

Citizen Review Board

100 Grinnell Street, Key West, FL 33040

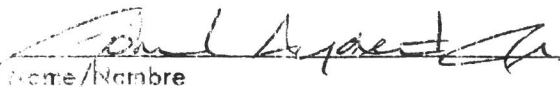
PO Box 1946, Key West, FL 33041

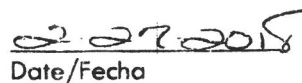
(305) 809-3387 Fax (305) 293-9827

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 the 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 a complaint with the CRB at this time.
- Complaints should be filed as soon as possible of 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.
- All CRB meetings are televised and archived on the City of Key West web-site. By attending a CRB meeting you may be shown on camera.
- 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 #

18-001

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

3/1/2018 11:00 AM

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 DENUNCIANTEName: JOHN L. ALBERT JR

Nombre

Date of Birth: 06-15-1960

Fecha de nacimiento

Address: 1413 10th ST

(Dirección) Street

KEY WEST

(Ciudad) City

FL

(Estado) State

33040

(Código Postal) Zip

Mailing Address: 1413 10th ST. KEY WEST, FL 33040

Dirección postal

PO Box or Street, City, State and Zip

E-Mail Address: JACK.ALBERT@YAHOO.COM

(Dirección e-mail)

Home Phone: ()

Teléfono Particular

Work Phone: 305-292-4372

Teléfono del Trabajo

Cellular: 783-963-7795

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: KATHARIN HANSEN

Nombre

Badge #: 31002

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

Name: S.J. STANDERWICK

Nombre

Badge #: 05204

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

Name: J.P. CALVERT

Nombre

Badge #: 30202

Placa No:

Vehicle #:

Patrulla No.

Please provide a physical description of officer:

Describe la apariencia física del oficial:

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

Name: J. DEAN
Nombre

Badge #: 3380
Placa No:

Vehicle #:
Patrulla No.

Please provide a physical description of officer:
Describe la apariencia fisica del oficial:

Name: J. T. CONATLI
Nombre

Badge #: 3755
Placa No:

Vehicle #:
Patrulla No.

Please provide a physical description of officer:
Describe la apariencia fisica del oficial:

Name:
Nombre

Badge #:
Placa No:

Vehicle #:
Patrulla No.

Please provide a physical description of officer:
Describe la apariencia fisica del oficial:

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 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: NICHOLAS D. ALDEST

Nombre

Address: 3330 NORTHSIDE DR City KEY WEST State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040 Contact numbers: Telephone Cell 305.731.7519

Código Postal

Teléfono

Victim/Witness #2

Victima/Testigo No. 2

Is this person a: victim ☐ witness ☒
Esta persona es: víctima ☐ testigo ☐

Name: CHAD GRAMLEY

Nombre

Address: 3330 NORTHSIDE DR City KEY WEST State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040 Contact numbers: Telephone Cell 305.766.5025

Código Postal

Teléfono

Victim/Witness #3

Victima/Testigo No. 3

Is this person a: victim ☐ witness ☒
Esta persona es: víctima ☐ testigo ☐

Name: CURTIS JOHNSON

Nombre

Address: 3330 NORTHSIDE DR City KEY WEST State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040 Contact numbers: Telephone Cell 305.879.3283

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: 02-22-15 Time: approx. 9:30pm Location: URTURINE DR Case # if applicable: 15-1037
Fecha: 2-22-15 Hora: 9:30pm Lugar: URTURINE DR No. de Caso, si corresponde: _____

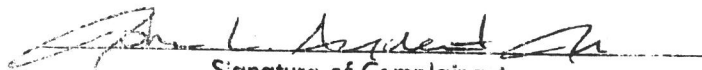
ON THIS DATE AROUND 9:30 PM MY SON, NICHOLAS
HAD A SEIZURE WHILE RIDING HIS BIKE HOME FROM
WORK. HE HAS EPILEPSY AND HAS BEEN ON
MEDICATION SINCE HE WAS 8 YEARS OLD, NOW
25 YEARS OLD. I DO NOT UNDERSTAND WHY
THERE WAS POLICE BACKUP AND NO AMBULANCE.
HE WAS DROPPED OFF AT LOWER KEYS
EMERGENCY AND PHOTOGRAPHED AS A CRIMINAL.
I HAVE RESPONDED TO MANY CALLS OF MY SON
NEEDING AN AMBULANCE THROUGH THE YEARS
BUT NEVER WITH AN OUTCOME LIKE THIS. THE
ATTACHED PHOTO IS HOW HE LOOKED WHEN I
ARRIVED AT THE E.R. COMPLETELY UNACCEPTABLE
AND I WANT ANSWERS!

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.


Signature of Complainant

02-27-2015
Date signed

Complaint Received by:

Complaint Reviewed by:

Action Taken:

Date complaint forwarded to Chief of Police: _____