1. CRB Control # 14-002

COMPLAINT FORM
Citizen Review Board

PO Box 1946, Key West, FL 33041
http://www.keywestcity.com
email: crb@keywestcity.com
(305) 809-3887 Fax (305) 293-9827

2. Day, Date, Time Complaint Received: July 23, 2014 10:45AM

3. KWPD Control System #

Please provide as much information as you can about the incident(s). Use additional pages if necessary.
Suministre la mayor cantidad de información posible acerca del (de los) incidente(s). Utilice páginas adicionales si fuese necesario

A. COMPLAINANT INFORMATION
DATOS DEL DENUNCIANTE

Name: Marie Kertonne Annulysse (Nombre) Date of Birth: 08/27/1987 (Fecha de nacimiento)

Address: 320 Angela Apt 5A (Dirección) Street Key West (Ciudad) City FL (Estado) State 33040 (Código Postal) Zip

Mailing Address: (Dirección postal) PO Box or Street, City, State and Zip

E-Mail Address: MarieAnnulysse@yahoo.com. (Dirección e-mail)

Home Phone: (305) 9234286 (Teléfono Particular) Work Phone: (305) 294 9588 (Teléfono del Trabajo) Cellular: (___) _____ (Celular)

B. NATURE OF COMPLAINT: Naturaleza de la denuncia:

Battery Rudeness Deficient Service (Truthfulness) Driving False Arrest (Excessive Force) Searches Other

C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT
DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name: Mark Siracuse (Nombre) Badge #: _____ (Placa No:) Vehicle #: _____ (Patrulla No.)

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

Name: _____ (Nombre) Badge #: _____ (Placa No:) Vehicle #: _____ (Patrulla No.)

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

Name: _____ (Nombre) Badge #: _____ (Placa No:) Vehicle #: _____ (Patrulla No.)

Please provide a physical description of officer:
Describa la apariencia fisica del official: _____

D. VICTIM/WITNESS INFORMATION
DATOS DE LA VICTIMA/TESTIGO

Did you witness the incident? Yes ✓ No ____
¿Fue usted testigo del incidente denunciado? Si ____ No ____

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s):
Si usted está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relacion, si la hay, con esa(s) persona(s):

Parent ___	Spouse ___	Relative ___	Guardian ___	Child ___	Friend ___	Other ✓ fiance
Padre/Madre ___	Conyuge ___	Familiar ___	Tutor ___	Hijo/a ___	Amigo/a ___	Otra ___

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:
Suministre la mayor cantidad possible de la informacion que se solicita a continuacion, sobre la (las) persona(s) en nombre de la(s) cual(es) presenta la denuncia, y sobre el (los) testigo(s) del incidente:

Victim/Witness #1
Victima/Testigo No. 1
Is this person a: victim ___ witness ___
Esta persona es: victima ___ testigo ___
Name: Matthew Shaun Murphy % Jackson Memorial long term care
Nombre
Address: 2500 NW 22nd Ave City Miami State FL
Dirección: Ciudad: Estado:
Zip Code 33142 Contact numbers: Telephone 786-466-3000 Cell ____
Código Postal Teléfono

Victim/Witness #2
Victima/Testigo No. 2
Is this person a : victim ___ witness ___
Esta persona es: victima ___ testigo ___
Name: _____
Nombre
Address: _____ City _____ State _____
Dirección: Ciudad: Estado:
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal Teléfono

Victim/Witness #3
Victima/Testigo No. 3
Is this person a : victim ___ witness ___
Esta persona es: victima ___ testigo ___
Name: _____
Nombre
Address: _____ City _____ State _____
Dirección: Ciudad: Estado:
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal Teléfono

E. INFORMATION ABOUT THE INCIDENT
INFORMACION ACERCA DEL INCIDENTE

Please provide as much information as possible, using additional pages if necessary.
Suministre la mayor cantidad de informacion possible, utilizando páginas adicionales si fuese necesario.

Date: April, 16, 2011 Time: 3:30Am Location: Duval St Case # if applicable: _____
Fecha: _____ Hora: _____ Lugar: _____ No. de Caso, si corresponde: _____

See attached

Attach additional pages if necessary. Page number ____ of ____ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes ____ No ✓

Have you ever been convicted of a felony? Yes ____ No ✓

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity. You have been advised that any statement made to the CRB can be used by other governmental entities.

