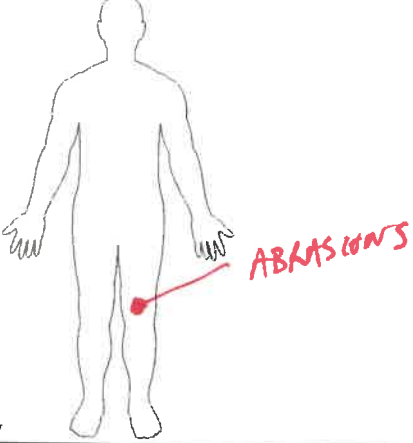
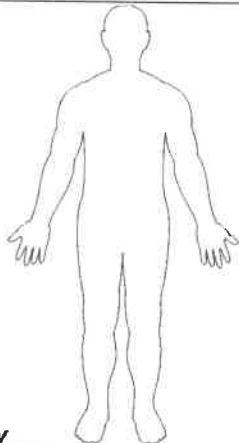
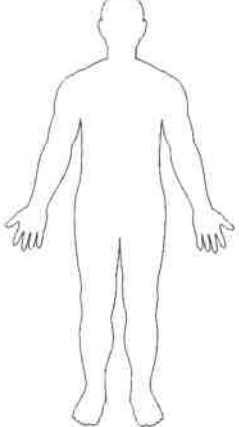
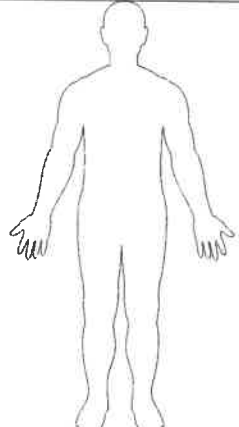


Response to Resistance Report

Key West Police Department

Case No: 20-4420 4470

1. A Response to Resistance Report will be completed by the supervisor for: (Check all that apply)							
<input type="checkbox"/> A response through the use of non-lethal weapons,							
<input checked="" type="checkbox"/> Applies weaponless physical force of strikes, kicks, or "take-downs"							
<input type="checkbox"/> When any person sustains an apparent substantial or fatal injury as a result of the application of force							
<input type="checkbox"/> When any person complains of injury as a result of the application of force							
<input type="checkbox"/> Discharge of firearm in the line of duty off-duty or on-duty (other than for training, maintenance or ballistics testing)							
INCIDENT	2. Date: 11/2/2020	3. Time: 0152	424 Greene St.	5. Incident type: S2			
	6. Resistance Level	7. Explanation	8. Response Option	9. Explanation			
	<input checked="" type="checkbox"/> Passive:	Ignoring Verbal Commands	<input checked="" type="checkbox"/> Physical Control	Takedown			
	<input checked="" type="checkbox"/> Active:	Pulling away / Kicking Officer	<input type="checkbox"/> Non-lethal Weapon				
<input type="checkbox"/> Aggressive:			<input type="checkbox"/> Deadly Force				
<input type="checkbox"/> Deadly Force:							
SUBJECT	10. Last Name: Olivares		11. First: Francisco	12. Race: H	13. Sex: M		
	14. DOB: 12/10/1980		15. Height: 509	16. Weight: 180			
	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 checked="" type="checkbox"/> Under the influence of controlled substance <input 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 type="checkbox"/> Yes By: <input type="checkbox"/> EMT/Paramedic on scene <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Detention						
							
	22. Anterior View		Posterior View				
			TASER PROBE MARKS				
OFFICER	23. Officer: Scott Ham		24. Race: w	25. Sex: m	26. Age: 30	27. Height: 6'00	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: 1		
	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 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

Case No:

