

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

15 CV 1333

Joel Edgar Santos  
\_\_\_\_\_  
\_\_\_\_\_

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

109th Precint Flushing N.Y 11355  
Detective Jim Yong Sim Badge # 20955  
Sergeant Benebenti 3p.m-11p.m Shift  
#1 Detectine John Doe 3.p.m-11p.m Shift  
#2 Detective John Doe 3p.m-11p.m Shift  
#3 Detective John Doe 3p.m-11p.m Shift

All indivisuals named worked on April  
25th, 2013.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Joel Edgar Santos  
ID # 14A5068  
Current Institution Great Meadow  
Address 11739 State Route 22, P.O. Box 51  
Comstock, N.Y, 12821-0051

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Detective Jim Yong Sim Shield # 20955  
Where Currently Employed 109th Precinct  
Address Flushing New York 11355  
Queens County

RECEIVED  
SDNY PRO SE OFFICE  
2015 FEB 23 PM 2:54

Defendant No. 2 Name Sergeant Benebenti Shield # N/A  
Where Currently Employed 109th precinct  
Address Flushing New York 11355  
Queens County

Defendant No. 3 Name Detective John Doe Shield # N/A  
Where Currently Employed 109th Precinct  
Address Flushing New York 11355  
Queens County

Defendant No. 4 Name John Doe Shield # N/A  
Where Currently Employed 109th Precinct  
Address Flushing New York 11355  
Queens County

Defendant No. 5 Name Detective John Doe Shield # N/A  
Where Currently Employed 109th Precinct  
Address Flushing New York 11355  
Queens County

II. Statement of Claim:

State as briefly as possible the facts 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.

A. In what institution did the events giving rise to your claim(s) occur?  
138-70 Elder Avenue Flushing New York 11355

B. Where in the institution did the events giving rise to your claim(s) occur?  
Parking Lot/Garage

C. What date and approximate time did the events giving rise to your claim(s) occur?  
April, 25, 2013 at or about 8:00 P.M- 8:45P.M

D. Facts: On April, 25th, 2013 at approx. the hours of or about 8:00 pm-8:45pm I was told by #1 Detective John Doe to get down on my knees with my hands in the air. As i complie to the detective order, he placed his fire-arm away and hit me in the face with his knee and punched me, causing extruciating pain, blood, and swelling to my lips. #2 Detective John Doe, that was to my left at the time while i was still on my kness, hit me with a closed fist to the face, causing my vision to be blurred, as i was dizzy from both hits by the Detectives. But I refused to pass-out due to the fear of what would happen to me next because #3 Detective John Doe and Sergeant Benebenti was coming towards my direction with more officers. #3 Detective John Doe Placed his knee on the left side of my face and head while i was throwned to the ground and the other officers continued to kick at my body. I was screaming in pain due to the pressure from #3 Detective John Doe and the kicking from the other officers. Once the handcuffs were on, one of the officers John Doe grabbed my head and scraped it against the pavement, causing the whole left side of my ear, face, and head to bleed. I was screaming in agony and told the officers to stop. Which they didnt. Once on my feet I told Sergeant

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. In the process of my head getting scrape against the pavement I received head, kneck, back, and knee injuries. I was seeking medical attention at Bellevue Hospital and my institutional jail (V.C.B.C), and received pain medication. I have also been affected mentally and emotionally due to this assault.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_ No  x

Benebenti, who did nothing to stop the police brutality used against me, I NEED MEDICAL TREATMENT, he stated NO ASSHOLE. Once at the precinct I told Detective Jim Yong Sim Badge #20955, who also did nothing to stop the police brutality used against me, I NEED MEDICAL TREATMENT, he stated NO. I did not receive any medical treatment till i reached my institutional jail Vernon C. Bain Center (V.C.B.C) where I was sent to Bellevue Hospital and received X-Rays for head, kneck, and back. And also treated for my wounds. I had blood all over my face, I had blood and swelling to my lips, I was feeling dizzy, and my back, leg, head, and kneck was in pain. I would also like to point out that this whole attack occurred right in front of the surveillance/security camering located in parking lot/garage of said Residential Building. Which at this point I need authorization to retrieve from said address and building.

## Exhibits

1. Medical Record (Bellevue Hospital)
2. Color Photo of Injuries to my face
3. Non-color photo (mugshot) (Injuries still noticeable)  
Upon arrival of the 109<sup>th</sup> Precinct, where photos were taken.





