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
[redacted] 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
(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 (Nombre) Date of Birth: 12/21/1978 (Fecha de nacimiento)

Address: 197 ARCADIA DRIVE (Dirección) Street | NEWPORT NEWS (Ciudad) City | VA (Estado) State | 23608 (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: STARVINGSCREENWRITER1978@GMAIL.COM
(Dirección e-mail)

Home Phone: (757) 349-3585 (Teléfono Particular) | Work Phone: (757) 768-6394 (SHANNON HOSTETLER) (Teléfono del Trabajo) | Cellular: (757) 349-3585 / 757/768-6394 (SHANNON) (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

AUGUST 3, 2019
FALSE ARREST

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

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

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

Please provide a physical description of officer:
Describa la apariencia fisica del official: PLEASE SEE FALSE POLICE REPORTS ATTACHED AS WELL AS ALTERED DASH AND VIDEOCAMS.

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 SHAUNA HOSTETLER –

Did you witness the incident? Yes ✓ No ___ VIEWED VIDEOS PROVIDED
¿Fue usted testigo del incidente denunciado? Si ___ No ___ BY ALYSA CREAN.

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 ___
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 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 X witness ___
Esta persona es: victima ___ testigo ___

Name: RYAN DOWNEY
Nombre
Address: 197 ARCADIA DR City NN State VA
Dirección: Ciudad: Estado:
Zip Code 23608 Contact numbers: Telephone 757/349-3585 Cell 757/349-3585
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: 8/3/25 Time: Location: Case # if applicable: _____
Fecha: _____ 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 KWPD COAXED ME IN THE CAR UNDER MY OWN VOLITION AND ARRESTED ME WHILE IN THE CAR. I WAS TAKEN TO THE DETENTION CENTER AND TASED MULTIPLE TIMES W/ MY HANDS RESTRAINED. I HAVE PROVIDED 80 PAGES OF DOCUMENTATION PROVING MY INNOCENCE, INCLUDING FALSE POLICE REPORTS GIVEN TO ME BY KWPD. I ALSO RECEIVED ALTERED DASH AND BODY CAM VIDEOS FROM ALYSON CREAN. 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. MY WITNESS IS TERRORIST GIWA THOMPSON.

Attach additional pages if necessary. Page number 1 of 90 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 X I WAS PROSECUTED AND HAVE AN OPEN WARRANT.
I WAS FALSELY ARRESTED AND GIVEN THREE.

"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: _____