20-002

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 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.

[signature] Name/Nombre

12-22-2020 Date/Fecha

1. CRB Control #
20-002

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
6/26/2020 9:00 am

3. KWPD Control System #
~~20-1782~~

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: JOHN L. AUDEJT JR. Date of Birth: 6-15-1960
Nombre Fecha de nacimiento

Address: 1413 16th ST. KEY WEST FL 33040
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

Mailing Address: SAME AS ABOVE
Dirección postal PO Box or Street, City, State and Zip

E-Mail Address: JACK.AUDEJT@YAHOO.COM
(Dirección e-mail)

Home Phone: (___) _____ Work Phone: 305.292.4372 Cellular: 703.963.7795
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

Name: THOMAS HALWIE Badge #: 3836 Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
Describa la apariencia fisica del official: 5'8"? ~ DARK BROWN HAIR

Name: A.J. LITTON Badge #: 3958 Vehicle #: _____
Nombre Placa No: Patrulla No.

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

* THESE ARE THE ONLY TWO OFFICERS I MET AT THE EMERGENCY ROOM.

Name: _____ Badge #: _____ Vehicle #: _____
Nombre Placa No: 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 ___
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: KAREN ORTEGA
Nombre
Address: 3330 NORTHSIDE DR City KEY WEST State FL
Dirección: Ciudad: Estado:
Zip Code 33040 Contact numbers: Telephone 305 330-5227 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: 6.4.20 Time: 8 p.m Location: NORTHSIDE JR Case # if applicable: 20-002458
Fecha: 6.4.20 Hora: 8 p.m Lugar: NORTHSIDE JR No. de Caso, si corresponde: _____

PLEASE SEE ATTACHED WITNESS STATEMENT

MY SON HAS EPILEPSY. WHILE OUT WALKING THE DOG, HE HAD A SEIZURE. A NEIGHBOR WHO IS AWARE OF HIS CONDITION CALLED 911 & REPORTED A MEDICAL EMERGENCY INVOLVING A SEIZURE.

MY SON WAS TASED 4 TIMES BEFORE BEING HANDCUFFED.

THIS IS THE SECOND TIME IN 2 YRS I AM BRINGING THIS INFORMATION TO THE CRB. BECAUSE OF THE NATURE OF HIS CONDITION, A TASER IS EXTREMLY HARMFUL.

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] 6.22.2020
Signature of Complainant Date signed

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

TOM,
KAREN ORTEGA
USED THE CRB
DOCUMENT FOR
HER STATEMENT.

Citizen Review B

100 Grinnell Street, Key West, F
PO Box 1946, Key West, FL 3
(305) 809-3887 Fax (305) 293
e-mail: crb@cityofkeywest-fl

- What you need to know before completing t

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Key West Police Department Internal Affairs, and you want
the investigation is complete, you may want to refrain from

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

Karen Ortega
Name/Nombre

6/22/2020
Date/Fecha

1. CRB Control #

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2. Day, Date, Time Complaint Received

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: Karen M Ortega Date of Birth: 7/5/62
Nombre Fecha de nacimiento

Address: 3330 Northside DR 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: karenmortega@gmail.com
(Dirección e-mail)

Home Phone: (305) 330-8227 Work Phone: (305) 295-1333 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

Lyn Known

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

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

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

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

Name: _____ Badge #: _____ Vehicle #: _____
Nombre Placa No: 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 ____ 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 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: Nick Accident
Nombre
Address: 3330 Northside Dr #308 City Key West State FL
Dirección: Ciudad: Estado:
Zip Code 33040 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: 6.4.20 Time: / Hora: 5pm Location: / Lugar: English Case # if applicable: / No. de Caso, si corresponde: 20-002458

Nick has seizures -

I and my daughter Jacquelyn Ortega heard a commotion + from the window I yelled to the EMTS that he was having a seizure - The EMTs responded "We Know" - Daughter ran down + told them the same. EMTs said to her - they know + are familiar w Nicks medical conditions - We left - COPS came + TASED H(M! Completely unacceptable

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

6/22/20
Date signed

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