

Curtis 20-004

## 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](mailto: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.

BRAD CURTIS  
Name/Nombre

7/8/20  
Date/Fecha

1. CRB Control #

**20-004****COMPLAINT FORM**  
Citizen Review Board

PO Box 1946, Key West, FL 33041

<http://www.keywestcity.com>email: [crb@keywestcity.com](mailto:crb@keywestcity.com)

(305) 809-3887 Fax (305) 293-9827

2. Day, Date, Time  
Complaint Received**7/8/2020 9:30 am**

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: **BRAD CURTIS**  
NombreDate of Birth: **3/10/58**  
Fecha de nacimientoAddress: **811 PALM AVE J19 KEY WEST FL 33040**  
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) ZipMailing Address: **PO BOX 2727 KEY WEST FL 33045**  
Dirección postal PO Box or Street, City, State and ZipE-Mail Address: **BRADLEYTCURTIS@GMAIL.COM**  
(Dirección e-mail)Home Phone: ( ) **—**  
Teléfono ParticularWork Phone: ( ) **—**  
Teléfono del TrabajoCellular: **(305) 619-1974**  
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: \_\_\_\_\_ 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: BRAD CURTIS

Nombre

Address: 811 PALM AVE City KEY WEST State FL.

Dirección: Ciudad: Estado:

Zip Code 33040 Contact numbers: Telephone — Cell 61 (305) 619-1974

Código Postal

Teléfono

**Victim/Witness #2**

**Victima/Testigo No. 2**

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

Name: PLEASE SEE ATTACHED POLICE RPT.

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: 11

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: 2/15/20 Time: 5:45 PM Location: US 1 Case # if applicable: 200010007  
Fecha: 2/15/20 Hora: 5:45 PM Lugar: US 1 No. de Caso, si corresponde: \_\_\_\_\_

PLEASE SEE ATTACHED.

Attach additional pages if necessary. Page number \_\_\_\_ of 2 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.



Signature of Complainant

2/8/20  
Date signed

Complaint Received by:

Complaint Reviewed by:

Action Taken:

Date complaint forwarded to Chief of Police: \_\_\_\_\_

# FLORIDA TRAFFIC CRASH REPORT

## HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

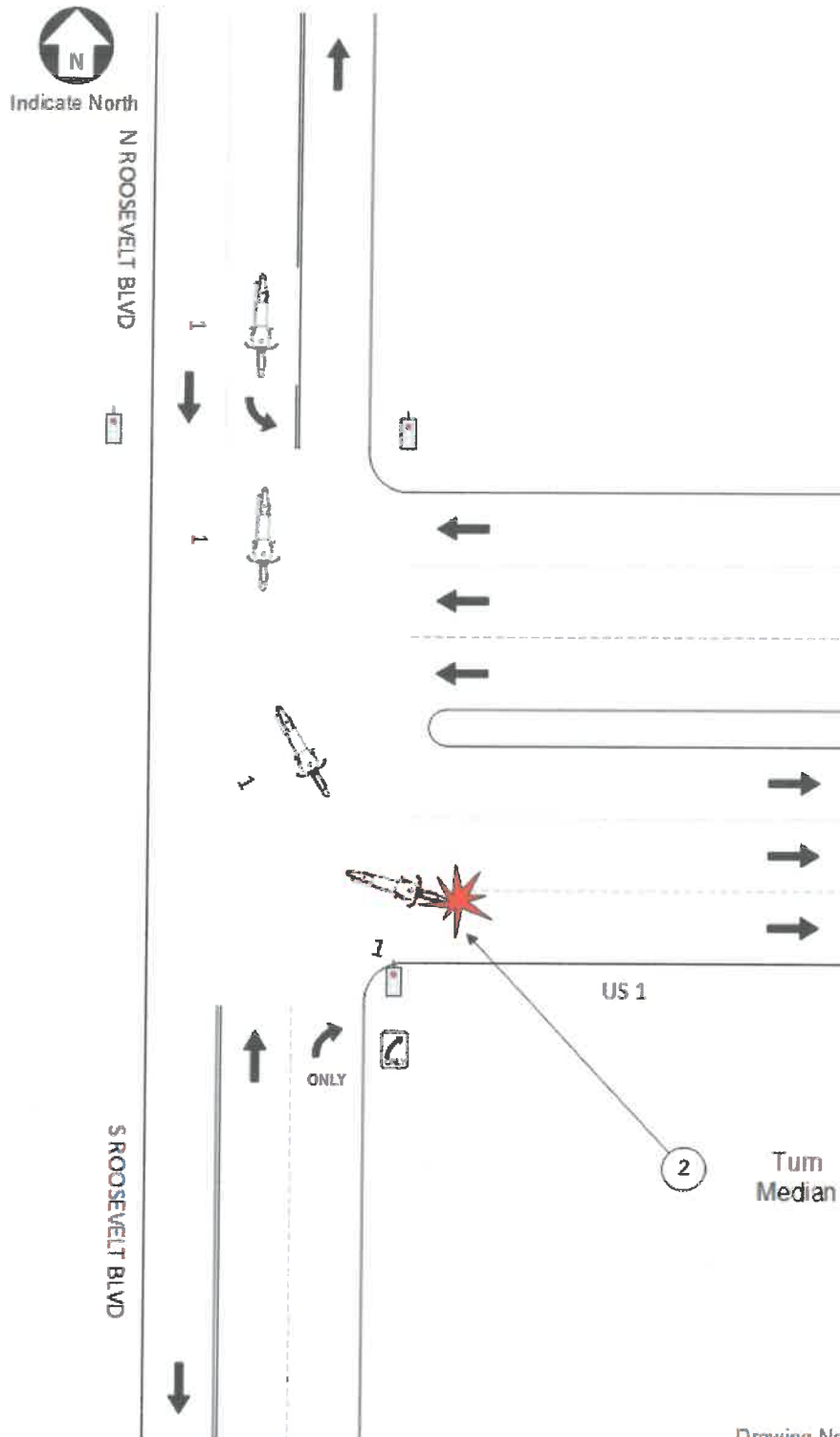
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Crash Date <b>FEBRUARY 15, 2020</b>		Time of Crash <b>05:45 PM</b>		Date of Report <b>FEBRUARY 15, 2020</b>		Reporting Agency Case Number <b>20001007</b>		HSMV Crash Report Number <b>89960515</b>	
<b>CRASH IDENTIFIERS</b>									
County Code <b>38</b>	City Code <b>42</b>	County of Crash <b>MONROE</b>		Place or City of Crash <b>KEY WEST</b>		Within City Limits <b>YES</b>	Time Reported <b>05:45 PM</b>	Time Dispatched <b>05:45 PM</b>	
Time on Scene <b>05:45 PM</b>	Time Cleared Scene <b>06:50 PM</b>	Completed <b>NO</b>	Reason (if Investigation NOT Complete) <b>CRITICAL CRASH</b>				Notified By <b>LAW ENFORCEMENT</b>		
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>									
Crash Occurred On Street, Road, Highway <b>US 1</b>						1 At Street Address #	2 At Latitude	And Longitude	
At Feet <b>15</b>	Miles	Direction <b>E</b>	3 At / From Intersection With Street, Road, Highway <b>S ROOSEVELT BLVD</b>				Or From Milepost #		
Road System Identifier <b>2 U.S.</b>		Type of Shoulder <b>3 CURB</b>		Type of Intersection <b>3 T-INTERSECTION</b>					
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN)</b>									
Light Condition <b>1 DAYLIGHT</b>		Weather Condition <b>1 CLEAR</b>		Roadway Surface Condition <b>1 DRY</b>		School Bus Related <b>1 NO</b>		Manner of Collision <b>88 UNKNOWN</b>	
First Harmful Event Type <b>3 COLLISION WITH FIXED OBJECT</b>		First Harmful Event <b>24 CURB</b>		First Harmful Event Location <b>1 ON ROADWAY</b>		Within Interchange <b>2 YES</b>		First Harmful Event Relation to Junction <b>2 INTERSECTION</b>	
Contributing Circumstances: Road <b>1 NO DEFECTS</b>		Contributing Circumstances: Road		Contributing Circumstances: Road		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment <b>1 NONE</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment		Contributing Circumstances: Environment		Contributing Circumstances: Environment	
Work Zone Related <b>1 NO</b>		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
<b>VEHICLE</b> Check if Commercial <input type="checkbox"/>									
Vehicle <b>01</b>	Motor Vehicle Type <b>1 VEH IN TRANSPORT</b>		Hit and Run <b>1 NO</b>	Veh License Number <b>Y51604</b>		State <b>FL</b>	Reg. Expires <b>JANUARY 31, 2020</b>	Permanent Reg <b>1 NO</b>	VIN <b>L5YTCKPV9K1115851</b>
Year <b>2019</b>	Make <b>ZHNG</b>	Model <b>MC</b>	Style <b>MC</b>	Color <b>BLU</b>	Extent of Damage <b>1 DISABLING</b>	Est. Damage <b>\$1000</b>	Towed Due To Damage <b>2 YES</b>	Vehicle Removed By <b>ARNOLDS</b>	Rotation <b>1 TOW ROTATION LIST</b>
Insurance Company (Driver) <b>EXEMPT</b>						Insurance Policy Number <b>EXEMPT</b>			
Name of Vehicle Owner (Business) <input type="checkbox"/> <b>BRADLEY T. CURTIS</b>			Current Address <b>811 PALM AVE</b>			City & State <b>KEY WEST, FL</b>		Zip Code <b>33045</b>	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN		Year	Make	Length
Vehicle Traveling	Direction <b>E</b>	On Street, Road, Highway <b>US 1</b>					At Est. Speed <b>20</b>	Posted Speed <b>30</b>	Total Lanes <b>06</b>
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)					
Haz. Mat. Release		Haz. Mat. Placard		Number		Class			
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City & State				Zip Code	
Phone Number									
Comm/Non-Commercial		Vehicle Body Type <b>12 MOPED</b>		Vehicle Defects (one) <b>1 NONE</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 NO</b>	
Special Function of MV <b>1 NO SPECIAL FUNCTION</b>									
Vehicle Maneuver Action <b>3 TURNING LEFT</b>		Trafficway <b>4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER</b>		Roadway Grade <b>1 LEVEL</b>		Roadway Alignment <b>1 STRAIGHT</b>		Most Harmful Event <b>3 COLLISION WITH FIXED OBJECT</b>	
Most Harmful Event Detail <b>24 CURB</b>									
Traffic Control Device For This Vehicle <b>5 TRAFFIC CONTROL SIGNAL</b>		First (1) Sequence of Events <b>24 CURB</b>		Second (2) Sequence of Events <b>6 FELL/JUMPED FROM MOTOR VEHICLE</b>		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

