

Response to Resistance Report

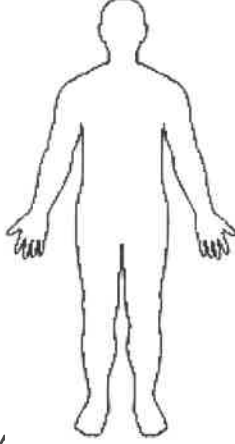
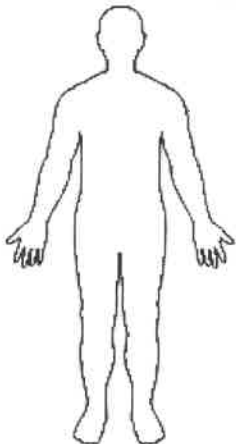
Key West Police Department

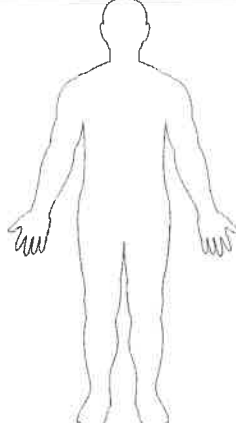
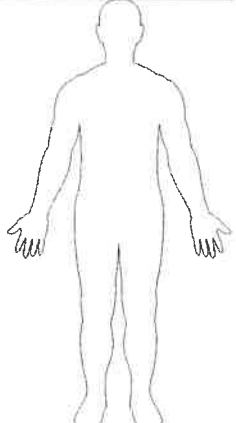
Case No: 20-3986

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: 09/27/20	3. Time: 0130	4. Location: 202 Duval Street	5. Incident type: Disorderly Subj.
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation
	<input type="checkbox"/> Passive:		<input checked="" type="checkbox"/> Physical Control	Takedown & ground ctrl
	<input checked="" type="checkbox"/> Active:	Tensing/pulling away	<input type="checkbox"/> Non-lethal Weapon	
	<input type="checkbox"/> Aggressive:		<input type="checkbox"/> Deadly Force	
	<input type="checkbox"/> Deadly Force:			

SUBJECT	10. Last Name: Kennard	11. First: Lawrence	12. Race: White	13. Sex: Male
	14. DOB: 07/11/1994	15. Height: 5'11	16. Weight: 160	
	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 checked="" type="checkbox"/> Intoxicated <input type="checkbox"/> Under the influence of controlled substance <input type="checkbox"/> Emotionally / mentally disturbed			
	19. 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 22)			
	20. Photographed: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 21. Treated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input type="checkbox"/> Detention			
				
	22. Anterior View		Posterior View	

OFFICER	23. Officer: Jorge Mayorga Lopez	24. Race: H	25. Sex: M	26. Age: 27. Height: 5'5"	28. Weight: 165
	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: 11 mos				
	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)				
					
	35. Anterior View		Posterior View		

Response to Resistance Report (continued)

