Lehmkuhle 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.

Lonnie M Lehmkuhle
Name/Nombre

05/20/19
Date/Fecha

1. CRB Control # 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

2. Day, Date, Time Complaint Received: 5/20/19 1:45 pm

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 / Nombre: Lonnie A Lehmkuhle Date of Birth / Fecha de nacimiento: 02/13/93

Address / (Dirección) Street: 1510 A Seminary St (Ciudad) City: Key West (Estado) State: FL (Código Postal) Zip: 33040

Mailing Address / Dirección postal: N/A ↑ (PO Box or Street, City, State and Zip)

E-Mail Address / (Dirección e-mail): llonnieallen@gmail.com

Home Phone / Teléfono Particular: (786) 538 2416 Work Phone / Teléfono del Trabajo: (305) N/A Cellular / Celular: (305) 896 7736

B. NATURE OF COMPLAINT: Naturaleza de la denuncia:

Battery | Rudeness | Deficient Service | Truthfulness | Driving | False Arrest | Excessive Force | Searches | Other: harasment

C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT
DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name / Nombre: Officer Morris Badge # / Placa No: Vehicle # / Patrulla No.:

Please provide a physical description of officer / Describa la apariencia fisica del official: white male dark hair short hair

Name / Nombre: Multiple officers involved Badge # / Placa No: Vehicle # / Patrulla No.:

Please provide a physical description of officer / Describa la apariencia fisica del official:

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

Please provide a physical description of officer / Describa la apariencia fisica del official:

19-001

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 relacion, 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 possible de la informacion que se solicita a continuacion, 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: victima ___ testigo ___
Name: Lonnie Lehmkuhle
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 X
Esta persona es: victima ___ 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 X
Esta persona es: victima ___ 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

19-001

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 possible, utilizando páginas adicionales si fuese necesario.

Date: Fecha: may 13-18 Time: Hora: 2x Daily Location: Lugar: 203 Duval Case # if applicable: 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 - 15 2019. other officers were involved as well, however I belive morris was the main officer of the incident involved. on wednsday, may 15, 2019 I called the police department and requested them not to badger 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 16th after quite a few previous visits, came to my job and as a result of 6 seperate visits from the KWPD I was terminated from my work (IC 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.

Lonnie 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: _____		