

22-005

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

11/29/2022
Date/Fecha

1. CRB Control #

22-005

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

11/30/22 10:30am

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: Gerald Knorr Date of Birth: 3/24/60
 Nombre Fecha de nacimiento

Address: 10 Liberty Street Boston Spa N.Y 12020
 (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: 518 726-7915
 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

Harassment

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

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

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: _____

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 _____

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: 11/25/22 Time: 13:55 Location: _____ Case # if applicable: _____
Fecha: 11/25/22 Hora: 13:55 Lugar: _____ No. de Caso, si corresponde: _____

Put belongings up against building. Sittons
in wheel chair. Short cop disrespectful
Took 3 duffel bags

Lost items - Dog food \$60. + Treats 100
~~Treats~~ \$ whipes -

4 pairs shorts @ \$15

4 shirts @ 15 - 20

4 pair socks - \$20 for 6

3 Dog Bowls - \$60 Grib bags - \$5

Kenn Boots - \$120.00 Art schedule \$70

Laundry soap - \$10 - 20

Big Green & 2 white bags \$300 Bail

Public Defender

~ \$100 in charge

Brit's Beers Chopstick

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.


Signature of Complainant

Date signed

Complaint Received by:

Complaint Reviewed by:

Action Taken:

Date complaint forwarded to Chief of Police: _____