Key West Police Department

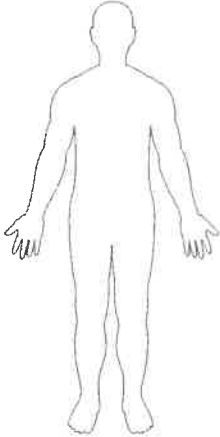
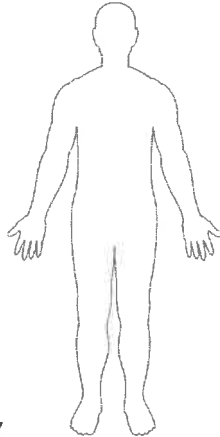
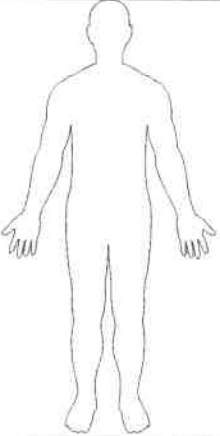
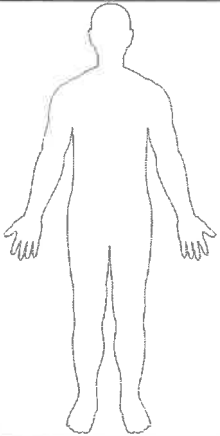
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TASER USE ONLY	36. TASER® device serial # N/A		37. TASER® device serial # N/A	
	TASER® Cam serial # N/A		TASER® Cam serial # N/A	
	Cartridge 1 serial # N/A		Cartridge 1 serial # N/A	
	Cartridge 2 serial # N/A		Cartridge 2 serial # N/A	
	Number of cycles: 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. <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: 09/27/2020		41. Time: 0220	
	42. Did you respond to the scene: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "No", explain why)			
	I was on scene after the UOF but was not notified. I responded to the jail upon discovery via review of the affidavit.			
	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)			
	Only "training issue" discussed with Ofc. Lopez was the notification of UOF requirements to supervisors.			
	46. Were you able to locate any independent witnesses: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," list below)			
	Name		Address	
INT. AFF.	47. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A Rodriguez 3465	
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS		09/27/2020	
	50. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input type="checkbox"/> Yes If "No", complete section 51)		48. Preparing Supervisor's Signature / ID	
	51. Signature of Internal Affairs Inspector		49. Date	
53. If section 48 is "No" record the Professional Standards Control Number:		54. Date Entered:		

Response to Resistance Report (continued)

Key West Police Department

Case No: _____

OFFICER	23. Officer: _____ 24. Race: _____ 25. Sex: _____ 26. Age: _____ 27. Height _____ 28. Weight _____					
	29. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain 30. Yrs Exp: _____					
	31. Injuries: <input 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 type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input 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)					
	 35. Anterior View			 Posterior View		
OFFICER	23. Officer: _____ 24. Race: _____ 25. Sex: _____ 26. Age: _____ 27. Height _____ 28. Weight _____					
	29. Duty Status: <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty <input type="checkbox"/> Extra duty employment <input type="checkbox"/> Uniformed <input type="checkbox"/> Plain 30. Yrs Exp: _____					
	31. Injuries: <input 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 type="checkbox"/> No <input type="checkbox"/> Yes 33. Treated: <input 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)					
	 35. Anterior View			 Posterior View		

