

Response to Resistance Report

Key West Police Department

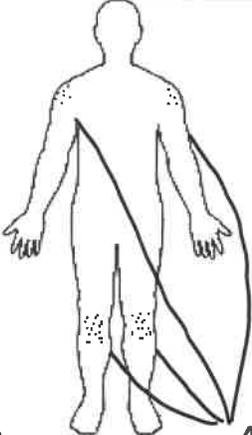
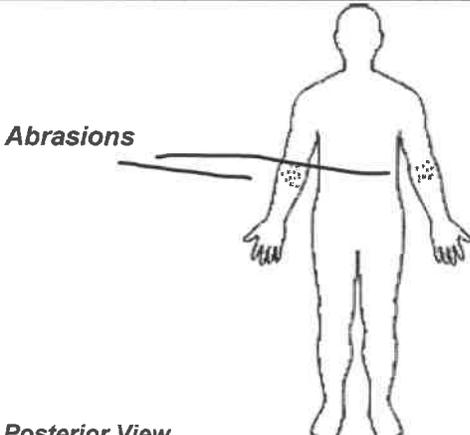
Case No: 20-3976

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)

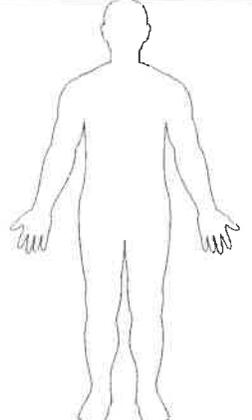
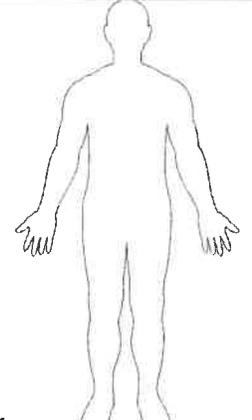
- A response through the use of non-lethal weapons,
- Applies weaponless physical force of strikes, kicks, or "take-downs"
- When any person sustains an apparent substantial or fatal injury as a result of the application of force
- When any person complains of injury as a result of the application of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

INCIDENT	2. Date: 09/26/20		3. Time: 0222		4. Location: 3820 N. Roos. Blvd.		5. Incident type: Trespasser/S20	
	6. Resistance Level		7. Explanation		8. Response Option		9. Explanation	
	<input type="checkbox"/> Passive:				<input checked="" type="checkbox"/> Physical Control		Leg sweep & ground ctrl	
	<input checked="" type="checkbox"/> Active:		Tensing/pulling away		<input type="checkbox"/> Non-lethal Weapon			
<input checked="" type="checkbox"/> Aggressive:		Att. to punch and bite Ofc's		<input type="checkbox"/> Deadly Force				
<input type="checkbox"/> Deadly Force:								

10. Last Name: Garcia Perez			11. First: Yoan			12. Race: White			13. Sex: Male		
14. DOB: 07/11/2002			15. Height: 5'01			16. Weight: 120					
17. Did you observe the subject: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If NO, explain why in Section 42. If "YES", complete sections 18-22											
18. Appeared to be: <input type="checkbox"/> Intoxicated <input checked="" type="checkbox"/> Under the influence of controlled substance <input checked="" type="checkbox"/> Emotionally / mentally disturbed											
19. Injuries: <input type="checkbox"/> No <input checked="" type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 22)											
20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes By: <input checked="" type="checkbox"/> EMT/Paramedic on scene <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Detention											

SUBJECT	 <p>22. Anterior View Abrasions</p>	 <p>Abrasions</p> <p>Posterior View</p>
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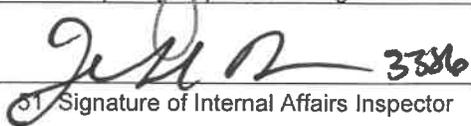
23. Officer: Antonio Ane		24. Race: A		25. Sex: M		26. Age: 30		27. Height: 5'10"		28. Weight: 210	
29. Duty Status: <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment			<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain clothes			30. Yrs Exp: 9					
31. Injuries: <input checked="" type="checkbox"/> No <input type="checkbox"/> Evident <input type="checkbox"/> Alleged (If Evident or Alleged, describe and indicate areas on charts in Section 35)											
32. Photographed: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			33. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital					
34. Response option used by this officer: (If TASER®, also reference line number from TASER® section)											

OFFICER	 <p>35. Anterior View</p>	 <p>Posterior View</p>
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Response to Resistance Report (continued)

Key West Police Department

Case No: 20-3976

TASER USE ONLY	36. TASER® device serial # N/A	37. TASER® device serial # N/A	
	TASER® Cam serial # N/A	TASER® Cam serial # N/A	
	Cartridge 1 serial # N/A	Cartridge 1 serial # N/A	
	Cartridge 2 serial # N/A	Cartridge 2 serial # N/A	
	Number of cycles: N/A	Number of cycles: N/A	
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun	
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Target distance at probe launch: N/A	Target distance at probe launch: N/A	
	Distance between probes: N/A	Distance between probes: N/A	
	Probes removed by (name): N/A	Probes removed by (name): N/A	
Device downloaded by: N/A	Device downloaded by: N/A		
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.			
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:		
	<input checked="" type="checkbox"/> All necessary criminal elements. (Baker Act)		
	<input checked="" type="checkbox"/> All details of the arrest		
	<input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force.		
	<input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer.		
	<input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries		
<input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.			
SUPERVISOR'S INQUIRY	40. Notified Date: 09/26/2020		
	41. Time: 0222		
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	43. Did you watch all relevant videos associated with the use of force? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	44. Did you meet with the Officer(s): <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)		
	45. During your review did you find any potential policy violations or training issues associated with the incident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
	46. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)		
	Name	Address	Phone Number
	47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS
 A Rodriguez 3465		09/26/2020	
48. Preparing Supervisor's Signature / ID		49. Date	
INT. AFF.	50. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51)		
	 3586	9/28/20	
51. Signature of Internal Affairs Inspector		52. Date	
53. If section 48 is "No" record the Professional Standards Control Number:		54. Date Entered:	