20-4420 4470

TASER USE ONLY	36. TASER® device serial #	37. TASER® device serial #
	TASER®Cam serial #	TASER®Cam serial #
	Cartridge 1 serial #	Cartridge 1 serial #
	Cartridge 2 serial #	Cartridge 2 serial #
	Number of cycles: 1	Number of cycles:
	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/>	Type of contact: <input type="checkbox"/> Probe <input type="checkbox"/> CODS <input type="checkbox"/> Drive Stun
	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did probes penetrate skin: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Target distance at probe launch:	Target distance at probe launch:
	Distance between probes:	Distance between probes:
	Probes removed by (name):	Probes removed by (name):
Device downloaded by:	Device downloaded by:	
<input type="checkbox"/> 38. Check and list any additional TASER® devices, cartridges or details in the incident description section.		
REPORT	39. Offense/Incident Report and/or Warrant Affidavit must include:	
	<input checked="" type="checkbox"/> All necessary criminal elements. <input checked="" type="checkbox"/> All details of the arrest <input checked="" type="checkbox"/> Details articulating the subject's words, mannerisms and actions that justify the use of force. <input checked="" type="checkbox"/> Details outlining the response to resistance utilized by each officer. <input checked="" type="checkbox"/> Detailed description of injury complaints and/or observed injuries <input checked="" type="checkbox"/> Details outlining the decontamination, first aid or medical treatment provided to the officer and/or subject.	
SUPERVISOR'S INQUIRY	40. Notified Date: 11/02/20	
	41. Time: 0152	
	42. Did you respond to the scene: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
	43. Did you meet with the Officer: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", explain why)	
INT. AFF.	44. 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.	45. Is further review recommended: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	FORWARD COMPLETED ORIGINAL REPORT TO INTERNAL AFFAIRS	
	46. Preparing Supervisor's Signature / ID	47. Date
	48. Did the review of this incident conclude that use of force was in compliance with Departmental policy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "No", complete section 51)	49. Signature of Internal Affairs Inspector
50. Date		
51. If section 48 is "No" record the Professional Standards Control Number:		
52. Date Entered:		

AGENCY REPORT NUMBER

2. RELATING CASE

3. AGENCY REPORT NUMBER

FLD 440100

4. REPORTED

DATE

11-2-2020

TIME

0152

TIME DISP.

0152

TIME ARR.

0701

TIME COMPLETED

0232

INCIDENT TYPE

1. FELONY

2. TRAFFIC FELONY

3. MISDEMEANOR

4. TRAFFIC MISDEMEANOR

5. ORDINANCE

99. OTHER

6. INCIDENT FROM

DAY Monday

DATE 11-2-2020

TIME 0152

DAY Monday

DATE 11-2-2020

TIME 0152

7. OFFENSE #1

TYPE

Misdemeanor

8. ATTEMPTED

9. COMMITTED

10. ATTEMPTED

11. COMMITTED

12. STATUTE VIOLATION #

843.02

13. STATUTE VIOLATION #

843.02

14. NCIC/UCR CODE

15. NCIC/UCR CODE

10. INCIDENT LOCATION (STREET/NUMBER)

434 Green Street

CITY

Key West

STATE

FL

ZIP

33040

11. GEOGRAPHIC INDICATOR

B1

12. BUSINESS NAME/AREA IDENTIFIER

13. # OFFENSES

14. # VICTIMS

15. # OFFENDERS

16. # PREM. ENT.