AGENCY OR NUMBER FLD 440100		2. RELATING CASE		3. AGENCY REPORT NUMBER 20-3986	
4. REPORTED 09/27/20		DATE		TIME 0100	
TIME DISP. 0100		TIME ARV. 0110		TIME COMPLETED 03:30	
INCIDENT TYPE 1. FELONY		2. TRAFFIC FELONY		3. MISDEMEANOR	
5. INCIDENT FROM DAY		DATE 09/27/20		TIME	
8. OFFENSE #1 DISORDERLY INTOXI		TYPE MISDEMEANOR		7. STATUTE VIOLATION # 856.011	
9. OFFENSE #2 PERSISTING WO VIO.		TYPE MISDEMEANOR		8. NCIC/UCR CODE 843.02	
10. INCIDENT LOCATION (STREET/NUMBER) 202 DUVAL ST		CITY KEY WEST		STATE FL	
11. GEOGRAPHIC INDICATOR RICK'S BAR		ZIP 33040			
13. # OFFENSES 2		14. # VICTIMS 1		15. # OFFENDERS 1	
16. # PREM. ENT.		17. # VEH. STOLEN		18. FORCED ENTRY YES	
19. OCCUPANCY #1. NA #2. OCCUPIED		20. UNOCCUPIED #3. UNOCCUPIED #4. ABANDONED		21. OTHER MOBILE #22. OTHER KNOWN	
22. LOCATION TYPE #1. RESIDENCE - SINGLE #2. APARTMENT #3. RESIDENCE - OTHER #4. HOTEL - MOTEL #5. CONVENIENCE STORE		23. GAS STATION #7. LIQUOR SALES #8. BARN/STABLE #9. SUPERMARKET #10. DEPT./DISCOUNT STORE #11. RESTAURANT		24. DRUG STORE/HOSPITAL #13. BANK/FINANCIAL INST. #14. COMMERCIAL/OFC. BLDG. #15. INDUSTRIAL/MFG. #16. STORAGE #17. GOVT./PUBLIC BLDG.	
25. SCHOOL/UNIVERSITY #19. JAIL/PRISON #20. RELIGIOUS BLDG. #21. AIRPORT #22. BUS/RAIL TERMINAL #23. CONSTRUCTION SITE		26. OTHER STRUCTURE #24. PARK LOT/GARAGE #25. HIGHWAY/ROADWAY #27. PARK/WOODLANDS #28. LAKE/WATERWAY #29. MOTOR VEHICLE			
27. VICTIM TYPE #1. JUVENILE #2. ADULT		28. LAW ENFORCEMENT OFFICER #3. ADULT		29. BUSINESS #4. GOVERNMENT	
30. VICTIMS RELATIONSHIP TO OFFENDER #1. NA #2. UNDETERMINED #3. STRANGER #4. SPOUSE #5. EX-SPOUSE #6. CO-HABITANT		31. PARENT #7. SIBLING/SISTER #8. CHILD #9. STEP-PARENT #10. STEP-CHILD #11. IN-LAW		32. OTHER FAMILY #13. STUDENT #14. TEACHER #15. CHILD OF BOY/ #16. BOY/GIRL FRIEND #17. FRIEND	
33. 1. VICTIM PR		34. 2. LAST NAME, FIRST, MIDDLE/BUSINESS STATE OF FLORIDA		35. 3. AJ 4. R/S	
36. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		37. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		38. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
39. 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP		40. 11. DATE/TIME AVBL.		41. 12. OCC./TITLE	
42. 13. RESIDENCE PHONE ()		43. 14. BUSINESS PHONE ()			
44. 1. VICTIM PR		45. 2. LAST NAME, FIRST, MIDDLE/BUSINESS		46. 3. AJ 4. R/S	
47. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		48. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		49. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
50. 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP		51. 11. DATE/TIME AVBL.		52. 12. OCC./TITLE	
53. 13. RESIDENCE PHONE ()		54. 14. BUSINESS PHONE ()			
55. 1. EXTENT OF INJURY #1. 0. NONE #2. 1. MINOR #3. 2. SERIOUS #4. 3. FATAL		56. 2. LOCATION ON BODY V1. #1 V2. #2		57. 3. HOSPITAL/CLINIC V1. #1 V2. #2	
58. 1. INJURY TYPE #1. 0. N/A #2. 01. GUNSHOT		59. 2. STABBED #3. LACERATION #4. UNCONSCIOUS		60. 3. POSS. BRUISE/BONES #4. POSS. INT. INJURY #5. LOSS OF TEETH	
61. 1. PERSON INTERVIEWED NORA SMITH		62. 2. AJ 3. AGE 64		63. 4. RES. ADDRESS 303 S HOLLAND POINT DR BUS. ADDRESS CITY APT. # CITY STATE ZIP	
64. 4. LOCAL CONTACT ADDRESS		65. 5. USUAL OCCUPATION NONE		66. 6. BUS. PHONE RES. PHONE 252 424 2212	
67. 1. PERSON INTERVIEWED		68. 2. AJ 3. AGE		69. 4. RES. ADDRESS BUS. ADDRESS CITY APT. # CITY STATE ZIP	
70. 4. LOCAL CONTACT ADDRESS		71. 5. USUAL OCCUPATION NONE		72. 6. BUS. PHONE RES. PHONE	
73. 1. LAST NAME, FIRST, MIDDLE LAWRENCE KENNARD		74. 2. RESIDENCE ADDRESS 72 BAY DR		75. 3. AJ 4. R/S	
76. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		77. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		78. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
79. 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP		80. 11. DATE/TIME AVBL.		81. 12. OCC./TITLE	
