

# Citizen Review Board

100 Grinnell Street, Key West, FL 33040

PO Box 1946, Key West, FL 33041

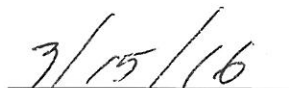
(305) 809-3887 Fax (305) 293-9827

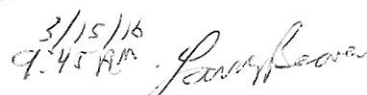
e-mail: [crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)

- 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

  
AT CRB OFFICE

1. CRB Control #

16-001

## COMPLAINT FORM

## Citizen Review Board

PO Box 1946, Key West, FL 33041

<http://www.cityofkeywest-fl.gov>email: [crb@cityofkeywest-fl.gov](mailto:crb@cityofkeywest-fl.gov)

(305) 809-3887 Fax (305) 293-9827

2. Day, Date, Time

Complaint Received

3/15/16 9:30AM

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:

Matthew J. Lee

Date of Birth:

9-13-67

Nombre

Fecha de nacimiento

Address:

(Dirección) Street

(Ciudad) City

(Estado) State

(Código Postal) Zip

Mailing Address:

P.O. Box 5828

Key West

33045

Dirección postal

PO Box or Street, City, State and Zip

E-Mail Address:

(Dirección e-mail)

Home Phone:

(305) 849-0715

Teléfono Particular

Work Phone: ( )

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

Plat Negt

(Put AT RISK OF FURTHER INJURY.)

Sexual Assault

## C.

## INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT

## DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name:

Sgt Williamson

Badge #:

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

Bald

Name:

Off K. A.

Badge #:

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

Fat Blondish hair

Name:

Nombre

Badge #:

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

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

Did you witness the incident? Yes X 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 relación, 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 información que se solicita a continuación, 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: víctima \_\_\_\_ 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: víctima \_\_\_\_ 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: víctima \_\_\_\_ 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 información posible, utilizando páginas adicionales si fuese necesario.

Date: 2/24/16 Time: 3:45 P.M. Location: N. River. Perrot Case # if applicable: \_\_\_\_\_  
Fecha: 2/24/16 Hora: 3:45 P.M. Lugar: N. River. Perrot No. de Caso, si corresponde: \_\_\_\_\_

on the date specified I was hit by a car that failed to stop at the red light. Everything was going ok as can be. Got my dog over to me and was on the phone calling to make arrangements for him. Since I grew with the pain in my hip where I landed I was taking an ambulance ride.

Then all of a sudden some crazy lady grabs my head from behind as jerks me over and down on my back hurting me more. Then K.A. shows up. I ask her to tell the lady to let me go and stop yelling I'm trying to make arrangements for The Adre.

Attach additional pages if necessary. Page number 1 of 3 pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes \_\_\_\_\_ No X

Have you ever been convicted of a felony? Yes X 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.

[Signature]  
Signature of Complainant

2/15/16  
Date signed

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



K.A. Refused grab my ~~arm~~ and started shoving down on my left shoulder. Putting me in more pain and discomfort. She would not listen to me ~~kept~~ saying the Crazy lady's a paramedic and need to immobilize my non-existent neck and spine injuries and to keep me from going into shock.

I do believe I was getting very pissed and called them some nice derogatory and insulting names.

Then Sgt Williamson should up on my right, when I asked him to get them off of me he responded by ~~pressing~~ pushing down on my right shoulder with his weight behind it. Causing me even greater pain in Right shoulder (second point of impact) and lower back and right hip already being pinned in the ~~position~~ position they had me in.

~~I~~ told him he was hurting me but he didn't care. Just demanded I answer his question and do as he says. To which I replied Go Fucks Yourself. over and over intermixed with let me go

then with his hand ~~and~~ ~~for~~  
 knee he press down real hard  
 on first point of impact with the  
 road my right hip. It mazed me  
 scream out in pain. Then shortly  
 after that K.A. Take one of his  
 hands and presses down in my groin  
 Area again causing me to scream out  
 in pain.

~~When~~ They eventually let me  
 up when some doctor, showed up  
 passing by and the E.M.T.

K.A. and Sgt Withnanson failed  
 to get the crazy lady, ~~some~~  
 info that I requested several times  
 to prove if she really was a pervert  
 as they claim.