17. # VEH. STOLEN

18. FORCED ENTRY

19. OCCUPANCY

20. LOCATION TYPE

21. RESIDENCE - SINGLE

22. APARTMENT

23. RESIDENCE - OTHER

24. HOTEL - MOTEL

25. CONVENIENCE STORE

26. GAS STATION

27. LIQUOR SALES

28. BARN/STABLE

29. SUPERMARKET

30. DEPT./DISCOUNT STORE

31. RESTAURANT

32. DRUG STORE/HOSPITAL

33. BANK/FINANCIAL INST.

34. COMMERCIAL/CFG. BLDG.

35. INDUSTRIAL/MPG.

36. STORAGE

37. GOVT./PUBLIC BLDG.

38. SCHOOL/UNIVERSITY

39. JAIL/PRISON

40. RELIGIOUS BLDG.

41. AIRPORT

42. BUS/RAIL TERMINAL

43. CONSTRUCTION SITE

44. OTHER STRUCTURE

45. PARK LOT/GARAGE

46. HIGHWAY/ROADWAY

47. PARKWOODLANDS

48. LAKE/WATERWAY

49. MOTOR VEHICLE

50. UNOCCUPIED

51. ABANDONED

52. OTHER MOBILE

53. OTHER KNOWN

54. CHURCH

55. OTHER

56. NEIGHBOR

57. SITTER/DAY CARE

58. EMPLOYEE

59. EMPLOYER

60. LANDLORD/TENANT

61. ACCIDENTANCE

62. OTHER

63. APT. #

64. CITY

65. STATE

66. ZIP

67. LOCAL CONTACT ADDRESS

68. OCC./TITLE

69. BUSINESS PHONE ()

70. LAST NAME, FIRST, MIDDLE/BUSINESS

71. RESIDENCE ADDRESS

72. OFFENSE INDICATOR

73. RESIDENCE STATUS

74. PART YEAR

75. A. RESIDENCE TYPE

76. COUNTY

77. OUT STATE

78. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP

79. DATE / TIME AVBL.

80. RESIDENCE PHONE ()

81. BUSINESS PHONE ()

82. LAST NAME, FIRST, MIDDLE/BUSINESS

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84. OFFENSE INDICATOR

85. RESIDENCE STATUS

86. PART YEAR

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93. BUSINESS PHONE ()

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199. DATE / TIME AVBL.

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201. BUSINESS PHONE ()

202. LAST NAME, FIRST, MIDDLE/BUSINESS

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204. OFFENSE INDICATOR

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216. OFFENSE INDICATOR

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218. PART YEAR

219. A. RESIDENCE TYPE

220. COUNTY

221. OUT STATE

222. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP

223. DATE / TIME AVBL.

224. RESIDENCE PHONE ()

225. BUSINESS PHONE ()

226. LAST NAME, FIRST, MIDDLE/BUSINESS

227. RESIDENCE ADDRESS

228. OFFENSE INDICATOR

229. RESIDENCE STATUS

230. PART YEAR

231. A. RESIDENCE TYPE

232. COUNTY

233. OUT STATE

234. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP

235. DATE / TIME AVBL.

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237. BUSINESS PHONE ()

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240. OFFENSE INDICATOR

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242. PART YEAR

243. A. RESIDENCE TYPE

244. COUNTY

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247. DATE / TIME AVBL.

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252. OFFENSE INDICATOR

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261. BUSINESS PHONE ()

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266. PART YEAR

267. A. RESIDENCE TYPE

268. COUNTY

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271. DATE / TIME AVBL.

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273. BUSINESS PHONE ()