# NY/NJ HIDTA MUGSHOT PROFILE

Photo Ref #: **29000017**

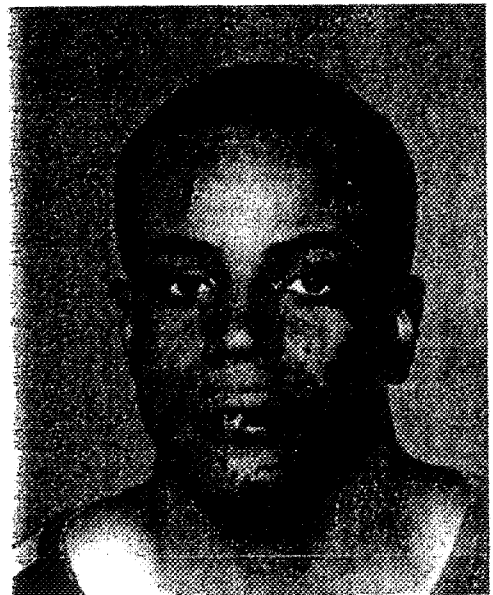
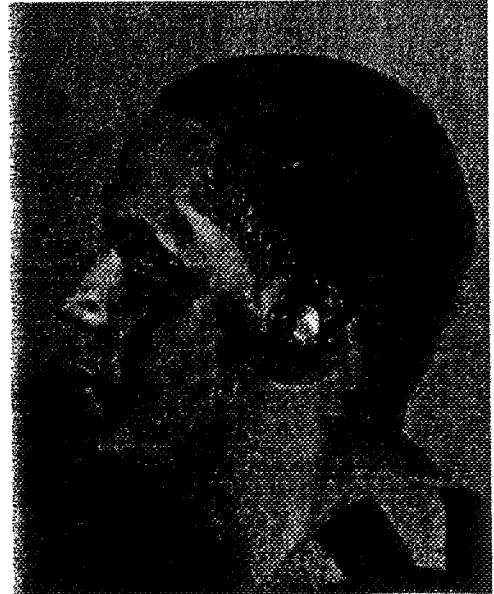
NAME: **SANTOS, JOEL**  
AKA:  
SSN: **0**  
SID#: **02688450J**  
FBI#:  
USMS#:

DOB: **09-27-1991**  
SEX: **MALE**  
RACE: **BLACK HISPANIC**  
HEIGHT: **507**  
WEIGHT: **150**  
HAIR COLOR: **BLACK**  
HAIR LENGTH: **SHORT**  
EYE COLOR: **BROWN**  
SMT:

ADDRESS: **133-01 SANFORD AVENUE**  
**QUEENS, NEW YORK**  
**0**

PHONE:

ARREST#: **Q2013624833**  
ARREST DATE: **04-25-2013**  
AGENCY: **NYPD**  
CHARGE CODE: **PL 1402502**  
CHARGE DESC: **BURGLARY**



Mon, 10 Jun 13 1009

Page 1 of 1

Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Santos, Joel	3556412	3556412-1	21Y	M

Attending Physician	D.O.B.
Wall, Stephen P.	09/27/1991

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Unscheduled ED Triage Note

Event Time: Sun, 28 Apr 13 0104

Status: complete

Sun, 28 Apr 13 0108 Documented by Allison Williams-Eleazer, RN

Life Saving	: Complete Full Triage Note
Communication Method	: Direct Communication in English
Restraints	: No restraints or handcuffs on patient upon arrival to ED.
Mode of Arrival	: other
Chief Complaint	: DOC Prisoner for evaluation of neck stiffness s/p Assaulted
Assessment	: A&Ox3. + bruise to forehead
Past Medical/Surgical Hx	: Past Medical History: None,
Medications on Arrival	: No Medications
Past Tetanus	: Unknown
Allergies - Medications	: no known drug allergies
Allergies - Other	: no known allergens
Domestic Violence	: Domestic Violence: no
Psych Risk Assessment	: None indicated at this time
AD Alerts	: None;
Blood Pressure	: 120/79
Pulse	: 60
Respirations	: 18
Temperature	: 97.9 F (36.6 C)
Temperature Method	: Tympanic
O2 Saturation	: 100 %
Suspected Infection?	: no
Alteration of Mental Status:	no
Pain Screen	: Loc:neck Intensity:7 - Severe Pain Scale:Numeric
GSI Level	: 3
Team Assigned	: AES Team 3

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\* \* \* End of Report \* \* \*



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Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Santos, Joel	3556412	3556412-1	21Y	M