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<b>PERSON</b>									
Person # <b>01</b>	Description <b>1 DRIVER</b>	Vehicle # <b>01</b>	Name <b>CHERYL A. CURTIS</b>		Date of Birth <b>AUGUST 9, 1957</b>		Sex <b>2 FEMALE</b>	Phone Number	Re-Exam <b>2 NO</b>
Address <b>811 PALM AVE</b>			City & State <b>KEY WEST, FL</b>				Zip Code <b>33040</b>		
Driver License Number <b>C632101577890</b>		State <b>FL</b>	Expires <b>AUGUST 9, 2024</b>		DL Type <b>5 E / OPERATOR</b>		Req. End. <b>3 NO ENDORSEMENT...</b>		Injury Severity <b>4 INCAPACITATING</b>
Ejection <b>2 EJECTED, TOTALLY</b>		Restraint Systems <b>1 NOT APPLICABLE (NON-MOTORIST)</b>		Air Bag Deployed <b>1 NOT APPLICABLE</b>		Helmet Use <b>3 NO HELMET</b>		Eye Protection <b>1 YES</b>	Seating Location Seat <b>2 MIDDLE</b>
Seating Location Row <b>1 FRONT</b>		Seating Location Other <b>1 NOT APPLICABLE</b>		Drivers Actions at Time of Crash (First) <b>2 CARELESS DRIVING (EXPLAIN IN NARRATIVE)</b>			Drivers Actions at Time of Crash (Second)		Driver Distracted By <b>88 UNKNOWN</b>
Vision Obstruction <b>1 VISION NOT OBSCURED</b>		Drivers Actions at Time of Crash (Third)			Drivers Actions at Time of Crash (Fourth)		Drivers Condition at Time of Crash <b>1 APPARENTLY NORMAL</b>		
Suspected Alcohol Use <b>88 UNKNOWN</b>		Alcohol Tested	Alcohol Test Type		Alcohol Test Result		BAC	Suspected Drug Use <b>88 UNKNOWN</b>	Drug Tested
Drug Test Type		Drug Test Result		Source of Transport to Medical Facility <b>2 EMS</b>			EMS Agency Name or ID <b>KEY WEST RESCUE</b>		EMS Run Number <b>20-0919</b>
Medical Facility Transported To <b>LOWER KEYS MEDICAL CENTER</b>		<b>PERSON</b>							
Person # <b>02</b>	Description <b>3 PASSENGER</b>	Vehicle # <b>01</b>	Name <b>BRADLEY T. CURTIS</b>		Date of Birth <b>MARCH 10, 1958</b>		Sex <b>1 MALE</b>	Injury Severity <b>3...</b>	Ejection <b>2 EJECTED...</b>
Address <b>811 PALM AVE</b>			City & State <b>KEY WEST, FL</b>				Zip Code <b>33045</b>		
Restraint Systems <b>1 NOT APPLICABLE (NON-MOTORIST)</b>		Air Bag Deployed <b>1 NOT APPLICABLE</b>		Helmet Use <b>3 NO HELMET</b>		Eye Protection <b>1 YES</b>		Seating Location Seat <b>2 MIDDLE</b>	Seating Location Row <b>2 SECOND</b>
Seating Location Other <b>1 NOT APPLICABLE</b>		Source of Transport to Medical Facility <b>1 NOT TRANSPORTED</b>			EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To
<b>WITNESSES</b>									
Name <b>CHERRYLL E. ZABLOCKI</b>			Address <b>5615 CABIT ST APT 329</b>			City & State <b>PORTAGE, MI</b>		Zip Code <b>49002</b>	
<b>WITNESSES</b>									
Name <b>DAVID M. MOORE</b>			Address <b>3655 SEASIDE DR APT 329</b>			City & State <b>KW, FL</b>		Zip Code <b>33040</b>	
<b>WITNESSES</b>									
Name <b>LINDSAY N. MOORE</b>			Address <b>3655 SEASIDE DR APT 329</b>			City & State <b>KEY WEST, FL</b>		Zip Code <b>33040</b>	
<b>NARRATIVE</b>									
<p><b>V1 was travelling South on N Roosevelt Blvd and entered the left turn lane. V1 traveled into turn lane and continued East on US1. V1 struck the outside curb, drove onto the median and crashed. V1 final rest was in the South side of the outbound turn lane.</b></p> <p><b>D1 and P1 were ejected from V1.</b></p> <p><b>V1 sustained damage to the front tire area.</b></p> <p><b>D1 sustained a head injury and lost consciousness. D1 was transported to Lower Keys Medical Center and flown to Miami.</b></p> <p><b>P1 sustained a minor head injury but refused medical attention.</b></p> <p><b>The scooter was towed to Arnold's with a hold.</b></p> <p><b>Photograph were taken of the scene and placed into evidence.com.</b></p> <p><b>Nothing further at this time.</b></p>									
<b>REPORTING OFFICER</b>									
ID/Badge Number <b>3940</b>		Rank and Name <b>POLICE OFFICER HUDSON, ANDREW JOHN</b>				Department <b>KEY WEST POLICE DEPARTMENT</b>		Type of Department <b>2 PD</b>	

