

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

05/20/19

Date/Fecha

19-001

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

5/20/19 1:45 PM

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 DENUNCIANTEName: Lonnie A Lehmkuhle Date of Birth: 02/13/93
Nombre Fecha de nacimientoAddress: 1510 A Seminary St Key West FL 33040
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) ZipMailing Address: N/A ↑
Dirección postal PO Box or Street, City, State and ZipE-Mail Address: llonnicallen@gmail.com
(Dirección e-mail)Home Phone: (786) 528 2416 Work Phone: 305 N/A Cellular: (305) 896 7736
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 harassmentC. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT
DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTEName: Officer Morris Badge #: _____ Vehicle #: _____
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:

Describa la apariencia física del oficial: white male dark hair short hairName: Multiple officers involved 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: Lonnie Lohmfohle

Nombre

Address: 1510 A Seminary St City Key West State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040

Contact numbers: Telephone 786-588-246 Cell 305-896-7736

Código Postal

Teléfono

Victim/Witness #2

Victima/Testigo No. 2

Is this person a: victim ☐ witness ☒

Esta persona es: víctima ☐ testigo ☐

Name: Patrick (owner of I.C. Doubles)

Nombre

Address: 203 Duval City Key West State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040

Contact numbers: Telephone 305-393-6360 Cell

Código Postal

Teléfono

Victim/Witness #3

Victima/Testigo No. 3

Is this person a: victim ☐ witness ☒

Esta persona es: víctima ☐ testigo ☐

Name: Shauna (GM I.C. Doubles)

Nombre

Address: 203 Duval St. City Key West State FL

Dirección:

Ciudad:

Estado:

Zip Code 33040

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: May 13-18 Time: 2x Daily Location: 203 Duval Case # if applicable: _____
Fecha: May 13-18 Hora: 2x Daily Lugar: 203 Duval No. de Caso, si corresponde: _____

officer morris of KWPD sought me out to deliver
a message, no arrest, no infraction involved multiple
times from monday may 13 - 18 2019. other officers were
involved as well, however I believe morris was the
main officer of the incident involved. on wednesday,
may 15, 2019 I called the police department and
requested them not to bother me at work and
provided them with all information required to
contact me outside of my employment, phone #,
home address, etc. officer morris chose to ignore this
feasible request and again on friday may 18th after
quite a few previous visits, came to my job and
as a result of 6 separate visits from the KWPD
I was terminated from my work (IG Doubles)

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 X

Have you ever been convicted of a felony? Yes ____ No X

"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.

Jonnie A. Schuchman
Signature of Complainant

05/20/19
Date signed

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