Attending Physician	D.O.B.
Wall, Stephen P.	09/27/1991

-----  

Unscheduled ED MD Disposition Note

Event Time: Sun, 28 Apr 13 0551

Status: complete

Sun, 28 Apr 13 0552 Documented by Andrew Oh, MD

ED Attending : Stephen P. Wall, MD  
 Provider : Andrew Oh, MD  
 Disposition : Discharged to Home or Self Care  
 Disposition Date/Time: Sun, 28 Apr 2013 0551  
 Primary Dx : Other and unspecified injury to unspecified site  
 Secondary Dx(s) : none  
 Discharge Rx : none  
 Focused Med Rec : Medication Reconciliation Complete. No changes to  
 current medications.  
 Condition : Improved  
 Summary : 21 yo M DOC presents after altercation with pain in  
 neck as well as lower back. Neg imaging.  
 Instructions for Pt : Please return if you have any numbness or tingling of  
 extremities, any fevers or chills  
 Discharge Center? : no  
 Follow Up : as needed  
 ICD Report Language : English  
 Whiteboard Display : Patient left ED. Remove from all Whiteboards.  
 Shared Decision Making : I discussed the case and plan with a Consultant or  
 other health care Provider.  
 Tests Reviewed : I have reviewed all labs, ancillary testing, and  
 radiology resulted for this patient prior to  
 disposition.

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\* \* \* End of Report \* \* \*

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Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Santos,Joel	3556412	3556412-1	21Y	M

Attending Physician	D.O.B.
Wall,Stephen P.	09/27/1991

-----

Unscheduled ED Assign Team/Location  
 Event Time: Sun, 28 Apr 13 0114 Status: complete

Sun, 28 Apr 13 0114 Documented by Angely Diaz, RN

Team : AES Team 3  
 Location: Hallway  
 Nurse : Angely Diaz, RN

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Unscheduled ED Assign Team/Location  
 Event Time: Sun, 28 Apr 13 0119 Status: complete

Sun, 28 Apr 13 0119 Documented by Petranka Stoeva, RN

Team : AES Team 3  
 Location: Hallway  
 Nurse : Angely Diaz, RN

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Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Santos,Joel	3556412	3556412-1	21Y	M
		Attending Physician		D.O.B.	
		Wall,Stephen P.		09/27/1991	

Unscheduled ED RN Initial Assessment

Event Time: Sun, 28 Apr 13 0122 Status: complete

Sun, 28 Apr 13 0131 Documented by Petranka Stoeva, RN

Vital Signs	: Vitals recently documented and reviewed
Pain Screen	: Loc:Neck face Intensity:7 - Severe Pain Scale:Numeric
ESI Level	: 3
Chief Complaint	: DOC Prisoner for evaluation of neck stiffness s/p Assaulted
Triage Assessment	: A&Ox3. + bruise to forehead
Pre-Hospital Tx	: None
Focused Assessment	: No apparent distress; Alert and oriented x3; Vital signs reviewed; pt is a 21 y/o DOC presented c/o of nech pain and bruised face.No LOC.Pt assaulted outside at the play area in prison.Swallen upper lips
Interventions	: ECG performed and handed to physician; Labs drawn;
Past Medical/Surgical Hx	: Past Medical History: None,
Medications on Arrival	: No Medications
Last Tetanus	: Unknown
Allergies - Medications	: no known drug allergies
Allergies - Other	: no known allergens
Med Allergy(ies) Documented/Revw'd?	: (Yes) Allergies reviewed or documented
Domestic Violence	: Domestic Violence: no
Psych Risk Assessment	: None indicated at this time
FD Alerts	: None;
Smoking Status	: smoker, current status unknown
Preferred Language	: English
Communication Ability	: Able to communicate
Language Used	: English

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Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Santos, Joel	3556412	3556412-1	21Y	M

Attending Physician	D.O.B.
Wall, Stephen P.	09/27/1991

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ED Full Registration

Event Time: Sun, 28 Apr 13 0132 Status: complete

Sun, 28 Apr 13 0132 Documented by Zaida Figueroa

Full Reg Completed?: Yes

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Unscheduled ED Assign Team/Location

Event Time: Sun, 28 Apr 13 0132 Status: complete

Sun, 28 Apr 13 0132 Documented by Zaida Figueroa

Team : AES Team 3  
Location: Hallway  
Nurse : Angely Diaz, RN

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Unscheduled ED Provider Progress-Reassessment

Event Time: Sun, 28 Apr 13 0257 Status: cancelled

Sun, 28 Apr 13 0258 Documented by Andrew Oh, MD

Cancelled because duplicate entry  
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Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM] Bed3	Santos,Joel	3556412	3556412-1	21Y	M

Attending Physician	D.O.B.
Wall,Stephen P.	09/27/1991

-----  
Unscheduled ED Provider Initial Note

Event Time: Sun, 28 Apr 13 0540

Status: complete

Sun, 28 Apr 13 0805 Documented by Stephen P. Wall, MD

Time Patient Seen : Sun, 28 Apr 2013 0540  
 Communication Method : Direct Communication in English  
 ED Attending : Stephen P. Wall, MD  
 Provider : Andrew Oh, MD  
 LOS : see note  
 Provider Note : CC: 21 yo m doc bib police after injuries suffered during police altercation

HPI: Pt states he was grabbed and his neck twisted suffering abrasions to head with bloody nose. No loc. Pt complains of neck pain and lower back pain secondary to injury. No blurry vision. No neuro symptoms.

