EASTER	TATES DISTRICT COURT I DISTRICT OF NEW YORK ERGEI CHEPILKO		DEGE JUL - PRO SE	
(In the space a	bove enter the full name(s) of the plaintiff(s).)		COMPLAIN	T
	-against-			
THE CI CRISTO RICHAR		. Jury	Trial: Yes (chec	□ No , k one)
SAMUE RONET		14	4	173
ROGER	JASMIN	•	ROS	S, J.
cannot fit the please write "so sheet of paper	bove enter the full name(s) of the defendant(s). If you names of all of the defendants in the space provided, the attached" in the space above and attach an additional with the full list of names. The names listed in the above it identical to those contained in Part I. Addresses should there.)	. 1	BLOOM	M.J.
I. Parti	es in this complaint:			
identi	our name, address and telephone number. If y fication number and the name and address of your y additional plaintiffs named. Attach additional shapes	current plac seets of pape	e of confinement.	include your Do the same
Plaintiff	Name SERGEI CHEPILKO			
2 (28) (775)	Name SERGEI CHEPILKO Street Address 501 SURF AVR.,	ADT. 1	3 A	
	County, City BROOKLYN, Ne	W YOR	ek	
	State & Zip Code New York. 1	W YOR		
	Telephone Number 7/8-266-12	28		
gover	Il defendants. You should state the full name of ment agency, an organization, a corporation, or an lant may be served. Make sure that the defendant(s)	individual.	Include the addre	ess where each

in the above caption. Attach additional sheets of paper as necessary.

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PRO SE OFFICE	
COMPLABUT	in the space whove enter the full name(s) of the $plain(f(x))$.
Jury Trial 12 Yes 13 No	
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BLOOM M.J.	
	tin the space above over the full name(s) of the defendant(s)—if you among fit the names of all of the defendants in the space provided, seems write "see associated" in the space obove and attach an additional street of paper with the full list of names. The names listed in the above capitan states be identical to those contained in Part I. Addresses should not be inchases here.)
current place of confinement. Do the same	A. List your name, address and telephone number. If you dentification number and the name and address of your for any additional plaintiffs named. Attach additional sha
	Country City A.S. A.A.
	County, City BLO ALYM MC
G-	
iadividual. Incular the adaress where each listed below are identical to those contained	D. List all defendants. You should state the full name of government agoncy, an organization, a corporation, or an defendant may be served. Make sure that the detendant(s) in the above caption. Attach additional sheets of paper as

Defend	ant No. 1	Name P.O. Cristophe BURTON, TAX# \$944399
		Street Address
		County, City Kings, New YORK, PRECINCT 63
		State & Zip Code
		Telephone Number
Defend	ant No. 2	Name Sgt. Richard COHEN, TAX# 905584 Street Address County, City Kings, New York, Precinct 60
		Street Address
		County, City KINGS NEW TORK, PRECINCI 60
		State & Zip Code
		Telephone Number
Defend	ant No. 3	Name P.O. GARSING CHAN, TAX# 941533
		Street Address County, City Kings, New YORK, PRESINCT 63
	•	
		State & Zip Code
		Telephone Number
Defend	ants No. 4, 5, 6	Name P.O. S. BROWN (936248) Sqt. R. JASMIN (928531) P.D. R. BENJAMIN, Street Address (936194) County, City Kings, New YORK, PRECINCT 63.
		Street Address (936/94)
		County, City Kings, New YORK, PRECINCT 63.
		State & Zip Code
000	F. 04.7 -	Telephone Number
XXX II.	Paris for Turning	CITY OF NEW YORK
ш.	Basis for Juris	action:
involvii § 1331, Under 2	ig a federal que a case involvin 28 U.S.C. § 133	ts of limited jurisdiction. Only two types of cases can be heard in federal court: cases estion and cases involving diversity of citizenship of the parties. Under 28 U.S.C. g the United States Constitution or federal laws or treaties is a federal question case. 2, a case in which a citizen of one state sues a citizen of another state and the amount in \$75,000 is a diversity of citizenship case.
A.	What is the bas	is for federal court jurisdiction? (check all that apply)
	M Federal Que	estions Diversity of Citizenship
В.	If the basis for	jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right
	is at issue?	IVIL RIGHTS VIOLATIONS UNDER 42 USC \$ 1983
		IVIL RIGHTS VIOLATIONS UNDER 42 USC \$ 1983, 28 USC \$ 1391 (8)
C.	If the basis for j	jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? (s) of citizenship
	Plaintiff(s) state	(s) of citizenship BROOKLYN, New YORK
	Defendant(s) sta	ite(s) of citizenship

III.	Statement	ωf	Claim:
~~~ '		UL	CHILLIA.

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

В.	SURF AVE., THE 60 PRECINCT, BROOKLYN  What date and approximate time did the events giving rise to your claim(s) occur?
٠.	July 4, 2011 at 7:40 P.M.
_	Principal appropriate Australy RAR -
C.	Facts: PLAINTIFF ADVERTISED PHOTOGRAPHS. P.O. BURTON
$\neg$	STATED THAT PLAINTIFF WAS NOT A LICENSED VENDOR ON
	PROHIBITED SELLING PHOTOES. PLAITIFF TRIED TO WRITE
=	BADGE NUMBER AND P.O. BUATON iMMIDIATELY HAND- cuffed plaintiff and dragged him TO THE group
1	DF POLICE OFFICERS. They kicked plaintiff's legs as
لــا	Refused to address Plaintiff's Complain # FOR PAIN
	in the WRISTS.
De l	
	During STAYING IN THE HOLDING CRLL PLAINTIFF WAS VERBALLY assaulted with sexual threat be
	Sat. Conen.
	P.O. BURTON ISSUED 2 SUMMONSES FOR disorder
	conduct, which where dismissed.
<u>'</u>	, conjunt of the constitution of the constitut
IV.	Injuries:
If y	ou sustained injuries related to the events alleged above, describe them and state what medical treatmen
if a	ny, you required and received.
	Whries TO THE WRISTS as a Resultof Tight hand
-	uffing, injuries To the legs
~	
	INTERIOR OF REVERE PHANTIBLES DECIDECE
	infliction of severe emotional Distress TRECTED ON July 5,2011 at CORNELL HOSpital

V.	Relief:							
State	what you want th	e Court to do for you	and the ame	ount of m	onetary c	mneng	ation if on	V VAN AFA
SPPKIN	or and the besie for	on mak						
W	HEREFOR	DAMAGES	DEMA	NDS	comp	eNSA	TORY	aND
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I decla	re under penalty	of perjury that the f	oregoing is t	rue and c	eorrect.			
Signed	this $3$ day of $_{-}$	July , 20/	4					
	_	<del>-</del>	_	-				
		Signature of Pl	laintiff	5.	Chep,	CKO	4p7.13	
		Mailing Addre	5	0150	LRFA	ve ,	457/3	A
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		•						
		Telephone Nur	$\frac{7}{2}$	18-2	66-12	288		
	•	Fax Number (ij	f you have on	ve)				
		_						