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.

Jamie Paolucci
Name/Nombre

10/23/20
Date/Fecha

1. CRB Control #

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

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: Jamie Paolucci (Nombre) Date of Birth: 5/22/81 (Fecha de nacimiento)

Address: 14 Aquamarine Dr. (Dirección) Street Big coopatt Key West (Ciudad) City Fl (Estado) State 33040 (Código Postal) Zip

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

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

Home Phone: (___) _____ (Teléfono Particular) Work Phone: (___) _____ (Teléfono del Trabajo) Cellular: (440) 590 - 3918 (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: Timothy Malak (Nombre) Badge #: 4045 (Placa No:) Vehicle #: 5216 (Patrulla No.)

Please provide a physical description of officer:
Describa la apariencia fisica del official: Tall, caucasian, bigger build

Name: Officer Morris (Nombre) Badge #: 3926 (Placa No:) Vehicle #: 5224 (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: _____

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

Did you witness the incident? Yes ____ No X
¿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 aunt ✓	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: Caleb J. Surgee
Nombre
Address: 1801 N. Roosevelte Bl. Pier Sailfish slip #9 City Key West State FL
Dirección: Ciudad: Estado:
Zip Code 33040 Contact numbers: Telephone _____ Cell 330-888-2933
Código Postal Teléfono

Victim/Witness #2
Victima/Testigo No. 2
Is this person a : victim ___ witness ___
Esta persona es: victima ___ 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: victima ___ 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 possible, utilizando páginas adicionales si fuese necesario.

Date: Fecha: 10/3/20 Time: Hora: 10-12 PM Location: Lugar: 1801 N. Roosevelt Blvd. Sailfish pier #9 Case # if applicable: No. de Caso, si corresponde: _____

Please see attached word document of the timeline of events, rquests, and corispondence.

Officer Malak Made threats to Caleb J. Surcse during a possible breach of "No contact order" visit. The officer told Caleb that he has no reason to arrest him this time because there was no violation to his "No contact order" and he told caleb "next time open his door nicer or else he would shoot him, and that would ruin his next day" This officer seems to have a vendetta do to his very personal addition remarks. He then did not Provide BWC footage. This is concerning

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.

Signature of Complainant

10/23/20
Date signed

Complaint Received by: Complaint Reviewed by: Action Taken:

Date complaint forwarded to Chief of Police: _____

* Please read the whole word document, many more details are on that. *