | owner (ii ou      | 101 111411 710         | <i>y</i>      | Injury               |              |               | tituii v            | i ciiii,                  | li.                 |                                 |                                         |           |                           |
| T      | Code Name (Last, First, Middle)  Victim of DOB Race Sex Relationship R        |            |                    |                            |        |          |                   |                        |               |                      |              | Resident St   | tatus               | Military<br>Branch/Status |                     |                                 |                                         |           |                           |
| H<br>E | $V_2$                                                                         | PI         | EREZ, S            | SANTIAGO                   |        |          |                   |                        |               | Crime #              |              | 0/1963<br>55  | W                   |                           | To One<br>ST        | ender                           | Reside                                  |           | Branch/Status             |
| R      | Ho                                                                            | me Ad      | dress              |                            |        |          |                   |                        |               |                      | Age          | 22            | , PP                | IVI                       | 51                  | Hor                             | ne Phone                                |           |                           |
| S      | 1604 N Roosevelt Blvd Key West, FL 33040 Employer Name/Address Rusiness Phone |            |                    |                            |        |          |                   |                        |               |                      |              |               | 1,,,,,              |                           | 5-801-1000          |                                 |                                         |           |                           |
| 1      | Employer Name/Address  Business Phone  KWPD                                   |            |                    |                            |        |          |                   |                        |               |                      |              |               | Mobile              | Pho                       | ne                  |                                 |                                         |           |                           |
| N      | Ty                                                                            | oe: I      | NDIVII             | DUAL                       |        |          | 22172             | Injury:                |               |                      |              |               |                     |                           |                     |                                 |                                         |           |                           |
| V      | Cod                                                                           |            |                    | , First, Middle            |        |          |                   | Victim of DOB Race Sex |               |                      |              |               |                     |                           |                     | Relationship Resident Status Br |                                         |           | Military                  |
| L      | IC                                                                            | M          | ACEAC              | CHEN, JOH                  | N      |          |                   |                        |               | Crime #              | 05/10<br>Age | 0/1990        | W                   | M                         | 10 Otte             | - 1                             | Non-Resi                                |           | Branch/Status             |
| V<br>E |                                                                               | ne Ad      |                    |                            |        |          |                   |                        |               |                      |              | 20            | 111                 | 11/1                      |                     |                                 | ne Phone                                |           |                           |
| D      |                                                                               |            | Bertha I<br>Name/A | St Key Wes                 | t, FL  | 33040    | )                 |                        |               |                      |              |               | ID                  |                           | DI                  |                                 | Tacan                                   | - 13 - 15 | 4-712-7644                |
|        | Em                                                                            | pioyei     | Name/A             | adress                     |        |          |                   |                        |               |                      |              |               | Bus                 | iness                     | Phone               |                                 | Mobile                                  | Pho       | ne                        |
|        | L=                                                                            | Lost       | S = Sto            | len R = Reco               |        |          |                   |                        |               | ned C = C            | ounterf      | feit / Forg   | ged F               | = Fou                     | ınd                 |                                 | *                                       |           |                           |
|        | VI                                                                            |            | Status<br>Frm/To   |                            |        |          | ered for Ot       |                        |               |                      |              |               |                     | a ao ao                   | 900 900             |                                 |                                         | 200       |                           |
|        | #                                                                             | Code<br>83 | Frm/To             | Value<br>\$4,500.00        | Ol     | QTY      | BICYCLE           | Property               | y Description | n                    |              |               | Ma                  | ke/M                      | odel                |                                 | -                                       | Serial    | Number                    |
|        |                                                                               | 83         | R R                | \$4,500.00                 | -      | 1        | BICYCLE           |                        |               |                      |              |               |                     |                           |                     |                                 | +                                       |           |                           |
| P      |                                                                               | 53         | S,R                | \$6,000.00                 |        | 1        | MUSICAL I         | NSTRUMEN               | TS            |                      |              | SAXOPHO       | ONE                 |                           |                     |                                 | N673230                                 |           |                           |
| R      |                                                                               | 53         | R                  | \$6,000.00                 |        | 1        | MUSICAL I         | NSTRUMEN               | TS            |                      |              | SAXOPHO       |                     |                           |                     |                                 | N673230                                 |           |                           |
| OP     |                                                                               | 53         | S,R                | \$400.00                   |        | 1        | WIRELESS :        |                        |               |                      |              |               |                     |                           |                     |                                 | CVE12N                                  | 42017     | 80000179                  |
| E      | _                                                                             | 53         | R                  | \$400.00                   | _      | 1        | WIRELESS !        | SPEAKER                |               |                      |              |               |                     |                           |                     |                                 | CVE12N                                  | 42017     | 80000179                  |
| R<br>T |                                                                               | -          |                    |                            | _      |          |                   |                        |               |                      |              |               |                     |                           |                     |                                 |                                         |           |                           |
| Y      |                                                                               |            |                    |                            | -      |          |                   |                        |               |                      |              |               |                     |                           |                     |                                 | _                                       | _         |                           |
|        |                                                                               |            |                    |                            |        |          |                   |                        |               |                      |              |               |                     |                           |                     |                                 |                                         |           |                           |
|        |                                                                               |            |                    |                            |        |          |                   |                        |               |                      |              |               |                     |                           |                     |                                 |                                         |           |                           |
|        |                                                                               |            |                    |                            |        |          |                   |                        |               |                      |              |               |                     |                           |                     |                                 |                                         |           |                           |
|        |                                                                               | cer/ID     |                    | PEREZ, SAI                 | VTIA   | GO       | (3834)            |                        |               |                      | Outstan      | nding Stole   | n Val [7            | Total S                   | tolen]: \$0         | 0.00 [\$                        | 10,900.00], To                          | ot Rec    | Val: \$10,900.00          |
|        |                                                                               | st ID#     |                    | 0)                         |        |          |                   |                        |               |                      |              | Supervis      |                     |                           | TOCK                | TON,                            | , JOSEPH                                | (         | (3317)                    |
| Status | Con                                                                           | plaina     | nt Signa           | ture                       |        |          | Case S<br>Cleared | Status<br>l By Arrest  |               | 01/10                | 2019         | Case Di       | sposition<br>leared | on:                       | rrest               |                                 | 01/10/2019                              |           | Page 1                    |
|        | R C                                                                           | S1IB       | R                  |                            | P      | rinted B | y: JCASTIL        |                        |               | 0 = / 2 0/           | _            | Sys#: 12      |                     | w , 17                    |                     |                                 | U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |           | 16/2019 09:09             |