82. 13. RESIDENCE PHONE ()		83. 14. BUSINESS PHONE ()			
84. 1. VICTIM PR		85. 2. LAST NAME, FIRST, MIDDLE/BUSINESS		86. 3. AJ 4. R/S	
87. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		88. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		89. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
90. 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP		91. 11. DATE/TIME AVBL.		92. 12. OCC./TITLE	
93. 13. RESIDENCE PHONE ()		94. 14. BUSINESS PHONE ()			
95. 1. EXTENT OF INJURY #1. 0. NONE #2. 1. MINOR #3. 2. SERIOUS #4. 3. FATAL		96. 2. LOCATION ON BODY V1. #1 V2. #2		97. 3. HOSPITAL/CLINIC V1. #1 V2. #2	
98. 1. INJURY TYPE #1. 0. N/A #2. 01. GUNSHOT		99. 2. STABBED #3. LACERATION #4. UNCONSCIOUS		100. 3. POSS. BRUISE/BONES #4. POSS. INT. INJURY #5. LOSS OF TEETH	
101. 1. PERSON INTERVIEWED NORA SMITH		102. 2. AJ 3. AGE 64		103. 4. RES. ADDRESS 303 S HOLLAND POINT DR BUS. ADDRESS CITY APT. # CITY STATE ZIP	
104. 4. LOCAL CONTACT ADDRESS		105. 5. USUAL OCCUPATION NONE		106. 6. BUS. PHONE RES. PHONE 252 424 2212	
107. 1. PERSON INTERVIEWED		108. 2. AJ 3. AGE		109. 4. RES. ADDRESS BUS. ADDRESS CITY APT. # CITY STATE ZIP	
110. 4. LOCAL CONTACT ADDRESS		111. 5. USUAL OCCUPATION NONE		112. 6. BUS. PHONE RES. PHONE	
113. 1. LAST NAME, FIRST, MIDDLE LAWRENCE KENNARD		114. 2. RESIDENCE ADDRESS 72 BAY DR		115. 3. AJ 4. R/S	
116. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		117. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		118. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
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122. 13. RESIDENCE PHONE ()		123. 14. BUSINESS PHONE ()			
124. 1. VICTIM PR		125. 2. LAST NAME, FIRST, MIDDLE/BUSINESS		126. 3. AJ 4. R/S	
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138. 1. INJURY TYPE #1. 0. N/A #2. 01. GUNSHOT		139. 2. STABBED #3. LACERATION #4. UNCONSCIOUS		140. 3. POSS. BRUISE/BONES #4. POSS. INT. INJURY #5. LOSS OF TEETH	
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144. 4. LOCAL CONTACT ADDRESS		145. 5. USUAL OCCUPATION NONE		146. 6. BUS. PHONE RES. PHONE 252 424 2212	
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150. 4. LOCAL CONTACT ADDRESS		151. 5. USUAL OCCUPATION NONE		152. 6. BUS. PHONE RES. PHONE	
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213. 13. RESIDENCE PHONE ()		214. 14. BUSINESS PHONE ()			
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218. 1. INJURY TYPE #1. 0. N/A #2. 01. GUNSHOT		219. 2. STABBED #3. LACERATION #4. UNCONSCIOUS		220. 3. POSS. BRUISE/BONES #4. POSS. INT. INJURY #5. LOSS OF TEETH	
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230. 4. LOCAL CONTACT ADDRESS		231. 5. USUAL OCCUPATION NONE		232. 6. BUS. PHONE RES. PHONE	
233. 1. LAST NAME, FIRST, MIDDLE LAWRENCE KENNARD		234. 2. RESIDENCE ADDRESS 72 BAY DR		235. 3. AJ 4. R/S	
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242. 13. RESIDENCE PHONE ()		243. 14. BUSINESS PHONE ()			
244. 1. VICTIM PR		245. 2. LAST NAME, FIRST, MIDDLE/BUSINESS		246. 3. AJ 4. R/S	
247. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		248. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		249. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
250. 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP		251. 11. DATE/TIME AVBL.		252. 12. OCC./TITLE	
253. 13. RESIDENCE PHONE ()		254. 14. BUSINESS PHONE ()			
255. 1. EXTENT OF INJURY #1. 0. NONE #2. 1. MINOR #3. 2. SERIOUS #4. 3. FATAL		256. 2. LOCATION ON BODY V1. #1 V2. #2		257. 3. HOSPITAL/CLINIC V1. #1 V2. #2	
258. 1. INJURY TYPE #1. 0. N/A #2. 01. GUNSHOT		259. 2. STABBED #3. LACERATION #4. UNCONSCIOUS		260. 3. POSS. BRUISE/BONES #4. POSS. INT. INJURY #5. LOSS OF TEETH	
261. 1. PERSON INTERVIEWED NORA SMITH		262. 2. AJ 3. AGE 64		263. 4. RES. ADDRESS 303 S HOLLAND POINT DR BUS. ADDRESS CITY APT. # CITY STATE ZIP	
