

1. CRB Control #  
23-005

# COMPLAINT FORM

Citizen Review Board

2. Day, Date, Time  
Complaint Received  
12/28/27

3. KWPD Control System #

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

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: Robert Adam Date of Birth: 12/14/1962  
Nombre Fecha de nacimiento

Address: 1201 Pearl St. K.W. Fl. 33040  
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

Mailing Address: \_\_\_\_\_  
Dirección postal PO Box or Street, City, State and Zip

E-Mail Address: \_\_\_\_\_  
(Dirección e-mail)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cellular: (401) 871-2800  
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 Unprofessional

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

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

Name: Pablo Rodriguez ? Badge #: 2298 Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

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

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: 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  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: Kevin Agua Pool Leaks

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 \_\_\_\_\_

Sean T. Brandenburg  
Chief of Police



# Key West POLICE DEPARTMENT

### Citizen Complaint Sworn Affidavit

Complainant Name Robert Adam Date of Birth 12/14/1962 Race white Sex male

Address 1201 Pearl Street Key West FL 33040 Phone 401-871-2800 Email b42adam@yahoo.com

Person Affected by Incident (if different from complainant) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Witness Name Kevin (Aqua Pool Leak Detection) Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Incident Date 12/27/2023 Time 2:12pm Location 1201 Pearl Street Case Number \_\_\_\_\_

Employee Name(s) or Description(s) P.Rodrick?? (see ticket #'s 2020299 and 2020300)

Describe the Incident, Specific Complaint and Desired Remedy

I temporarily parked my car in front of my home partially blocking the roadway to speak with our pool repair contractor. While in the yard, we heard a loud banging on the gate and went out to find the police officer standing there. He insisted I move the vehicle immediately since he has already given me two tickets and if I did not move it immediately he was taking me to jail. He insisted he called out to me and that I did not respond. I never heard anything nor did the pool repair man until he banged on the gate. I asked if he could have any leeway in giving me tickets since I had not heard him and he reached for his hand cuffs and said I better move the vehicle now or he was taking me to jail since he already gave me 2 tickets. At this point I could see he was agitated and would not discuss the matter. I moved the vehicle and he drove away.

X *Robert Adam*  
12/27/23



**RESPECT - INTEGRITY - FAIRNESS - SERVICE**

Key West Police Department 1604 N. Roosevelt Blvd. Key West, FL 33040 (305) 809-1111  
cityofkeywest-fl.gov



PD 2020299

DATE 12/27/25 TIME 212 AM/PM

MAKE/MODEL/COLOR FORD JEEP

TAG NO. 61CGDB STATE FL YEAR 26

LOCATION OF VIOLATION 1201 PALM

OFFICER SIGNATURE [Signature] ID 2293

YOU HAVE VIOLATED THE CITY VEHICLE PARKING CODE AS CHECKED BELOW:

- 1.  VEHICLE PARKED ON PUBLIC RIGHT-OF-WAY FACING ON COMING TRAFFIC \$55.00
- 2.  VEHICLE PARKED ON SIDEWALK ON A PUBLIC RIGHT OF WAY \$55.00
- 3.  VEHICLE ILLEGALLY PARKED NEAR A FIRE HYDRANT (WITHIN 15 FEET) OR FIRELANE \$195.00
- 4.  FAILURE TO PARK VEHICLE WITHIN AUTHORIZED PARKING SPACE \$55.00
- 5.  PARKED IN A DESIGNATED NO PARKING ZONE \$55.00
- 6.  RV/OVERSIZE VEHICLE PARKED ILLEGALLY ON A PUBLIC RIGHT-OF-WAY \$95.00
- 7.  UNAUTHORIZED USE OF HANDICAPPED PARKING SPACE \$250.00
- 8.  OVERTIME PARKING \$45.00
- 9.  OTHER PARKING VIOLATIONS TO WIT: \$55.00

NOTE:

IMPORTANT NOTICE

- (1) THIS IS A NON-CRIMINAL VIOLATION.
- (2) PAY PARKING FINE ONLINE AT WWW.CITYOFKEYWEST.RMCPAY.COM OR MAIL PAYMENT IN CITATION ENVELOPE (DO NOT MAIL CASH) OR PAY IN PERSON AT KEY WEST CITY HALL, 1300 WHITE STREET (REAR ENTRANCE) MONDAY - FRIDAY: 8AM - 4:45PM
- (3) THE AMOUNT MUST BE PAID WITHIN (10) CALENDAR DAYS. IF NOT PAID WITHIN 10 CALENDAR DAYS, AN ADDITIONAL LATE CHARGE OF \$5.00 WILL BE ASSESSED. AFTER 20 DAYS AN ADDITIONAL LATE CHARGE OF \$5.00 WILL BE ASSESSED - TOTAL LATE FEE OF \$10.00 PER TICKET. PARKING VIOLATIONS WILL BE CONSIDERED DELINQUENT AFTER 30 DAYS.
- (4) FAILURE TO PAY THIS PARKING VIOLATION WITHIN 30 DAYS WILL RESULT IN PROSECUTION AND POSSIBLE SUSPENSION OF THE OFFENDERS VEHICLE REGISTRATION.
- (5) VEHICLE OWNERS ARE RESPONSIBLE FOR THE PAYMENT OF THIS PARKING VIOLATION UNLESS THE OWNER CAN FURNISH EVIDENCE THAT THE VEHICLE WAS AT THE TIME OF THE PARKING VIOLATION IN THE CARE, CUSTODY, OR CONTROL OF ANOTHER PERSON.
- (6) APPEAL/DISPUTE THIS CITATION ONLINE AT WWW.CITYOFKEYWEST.RMCPAY.COM OR REQUEST A HEARING THROUGH MONROE COUNTY CLERK OF THE COURT, TRAFFIC DIVISION, 500 WHITEHEAD STREET, KEY WEST FL 33040

CITY OF KEY WEST POLICE DEPARTMENT KEY WEST, FLORIDA

PD 2020300

DATE 12/27/25 TIME 212 AM/PM

MAKE/MODEL/COLOR FORD JEEP

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CITY OF KEY WEST POLICE DEPARTMENT KEY WEST, FLORIDA

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