KEY WEST POLICE DEPARTMENT

1. REPORT SIGNAL # 520

AGENCY ORI NUMBER: FLO 440100
 2. RELATING CASE: DATE 9/26/20 TIME 0206
 3. AGENCY REPORT NUMBER: 20-3976
 4. REPORTED: DATE 9/26/20 TIME 0206 TIME DISP. TIME ARV. TIME COMPLETED
 INCIDENT TYPE: 1. FELONY 2. TRAFFIC FELONY 3. MISDEMEANOR 4. TRAFFIC MISDEMEANOR 5. ORDINANCE 99. OTHER (circled)
 5. INCIDENT FROM: DAY DATE TIME DAY DATE TIME
 6. OFFENSE #1: BAKER ACT TYPE ATTEMPTED 7. STATUTE VIOLATION # 8. NCIG/UCR CODE
 9. OFFENSE #2: TYPE ATTEMPTED STATUTE VIOLATION # NCIG/UCR CODE
 10. INCIDENT LOCATION (STREET/NUMBER): 3820 N. ROOSEVELT BLVD., Key West, FL 33040 CITY STATE ZIP 11. GEOGRAPHIC INDICATOR
 12. BUSINESS NAME/AREA IDENTIFIER: 29 NORTH HOTEL
 13. # OFFENSES 14. # VICTIMS 15. # OFFENDERS 16. # PREM. ENT. 17. # VEH. STOLEN 18. FORCED ENTRY YES/NO 19. OCCUPANCY YES/NO
 20. LOCATION TYPE: 1. RESIDENCE - SINGLE 6. GAS STATION 12. DRUG STORE/HOSPITAL 18. SCHOOL/UNIVERSITY 24. OTHER STRUCTURE 30. OTHER MOBILE
 2. APARTMENT 7. LIQUOR SALES 13. BANK/FINANCIAL INST. 19. JAIL/PRISON 25. PARK LOT/GARAGE 31. OTHER KNOWN
 3. RESIDENCE - OTHER 8. BARN/RIGHT CLUB 14. COMMERCIAL/OFC. BLDG. 20. RELIGIOUS BLDG. 26. HIGHWAY/ROADWAY 32. OTHER
 4. HOTEL - MOTEL 9. SUPERMARKET 15. INDUSTRIAL/MFG. 21. AIRPORT 27. PARK/WOODLANDS 33. OTHER
 5. CONVENIENCE STORE 10. DEPT./DISCOUNT STORE 16. STORAGE 22. BUS/RAIL TERMINAL 28. LAKE/WATERWAY 34. OTHER
 11. RESTAURANT 17. GOVT./PUBLIC BLDG. 23. CONSTRUCTION SITE 29. MOTOR VEHICLE

VICTIM TYPE: 1. JUVENILE 2. LAW ENFORCEMENT OFFICER 3. ADULT 4. BUSINESS 5. GOVERNMENT 6. CHURCH 99. OTHER
 VICTIMS RELATIONSHIP TO OFFENDER: 1. N/A 2. OTHER FAMILY 3. STUDENT 4. NEIGHBOR 5. SITTER/DAY CARE 6. EMPLOYEE 7. EMPLOYER 8. CHILD OF BOY/GIRL FRIEND 9. LANDLORD/TENANT 10. ACQUAINTANCE 11. OTHER
 1. VICTIM 2. LAST NAME, FIRST, MIDDLE/BUSINESS 3. AJ 4. R/S 5. DOB/AGE
 PR X 6. RESIDENCE ADDRESS: Garcia-Perce, Yoan APT. # ADULT CITY W/M STATE ZIP 7111102
 7. OFFENSE INDICATOR 8. RESIDENCE STATUS 9. LOCAL CONTACT ADDRESS
 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP 11. DATE/TIME AVBL. 12. OCC./TITLE
 13. RESIDENCE PHONE () 14. BUSINESS PHONE ()

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1. EXTENT OF INJURY: 1. NONE 2. SERIOUS 3. FATAL
 2. LOCATION ON BODY: V1. #1 V2. #2
 3. HOSPITAL/CLINIC: V1. #1 V2. #2 SQUAD #
 INJURY TYPE: 1. N/A 2. STABBED 3. POSS. BRKN BONES 4. BURNS 5. DREADLOCKS 6. LACERATION 7. POSS. INT. INJURY 8. ABRASIONS/BRUISE 9. GUNSHOT 10. UNCONSCIOUS 11. LOSS OF TEETH 12. OTHER

1. PERSON INTERVIEWED 2. AJ 3. AGE RES. ADDRESS APT. CITY RES. PHONE
 4. LOCAL CONTACT ADDRESS BUS. ADDRESS CITY BUS. PHONE
 1. PERSON INTERVIEWED 2. AJ 3. AGE RES. ADDRESS APT. CITY RES. PHONE
 4. LOCAL CONTACT ADDRESS BUS. ADDRESS CITY BUS. PHONE

1. LAST NAME, FIRST, MIDDLE 2. RESIDENCE ADDRESS APT. # CITY STATE RES. PHONE
 OFFENSE INDICATOR 4. BUSINESS ADDRESS CITY ZIP 5. USUAL OCCUPATION 6. BUS. PHONE
 7. INJURED Y N FATAL 8. CITIZENSHIP 9. NICKNAME 10. AJ
 11. DOB/AGE 12. RACE/SEX 13. HGT. 14. WGT. 15. EYE COLOR 16. HAIR
 17. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS 18. SCARS, MARKS, TATTOOS, DEFORMITIES
 19. SS # 20. OBTS #

1. LAST NAME, FIRST, MIDDLE 2. RESIDENCE ADDRESS APT. # CITY STATE RES. PHONE
 OFFENSE INDICATOR 4. BUSINESS ADDRESS CITY ZIP 5. USUAL OCCUPATION 6. BUS. PHONE
 7. INJURED Y N FATAL 8. CITIZENSHIP 9. NICKNAME 10. AJ
 11. DOB/AGE 12. RACE/SEX 13. HGT. 14. WGT. 15. EYE COLOR 16. HAIR
 17. CLOTHING, JEWELRY, MANNERISMS, CHARACTERISTICS 18. SCARS, MARKS, TATTOOS, DEFORMITIES
 19. SS # 20. OBTS #

1. HAIR LENGTH: 1. LONG 2. MEDIUM 3. SHORT 4. RECEDING 5. BALDING 6. BALD
 2. HAIR STYLE: 1. AFRO/NATURAL 2. BRAIDED 3. BUSHY 4. DIRTY/GREASY 5. DREADLOCKS 6. PROCESSED 7. STYLED 8. UNCOMBED 9. WAVY/CURLY
 3. FACIAL HAIR: 1. CLEANSHAVEN 2. FULL BEARD 3. FU MANCHU 4. FUZZ 5. GOATEE 6. LOWER LIP 7. MUSTACHE 8. SIDEBURNS 9. UNSHAVEN
 4. COMPLEXION: 1. LIGHT 2. MEDIUM 3. DARK 4. RUDDY 5. TANNED 6. MULLATTO 7. ALBINO 8. ACHE 9. FRECKLED
 5. TEETH: 1. BROKEN 2. BUCK TEETH 3. DECAYED 4. DIRTY 5. GOLD 6. GOLD LINED 7. DESIGNED 8. MISSING 9. VERY WHITE
 6. APPEARANCE/DEMEANOR: 1. DIRTY 2. FLASHY 3. NEAT 4. ANGRY 5. CALM 6. COCKY 7. DRUNK 8. NERVOUS 9. VOLUNT
 7. SPEECH: 1. ACCENT 2. RAPID 3. SLOW 4. LOUD 5. SOFT 6. LIPS 7. NASAL 8. RASPY 9. STUTTER
 8. R/L HANDED: 1. RIGHT 2. LEFT 3. UNKNOWN 4. BUILD 1. LIGHT 2. MEDIUM

