



Citizens Review Board < crb@keywestcity.com >

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## Complaint

1 message

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**Citizens Review Board** < crb@keywestcity.com >

Tue, Apr 22, 2014 at 10:52 AM

To: rd.boettger@gmail.com

Good Morning Sir,

This e-mail is to advise you that the CRB has received your complaint regarding KWPD use of prone restraint. As you may know, the Board is concerned about this and is monitoring the FDLE investigation into the death of Mr. Eimers.

Board members have been given the most recent statistics and research on the use of prone restraint and do plan to look into its use by Key West police officers. This will not be on the April agenda because of the time frame but, may be on the May 19th agenda.

Thank you for the time you took to lodge this complaint. Please don't hesitate to contact me if you have any questions.

Sincerely,

--

Susan C. Srch, Executive Director  
City of Key West  
Citizen's Review Board  
P.O. Box 1946  
Key West, Florida 33041  
tel. (305) 809-3887  
fax. (305) 293-9827  
crb@keywestcity.com  
www.keywestcity.com


# Citizen Review Board

100 Grinnell Street, Key West, FL 33040  
PO Box 1946, Key West, FL 33041  
(305) 809-3887 Fax (305) 293-9827  
email: [crb@keywestcity.com](mailto: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.

  
Name/Nombre

  
Date/Fecha

1. CRB Control #

COMPLAINT FORM  
Citizen Review Board

2. Day, Date, Time  
Complaint Received

3. KWPD Control System #

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

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: RICHARD BOETTGER Date of Birth: 8/9/48  
Nombre Fecha de nacimiento

Address: 1402 OLIVA ST #1 Key West FL 33040  
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

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

E-Mail Address: RD. BOETTGER@GMAIL.COM  
(Dirección e-mail)

Home Phone: 305 294 2523 Work Phone: 305 294 3525 Cellular: ( )  
Teléfono Particular Teléfono del Trabajo 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

*See attached*

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

See attached

**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 \_\_\_  
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 posible 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: \_\_\_\_\_  
Nombre \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_  
Zip Code \_\_\_\_\_ Contact numbers: Telephone \_\_\_\_\_ 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 posible, utilizando páginas adicionales si fuese necesario.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Case # if applicable: \_\_\_\_\_  
Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ Lugar: \_\_\_\_\_ No. de Caso, si corresponde: \_\_\_\_\_

*See attached*

Attach additional pages if necessary. Page number 1 of 1 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.

*R. Bottger*  
Signature of Complainant

*14 April 2014*  
Date signed

Complaint Received by:	Complaint Reviewed by:	Action Taken:
Date complaint forwarded to Chief of Police: _____		

Attachment for Complaint Form for Citizen Review Board of Key West, Florida

I would like the CRB to investigate not any particular incident or officer, but a policy and process.

My complaint is about the use of the prone restraint procedure by the Key West Police Department. I understand you do not want to investigate the particular incident involving the death of Charles Eimers until the FDLE, and KWPD investigations are completed. But after that, you may wish to wait until the conclusion of the civil suit, or a possible State Attorney investigation.

During that time, continued use of this proven-dangerous procedure is a threat to our civilian populace.

It is problematic for the KWPD to abolish the use of the procedure at this time due to the implication that they admit the procedure is dangerous. It could be an essential and life-saving accomplishment of the CRB to give the KWPD your external and legitimate impetus to suspend the use of the procedure regardless of the outcome of the instant Eimers case.

How would you feel if you did nothing, and another person died from the continued use of this procedure?

To repeat: I request you investigate the propriety of continued use of the prone restraint procedure, considering making a recommendation to the KWPD to suspend its use.

Note: I have not named an officer or witness, as the issue is the procedure, not any particular officer or incident. As the procedure is responsible for an estimated 50-200 deaths a year nationwide (<http://www.charlydmiller.com/LIB/2000asphyxrevisit.html>), I believe the fault lies less with individuals but rather with policymakers and a lack of vigilant oversight of these procedures by the citizenry subject to them.

I wish you wisdom in your investigation of this problem. You have the ability, I believe, to possibly save another life.

Respectfully,



Rick Boettger

April 14, 2014