### **Incident Report Additional Name List**

Key West Police Department

OCA: 19-000206

#### Additional Name List

|    | Name | Code/#   | Name (Last, First, Middle)                        | Victim of<br>Crime # | DOB        | Age | Race | Sex |
|----|------|----------|---------------------------------------------------|----------------------|------------|-----|------|-----|
| 1) | Ю    | 2        | MICHAEL, RYAN                                     |                      | 09/12/1978 | 40  | W    | M   |
|    |      | Address  | 1142 Elfin Forest Rd West , San Marcos, CA 33040- |                      | Н:         |     |      |     |
|    | Eı   | mpl/Addr |                                                   |                      | В:         |     |      |     |
|    |      |          |                                                   | Mo                   | obile#:    |     |      |     |

R\_CS7NC

### **INCIDENT/INVESTIGATION REPORT**

Key West Police Department

Case # 19-000206

| Statu<br>Code | s L= | Lost S             | S = Stolen  R = R | ecovered D = Dam | aged $Z = Seized \cdot B = Burned \cdot C = Counterfeit$ | / Forged F = Found        |
|---------------|------|--------------------|-------------------|------------------|----------------------------------------------------------|---------------------------|
|               | UCR  | Status             | Quantity          | Type Measure     | Suspected Type                                           | Up to 3 types of activity |
|               |      |                    |                   |                  |                                                          |                           |
| D<br>R        |      |                    |                   |                  |                                                          |                           |
| U<br>G        |      |                    |                   |                  |                                                          |                           |
| S             |      |                    |                   |                  |                                                          |                           |
|               |      |                    |                   |                  |                                                          |                           |
|               |      |                    |                   |                  |                                                          |                           |
|               |      |                    |                   |                  |                                                          |                           |
|               |      | ing Offi<br>AN, J. |                   | KTON, J. (3317)  | , TELLIER, J.J. (3544), HUDSON, A.J.                     | (3940)                    |
|               |      |                    |                   |                  |                                                          |                           |

Suspect Hate / Bias Motivated:

| NARRATIVE |  |
|-----------|--|
|           |  |

## REPORTING OFFICER NARRATIVE

OCA

| Key West Police Department |                  | 19-000206            |
|----------------------------|------------------|----------------------|
| Victim                     | Offense          | Date / Time Reported |
| VECHELL, MICHAEL JASON     | THEFT OF BICYCLE | Thu 01/10/2019 01:40 |

On Thursday, January 10, 2019, approximately 0143, I, Officer Perez was dispatched to 525 Duval Street (Willie T's), reference the theft of a Pedicab Tricycle. Officer Tellier was also dispatched. Dispatched advised over the radio there was a male being detained at La Concha Hotel (430 Duval Street).