M I S S I O N G	1. MISSING PERSON CODE 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. MISSING <input type="checkbox"/> <input type="checkbox"/> 2. RECOVER OOT MISSING <input type="checkbox"/> <input type="checkbox"/> 3. MISSING AND RECOVERED		2. TYPE MISSING 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. RUNAWAY <input type="checkbox"/> <input type="checkbox"/> 2. PARENTAL <input type="checkbox"/> <input type="checkbox"/> 3. INVOLUNTARY <input type="checkbox"/> <input type="checkbox"/> 4. DISABLED		3. RECOVERY INFORMATION 1 2 <input type="checkbox"/> <input type="checkbox"/> 0. N/A <input type="checkbox"/> <input type="checkbox"/> 1. VOLUNTARY <input type="checkbox"/> <input type="checkbox"/> 2. LOCATED-NOT RETURNED <input type="checkbox"/> <input type="checkbox"/> 3. HOSPITALIZED <input type="checkbox"/> <input type="checkbox"/> 4. HRS CUSTODY		AGENCY REPORT # 1 2 <input type="checkbox"/> <input type="checkbox"/> 5. LAW ENFORCEMENT CUSTODY <input type="checkbox"/> <input type="checkbox"/> 6. RETURNED TO PARENT/GUARDIAN <input type="checkbox"/> <input type="checkbox"/> 7. DECEASED <input type="checkbox"/> <input type="checkbox"/> 99. OTHER																	
	4. FOUL PLAY SUSPECTED? 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. YES <input type="checkbox"/> <input type="checkbox"/> 2. NO		5. PERSON MISSING PREVIOUSLY? 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. YES <input type="checkbox"/> <input type="checkbox"/> 2. NO <input type="checkbox"/> <input type="checkbox"/> 3. UNKNOWN																					
S F O L C T O R S I L I T Y	A. WILL THE VICTIM PROSECUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO				B. ARE THERE ANY KNOWN WITNESSES TO THE CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
	C. HAVE ALL KNOWN WITNESSES BEEN IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO				D. HAVE ALL KNOWN WITNESSES BEEN INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
	E. DO WITNESSES HAVE INFORMATION THAT IS VALUABLE TO THE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO				F. WAS AN ARREST MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
	G. ARE ALL KNOWN OFFENDERS IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO				H. CAN THE SUSPECT(S) BE LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
	I. CAN THE SUSPECT(S) BE NAMED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN HOW AND BY WHOM SUSPECT WAS NAMED.																							
	J. CAN THE SUSPECT'S VEHICLE BE DESCRIBED? <input type="checkbox"/> YES <input type="checkbox"/> NO				K. CAN THE SUSPECT'S VEHICLE BE LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
	L. HAS THE SUSPECT'S VEHICLE BEEN IMPOUNDED? <input type="checkbox"/> YES <input type="checkbox"/> NO				M. HAVE COMPUTER ENTRIES BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
	N. IS THERE A SIGNIFICANT MO? IF YES PUT X IN BOX																							
	O. ARE THERE ANY UNUSUAL CIRCUMSTANCES OR FACTORS SUCH AS LIMITED OPPORTUNITY, LARGE AMOUNTS OF TRACEABLE PROPERTY TAKEN, UNIQUE TYPE OF PROPERTY OR UNIQUE MO WHICH WOULD ASSIST THE INVESTIGATOR? IF YES EXPLAIN IN THE NARRATIVE.																							
	V E H I C L E O R V E S S E L	1. VEHICLE CODES S - STOLEN A - ABANDONED I - IMPOUNDED U - USED IN CRIME		X - SEIZED R - RECOVERED OOT H - RETURNED TO OWNER V - VICTIM/THEFT/ATT THEFT		F - FAILED TO RETURN Y - STOLEN AND RECOVERED O - OTHER (ARSON/DAMAGE)		2. VEHICLE/VESSEL TYPE <input type="checkbox"/> 1. AUTO <input type="checkbox"/> 2. TRUCK/VAN <input type="checkbox"/> 3. MOTORCYCLE		<input type="checkbox"/> 4. CAMPER/RV <input type="checkbox"/> 5. BUS <input type="checkbox"/> 6. TRAILER		<input type="checkbox"/> 7. BOAT <input type="checkbox"/> 8. AIRCRAFT <input type="checkbox"/> 99. OTHER												
3. VIN # / HULL #		4. DECAL #		5. HOW WAS VIN ACQUIRED?																				
6. MAKE		7. MODEL		8. YR.		9. BODY STYLE		10. LIC. #/TAG #/VESSEL REG		11. YR. 12. STATE														
13. VEHICLE COLOR TOP				BOTTOM				14. SPECIAL VEHICLE FEATURES																
CODE COLOR RANGE		CODE COLOR RANGE		CODE FEATURE		CODE FEATURE																		
1. BLACK		10. RED/MAROON		<input type="checkbox"/> 1. LEVEL ALTERED		<input type="checkbox"/> 10. DAMAGE TO REAR																		
2. DARK BLUE		11. PINK		<input type="checkbox"/> 2. STICKER/DECAL ON BODY/BUMPER		<input type="checkbox"/> 11. DAMAGE TO SIDE																		
3. LT. BLUE/AQUA/TURQUOISE		12. BEIGE/TAN		<input type="checkbox"/> 3. STICKER/DECAL ON WINDOW		<input type="checkbox"/> 12. BODY PART(S) DIFFERENT COLORS																		
4. DARK BROWN		13. WHITE/CREAM		<input type="checkbox"/> 4. RUST OR PRIMER SPOTS		<input type="checkbox"/> 13. VINYL TOP																		
5. LT. BROWN/BRONZE/COPPER		14. YELLOW		<input type="checkbox"/> 5. PAINTED INSCRIPTION ON BODY		<input type="checkbox"/> 14. EXTRA ANTENNA(S) OR MIRROR																		
6. PURPLE		15. ORANGE/GOLD		<input type="checkbox"/> 6. DECORATIVE PAINT		<input type="checkbox"/> 15. SPECIAL RIMS/TIRES																		
7. DARK GREEN		99. OTHER/UNKNOWN		<input type="checkbox"/> 7. MISSING PARTS		<input type="checkbox"/> 16. LOUD MUFFLER																		
8. LT. GREEN/LIME/OLIVE				<input type="checkbox"/> 8. WINDOW BROKEN		<input type="checkbox"/> 99. OTHER/DESCRIBE BELOW																		
9. GRAY/SILVER				<input type="checkbox"/> 9. DAMAGE TO FRONT																				
