

Moyer 26-003

CITIZEN REVIEW BOARD

100 Grinnell Street, Key West, FL 33040

PO Box 1946, Key West, FL 33041

(305) 809-3887

e-mail: crb@cityofkeywest-fl.gov

7 mem. 4 yrs, 2 terms

ex. Dir Thomas Pakenas

Robert J. Linton Esq. CRB Gen. Counsel

- What you need to know before completing the attached complaint form:

event does on Legistar (city web based program)

- 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 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.
- 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.

R. Leon Moyer
Name/Nombre

June 2, 26
Date/Fecha

Law Enf. Off. Bill of Rts. - IA investigation complaint remains closed 45 days
off can be disciplined for an infraction 180 days

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: June 1, 26 Time: 6:30-7:30 Location: (Willie Way) Case # if applicable: _____
Fecha: June 1, 26 Hora: 6:30-7:30 Lugar: (Willie Way) No. de Caso, si corresponde: _____

and Nelson English city Park - swimming pool area

Officers Herrington & Sharp parked their patrol cars unlawfully in handicapped zone, partly on traveled portion of street (see PHOTOS) and then proceeded to "educate" me about the city Ordinance prohibiting bicycles in parks. Then they proceeded to a picnic table where I could see Benjamin Langford sitting and they started to tear apart the things inside his backpack. They probably spent 10 minutes searching through his personal property without showing a search warrant or probable cause, while I took pictures. Then I took pictures of their vehicles parked in violation of Fl. Statute 316.1955 & perhaps other laws. Will you lightly slap their wrists?

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

A. Leon Moyer
Signature of Complainant

June 2, 26
Date signed

Complaint Received by: _____ Complaint Reviewed by: _____

Date complaint forwarded to Chief of Police: _____ Action Taken: _____

COMPLAINT FORM

Citizen Review Board

P.O. Box 1244, Key West, FL 33041
<http://www.cityofkeywest-fl.gov>
 Email: cityofkeywest-fl.gov
 (305) 809-3887

2. Day, Date, Time
 Complaint Received

3. KWP 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: Ro Leon Moyer Date of Birth: 3-5-53
 Nombre: Fecha de nacimiento
 Address: On a boat - Joseph's email KW FL 33040
 (Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip
 Mailing Address: PO Box 1244, Key West, FL 33041
 Dirección postal
 E-Mail Address: Leon_moyer@yahoo.com
 (Dirección e-mail)
 Home Phone: () Work Phone: () Cellular: () 239-327-1491
 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: Off. Herrington & Sharp Badge #: ? Vehicle #: 5271
 Nombre: Placa No: Patrulla No.

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

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

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

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

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

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 está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relación, si la hay, con esa(s) persona(s):

witness
____ Spouse ____ Relative ____ Guardian ____ Child ____ Friend ____ Other ☒
/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:
Proporcione 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: Benjamin Sanford
Nombre: _____
Address: _____ City: K. W. State: FL.
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

Victim/Witness #2**Victima/Testigo No. 2**

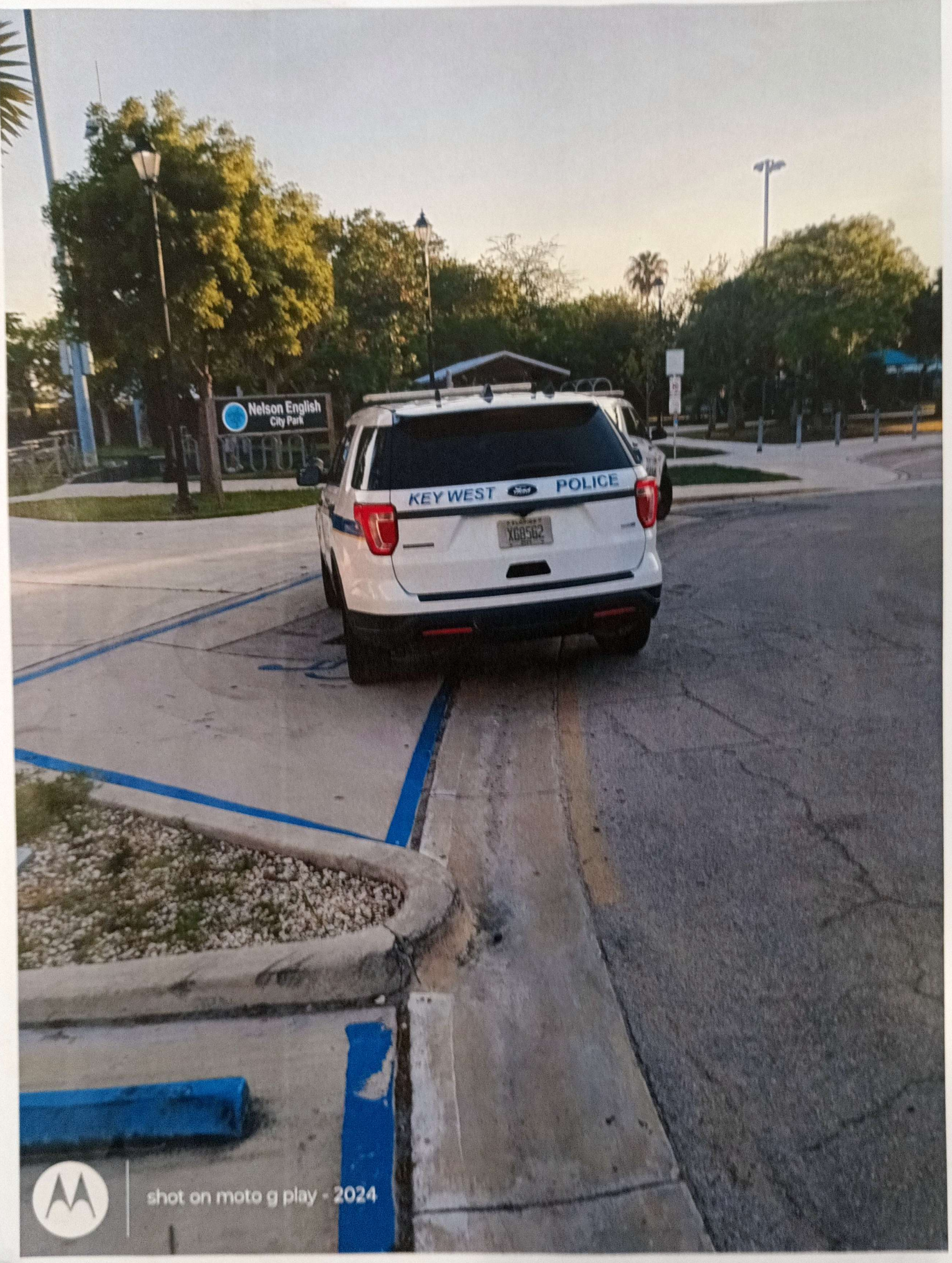
Is this person a: victim ____ witness ____
¿Esta persona es: víctima ____ testigo ____

