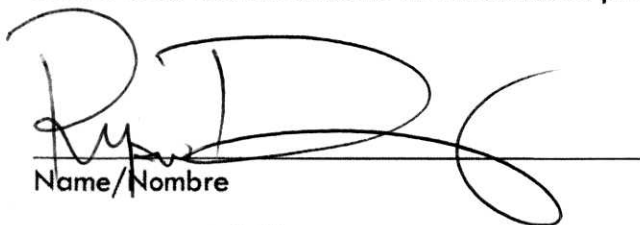


Citizen Review Board

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

- 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

3/11/25
Date/Fecha

WITNESS

DR. GINA THOMPSON

~~DR. GINA THOMPSON~~

ginathompson@thriveworks.com

617/379-0496 EXT. 243

1. CRB Control #

COMPLAINT FORM

Citizen Review Board

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

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: RYAN DOWNEY Date of Birth: 12/21/1978
 Nombre Fecha de nacimiento

Address: 197 ARCADIA DRIVE NEWPORT NEWS VA 23608
 (Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

Mailing Address: 197 ARCADIA DRIVE NEWPORT NEWS VA 23608
 Dirección postal PO Box or Street, City, State and Zip

E-Mail Address: STARVING SCREENWRITER 1978 @ GMAIL.COM
 (Dirección e-mail)

Home Phone: (737) 757/349-3585 Work Phone: () Cellular: ()
 Teléfono Particular 757/768-6394 Teléfono del Trabajo () Celular ()
(SHARON HOSTETLER)

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

AUGUST 3, 2019
FALSE ARREST

Name: OFFICER CUNEO Badge #: Vehicle #:
 Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
 Describa la apariencia física del oficial: PLEASE SEE FALSE POLICE REPORTS
ATTACHED AS WELL AS ALTERED DASH AND VIDEO CAMS

Name: OFFICER KOURI Badge #: Vehicle #:
 Nombre Placa No: Patrulla No.

Please provide a physical description of officer:
 Describa la apariencia física del oficial: PLEASE SEE FALSE POLICE
REPORTS ATTACHED AS WELL AS ALTERED DASH AND VIDEO CAMS.

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

Please provide a physical description of officer:
 Describa la apariencia física del oficial:

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

SHAWN HOSTELER -

Did you witness the incident? Yes ☒ No ☐
¿Fue usted testigo del incidente denunciado? Si ☐ No ☐

VIEWED VIDEOS PROVIDED
BY ALYSON CREAM.

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 ☐
MOTHER OF DAUGHTER

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: RYAN DOWNEY

Nombre

Address: 197 ALLADIA DR City KN State VA

Dirección:

Zip Code 23608

Ciudad:

Estado:

Contact numbers: Telephone 757/349- Cell 757/349-

Código Postal

Teléfono

3585

3585

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 informacion posible, utilizando páginas adicionales si fuese necesario.

Date: 8/3/25 Time: Location: Case # if applicable:
Fecha: 8/3/25 Hora: Lugar: No. de Caso, si corresponde:

ON AUGUST 3, 2019 I WAS FALSELY ARRESTED IN KEY WEST, FL.
AND NOT READ MY MIRANDA RIGHTS. DURING THE ARREST
MEMBERS OF KLPD COAXED ME IN THE CAR UNDER
MY OWN VOITION AND ARRESTED ME WHILE IN THE CAR.
I WAS TAKEN TO THE DETENTION CENTER AND TASED
MULTIPLE TIMES W/ MY HANDS RESTRAINED.
~~ONE~~ I HAVE PROVIDED 90 PAGES OF DOCUMENTATION
PROVING MY INNOCENCE, INCLUDING FALSE POLICE
REPORTS GIVEN TO ME BY KLPD. I ALSO
RECEIVED ACTERED DASH AND BODY CAM VIDEOS
FROM AUYSON CREAM. I Hired FORMER KEY WEST
DA SAM KAUFMAN AS MY DEFENSE ATTORNEY
WHO HELPED COVER UP THE INCIDENT AND
REFUSED TO HELP ME. I HAVE ALSO PROVIDED VIDEOS.

Attach additional pages if necessary. Page number 1 of 90 pages of narrative

MY WITNESS IS
THERAPIST GINA
THOMPSON.

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 X I WAS PROSECUTED AND HAVE
(I WAS FALSELY ARRESTED AND GIVEN THREE) AN OPEN WARRANT.

"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

3/11/25
Date signed

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