264. 4. LOCAL CONTACT ADDRESS		265. 5. USUAL OCCUPATION NONE		266. 6. BUS. PHONE RES. PHONE 252 424 2212	
267. 1. PERSON INTERVIEWED		268. 2. AJ 3. AGE		269. 4. RES. ADDRESS BUS. ADDRESS CITY APT. # CITY STATE ZIP	
270. 4. LOCAL CONTACT ADDRESS		271. 5. USUAL OCCUPATION NONE		272. 6. BUS. PHONE RES. PHONE	
273. 1. LAST NAME, FIRST, MIDDLE LAWRENCE KENNARD		274. 2. RESIDENCE ADDRESS 72 BAY DR		275. 3. AJ 4. R/S	
276. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		277. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		278. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
279. 10. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP		280. 11. DATE/TIME AVBL.		281. 12. OCC./TITLE	
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295. 1. EXTENT OF INJURY #1. 0. NONE #2. 1. MINOR #3. 2. SERIOUS #4. 3. FATAL		296. 2. LOCATION ON BODY V1. #1 V2. #2		297. 3. HOSPITAL/CLINIC V1. #1 V2. #2	
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301. 1. PERSON INTERVIEWED NORA SMITH		302. 2. AJ 3. AGE 64		303. 4. RES. ADDRESS 303 S HOLLAND POINT DR BUS. ADDRESS CITY APT. # CITY STATE ZIP	
304. 4. LOCAL CONTACT ADDRESS		305. 5. USUAL OCCUPATION NONE		306. 6. BUS. PHONE RES. PHONE 252 424 2212	
307. 1. PERSON INTERVIEWED		308. 2. AJ 3. AGE		309. 4. RES. ADDRESS BUS. ADDRESS CITY APT. # CITY STATE ZIP	
310. 4. LOCAL CONTACT ADDRESS		311. 5. USUAL OCCUPATION NONE		312. 6. BUS. PHONE RES. PHONE	
313. 1. LAST NAME, FIRST, MIDDLE LAWRENCE KENNARD		314. 2. RESIDENCE ADDRESS 72 BAY DR		315. 3. AJ 4. R/S	
316. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		317. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		318. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
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327. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		328. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		329. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
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335. 1. EXTENT OF INJURY #1. 0. NONE #2. 1. MINOR #3. 2. SERIOUS #4. 3. FATAL		336. 2. LOCATION ON BODY V1. #1 V2. #2		337. 3. HOSPITAL/CLINIC V1. #1 V2. #2	
338. 1. INJURY TYPE #1. 0. N/A #2. 01. GUNSHOT		339. 2. STABBED #3. LACERATION #4. UNCONSCIOUS		340. 3. POSS. BRUISE/BONES #4. POSS. INT. INJURY #5. LOSS OF TEETH	
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344. 4. LOCAL CONTACT ADDRESS		345. 5. USUAL OCCUPATION NONE		346. 6. BUS. PHONE RES. PHONE 252 424 2212	
347. 1. PERSON INTERVIEWED		348. 2. AJ 3. AGE		349. 4. RES. ADDRESS BUS. ADDRESS CITY APT. # CITY STATE ZIP	
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356. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		357. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.		358. 9. LOCAL CONTACT ADDRESS APT. # CITY STATE ZIP	
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375. 1. EXTENT OF INJURY #1. 0. NONE #2. 1. MINOR #3. 2. SERIOUS #4. 3. FATAL		376. 2. LOCATION ON BODY V1. #1 V2. #2		377. 3. HOSPITAL/CLINIC V1. #1 V2. #2	
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381. 1. PERSON INTERVIEWED NORA SMITH		382. 2. AJ 3. AGE 64		383. 4. RES. ADDRESS 303 S HOLLAND POINT DR BUS. ADDRESS CITY APT. # CITY STATE ZIP	
384. 4. LOCAL CONTACT ADDRESS		385. 5. USUAL OCCUPATION NONE		386. 6. BUS. PHONE RES. PHONE 252 424 2212	
387. 1. PERSON INTERVIEWED		388. 2. AJ 3. AGE		389. 4. RES. ADDRESS BUS. ADDRESS CITY APT. # CITY STATE ZIP	
390. 4. LOCAL CONTACT ADDRESS		391. 5. USUAL OCCUPATION NONE		392. 6. BUS. PHONE RES. PHONE	
393. 1. LAST NAME, FIRST, MIDDLE LAWRENCE KENNARD		394. 2. RESIDENCE ADDRESS 72 BAY DR		395. 3. AJ 4. R/S	
396. 7. OFFENSE INDICATOR #1. #2. #3. BOTH		397. 8. RESIDENCE STATUS #00. N/A #01. FULL YR. #02. PART YEAR #03. NON-RES.			