274. LAST NAME, FIRST, MIDDLE/BUSINESS

275. RESIDENCE ADDRESS

276. OFFENSE INDICATOR

277. RESIDENCE STATUS

278. PART YEAR

279. A. RESIDENCE TYPE

280. COUNTY

281. OUT STATE

282. BUSINESS ADDRESS / SCHOOL / CITY / STATE / ZIP

283. DATE / TIME AVBL.

284. RESIDENCE PHONE ()

285. BUSINESS PHONE ()

286. LAST NAME, FIRST, MIDDLE/BUSINESS

MISSING PERSON INFORMATION	1. MISSING PERSON CODE 1. MISSING 2. RECOVER OOT MISSING 3. MISSING AND RECOVERED		2. TYPE MISSING 1. RUNAWAY 2. PARENTAL 3. INVOLUNTARY 4. DISABLED		3. RECOVERY INFORMATION 1. 0. N/A 2. VOLUNTARY 3. LOCATED-NOT RETURNED 4. HOSPITALIZED 5. LAW ENFOR CUSTODY 6. RETURNED PARENT/GUAF 7. DECEASED 8. HRS CUSTODY 9. OTHER	
	4. FOUL PLAY SUSPECTED? 1. YES 2. NO		5. PERSON MISSING PREVIOUSLY 1. YES 2. NO		6. UNKNOWN	
SUSPECT INFORMATION	A. WILL THE VICTIM PROSECUTE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		B. ARE THERE ANY KNOWN WITNESSES TO THE CRIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	C. HAVE ALL KNOWN WITNESSES BEEN IDENTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		D. HAVE ALL KNOWN WITNESSES BEEN INTERVIEWED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	E. DO WITNESSES HAVE INFORMATION THAT IS VALUABLE TO THE INVESTIGATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		F. WAS AN ARREST MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
OFFENSE INFORMATION	G. ARE ALL KNOWN OFFENDERS IN CUSTODY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		H. CAN THE SUSPECT(S) BE LOCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	I. CAN THE SUSPECT(S) BE NAMED? <input checked="" 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 checked="" type="checkbox"/> NO			
	L. HAS THE SUSPECT'S VEHICLE BEEN IMPOUNDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		K. CAN THE SUSPECT'S VEHICLE BE LOCATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
VEHICLE OR VESSEL INFORMATION	N. IS THERE A SIGNIFICANT MO? <input checked="" type="checkbox"/> N/A		M. HAVE COMPUTER ENTRIES BEEN MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
			IF YES PUT X IN BOX			
VEHICLE OR VESSEL INFORMATION	O. ARE THERE ANY UNUSUAL CIRCUMSTANCES OR FACTORS SUCH AS LIMITED OPPORTUNITY, LARGE AMOUNTS OF TRACEABLE PROPERTY TAKEN, UNIQUE T PROPERTY OR UNIQUE MO WHICH WOULD ASSIST THE INVESTIGATOR? IF YES EXPLAIN IN THE NARRATIVE.					
VEHICLE OR VESSEL INFORMATION	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 1. AUTO 2. TRUCK/VAN 3. MOTORCYCLE 4. CAMPER/RV 5. BUS 6. TRAILER 7. BOAT 8. AIRCRAFT 9. OTHER		3. VIN #		4. DECAL #	
	5. HOW WAS VIN ACQUIRED?		6. MAKE		7. MODEL	
VEHICLE OR VESSEL INFORMATION	8. YR.		9. BODY STYLE		10. LIC. #/TAG #/VESSEL REG.	
	11. YR.		12. STATE			
	13. VEHICLE COLOR TOP CODE COLOR RANGE 1. BLACK 2. DARK BLUE 3. LT. BLUE/AQUA/TURQUOISE 4. DARK BROWN 5. LT. BROWN/BRONZE/COPPER 6. PURPLE 7. DARK GREEN 8. LT. GREEN/LIME/OLIVE 9. GRAY/SILVER		BOTTOM CODE COLOR RANGE 10. RED/MAROON 11. PINK 12. BEIGE/TAN 13. WHITE/CREAM 14. YELLOW 15. ORANGE/GOLD 99. OTHER/UNKNOWN		14. SPECIAL VEHICLE FEATURES CODE FEATURE 1. LEVEL ALTERED 2. STICKER/DECAL ON BODY/BUMPER 3. STICKER/DECAL ON WINDOW 4. RUST OR PRIMER SPOTS 5. PAINTED INSCRIPTION ON BODY 6. DECORATIVE PAINT 7. MISSING PARTS 8. WINDOW BROKEN 9. DAMAGE TO FRONT	