Upon arrival, I encountered three white males, that were holding down another white male. The three male witnesses were later identified as Dickie Ryan Michael (DOB 09/12/1978), John Roderick Maceachen (DOB 05/10/1990) and Anthony Collazo (DOB 02/20/1979). The white male being held was later identified as Nicholas Ryan Cochran (DOB 05/02/1997). At that time, I attempted to detain Cochran. As I made several attempts to handcuff Cochran, he tensed his arms, and attempted to pull away and run from me. I had to forcibly take Cochran to the ground in order to place him into handcuffs. I was eventually able to take Cochran into custody. At the time I was wearing my KWPD Class B uniform.

I read Cochran Miranda Rights and he refused to speak to me.

I met with the victim, later identified as Michael Vechell (DOB 05/06/1982). Vechell is a Pedicab driver for Kokomo Cab (Ent. Veh) business located at 915 Watson Street, telephone number 305-747-5652.

Vechell, said he was taking a bathroom break at Willie T's and as he was walking out of the bar, he noticed a male (Cochran) riding away on his Pedicab. Vechell said he ran after Cochran on Applerouth Lane, towards Whitehead Street. Vechell told me as soon as he was able to reach Cochran, Cochran jumped of the Pedicab and took off running back towards Duval Street, making a left-hand turn (south bound) on Duval. Vechell said he yelled at the people outside Willie T's, asking then to grab Cochran. Michael, Maceachen and Collazo, ran after Cochran and were able to detain him in the parking lot of La Concha Hotel.

Vichell said the Pedicab is value at \$4500.00. Vichell had on his Pedicab a sound wireless speaker valued at \$400.00 Serial Number (CVE12NA2017080000179), a Saxophone valued at \$6000.00 (serial Number N673230). All of the property was later recovered at the scene.

Based on the facts, evidence and my direct observations, there is probable cause to believe 0n 01/09/2019 at about 0143 Hours, Cochran, did actually and unlawfully take a Pedicab Tricycle valued at \$4500.00, a wireless speaker valued at \$400.00, and a Saxophone valued at \$6000.00 (total \$10,900.00) in violation of F.S.S 812.014 4C1. Cochran did actually and intentionally, resist/obstruct an officer w/o violence in violation of F.S.S. 843.02

Reporting Officer: PEREZ, SANTIAGO R\_CS3NC

## **Incident Report Suspect List**

### Key West Police Department

OCA: 19-000206

| 1 | Name (Last, First, | Middle)  |               |         |       |      | Also k | ∠nown A | As   |        |                             | 2000        | me Ad   |                                 | D   |
|---|--------------------|----------|---------------|---------|-------|------|--------|---------|------|--------|-----------------------------|-------------|---------|---------------------------------|-----|
| 1 | COCHRAN,           | YAN      |               |         |       |      |        |         | 1 70 |        | CARVER - R.<br>FIN, GA 302. | <del></del> |         |                                 |     |
|   | Business Address   |          |               |         |       |      |        |         |      |        |                             |             |         | 12-5252                         |     |
|   | DOB                | Age      | Race          | Sex     | Eth   | Hgt  | Wgt    | Hai     | ir   | Eye    | Skin                        | Dri         | ver's L | icense / State.                 |     |
|   | 05/02/1997         | 21       | W             | M       | N     | 600n | 210    | 0   E   | BRO  | GRE    | LGT                         | '   0       | 5808    | 3019 GA                         |     |
|   | Scars, Marks, Ta   | ures     |               |         |       |      |        |         |      |        |                             |             |         |                                 |     |
|   | Reported Susp      | ect Deta | <i>ail</i> Su | spect A | ge    | R    | ace    | Sex     | Eth  | Heigh  | t                           | We          | eight   |                                 | SSN |
|   | Weapon, Type       | Featur   | re            | Make    | =     | М    | odel   |         |      | Colo   | r                           | Caliber     |         | Dir of Travel<br>Mode of Travel |     |
|   | VehYr/Make/Mod     | lel      |               | Drs     | Style | •    | С      | olor    |      | Lic/St |                             |             |         | VIN                             |     |
|   | Notes              |          |               |         |       |      |        |         |      | Pl     | hysical Ch                  | nar         |         |                                 |     |

