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

- 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

3/15/16
Date/Fecha

3/15/16 9:45 AM
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
(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 (Nombre) Date of Birth: 9-13-67 (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:

(put at risk of further injury.)

Battery Rudeness Deficient Service Truthfulness Driving False Arrest Excessive Force Searches Other 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 (Nombre) Badge #: _____ (Placa No:) Vehicle #: _____ (Patrulla No.)

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

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

Please provide a physical description of officer:
Describa la apariencia fisica del official: Fat Blonde hair

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 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 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 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: _____
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 possible, utilizando páginas adicionales si fuese necesario.

Date: Fecha: 2/24/16 Time: Hora: 3:45 P.M. Location: Lugar: N. Rose Parrot Bay Case # if applicable: 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 new 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 and 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 Arrangments for TheAdore.

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 A 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 of Complainant

3/15/16
Date signed

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

k A. Refused grab my ~~brum~~ 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 inbolize my nonexistent neck and spine injurys 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 showed up on my right. when I asked him to get them off of me he responded by pressing down on my right shoulder with his wieght behind it. Causing me even greater pain in Right shoulder (second point of impact) and lower back and right hip area, 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 Fuck Yourself. over and over intermixed with (et me go

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

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

K.A. and Sgt Williamson failed to get the crazy lady, ~~name~~ mfo that I requested several times to prove if she really was a paranoid as they claim.