15. ADDITIONAL DESCRIPTION								VALUE		16. TAG COMES BACK TO NAME, ADDRESS, STATE, ETC.														
17. DOORS LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WINDOWS CLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO		19. KEY IN IGNITION <input type="checkbox"/> YES <input type="checkbox"/> NO		20. FINANCED BY		21. DATE OF LAST PAYMENT		22. INSURANCE COMPANY														
23. PERSON LAST DRIVING VEH.		24. R/S		25. DOB/AGE		26. RESIDENCE ADDRESS (ZIP)		PHONE		27. BUSINESS ADDRESS (ZIP) PHONE														
28. LOCATION OF RECOVERY OF MV						29. RECOVERY MILEAGE		30. EVIDENCE OF STRIPPING <input type="checkbox"/> YES <input type="checkbox"/> NO		31. DISPOSITION OF VEHICLE														
32. VEHICLE TOWED BY / WHERE?						33. IF OOT RECOVERY - MSG. # AUTHORITY																		
P R O P E R T Y	PROP. CODE		S - STOLEN F - FOUND D - DAMAGE (INC. VALUE)		R - OOT RECOVERED P - PERSONAL		H - RETURNED TO OWNER K - PHOTOS TAKEN PROPERTY RETURNED TO OWNER		E - EVIDENCE/SEIZED Y - STOLEN & REC. A - ARSON		1. PROPERTY RECEIPT #													
	2. PROP. CODE		3. PER/SUS #		4. QUAN.		5. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.		6. VALUE		6. VALUE													
	E		1				AXON 3418		N/A															
									TOTAL VALUE (IF CONTINUATION LEFT WITH OR DAMAGE VICTIM, MAKE AN ESTIMATE)															
C R I M E	1. ID REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. SCENE PROCESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
	4. LATENTS <input type="checkbox"/> YES <input type="checkbox"/> NO		5. PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO		6. EVIDENCE TO PROPERTY UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		7. ID TECHNICIAN / PIN # / UNIT #		8. FIRST OFFICER ON SCENE / PIN # / UNIT #															
	D R U G I N F O																							
1. DRUG ACTIVITY <input type="checkbox"/> N - N/A <input type="checkbox"/> B - BUY <input type="checkbox"/> D - DELIVER <input type="checkbox"/> E - USE				<input type="checkbox"/> K - DISPENSE/DISTRIBUTE <input type="checkbox"/> M - MANUFACTURE/PRODUCE/CULTIVATE <input type="checkbox"/> P - POSSESS				<input type="checkbox"/> R - SMUGGLE <input type="checkbox"/> S - SELL <input type="checkbox"/> T - TRAFFIC <input type="checkbox"/> U - UNKNOWN <input type="checkbox"/> Z - OTHER				2. DRUG TYPE <input type="checkbox"/> N - N/A <input type="checkbox"/> A - AMPHETAMINE <input type="checkbox"/> B - BARBITURATE <input type="checkbox"/> C - COCAINE				<input type="checkbox"/> E - HEROIN <input type="checkbox"/> H - HALLUCINOGEN <input type="checkbox"/> M - MARIJUANA <input type="checkbox"/> O - OPIUM/DERIVATIVE				<input type="checkbox"/> P - PARAPHERNALIA EQUIPMENT <input type="checkbox"/> S - SYNTHETIC <input type="checkbox"/> U - UNKNOWN <input type="checkbox"/> Z - OTHER				
3. ACTIVITY		4. TYPE		5. DESCRIPTION		6. QUANTITY		7. UNIT		8. ESTIMATED STREET VALUE														
ACTIVITY		TYPE		DESCRIPTION		QUANTITY		UNIT		ESTIMATED STREET VALUE														
ACTIVITY		TYPE		DESCRIPTION		QUANTITY		UNIT		ESTIMATED STREET VALUE														
W E A P O N	1. WEAPON TYPE USED 1 2 <input type="checkbox"/> <input type="checkbox"/> 00. N/A <input type="checkbox"/> <input type="checkbox"/> 01. HANDGUN <input type="checkbox"/> <input type="checkbox"/> 02. RIFLE <input type="checkbox"/> <input type="checkbox"/> 03. SHOTGUN <input type="checkbox"/> <input type="checkbox"/> 04. FIREARM <input type="checkbox"/> <input type="checkbox"/> 05. KNIFE/CUTTING INST.				1 2 <input type="checkbox"/> <input type="checkbox"/> 06. BLUNT OBJECT <input type="checkbox"/> <input type="checkbox"/> 07. HANDS/FISTS/FEET <input type="checkbox"/> <input type="checkbox"/> 08. POISON <input type="checkbox"/> <input type="checkbox"/> 09. EXPLOSIVES <input type="checkbox"/> <input type="checkbox"/> 10. FIRE/INCENDIARY <input type="checkbox"/> <input type="checkbox"/> 11. THREAT/INTIMIDATION				1 2 <input type="checkbox"/> <input type="checkbox"/> 12. SIMULATED <input type="checkbox"/> <input type="checkbox"/> 13. DRUGS <input type="checkbox"/> <input type="checkbox"/> 88. UNKNOWN <input type="checkbox"/> <input type="checkbox"/> 99. OTHER (NARR.)				2. WEAPON FEATURES 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. CHROME/NICKEL <input type="checkbox"/> <input type="checkbox"/> 2. BLUE STEEL <input type="checkbox"/> <input type="checkbox"/> 3. AUTOMATIC <input type="checkbox"/> <input type="checkbox"/> 4. REVOLVER <input type="checkbox"/> <input type="checkbox"/> 5. SHORT BARREL <input type="checkbox"/> <input type="checkbox"/> 6. LONG BARREL				1 2 <input type="checkbox"/> <input type="checkbox"/> 7. DOUBLE BARREL <input type="checkbox"/> <input type="checkbox"/> 8. SINGLE BARREL <input type="checkbox"/> <input type="checkbox"/> 9. SAWED OFF <input type="checkbox"/> <input type="checkbox"/> 10. PUMP <input type="checkbox"/> <input type="checkbox"/> 11. BOLT ACTION <input type="checkbox"/> <input type="checkbox"/> 12. ALTERED STOCK				1 2 <input type="checkbox"/> <input type="checkbox"/> 13. LG. BORE <input type="checkbox"/> <input type="checkbox"/> 14. SM. BORE <input type="checkbox"/> <input type="checkbox"/> 99. OTHER DESCRIBE			
	3. CALIBER/GAUGE		4. MAKE		5. SERIAL #		6. BARREL LENGTH		7. MODEL #		8. COLOR		9. TYPE OF GRIPS		10. BUTT		11. Pg. Pgs. of							