### **Incident Report Related Property List**

Key West Police Department

OCA: 19-000206

| 1 | Property Description       |            |      |       | Make    |       |     | Model   |      |          | Caliber |
|---|----------------------------|------------|------|-------|---------|-------|-----|---------|------|----------|---------|
|   | BICYCLE                    |            |      |       |         |       |     |         | in . |          |         |
|   | Color                      | Serial No. |      | Value |         |       | Qty | 7.51    | Unit | Jurisdie | ction   |
|   | Yellow                     |            |      |       | \$4, 5  | 00.00 |     | 1.000   |      |          | Locally |
|   | Status                     | Date       | NIC# |       | State # |       | ] ] | _ocal # |      | OAN      |         |
|   | Recovered                  | 01/15/2019 |      |       |         |       |     |         |      |          |         |
|   | Name (Last, First, Middle) |            |      |       |         | DOB   |     | A       | Age  | Race     | Sex     |
|   | * No name *                |            |      |       |         |       |     |         |      |          |         |

Notes

| Property Description    |            |      |       | Make     |      |     | Model   |      |      | Ca       | liber |
|-------------------------|------------|------|-------|----------|------|-----|---------|------|------|----------|-------|
| MUSICAL INST            | RUMENTS    |      |       | SAXOPHO! | VE . |     |         |      |      |          |       |
| Color                   | Serial No. |      | Value |          |      | Qty |         | Unit | Jur  | isdictio | on    |
| Cooper                  | N673230    |      |       | \$6,000  | 0.00 |     | 1.000   |      |      | Lo       | cally |
| Status                  | Date       | NIC# |       | State #  |      |     | Local # |      | OAN  | I        |       |
| Recovered               | 01/15/2019 |      |       |          |      |     |         |      |      |          |       |
| Name (Last, First, Mide | dle)       |      |       | D        | ОВ   |     | I       | \ge  | Race |          | Sex   |
| * No name *             |            |      |       |          |      |     |         |      |      |          |       |

Notes

| Property Description WIRELESS SPEA | AKER            |      |       | Make    |    |     | Model   |      |        | Caliber |
|------------------------------------|-----------------|------|-------|---------|----|-----|---------|------|--------|---------|
| Color                              | Serial No.      |      | Value |         |    | Qty | 1       | Unit | Juriso | liction |
| Black                              | CVE12NA20178000 | 0179 |       | \$400.  | 00 |     | 1.000   |      |        | Locally |
| Status                             | Date            | NIC# |       | State # |    | I   | Local # |      | OAN    |         |
| Recovered                          | 01/15/2019      |      |       |         |    |     |         |      |        |         |
| Name (Last, First, Midd            | le)             |      |       | DC      | ЭB |     | I.      | \ge  | Race   | Sex     |
| * No name *                        |                 |      |       |         |    |     |         |      |        |         |

Notes

#### CASE SUPPLEMENTAL REPORT

Printed: 01/22/2019 09:15

OCA: 19000206

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

Case Mng Status: NA Case Status: CLEARED BY ARREST Occurred: 01/10/2019

Offense: THEFT OF BICYCLE

Key West Police Department

Investigator: PEREZ, SANTIAGO Date / Time: 01/17/2019 08:02:06, Thursday (3834)

Supervisor: WILLIAMSON, JEFFREY Supervisor Review Date / Time: 01/18/2019 17:16:45, Friday (1557)

Contact: Reference: General Supplemental Report

Upon arrival at the scene, and seeing the suspect pinned down on the floor by the three witnesses, my main concern and first priority was to get the suspect on his feet, and in to custody, to prevent the suspect from inflicting any injuries or running away. By doing so I forgot to turn on my BWC upon arrival.

As I explain in my original incident report, once the suspect was standing and one hand was cuffed the suspect tensed, pulled away and tried running from me, at that time, with the help of the witnesses I was able to take him down and in to custody.

Investigator Signature

Supervisor Signature