

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.

ELISKA LATALOVA

Name/Nombre

05/02/2017

Date/Fecha

1. CRB Control #

COMPLAINT FORM
Citizen Review Board

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

2. Day, Date, Time
Complaint Received

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: ELISKA LATALOVA Date of Birth: 06/03/1988
Nombre Fecha de nacimiento
Address: 8082 VETERANS PKWY, 31909 COLUMBUS GA 31909
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip
Mailing Address: MORAVSKA 433, 696 19 MIKULCICE, CZECH REPUBLIC
Dirección postal PO Box or Street, City, State and Zip
E-Mail Address: LATALOVA.ELISKA@GMAIL.COM
(Dirección e-mail)
Home Phone: (706) 405 0422 Work Phone: () Cellular: () +420 723 351 281
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 JESSE YOUNG Badge #: 3272 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: _____

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

Please provide a physical description of officer:
Describe 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: ELISKA LATALOVA

Nombre

Address: MORAVSKA 433

City MIKULCICE

State CZECH REP.

Dirección:

Ciudad:

Estado:

Zip Code 69619

Contact numbers: Telephone

Cell +420 723 351 241

Código Postal

Teléfono

email: LATALOVA.ELISKA@GMAIL.COM

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: 03/12/2017 Time: 12:33am Location: KEY WEST, FL Case # if applicable: 17-001447
Fecha: 03/12/2017 Hora: 12:33am Lugar: KEY WEST, FL No. de Caso, si corresponde: _____

1/2 My name is ELISKA LATALOVA and on 3/12/2017 I was involved in an accident (hit and run) at Key West, FL. Due to a head injury, I had to be air transported to the hospital in Miami, where I underwent many procedures including the surgery of my shoulder. As a result of the accident, I have serious medical, psychological and also financial problems related to paying high bills for the necessary medical treatment and transportation because my insurance does not cover all costs.

In my opinion, this was not a regular traffic accident, but a criminal act in which the offender/driver at fault who caused the accident, did not provide any assistance and left the scene without stopping. I do not understand why the case was handed over to the traffic police.

Attach additional pages if necessary. Page number 4 of 6 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

05/02/2017
Date signed

Complaint Received by:

Complaint Reviewed by:

Action Taken:

Date complaint forwarded to Chief of Police: _____

2/2 I can see obvious shortcomings in the investigation.

Here are some of the main ones:

- the driver or car should be recorded on camera records that have not been thoroughly investigated.
- the cameras were also installed on private house right at the scene of accident but according to my information none from your Police Department spoke to owner of the house.
- myself, I have not yet been interviewed by anyone from your police Department
- no witnesses have been interviewed nor the person who called the 911 emergency for me
- none contacted the journalist who heard several people who seen the car.
- no leads such as traces of the car paint on my bicycle etc. are mentioned in the report.

Based on the facts above I request for proper accident investigation, collection of evidence and a renewed search for the culprit.

I am willing to cooperate with your department, but I shall soon be leaving to my home country, Czech Republic. I can be contacted via email or phone (LATALOVA.ELISKA@GMAIL.COM ; +420 723 351281) and I am ready to visit the US Embassy in Prague Czech Republic if needed.

Thank You.

Yours sincerely

ELISKA LATALOVA



All-purpose Acknowledgment California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Francisco

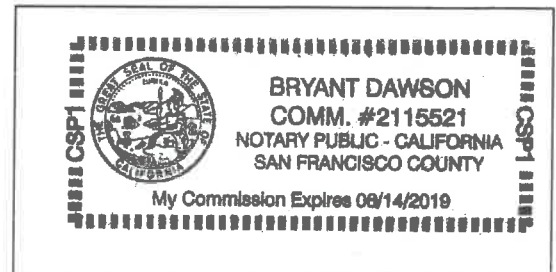
On 5/2/2017 before me, Bryant Dawson, Notary Public (here insert name and title of the officer),

personally appeared Eliska Catalova

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand
and official seal.



Notary Seal

Signature _____

Description of Attached Document

Type or Title of Document Citizen Complaint Form on OFC Jesseby Bodge # 3272

Document Date 5/2/2017

Number of Pages 4

Signer(s) Other Than Named Above N/A



ELSKA LATALOWA
MORAVSKA 433
69619 MIKULCICE
CZECH REPUBLIC

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CITIZEN REVIEW BOARD
100 GRINWELL STREET
KEY WEST, FL
33040

