

**CV 15**

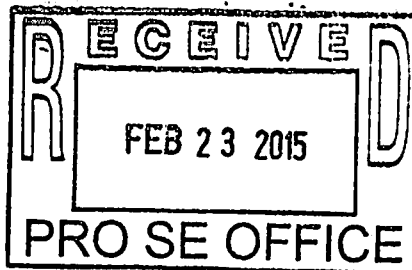
**1081 ORIGINAL**

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
ENRIQUE RAMOS DIN#13A2936  
Full name of plaintiff/prisoner ID#

Plaintiff,



JURY TRIAL DEMAND  
YES \* NO

-against-  
CITY OF NEW YORK, NYPD

POLICE OFFICER MAUREEN ENGLES (SHIELD #4750)  
POLICE OFFICER JOHN DOE (OFFICER ENGLES PARTNER)

Enter full names of defendants  
[Make sure those listed above are  
identical to those listed in Part III.]

Defendants.  
-----X

**BLOOM** 1.3

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (\*)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county)

\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page]

BROOKLYN

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page]

BROOKLYN OFFICE  
FEB 23 2015  
RECEIVED

ORIGINAL

[Faint circular stamp or logo]

7

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: GREENE CORRECTIONAL FACILITY  
P.O. BOX 975 COXSACKIE N.Y. 12051

A. Is there a prisoner grievance procedure in this institution? Yes () No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ( ) No ()

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

D. If your answer is NO, explain why not The regard concerns an outside matter, which cannot be resolved by the grievance process.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No ( )

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff ENRIQUE RAMOS (DIN#13A2936)

Address GREENE CORRECTIONAL FACILITY  
P.O. BOX 975 COXSACKIE, N.Y. 12051

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1 CITY OF NEW YORK  
LAW DEPARTMENT OF N.Y.  
100 CHURCH STREET, N.Y., N.Y. 10007

Defendant No. 2 NEW YORK POLICE DEPARTMENT  
1 POLICE PLAZA  
NEW YORK N.Y. 10038

Defendant No. 3 OFFICER MAUREEN ENGELS (SHIELD#4750)  
103rd PRECINCT  
168-02 P.O. BOX EDWARD BYRNE AVENUE  
JAMAICA NEW YORK 11432

Defendant No. 4 OFFICER JOHN DOE (ENGELS PARTNER)  
103rd PRECINCT  
168-02 P.O. BOX EDWARD BYRNE AVENUE  
JAMAICA NEW YORK 11432

Defendant No. 5 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

As a result of an illegal search and seizure conducted at home on 6/20/12, I became the unwitting victim of Assault and Battery on the part of the responding Officers. Who acted in an unreasonable and arbitrary way to further the arrest for an alleged robbery occurred at my home, at 97-09 Remington Street, Jamaica, N.Y. 11435. Their claim that the use of force was implemented because I was resisting arrest, which supposedly caused significant pain to the two officers involved, can in no way be corroborated by either the Omniform system arrest report dated 10/1/14, or Officer Engle's memo-book detailing the events involved.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Without any prodding, Officer Engle's and her partner exited their vehicle and began assaulting me, as part of the arrest. I sustained multiple injuries by way of a broken nose, bruised eyes, teeth knocked out, bruised lips and face, along with severe trauma causing me to blackout and lose consciousness at the scene, until I awoke a day later at Jamaica Hospital.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

As a result of the injuries I sustained, I am seeking to bring this claim against the defedant in "their" Individual and Official Capcities"for acting with reckless and callous indifference to my well being, which resulted in the afore-mentioned injuries, severe mental anquish, and cronic pain, by way of compensatory damages in the amount of \$2million dollars, and punitive damages in the amount of \$1million dollars. All totaling \$3million dollars.

I declare under penalty of perjury that on February 3, 15 (Date) I delivered this complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York.

Signed this 3 day of February, 2015. I declare under penalty of perjury that the foregoing is true and correct.

Angel Ramos  
Signature of Plaintiff

Greene Correctional Facility  
Name of Prison Facility

P.O. Box 975  
Coxsackie, New York, 12051

Address  
13A2936  
Prisoner ID#