CRIME AGAINST PROPERTY M.O.

AGENCY REPORT #

M.O.	1. ENTRY	EXIT	2. PROPERTY TARGETS	3. METHOD OF BREAKING	4. INSTRUMENT USED	5. PREMISES SECURED
	<input type="checkbox"/> 10 FRONT <input type="checkbox"/> 20 REAR <input type="checkbox"/> 30 SIDE <input type="checkbox"/> 1. DOOR <input type="checkbox"/> 2 WINDOW <input type="checkbox"/> 3. SLIDING DOOR <input type="checkbox"/> 4. DUCT/VENT <input type="checkbox"/> 5. ADJ. BUILDING <input type="checkbox"/> 6. ROOF <input type="checkbox"/> 7. WALL <input type="checkbox"/> 8. GARAGE DOOR <input type="checkbox"/> 99. OTHER/UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. BUSINESS MACHINES <input type="checkbox"/> 2. BEER/LIQUOR <input type="checkbox"/> 3. CIGARETTES <input type="checkbox"/> 4. CKS./CHECK MACHINES <input type="checkbox"/> 5. CLOTHING <input type="checkbox"/> 6. ELECTRONICS <input type="checkbox"/> 7. FIREARMS <input type="checkbox"/> 8. FOOD <input type="checkbox"/> 9. JEWELRY <input type="checkbox"/> 10. TOOLS <input type="checkbox"/> 99. OTHERS	<input type="checkbox"/> 1. BREAK/CUT GLASS <input type="checkbox"/> 2. BREAK/REMOVE DOOR PANEL <input type="checkbox"/> 3. CUT/BREAK LOCK <input type="checkbox"/> 4. CHOPPED/SMASH <input type="checkbox"/> 5. CUT/BREAK SCREEN <input type="checkbox"/> 6. HID IN BUILDING <input type="checkbox"/> 7. KICK/PUSH <input type="checkbox"/> 8. PICK LOCK <input type="checkbox"/> 9. PRIED/JIMMIED <input type="checkbox"/> 10. REMOVE JALOUSIE <input type="checkbox"/> 11. REMOVE AIR COND./FAN <input type="checkbox"/> 12. REMOVE WINDOW/DOOR <input type="checkbox"/> 13. SMASH GLASS-TAKE MERCHANDISE <input type="checkbox"/> 14. UNLOCKED/NO FORCE <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. BOLT CUTTER <input type="checkbox"/> 2. BRICK/ROCK <input type="checkbox"/> 3. CHANNEL LOCKS/ VICE GRIPS <input type="checkbox"/> 4. CHOPPING TOOL <input type="checkbox"/> 5. CUTTING TOOL <input type="checkbox"/> 6. CUTTING TORCH <input type="checkbox"/> 7. FEET <input type="checkbox"/> 8. HAMMER <input type="checkbox"/> 9. KEY <input type="checkbox"/> 10. PRYING TOOL <input type="checkbox"/> 11. SAW/DRILL <input type="checkbox"/> 12. SCREW DRIVER <input type="checkbox"/> 13. TAPE <input type="checkbox"/> 14. VEHICLE <input type="checkbox"/> 99. OTHER	DATE: TIME: 6. TYPE OF PROTECTION <input type="checkbox"/> 1. LOCKS <input type="checkbox"/> 2. BARS <input type="checkbox"/> 3. SILENT ALARM <input type="checkbox"/> 4. AUDIBLE ALARM <input type="checkbox"/> 5. LISTENING DEVICE <input type="checkbox"/> 6. MOTION DETECTOR <input type="checkbox"/> 99. OTHER
BURGLARY / THEFTS & ATTEMPTS	7. BURGLARY ELEMENTS			8. SUSPECT'S ACTIONS		9. CRIME SCENE INFO.
	<input type="checkbox"/> 1. ALARM INOPERATIVE <input type="checkbox"/> 2. BURGLARIZED DURING LAST 12 MONTHS <input type="checkbox"/> 3. ADMITTED STRANGER OR TRADESMAN DURING PAST 7 DAYS (RES. BURGLARY) <input type="checkbox"/> 4. TELEPHONE SURVEY, UNUSUAL CALLS, WRONG NUMBER, HANG-UPS DURING PAST 7 DAYS <input type="checkbox"/> 5. TENTED, UNDER CONSTRUCTION <input type="checkbox"/> 6. SAFE OPENED/ATTEMPTED <input type="checkbox"/> 99. OTHER			<input type="checkbox"/> 1. ATE/DRANK ON PREMISES <input type="checkbox"/> 2. BROKE INTO COIN OPERATED MACHINE <input type="checkbox"/> 3. BURGLARY NOT COMPLETED <input type="checkbox"/> 4. DEFEATED/ATTEMPTED TO DEFEAT ALARM <input type="checkbox"/> 5. DEFECATED <input type="checkbox"/> 6. DISTRACTED VICTIM <input type="checkbox"/> 7. IMPERSONATION <input type="checkbox"/> 8. KNEW LOCATION OF HIDDEN CASH <input type="checkbox"/> 9. LEFT TOOLS ON SCENE <input type="checkbox"/> 10. MALICIOUS DESTRUCTION <input type="checkbox"/> 11. NEATLY SEARCHED		<input type="checkbox"/> 12. PIGEON DROP <input type="checkbox"/> 13. RANSACKED ENTIRELY <input type="checkbox"/> 14. RANSACKED PORTION <input type="checkbox"/> 15. REMOVE PRINTS/WORE GLOVES <input type="checkbox"/> 16. TRICKERY <input type="checkbox"/> 17. TRIPPED ALARM AND RETURNED LATER <input type="checkbox"/> 18. TURNED LIGHTS OFF-ON <input type="checkbox"/> 19. USED TOOLS FOUND AT THE SCENE <input type="checkbox"/> 99. OTHER

CRIMES AGAINST PERSONS M.O.

M.O.	1. TELEPHONE	2. SUSPECTS ACTION (ROBBERY ONLY)		3. VICTIM IS (WAS)	
	<input type="checkbox"/> 1. CALLED VICTIM (BEFORE/AFTER) <input type="checkbox"/> 2. PULLED OUT CORD <input type="checkbox"/> 3. SUSPECT USED VICTIM'S PHONE <input type="checkbox"/> 4. USED CORD TO TIE VICTIM <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. ASSAULTED VICTIM <input type="checkbox"/> 2. ASK FOR OR BUYS MERCHANDISE <input type="checkbox"/> 3. APOLOGETIC <input type="checkbox"/> 4. DEMANDED JEWELRY <input type="checkbox"/> 5. MADE THREATS <input type="checkbox"/> 6. OTHER THEFT INVOLVED <input type="checkbox"/> 7. PROSTITUTION INVOLVED <input type="checkbox"/> 8. PURSE SNATCHED	<input type="checkbox"/> 9. PUT MONEY IN BAG <input type="checkbox"/> 10. SEX ACT INVOLVED <input type="checkbox"/> 11. SHOTS FIRED <input type="checkbox"/> 12. USED LOOKOUT <input type="checkbox"/> 13. USED MASK <input type="checkbox"/> 14. USED NOTE <input type="checkbox"/> 15. USED STOLEN CAR <input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 1. ABOUT TO ENTER HOME <input type="checkbox"/> 2. ALONE <input type="checkbox"/> 3. ELDERLY <input type="checkbox"/> 4. GAMBLING <input type="checkbox"/> 5. GOING TO BANK <input type="checkbox"/> 6. HANDICAPPED	<input type="checkbox"/> 7. INTOXICATED <input type="checkbox"/> 8. OPENING/CLOSING BUSINESS <input type="checkbox"/> 9. RETARDED <input type="checkbox"/> 99. OTHER
RAPE / ROBBERY / HOMICIDE & ATTEMPTS	4. FORCED VICTIMS TO		5. FORCE USED ON VICTIMS		6. IMPERSONATED
	<input type="checkbox"/> 1. DISROBE <input type="checkbox"/> 2. ENTER CAR TRUNK <input type="checkbox"/> 3. ENTER RESTROOM <input type="checkbox"/> 4. GET MONEY FROM BANK, FAMILY, ETC. <input type="checkbox"/> 5. GO TO ANOTHER LOCATION <input type="checkbox"/> 6. LIE DOWN <input type="checkbox"/> 7. OPEN SAFE <input type="checkbox"/> 8. PUT PROPERTY IN SACK <input type="checkbox"/> 9. REAR OF BUILDING		<input type="checkbox"/> 1. ABDUCTS <input type="checkbox"/> 2. BLINDFOLD VICTIM <input type="checkbox"/> 3. BOUND VICTIM <input type="checkbox"/> 4. BIT VICTIM <input type="checkbox"/> 5. COVERED VICTIM'S FACE <input type="checkbox"/> 6. CHOKED VICTIM		<input type="checkbox"/> 7. CUT/STABBED VICTIM <input type="checkbox"/> 8. GAG VICTIM <input type="checkbox"/> 9. HIT VICTIM <input type="checkbox"/> 10. SHOT VICTIM <input type="checkbox"/> 11. THREATS ONLY <input type="checkbox"/> 99. OTHER
WORTHLESS DOCUMENTS	7. SOLICITED, OFFERED		8. CHARACTERISTIC OF SUSPECT (SEX CRIMES ONLY)		
	<input type="checkbox"/> 1. AID FOR CAR <input type="checkbox"/> 2. ASSISTANCE/INFORMATION <input type="checkbox"/> 3. CIGARETTE <input type="checkbox"/> 4. CON GAME <input type="checkbox"/> 5. DRUGS <input type="checkbox"/> 6. FOOD, DRINKS, CANDY		<input type="checkbox"/> 7. GIFT/PRIZE <input type="checkbox"/> 8. MONEY <input type="checkbox"/> 9. PROSTITUTION/SEX <input type="checkbox"/> 10. RIDE <input type="checkbox"/> 11. USE OF PHONE <input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 1. ANAL SEX <input type="checkbox"/> 2. APOLOGETIC <input type="checkbox"/> 3. CHILD MOLEST <input type="checkbox"/> 4. EJACULATED <input type="checkbox"/> 5. FOUL LANGUAGE <input type="checkbox"/> 6. GENTLE <input type="checkbox"/> 7. MAKES THREATS					
<input type="checkbox"/> 8. ORAL SEX <input type="checkbox"/> 9. MASTURBATED <input type="checkbox"/> 10. RAPED MORE THAN ONCE <input type="checkbox"/> 11. RIPPED/CUT CLOTHES <input type="checkbox"/> 12. UNABLE TO ACHIEVE ERECTION					
<input type="checkbox"/> 13. UNUSUAL ODOR (BODY ODOR, SMELLED GOOD, ETC.) <input type="checkbox"/> 14. USED LUBRICANT <input type="checkbox"/> 15. USED VICTIM'S NAME <input type="checkbox"/> 16. VIOLENT <input type="checkbox"/> 99. OTHER					