DIAGRAM



**Sent:** Friday, June 26, 2020 7:14:03 PM

**To:** Citizens Review Board <crb@cityofkeywest-fl.gov>

**Subject:** Unwarranted handcuffing

Hello Mr. Pakenas, I was talking with Todd Stoughton today about the following incident and he recommended that I reach out to you.

On February 15, 2020 I was involved in a single vehicle moped accident at the corner of Roosevelt and Overseas Highway at about 5:00 PM. I was a passenger riding behind my wife Cheryl Curtis. She was knocked out and I was slightly stunned but never lost consciousness. I was a rescuer for eight years and did a self assessment prior to moving.

My wife was cared for very well by all very professional EMTs and was loaded into a paramedic vehicle for air transport to Miami. The general consensus on scene was that she was a probable fatality and probably would have been had she hit the pavement instead of my sneaker.

A little background on myself is in order so you can understand my personality; I have been flying airplanes since 1984 and a certified scuba diving since 1972 and as such have exceptional self control. I can assure you I was never out of control or combative on the scene.

Now, onto my problem, one of the uniformed officers on scene demanded that I go to LKMC for a cat scan, I politely declined. He then asked me to get over to his car and I quietly complied. At that point the officer turned me to face the scene and handcuffed me with himself between me and his car.

I asked him if I was being arrested, he replied "no but your going to the hospital" I then said "if going to the hospital is the fastest way to Miami then I guess I have no choice. Please let me out of the cuffs and I will get into the ambulance and get a cat scan." So I went.

I incurred a \$4,500 bill for a negative CAT scan that I was forced to get against my will and while I was in a calm and lucid mental state.

Now I realize the police have a hard job and the officer was looking out for my best

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interest but according to Captain Smith he was also mitigating the cities liability in case I went dark.

I have a right to refuse medical treatment and I strongly feel that I was illegally detained. This has never happened to me so I'm not sure how to proceed. Can you please advise.

Sincerely,

Brad Curtis

[bradleycurtis@gmail.com](mailto:bradleycurtis@gmail.com)