VEHICLE OR VESSEL INFORMATION	15. ADDITIONAL DESCRIPTION		16. TAG COMES BACK TO NAME, ADDRESS, STATE, ETC.		17. DOORS LOCKED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	18. WINDOWS CLOSED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. KEY IN IGNITION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. FINANCED BY	
	21. DATE OF LAST PAYMENT		22. INSURANCE COMPANY			
RECOVERY INFORMATION	23. PERSON LAST DRIVING VEH.		24. R/S		25. DOB/AGE	
	26. RESIDENCE ADDRESS (ZIP)		PHONE		27. BUSINESS ADDRESS (ZIP)	
	28. LOCATION OF RECOVERY OF MV		29. RECOVERY MILEAGE		30. EVIDENCE OF STRIPPING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
RECOVERY INFORMATION	31. DISPOSITION OF VEHICLE		32. VEHICLE TOWED BY / WHERE?		33. IF OOT RECOVERY - MSG. #	
	34. AUTHORITY		35. PROPERTY RECEIPT #			
	36. PROPERTY 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	
PROPERTY INFORMATION	1. PROPERTY CODE		2. PER/ SUS #		3. QUAN.	
	4. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.		5. VALUE		6. PROPERTY CODE	
	7. PER/ SUS #		8. QUAN.		9. DESCRIPTION OF ARTICLE SERIAL #, MODEL, BRAND NAME, ETC.	
PROPERTY INFORMATION	10. VALUE		11. TOTAL VALUE (IF CONTINUATION LEFT WITH OR DAMAGE VICTIM, MAKE AN ESTIMATE)		12. WAS PHYSICAL EVIDENCE OBTAINED FROM THE SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	13. FIRST OFFICER ON SCENE / PIN # / UNIT		14. ID TECHNICIAN		15. EVIDENCE TO PROPERTY UNIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	16. SCENE PROCESSED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. ID REQUESTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. LATENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CRIME INFORMATION	19. PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. DRUG ACTIVITY 1. N/A 2. BUY 3. DELIVER 4. USE 5. DISPENSE/DISTRIBUTE 6. MANUFACTURE/PRODUCE/CULTIVATE 7. POSSESS 8. SMUGGLE 9. SELL 10. TRAFFIC 11. UNKNOWN 12. OTHER		21. DRUG TYPE 1. N/A 2. AMPHETAMINE 3. BARBITURATE 4. COCAINE 5. HEROIN 6. HALLUCINOGEN 7. MARIJUANA 8. OPIUM/DERIVATIVE 9. PARAPHERNALIA 10. EQUIPMENT 11. SYNTHETIC 12. UNKNOWN 13. OTHER	
	22. ACTIVITY		23. TYPE		24. DESCRIPTION	
	25. ACTIVITY		26. TYPE		27. DESCRIPTION	
WEAPON INFORMATION	28. WEAPON TYPE USED 1. N/A 2. HANDGUN 3. RIFLE 4. SHOTGUN 5. FIREARM 6. KNIFE/CUTTING INST.		29. BLUNT OBJECT 1. HANDS/FISTS/FEET 2. POISON 3. EXPLOSIVES 4. FIRE/INCENDIARY 5. THREAT/INTIMIDATION		30. WEAPON FEATURES 1. CHROME/NICKEL 2. BLUE STEEL 3. AUTOMATIC 4. REVOLVER 5. SHORT BARREL 6. LONG BARREL 7. DOUBLE BARREL 8. SINGLE BARREL 9. SAWED OFF 10. PUMP 11. BOLT ACTION 12. ALTERED STOCK	
	31. CALIBER/GAUGE		32. MAKE		33. SERIAL #	
	34. BARREL LENGTH		35. MODEL #		36. COLOR	
WEAPON INFORMATION	37. TYPE OF GRIPS		38. BUTT		39. Pg. 2 of 4	
	40. Pg. 2 of 4		41. Pg. 2 of 4		42. Pg. 2 of 4	
	43. Pg. 2 of 4		44. Pg. 2 of 4		45. Pg. 2 of 4	