M.O.	STATUS TYPE <input type="checkbox"/> 1. FORGED <input type="checkbox"/> 2. COUNTERFEIT <input type="checkbox"/> 3. FORGED AND UTTERED <input type="checkbox"/> 4. COUNTERFEITED AND UTTERED					
	TYPE <input type="checkbox"/> 1. CHECK <input type="checkbox"/> 2. CREDIT CARD		<input type="checkbox"/> 3. MONEY ORDER <input type="checkbox"/> 4. BOND/CERTIFICATE		<input type="checkbox"/> 5. ATM/DEBIT CARD <input type="checkbox"/> 6. IDENTIFICATION	
	<input type="checkbox"/> 7. PRESCRIPTION <input type="checkbox"/> 8. TRAVELERS CHECKS		<input type="checkbox"/> 99. OTHER			
	CHECK			CRIME SCENE SPECIFICS		
	1. CHECK NO.		2. AMOUNT			
	3. CHECK PAYABLE TO		4. DATE OF DOCUMENT			
	5. BANK DRAWN ON		6. SIGNATURE ON FACE (MAKER)			
	7. ACCOUNT NUMBER		8. OWNER OF CHECK (PERSON OR COMPANY)			
	1. CAN OFFENDER BE IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. OWNER OF CHECK NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME _____			3. THEFT VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CASE NUMBER _____ P.D. _____		
	4. WAS OFFENDER ENDORSEMENT OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. WAS OFFENDER(S) PHOTOGRAPHED? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. FORGERY AFFIDAVIT OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. HAVE THE ORIGINAL DOCUMENTS BEEN PROTECTED FOR EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE? _____					
TYPE OF IDENTIFICATION USED			CREDIT CARDS			
9. DRIVERS LICENSE #		10. STATE		12. COMPANY NAME		
11. OTHER I.D. (DESCRIBE. INCLUDE #'S. PHOTO I.D., ETC)		14. ISSUED TO		13. CARD NUMBER		

SEE ATTACHED REPORT

OFFICER ASSAULTED / KILLED

1. INCIDENT TYPE

- 1. OFFICER KILLED FELONIOUS
- 2. OFFICER KILLED ACCIDENT OR NEGLIGENCE
- 3. OFFICER ASSAULTED, NO INJURY
- 4. OFFICER ASSAULTED, MINOR INJURY
- 5. OFFICER ASSAULTED, SERIOUS INJURY

2. OFFICER ACTIVITY

- 1. RESPONDING TO DISTURBANCE
- 2. BREAKING AND ENTERING IN PROGRESS OR PURSUING B AND E SUSPECT
- 3. ROBBERY IN PROGRESS OR PURSUING ROBBERY SUSPECT
- 4. ATTEMPTING OTHER ARREST
- 5. CIVIL DISORDER

- 6. DOMESTIC DISTURBANCE
- 7. HANDLING, TRANSPORTING, CUSTODY OF PRISONERS
- 8. INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES
- 9. AMBUSH, NO WARNING
- 10. ASSAILANT MENTALLY DERANGED
- 11. TRAFFIC PURSUIT OR STOP

99. OTHER

3. TYPE OF ASSIGNMENT

- 1. ONE PERSON VEHICLE, ALONE
- 2. ONE PERSON VEHICLE, ASSISTED
- 3. TWO PERSON VEHICLE
- 4. DETECTIVE OR SPECIAL ASSIGNMENT, ALONE

- 5. DETECTIVE OR SPECIAL ASSIGNMENT, ASSISTED
- 6. TRAFFIC/MOTORCYCLE OFFICER
- 7. OTHER, ALONE
- 8. OTHER, ASSISTED

4. (ANSWER ALL QUESTIONS)

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Y | N | UNK | N/A |
| WAS OFFICER WEARING BODY ARMOR? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DID ARMOR PREVENT SERIOUS INJURY OR FATALITY? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAS OFFICER AWARE OFFENDER HAD WEAPON? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DID OFFENDER USE OFFICER'S WEAPON? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WAS A FIREARM DISCHARGED BY OFFENDER? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DISTANCE FROM OFFICER IN FEET (ESTIMATE) | _____ | | | |
| WAS A FIREARM DISCHARGED BY THE OFFICER? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

5. WAS OFFENDER INJURED? YES NO UNK.

EXTENT OF INJURIES TO OFFENDER

- 00. N/A
- 01. MINOR
- 02. MODERATE
- 03. SERIOUS
- 04. FATAL

OFFENDER

R/S AGE

6. OFFICER EXPERIENCE (IN YEARS) _____ AGE _____

7. OFFICER ASSAULTED BY OFFENDER/SUSPECT # _____

ADMIN.	1. Officer Reporting (Print and Sign) OFFICER: A. ANE		2. ID Number(s) 3418		3. Unit PATROL		4. Date 9/26/20	
	5. Officer Reporting (If Applicable) A. RODRIGUEZ		6. ID Number 3418	7. Routed To	8. Referred To	9. Assigned To	10. By	11. Date 9-26-20
							12. Pg. _____	Pgs. _____