AGENCY REPORT

CRIMES AGAINST PERSONS M.O.

R A P E / R O B B E R Y / H O M I C I D E & A T T E M P T S

WORTHLESS DOCUMENTS

STATE OF FLORIDA
COUNTY OF MONROE

COMPLAINT AFFIDAVIT

ARREST FORM X

ARRESTING AGENCY: K.W.P.D.RESIDENT OF MONROE COUNTY YES NO
RESIDENT OF FLORIDA YES NOCASE NO.: 20-3986 IN BOOK: _____Defendant's Name: Kennard Lawrence William Date of Birth: 11/07/1994
(Last) (First) (Middle) (Day, Month, Year)Place of Birth: Florida Local Address: 72 Bay Dr Key West FL33040 Scars/Tattoos: _____Permanent Address: 72 Bay Dr, Key West FL 33040 Phone: Unknown Occ.: UnknownSoc. Sec. No.: _____ e: W Sex: M Eyes: Blue Hair: Bro Ht: 5'11 Wt: 160Arrest Date: 27/09/2020 Time: 01:30 Location: 202 Duval St.
(Day, Month, Year) (Place of Arrest)Co-Defendant's Name: _____ Taken To County Station: MCDC
(Last) (First) (Middle)

Citation No.: _____ Capias No.: _____ Other: _____

OFFENSES CHARGED:

- | | In Viol. Of F.S. | In Violation of County Ordinance of Monroe Co., Sec. | In Violation of City Ordinance of Key West, Sec. |
|---------------------------------------|------------------|--|--|
| 1. <u>Disorderly Intoxication.</u> | <u>856.011</u> | | |
| 2. <u>Resisting without violence.</u> | <u>843.02</u> | | |
| 3. _____ | | | |
| 4. _____ | | | |

HOLD FOR FIRST APPEARANCE HEARING – DO NOT BOND OUT (complete reverse sides of white and pink copies for additional witnesses)

