

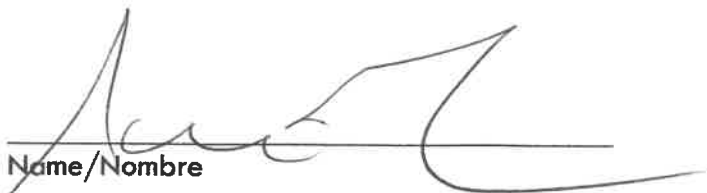
19-001

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

1 6 2019
Date/Fecha

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: _____ Time: _____ Location: _____ Case # if applicable: _____
Fecha: _____ Hora: _____ Lugar: _____ No. de Caso, si corresponde: _____

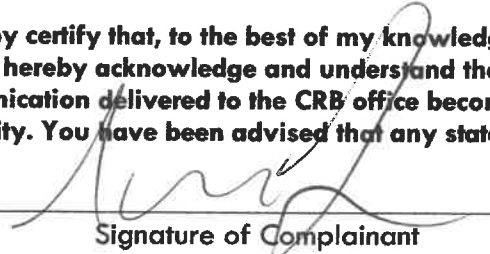
SEE ATTACHED

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 J No ____

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.


Signature of Complainant

 1 9 2019
Date signed

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

D. VICTIM/WITNESS INFORMATION
DATOS DE LA VICTIMA/TESTIGO

Did you witness the incident? Yes 2 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: STEVE LEGNAIOLI
Nombre _____
Address: 2429 Fogarty City: KW State: FL
Dirección: _____ Ciudad: 1305 Estado: _____
Zip Code: 33040 Contact numbers: Telephone: 407 Cell: _____
Código Postal _____ Teléfono: 06068

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: _____

1. CRB Control #

COMPLAINT FORM
Citizen Review Board

2. Day, Date, Time
Complaint Received

PO Box 1946, Key West, FL 33041
<http://www.cityofkeywest-fl.gov>
email: crb@cityofkeywest-fl.gov
(305) 809-3887 Fax (305) 293-9827

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: STEVE LEGNAROLI Date of Birth: 12 14 69
Nombre: _____ Fecha de nacimiento _____
Address: 2429 Fogarty Key West FL 33040
(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: (1) 305 407 0668 Work Phone: () _____ Cellular: () _____
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: Jim Scholl Badge #: _____ Vehicle #: _____
Nombre: _____ Placa No: _____ Patrulla No. _____

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

Acting as lead investigator
for KWPD on this issue

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

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

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

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

Complaint against Jim Scholl for conducting a review/inquiry into multiple misconduct complaints on KWPd officers and issuing a response to the CRB that came in the form of an email. Statute 112.533 states that any "report or summary, regardless of form, the person preparing the report shall, at the time the report is completed: Verify pursuant to s. 92.525 that the contents of the report are true and accurate...and include a statement verifying it's truthful.

Scholl took over the review of the complaints and submitted a report/summary to the CRB that DID NOT verify pursuant to 92.525 (see attached)

Each complaint generates another crime by Scholl, he responded to multiple complaints the same way.

Scholl also violated my rights when he failed to intervene when he learned my rights were being violated.

Scholl is in violation of 112.533 1(a) and 92.525(1)(2) and I am the victim.

1 of 1

From: James K. Scholl

Sent: Tuesday, November 20, 2018 10:50 AM

To: Steve <mysupercrash@hotmail.com>

Cc: Greg Veliz <gveliz@cityofkeywest-fl.gov>; Donald Lee <dlee@cityofkeywest-fl.gov>; Shawn D. Smith <sdsmith@cityofkeywest-fl.gov>

Subject: RE: Audio recording of 09 Nov phone conversation

Steve,

After our phone conversation, I spoke with Chief Lee, State's Attorney Dennis Ward and State's Attorney Investigator Chris Weber. All agree the case here has been looked into and Capital Police have looked into the case. At this time, based on the information I have from all the conversations, I do not believe there is any further reasonable action for any law enforcement agency to continue further investigations.

Please know that the city expects and demands professional behavior of all of the men and women who serve the citizens of this community. At this time the city will take no further action on the past complaint.

Jim Scholl