Initial Report Continued

KEY WEST POLICE DEPARTMENT

Investigative/Supplemental Report

REPORT SIGNAL # **S20**

1. AGENCY REPORT NUMBER 20-3976	2. LOCATION OF INCIDENT 3820 N. ROOSEVELT BLVD	APT. #	3. INC. DATE 9.26.20	TIME 0206	DAY SAT
4. DATE OF DISPATCH 0806	5. TIME DISP. 0206	6. ON SCENE 0211	7. IN SERVICE 0300	8. CROSS REF. INC. #	9. TYPE OFFENSE/INCIDENT S20 S34

SEE ATTACHED

ADMIN.	1. Officer(s) Reporting (Print and Sign) A. A. RODRIGUEZ	2. ID Number(s) 3465	3. Unit	4. Date 9.26.20			
	5. Officer(s) Reviewing (if Applicable)	6. ID Number 3366	7. Routed to	8. Referred to	9. Assigned to	10. By	11. Date 9.26.20

20-3976(8)

On Saturday, September 26, 2020 at approximately 0222 hours I (Sgt. A. Rodriguez) was on scene at 24 North in reference to a subject with an altered mental status who had battered a security guard. Ofc. A. Ane advised via Key West Dispatch that the security guard did not wish to pursue charges but wished for the subject to be removed from the property.

Ofc. Ane and Ofc. Hansell located the subject, later identified by Florida ID as Yoan Garcia Perez, on the second floor of the property laying on the floor.

Ofc. Ane and Ofc. Hansell then advised over the radio that Garcia Perez was resisting. Ofc. J. Deese, Ofc. A. Hudson, and I began making our way upstairs. I saw Ofc. A. Ane and Ofc. M. Hansell holding Garcia Perez on the ground. I assisted Ofc. A. Ane in rolling Garcia Perez over and holding him while Ofc. A. Hudson placed him into handcuffs. Garcia Perez continued to resist and kick his legs so a hobble was applied by Ofc. J. Deese.

I stood by until KWFd Rescue arrived, sedated, and subsequently transported Garcia Perez to LKMC as a LEO initiated baker act.

My AXON BWC was activated for this incident.

I had no further involvement in this incident.

Initial Report Continued

KEY WEST POLICE DEPARTMENT

Investigative/Supplemental Report

REPORT SIGNAL # 520

1. AGENCY REPORT NUMBER 20-003976	2. LOCATION OF INCIDENT 3820 N. ROOSEVELT BVD (24° NORTH)	APT. #	3. INC. DATE 9/26/20	TIME 0204	DAY SATURDAY
4. DATE OF DISPATCH 9/26/20	5. TIME DISP. 0215	6. ON SCENE 0215	7. IN SERVICE 0308	8. CROSS REF. INC. #	9. TYPE OFFENSE/INCIDENT BAKER ACT

SEE ATTACHED NARRATIVE.

ADMIN.	1. Officer(s) Reporting (Print and Sign) OFC ANDREW HUDSON 	2. ID Number(s) 3940	3. Unit T79	4. Date 9/26/2020			
	5. Officer Reviewing (if Applicable)  A RODRIGUEZ	6. ID Number 3465	7. Routed to	8. Referred to	9. Assigned to	10. By	11. Date 9.26.20

20-3976(s)

On 09/26/2020 at approximately 0215, while on routine patrol in the City of Key West, I responded to 3820 N. Roosevelt Blvd (24 North Hotel) to assist in locating a suspect for Officer Ane.

On arrival I checked the surrounding exterior areas of the hotel complex attempting to locate a white male, later identified as Yohan, who had just committed a battery. Once in the front parking lot of the hotel, Officer Hansell notified KWPD dispatch he and Officer Ane were with the subject who was now actively resisting.

Sergeant A. Rodriguez, Officer Deese and I responded to the second floor of the hotel where Officer Hansell and Ane were attempting to get the subject into handcuffs. Sergeant Rodriguez and Officer Ane were able to get the subjects hands behind his back at which time I placed handcuff restraints on him. Officer Deese placed a hobble restraint on the subject's ankles and he was rolled onto his side in the recovery position.

Rescue responded and transported the subject to Lower Keys Medical Center.

All the above was captured on my bodyworn camera, 3940.

Nothing further at this time.

20-3976

On Saturday, September 26, 2020, Ofc. M. Hansell and I were dispatched to the 24 North Hotel, located at 3820 North Roosevelt Blvd., in reference to a guest fighting on the second floor.

Upon arrival, I met with the hotel's security guard, who told me a white male, later identified as Yoan Garcia-Perez, punched him in the face and was running throughout the property. The security guard advised he punched Garcia-Perez back, causing him to bleed. He believed Garcia-Perez may have been hiding somewhere on the second floor.

Ofc. Hansell and I located Garcia-Perez on the second floor. He was lying on the door step of a hotel room and appeared to be bleeding from the nose. Garcia-Perez immediately asked we help him and take him home, because he was "On a bunch of weird drugs."

I saw Garcia-Perez's eyes were very dilated and he was struggling with making coherent sentences. I asked for KWFD Rescue to respond to our location.

As we were still on the second floor, I asked Garcia-Perez if he was able to walk, so that we could take him down to the ambulance. He said he was unable to walk, so I tried to assist him. Garcia-Perez was able to stand with my help and we began to walk towards the elevator.

As we approached the elevator, Garcia-Perez abruptly turned and swung his left fist at my face, in an attempt to punch me. I swiftly moved my head away and out of his punch's path, to avoid being hit. I pushed Garcia-Perez against a wall that was located behind him. He pushed back towards me and I was able to perform a modified leg-sweep takedown.

Once on the ground, Ofc. M. Hansell and I attempted to gain control of his arms, but Garcia-Perez continued to punch, kick and bite at us. Ofc. M. Hansell was able to radio for other officers to assist us. As we continued to struggle with Garcia-Perez, Sgt. A. Rodriguez, Ofc. J. Deese and Ofc. A. Hudson arrived.

In a joint effort, we were able to place Garcia-Perez in handcuffs.

Once Garcia-Perez was subdued, KWFD Rescue 3 arrived on scene and transported him to LKMC.

I notified Sgt. A. Rodriguez of my response to Garcia-Perez's resistance.

After considering the facts and circumstances of this investigation and in-lieu of pursuing criminal charges, I believed Garcia-Perez's altered mental status and suspected drug abuse were the cause for his violent outbursts. I believed without further care and evaluation, Garcia-Perez would likely harm himself and others. He was subsequently taken into protective custody at LKMC.

This investigation was recorded via my department issued body worn camera, which I later uploaded to evidence.com.

Initial Report Continued

KEY WEST POLICE DEPARTMENT

REPORT SIGNAL # 520

Investigative/Supplemental Report

1. AGENCY REPORT NUMBER 20-3976	2. LOCATION OF INCIDENT 3820 N. Roosevelt Blvd. 24 North Hotel	APT. #	3. INC. DATE 9-26-20	TIME 0206	DAY Sat
4. DATE OF DISPATCH 9-26-20.	5. TIME DISP. 0206hrs	6. ON SCENE 0211 hrs	7. IN SERVICE 0302 hrs	8. CROSS REF. INC. #	9. TYPE OFFENSE/INCIDENT Baker Act.