PRELIMINARY HEARING:

Location

Date Set

WITNESSES AGAINST DEFENDANT:

- | | | |
|-------------------------------|--|----------------------------|
| 1. Name: <u>Nora Smith</u> | Address: <u>303 S Holland Pt Dr Stella, NC 28582</u> | Phone: <u>252-424-2212</u> |
| 2. Name: _____ | Address: _____ | Phone: _____ |
| 3. Victim: <u>State of FL</u> | Address: _____ | Phone: _____ |

Physical Evidence against Defendant: Bodycam and in car videoArresting Officers: Jorge Lopez Ct. ID # 3722 Dept.: KWPDTransporting Officers: Jorge Lopez Ct. ID # 3722 Dept.: KWPD

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that:

On the 27th day of September, 2020 at 202 Duval St.
(Last Name) (First Name) (Initial) (Location)

committed the following violation of law:

Narrative (Be specific): See attached narrative.Sworn to and subscribed before me,
the undersigned authority, thisI swear the above statement is correct and true to the
best of my knowledge and belief.

Signature of Officer or Complainant

Dept.: KWPDCt. ID Number 3722

Judge – Clerk – Notary Public

ID NO.: _____

COURT COPY

STATE ATTORNEY'S COPY

P.S.D. RECORD'S COPY

OFFICER'S COPY

DEFENDANT'S COPY

STATE OF FLORIDA
COUNTY OF MONROE

COMPLAINT AFFIDAVIT

ARREST FORM X

ARRESTING AGENCY: K.W.P.D.

RESIDENT OF MONROE COUNTY

YES NO

RESIDENT OF FLORIDA

YES NO

CASE NO.: 20-3986

IN BOOK: _____

Defendant's Name: Lawrence William Kennard

Date of Birth: 07/11/1994

Narrative (Be specific):

On September 26, 2020 at approximately 2300 hours Ofc. Brabc and I, Ofc. Lopez were dispatch to 218 Duval St, Teasers Adult Club. The caller reported a male being aggressive inside the establishment.

Sgt. A. Rodriguez and Ofc. Brabc arrived on scene and an unknown male was being held on the ground by a bouncer. The manager of the establishment told Sgt. A. Rodriguez that the unknown male was belligerent and attempted to fight the bouncer. The male was held on the ground by the bouncer until the police arrived on scene. The manager of the establishment told Sgt. A. Rodriguez that the male was being aggressive, and he did not want the male in his establishment. The unknown male was later identified as Lawrence Kennard (dob:07/11/1994). Ofc. Brabc placed handcuffs on Lawrence.

The manager told Ofc. Brabc that Kennard did not leave the establishment after he told him to leave. The bouncer and the manager of establishment told Ofc. Brabc he did not wish to press charges against Kennard. The manager of the establishment asked Ofc. Brabc if he could issue a trespass warning to Kennard. Kennard was highly intoxicated and his belt around his pants was unbuckled. Kennard's pants were down below his waist. Sgt. A. Rodriguez and Ofc. Brabc walked Kennard to Ofc. Brabc's patrol vehicle.

I arrived shortly after to the intersection of Duval Street and Charles Street. Sgt. A. Rodriguez asked me to watch Kennard while Ofc. Brabc used law enforcement resources in an attempt to locate Kennard's identity. Kennard and I were standing outside of Ofc. Brabc's patrol vehicle. Kennard was very upset and continuously moved from side to side. I asked him repeatedly to stop moving. I noticed Kennard had a strong odor of an alcoholic beverage coming from his breath. Kennard also had slurred speech.

Ofc. Brabc told Kennard that the he was being issued a trespass warning from Teasers and he could be arrested if he returns to the property. Ofc. Brabc asked Kennard if he understood and he said, "Yes". Ofc. Brabc told Kennard he was going to remove the handcuffs and instructed Kennard not to move. Ofc. Brabc removed the handcuffs and told Kennard he was free to go.