Marcel Aulcyne
Signature of Complainant

7/23/14.
Date signed

Complaint Received by: Complaint Reviewed by: Action Taken:

Date complaint forwarded to Chief of Police: _____

Citizen Review Board

100 Grinnell Street, Key West, FL 33040
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email: crb@keywestcity.com

- What you need to know before completing the attached complaint form:

- This complaint and any attachment become public record. If you have already filed a report with Key West Police Department Internal Affairs, and you want that complaint to remain confidential until the investigation is complete, you may want to refrain from filing at this time.

- Complaints should be filed as soon as possible the time you became aware of the incident or after resolution of any criminal charges.

- Anyone who has criminal charges pending related to this complaint should consult an attorney before filing the complaint with the CRB and such pending charges may delay the progress of the investigation of your complaint with the CRB. Further, any statements made to the CRB are public record and can be used by anyone to incriminate the complainant. All statements will be uploaded to the internet

- Complainants must advise the CRB of any changes of address or phone number; failure to provide the CRB current information or means for CRB to contact the complainant may result in dismissal of the case.

- All documents received by this office, including medical records, photo IDs, communications and alike become public records and will be disclosed on the Internet and viewable by anyone or any person. You should consider this fact before sending any matters or materials to this office.

- The CRB and its employees and agents are not your legal representatives. You should seek independent legal representations to understand your legal rights regarding the matters referenced in your complaint.

- The CRB jurisdiction is limited to City of Key West Police Officers and NOT Monroe county sheriffs, correction officers, Florida Fish and Wildlife Officers, FDLE representatives, Florida Highway Patrol Officers, Federal Agents, Military personal and alike.

I have read and understand the information provided to me on this page.

Marie Kerstonne Annulysse — Name/Nombre

7/16/2014. — Date/Fecha

INFORMATION ABOUT THE INCIDENT

What happened:

On April 16, 2011, at approx 3:30 am, Matthew Shaun Murphy and I were walking down Duval St. on our way home. A couple was sitting on the steps in front of the store "Flint." The guy stopped Matt who was walking a little behind me and asked him for something. I believe he was asking Matt for drugs. I said, "Let's go" to Matt and we began to walk away. The woman then said "Nigger-Lover!" Matt started arguing with them. I pulled Matt away and the woman said, "That's how you guys make monkey babies." Matt turned back around and was arguing w/ the man. I got in the middle of them. I was facing the other man w/ Matt behind me. I heard a loud thump and everyone exclaiming "Wow!" I turned around and saw Matt on the ground. His eyes were rolled up in his head. I had not seen the officer. I then saw officer Siracuse and I started screaming, "He didn't do anything." Officer Siracuse pointed the Taser at me and said, "Back-off!" "Back-off!" I ran away - scared to death. I didn't know how badly Matt was hurt. I called the jailhouse later that morning. They said he wasn't there. I saw that my phone had a missed call from a 786 #. I listened to the voice mail. It was Jackson Memorial Hospital telling me Matt was about to go into surgery. I went to the police station. Matt had my driver's license and car keys. I met with Officer

William. I gave him a statement and he gave me my d/L and keys. I drove to Jackson Memorial to see Matt.

Complaint:

① Officer Siracuse did not announce himself before tasing Matthew. He lied in his report.

② Using the taser was excessive because he could have just ~~[illegible]~~ ordered Matthew and the man to sit down.

③ Using the taser was excessive because ~~the~~ Matthew has been at Jackson Memorial since that day over 3 years ago. He can't walk, speak and is being fed through a tube.

④ The officers on scene did not conduct a proper investigation: they did not get contact info for all witnesses.

- There was a white guy who worked at Daddy Bones who saw everything
- There were 2 black men right next to us who saw everything.
- There were at least a dozen people in the area.
- They questioned only some people who did not see everything.

⑤ There was no investigation even though Matt's brother-in-law requested

one And the MOU between FDLE and KWPD requires one. Chief should have asked FDLE to conduct a full investigation.

I, Marie Annulysse, have read the above statement. It was dictated to Naja Griard on July 16, 2014 and it is true and correct to the best of my knowledge.

Marie K Annulysse.
Mary Annulysse.