AGENCY REPORT #70

CRIMES AGAINST PERSONS M.O.

8. CHARACTERISTIC OF SUSPECT (SEX CRIMES ONLY)

CREDIT CARDS

See Attached

20-4476

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. CRIMINAL 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)

- WAS OFFICER WEARING BODY ARMOR? Y N UNK NI
 DID ARMOR PREVENT SERIOUS INJURY OR FATALITY? ☐ ☐ ☐ ☐
 WAS OFFICER AWARE OFFENDER HAD WEAPON? ☐ ☐ ☐ ☐
 DID OFFENDER USE OFFICER'S WEAPON? ☐ ☐ ☐ ☐
 WAS A FIREARM DISCHARGED BY OFFENDER? ☐ ☐ ☐ ☐

DISTANCE FROM OFFICER IN FEET (ESTIMATE)

WAS A FIREARM DISCHARGED BY THE OFFICER? ☐ ☐ ☐

6. OFFICER EXPERIENCE (IN YEARS)

AGE

7. OFFICER ASSAULTED BY OFFENDER/SUSPECT #

5. WAS OFFICER INJURED? ☐ YES ☐ NO ☐ UNK.
EXTENT OF INJURIES TO OFFENDER

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

OFFENDER
R/S AGE

ADMIN.

1. Officer Reporting (Print and Sign)

5. Officer Reviewing (If Applicable)

6. ID Number

7. Routed To

8. Referred To

9. Assigned To

10. By

11. Date

12. Pg.

Pg.

2. ID Number(s)

3. Unit

4. Date

4009

92

11-2-2020

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On November 2, 2020, at approximately 0152 hours, I, Ofc. S. Ham was dispatched to 434 Green Street, reference an intoxicated subject.

Upon arrival, I saw the defendant, later identified as Francisco Olivares, laying down on the sidewalk with his feet in the street. Olivares did not wake up on my first attempt to get him up. I gave Olivares a sternum-rub in attempt to wake him up. Olivares opened his eyes but would not sit up. I assisted Olivares to sit up, by pulling him up with his right arm. I asked Olivares if he knew he was sleeping on the sidewalk and he said, "am I?". I asked Olivares what hotel he was staying at, to get him back safely. Olivares appeared to me to be very disoriented and not aware of what was going on around him. Olivares had extremely bloodshot eyes, droopy eyelids and slurred speech. Olivares attempted to stand by rolling forward and placing his hands in front of him on the floor for balance. I told Olivares to stay seated and softly pressed him down by his left shoulder. I asked Olivares for his ID and he was unsure which pocket it was in. Olivares found the pocket with his ID and other cards and fumbled through them attempting to hand me his ID. Olivares began snapping his fingers, telling me to give him his ID back. I told Olivares I will get it right back to him and then we could find him a ride back to his hotel. I asked Olivares again what hotel he was staying at and he paused for a while before he told me he did not know. I asked Olivares what he didn't know, and he stated why I was there with him. I told Olivares I was there to make sure he was going to make it safely back to his hotel. Olivares stated to me that he wanted me to "go fucking home." I told him I can't, until we figured out a way to get him home safely. Olivares repeated my statement to him that he was passed out drunk on a sidewalk. I told Olivares again that I was there for his safety and he said, "no you're not, no you're not, you're a fucking jerk." Olivares continued telling me that I could go home. While Olivares was seated, he swayed his upper body as if he was having a hard time maintaining balance. Olivares stated to me that I was trying to start something that I did not know how to finish. Olivares tried standing up again and dropped his phone. I assisted Olivares back to the curb and he swatted at my hand and told me not to touch him. Olivares then said, "fuck you, get away from me." Olivares tried two more times to stand and I sat him back down. I then offered to give Olivares a ride to his hotel and he said no he did not want me to give him a ride. Olivares tried standing again and as I assisted him back down, he said, "do not fucking touch me" and then slapped my hand. I told Olivares to not hit me or he will be going to jail for battery on a LEO. Olivares then stood up completely and I told him to sit back down. I attempted to grab Olivares by his left arm, and he pulled away. I got a hold of Olivares by his right arm and he continued trying to pull away. I used a modified straight arm take-down to escort Olivares to the ground in a controlled manner. I relayed to my dispatch that I needed another officer to assist me. I attempted to roll Olivares over to his stomach and he began fighting with me, by kicking and pulling away. Olivares attempted to kick me with both his legs and would not roll over. Olivares stated he was not going to roll over and I had to physically maneuver him over. At that moment a pedestrian was passing by and asked if needed help. The pedestrian held Olivares' feet down while I placed him in handcuffs. I escorted Olivares to my patrol car.

Olivares sustained a small abrasion to his left knee.

I transported Olivares to Monroe County Detention Center without incident.

Olivares violated F.S.S. 843.02 Resisting an officer without violence. I was with Olivares to make sure of his wellbeing and Olivares would not listen to verbal commands. Olivares attempted to pull away and attempted to kick me while I was detaining him.

My Axon BWC was activated and uploaded. My Coban in car was activated during transport.