Sworn to and subscribed before me,
the undersigned authority, this

27 day of September, 2020

Judge - Clerk - Notary Public

I swear the above statement is correct and true to the
best of my knowledge and belief.

Signature of Officer or Complainant

Dept.: KWPD

Ct. ID Number 3722

ID NO.: _____

COURT COPY

STATE ATTORNEY'S COPY

P.S.D. RECORD'S COPY

OFFICER'S COPY

DEFENDANT'S COPY

STATE OF FLORIDA
COUNTY OF MONROE

COMPLAINT AFFIDAVIT

ARREST FORM X

ARRESTING AGENCY: K.W.P.D.

RESIDENT OF MONROE COUNTY

YES NO

RESIDENT OF FLORIDA

YES NO

CASE NO.: 20-3986

IN BOOK: _____

Defendant's Name: Lawrence William Kennard

Date of Birth: 11/07/1994

Narrative continued:

Kennard began walking towards the sidewalk in front of Rick's Bar, 202 Duval St. Kennard walked approximately 25 steps and he knocked down an elderly woman. I walked towards the crowd and I grabbed Kennard's right arm while Ofc. Brabc assisted the unknown woman that was laying down on the sidewalk. Kennard attempted to pull his right arm away when I gained control of his right wrist. I escorted Kennard to the ground in an attempt to place him into handcuffs. I grabbed both hands and placed handcuffs on Kennard. During this time, I repeatedly gave Kennard loud verbal commands to stop resisting. I grabbed Kennard's arm and I assisted him into a right lateral position, then assisted him to his feet. A large crowd of approximately ten people formed around Kennard and I, one unknown male was very upset and walked towards us. I asked the unknown male to calm down and to step back. The unknown male was the unknown's female companion.

Ofc. Brabc spoke with the unknown female and she was identified with a North Carolina's driver license as Nora Smith (11/24/1956). Smith fell down to the ground after Kennard bumped into her. Kennard appeared to be in a rush when he was near the area of Rick's Bar. Smith did not have any injuries.

I walked Kennard to the front of Ofc. Brabc's patrol vehicle. While I searched Kennard, he became belligerent and I repeatedly asked him to stop moving. Sgt. A. Rodriguez and I placed Kennard in my patrol vehicle. I transported Kennard to the Monroe County Detention Center. This incident was recorded with my body worn camera, 3722.

Based on the facts and evidence, Lawrence Kennard was highly intoxicated and endanger the safety of Nora Smith after he knocked her down to the ground. Kennard actions led to a trespassing warning issued by Ofc. Brabc a few minutes prior to his arrest. Kennard became belligerent and he did outrage the sense of public decency by acting in such inappropriate behavior. Kennard's behavior posed a threat to the passersby due to the level of intoxication he was in. Kennard caused a public disturbance that created a large crowd of approximately ten people around Kennard and I (Ofc. J. Lopez). Contrary to F.S.S. 856.011.

Based on the facts and evidence, Lawrence Kennard did knowingly and intentionally commit the offense of resisting without violence by opposing to follow my verbal commands as a Law Enforcement Officer. I instructed Kennard numerous times to place his hands behind his back and he pulled his hand away from me when I grabbed his right arm. While I was placing handcuffs on Kennard, he pulled his left hand away from me. I told Kennard numerous times to stop pulling his hand. I, (Ofc. Lopez) was dressed in my Key West Police Department class B uniform with agency insignia. I (Ofc. Lopez) was easily recognizable as a Police Officer. Contrary to F.S.S. 843.02.

Sworn to and subscribed before me,
the undersigned authority, this

I swear the above statement is correct and true to the
best of my knowledge and belief.

Signature of Officer or Complainant

Dept. KWPB

Ct. ID Number _____

ID NO.: _____

COURT COPY

STATE ATTORNEY'S COPY

P.S.D. RECORD'S COPY

OFFICER'S COPY

DEFENDANT'S COPY

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