Name: _____
Nombre: _____
Address: _____ City: _____ State: _____
Dirección: _____ Ciudad: _____ Estado: _____
Zip Code _____ Contact numbers: Telephone _____ Cell _____
Código Postal _____ Teléfono _____

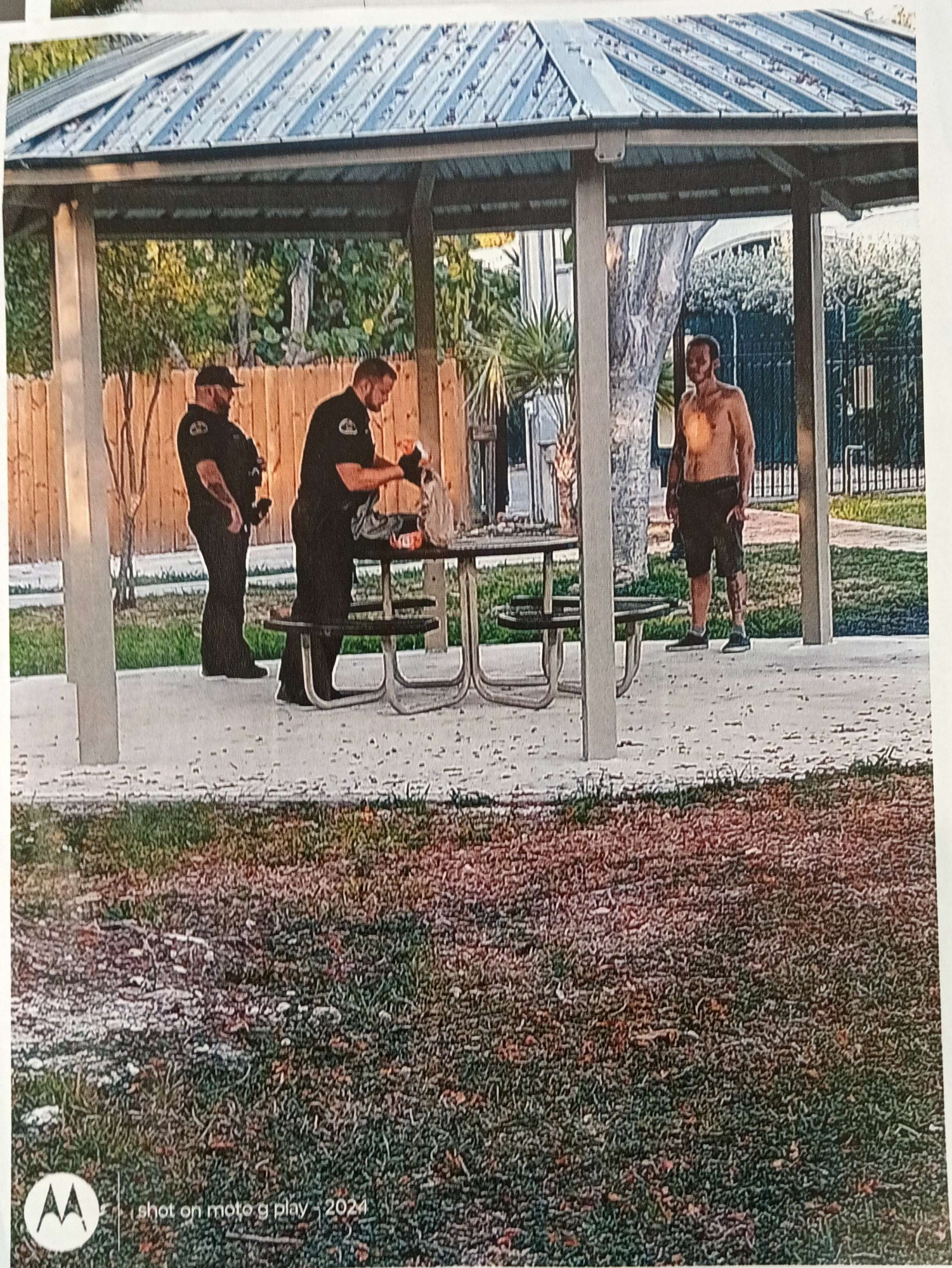
Victim/Witness #3**Victima/Testigo No. 3**

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 _____



shot on moto g play - 2024



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