On- 9-26-2020, I K-9 ofc. Matthew Hansell of the Key West Police Department, responded to an unknown problem at 3820 N. Roosevelt Blvd. (24 North Hotel).

Dispatch advised security at the hotel was in an altercation with a subject and requested police assistance.

Upon arrival, myself, ofc. Ane, ofc. Deese and Sgt. A. Rodriguez spoke with the security guard who told us a skinny white male with black hair and black shorts had punched him.

Myself and ofc. Ane had the security guard show us where they last saw the subject.

As we exited the elevator on the back side of the second floor, I observed a white male in a white tank top and black shorts, laying in a fetal position 30 ft from the elevator.

ADMIN.	1. Officer(s) Reporting (Print and Sign) Matthew Hansell <i>MHansell</i>	2. ID Number(s) 3698	3. Unit K-61	4. Date 09-26-20			
	5. Officer Reviewing (if Applicable) <i>A Rodriguez</i>	6. ID Number 3465	7. Routed to	8. Referred to	9. Assigned to	10. By	11. Date 9-26-20

Initial Report Continued

KEY WEST POLICE DEPARTMENT

REPORT SIGNAL # 525

Investigative/Supplemental Report

1. AGENCY REPORT NUMBER 20-3976	2. LOCATION OF INCIDENT 3830 N. Roosevelt Blvd, 24 th North Hotel	APT. #	3. INC. DATE 9-26-20	TIME 0206hrs	DAY Sat
4. DATE OF DISPATCH 09-26-20	5. TIME DISP. 0206hrs	6. ON SCENE 0211hrs	7. IN SERVICE 0302hrs	8. CROSS REF. INC. #	9. TYPE OFFENSE/INCIDENT Baker Act

Continued... ②

I made contact with the male, later identified as Yovan Garcia Perez and asked him what he was doing.

Perez responded, "I took some weird ass drug." Perez further stated he was from little Havana and wanted to go home. Perez was talking incoherently and seemed to not be able to answer simple questions or know where he was at. Perez clothes look torn, dirty with dry blood on his shirt, hands and face.

OFC. Ane was able to get Perez to stand up with assistance from him and we began walking toward the elevator and down to the parking lot to Key West Fire and Rescue, who were standing by.

As we walked toward the elevator, Perez turned toward OFC. Ane and tried to punch him in the face.

OFC. Ane was able to avoid being struck and took Perez to the ground.

ADMIN.	1. Officer(s) Reporting (Print and Sign) Matthew Hansell [Signature]	2. ID Number(s) 3648	3. Unit K61	4. Date 09-26-20
	5. Officer Reviewing (if Applicable) A Rodriguez [Signature]	6. ID Number 3465	7. Routed to	8. Referred to
		9. Assigned to	10. By	11. Date 9.26.20
				12. Pg of

Initial Report Continued

KEY WEST POLICE DEPARTMENT

REPORT SIGNAL # 520

Investigative/Supplemental Report

1. AGENCY REPORT NUMBER 20-3976	2. LOCATION OF INCIDENT 3826 N. Roosevelt Blvd, 24 th North Hotel	APT. #	3. INC. DATE 9-26-20	TIME 0206	DAY Sat.
4. DATE OF DISPATCH 9-26-20	5. TIME DISP. 0206hrs	6. ON SCENE 0211hrs	7. IN SERVICE 0302hrs	8. CROSS REF. INC. #	9. TYPE OFFENSE/INCIDENT Baker Act.

continued..(3)

Perez kept fighting with ofc. Ane and myself as we both gave him verbal commands to stop. Perez kicked, twisted, flailing and flailed about. At one point he attempted to bite ofc. Ane and myself as we gained control of his arms.

I radioed to officers downstairs that Perez was resisting. As additional officers arrived on scene. ofc. Ane was able to gain control of Perez arms and turn him over to his chest. I secured Perez legs and applied a figure four leg lock until ofc. J. Deese was able to secure a hobble on his legs.

once Perez was secured, I assisted with retrieving Perez cell phone and ID from his room.

I had no further contact with Perez.

my axon body camera was used for this incident.

EOR

ADMIN.	1. Officer(s) Reporting (Print and Sign) Matthew Hensell <i>MHensell</i>	2. ID Number(s) 3648	3. Unit K-61	4. Date 9-26-20			
	5. Officer Reviewing (if Applicable) <i>A Rodriguez</i>	6. ID Number 3465	7. Routed to	8. Referred to	9. Assigned to	10. By	11. Date 9-26-20

Initial Report Continued

KEY WEST POLICE DEPARTMENT

Investigative/Supplemental Report

REPORT SIGNAL # **520**

1. AGENCY REPORT NUMBER 20-3987-76	2. LOCATION OF INCIDENT 3820 N. Roosevelt Blvd.	APT. #	3. INC. DATE 9/26/20	TIME 0206	DAY Saturday
4. DATE OF DISPATCH 9/26/20	5. TIME DISP. 0206	6. ON SCENE 0211	7. IN SERVICE 0400	8. CROSS REF. INC. #	9. TYPE OFFENSE/INCIDENT Baker act

See attached

ADMIN.	1. Officer(s) Reporting (Print and Sign) James J. Deese	2. ID Number(s) 3946	3. Unit 91	4. Date 9/26/20			
	5. Officer Reviewing (if Applicable) A. Rodriguez	6. ID Number 3465	7. Routed to	8. Referred to	9. Assigned to	10. By	11. Date 9.26.20

On September 26th, 2020 at 0206 hours, I (Officer Deese) was dispatched to 24 North Hotel, 3820 North Roosevelt Blvd, in reference to a physical disturbance.

Upon arrival, Ofc. Ane and I spoke with front desk employees as well as the security guard for the property. The security guard stated he was going upstairs to check on a room when a white, skinny male attacked him by punching him in the face. The security guard stated he punched the male back and pushed him to get him away from him. The security guard stated the white male began running away from him and began running "laps" around the property.

After a few minutes, I heard Ofc. Ane state he was out with the subject, later identified by his Florida ID as Yoan Garcia Perez, on the second floor with K-9 Ofc. Hansell. I then heard an officer state Garcia Perez was resisting. Sgt. A. Rodriguez, Ofc. Hudson and I ran upstairs to assist. When we arrived upstairs, I witnessed Ofc. Ane trying to get Garcia Perez's hands behind his back and K-9 Ofc. Hansell holding down his feet so he could not kick or harm anyone on scene. Once the subject was handcuffed, as K-9 Ofc. Hansell maintained control of Garcia Perez's legs, I applied a hobble so he would not be able to kick or use his feet for leverage. Once the hobble was safely applied, Officers on scene rolled Garcia Perez to a position of recovery so that his status could be monitored until turned over to rescue.

Once rescue arrived, they sedated Garcia Perez and placed him on a stretcher to transport him down to an ambulance. I assisted in the transport of Garcia Perez to the hospital and rode in Key West Rescue 3.

Once we arrived at the hospital, Garcia Perez was in a higher level of care and did not need any further assistance from me.

My BWC was activated during the event and uploaded to axon Evidence.com.