

24-002

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.

Name/Nombre

Date/Fecha

by: Lawson, Christopher James

For JAMES CHRISTOPHER LAWSON ©

1/18/2024H:\Forms\COMPLAINT FORM 2016.doc

without prejudice, All rights retained, good as oral.

1. CRB Control #
24-002

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
1/18/24 ASKED TO hold off
3. KWPD Control System # P/145

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: James Christopher Lawson Date of Birth: 3/23/73 090473
Nombre Fecha de nacimiento

Address: 1851 Pasadale de la Conquistadora Santa Fe NM Excelsior
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

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

E-Mail Address: Tenderforlaw.group@proton.me
(Dirección e-mail)

Home Phone: () _____ Work Phone: () _____ Cellular: (505) 980-8517
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: Mayorga Lopez, Jorge Badge #: _____ Vehicle #: _____
Nombre Placa No. Patrulla No.

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

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

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

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

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: _____

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 _____

TOWED VEHICLE & INVENTORY RECEIPT FORM

Vehicle ID 0

REGISTERED OWNER: LAWSON, JAMES	STREET ADDRESS:
---	-----------------

RACE: W	SEX: M	DATE OF BIRTH:	AGE: 50
PHONE#	BUSINESS:	MOBILE:	

License State / State / Year 2024	License Type	VIN 5764H27693L047624
Veh Year / Make / Model 2020 HOND	Veh Type Automobile	Veh Style Sedan, 4-door
		Veh Color Orange

POSSESSION INFORMATION				Status Date/Time
Type Tow	Hold NO	Inventory NO	Reason NO TAG	01/17/2024 19:30

Date / Time Requested 01/17/2024 19:47:38	Date/Time Arrived
---	-------------------

Officer MAYORGA LOPEZ, JORGE	Agency Key West Police Department	Case #
--	---	--------

Towed From 2600 SEIDENBERG AVE KEY WEST, FL 33040

Tow Company ARNOLD'S TOWING	Phone # 305-296-3832
---------------------------------------	--------------------------------

Towed To 3RD ST STOCK ISLAND
--

Owner holder	Phone #
--------------	---------

Notes

RELEASE INFORMATION		
Date/Time	Released By	Claim Ticket

Released To	Relation	Phone #
-------------	----------	---------

Notes

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: 1/17/24 Time: 19:30 Location: 2000 Seiders Case # if applicable: _____
Fecha: 1/17/24 Hora: 19:30 Lugar: on public easement No. de Caso, si corresponde: _____

2020 Honda towed by Arnold's Towing
No Tag - Fed DOT # put. property. Notice displayed.
CEO of company + owner. Van improperly.
Officer not in good discretion applying statute.

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.

by: Lawson, Christopher James
For JAMES CHRISTOPHER LAWSON ©
Signature of Complainant

1/18/2024
Date signed

without prejudice, all right retained, good as award

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