PMH: none  
 Meds: none  
 All: NKDA  
 SH: denies

## PE:

Gen: NAD, Aox3  
 HEENT: EOMI, PERRL, no lymphadenopathy, OP clear, abrasions to left temporal and upper lip as well as lower lip, no active bleeding. Dried blood in nares  
 Neck: supple, no masses  
 Heart: s1/s2, rrr no mrg  
 Lungs: cta b/l, good air entry, no wheezing, crackles or rhales  
 Abd: soft, ntnd +BS  
 Ext: +2 radial pulse, no pedal edema

NCHCT: neg  
 Ct cspin - neg  
 L spine neg

A/P

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Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM3 Bed3	Santos, Joel	3556412	3556412-1	21Y	M

Attending Physician	D.O.B.
Wall, Stephen P.	09/27/1991

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Unscheduled ED Provider Initial Note -- cont'd

21 yo DOC brought in after suffering altercation with police. Pt notes that he had neck pain as well as lower back pain with no neurological symptoms. Imaging is negative. Will discharge.

N Note Reviewed : I have reviewed the RN notes and documented any additions in the Provider note field.

Provider Exam : see note

ID Alerts : None;

Assessment/Plan : see note

Stroke/VTE Diagnosis : Other and unspecified injury to unspecified site

Attending Attestation: Pt seen and examined by me. I fully agree with the Resident's assessment, plan and any procedures.  
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Bellevue Hospital Center  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-TM1 Bed3	Santos,Joel	3556412	3556412-1	21Y	M
		Attending Physician		D.O.B.	
		Wall,Stephen P.		09/27/1991	

-----  
Unscheduled ED MD Disposition Note

Event Time: Sun, 28 Apr 13 0551 Status: complete

Sun, 28 Apr 13 0552 Documented by Andrew Oh, MD

ED Attending : Stephen P. Wall, MD  
 Provider : Andrew Oh, MD  
 Disposition : Discharged to Home or Self Care  
 Disposition Date/Time: Sun, 28 Apr 2013 0551  
 Primary Dx : Other and unspecified injury to unspecified site  
 Secondary Dx(s) : none  
 Discharge Rx : none  
 Focused Med Rec : Medication Reconciliation Complete. No changes to current medications.  
 Condition : Improved  
 Summary : 21 yo M DCC presents after alteracation with pain in neck as well as lower back. Neg imaging.  
 Instructions for Pt : Please return if you have any numbness or tingling of extremities, any fevers or chills  
 Discharge Center? : no  
 Follow Up : as needed  
 ICD Report Language : English  
 Whiteboard Display : Patient left ED. Remove from all Whiteboards.  
 Med Decision Making : I discussed the case and plan with a Consultant or other health care Provider.  
 Tests Reviewed : I have reviewed all labs, ancillary testing, and radiology resulted for this patient prior to disposition.

-----  
Patient Exit

Event Time: Sun, 28 Apr 13 0552 Status: complete

Sun, 28 Apr 13 0755 Documented by  
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\* \* \* End of Report \* \* \*

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Bellevue Hospital Center  
462 First Avenue, New York, NY 10016  
Radiology Department

atient: Santos, Joel MRN-V#: 3556412-1 DOB: 09/27/91 Age: 21Y Sex: M

ocation: 000 - Adult ER

OS: 28 Apr 13 0517  
umbar Spine DX\*

ndication: Trauma with low back pain.

UMBAR spine: AP and lateral views.

INDINGS:

ormal alignment. No acute fracture or dislocation. No significant  
degenerative change. Sacroiliac joints and sacral arcuate lines are  
ormal.

MPRESSION: No fracture.

Read By: Mark P Bernstein, MD  
Date: 04/28/2013

Verified By: Mark P Bernstein, MD



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Bellevue Hospital Center  
462 First Avenue, New York, NY 10016  
Radiology Department

Patient: Santos, Joel MRN-V#: 3556412-1 DOB: 09/27/91 Age: 21Y Sex: M

Location: 000 - Adult ER

DOS: 28 Apr 13 0224  
Cervical Spine CT\*

Clinical History: Assault

Technique: Routine noncontrast multi-detector CT of the cervical spine with coronal and sagittal reformats.

Comparison: none.

Findings:

The vertebral alignment is within normal limits. The vertebral body heights and disc spaces are maintained. There is no fracture. The atlanto-axial articulation is preserved. No prevertebral soft tissue swelling. Evaluation of the paraspinal soft tissues is normal. The lung apices are incompletely evaluated but appear grossly clear. Impression: No acute injury to the cervical spine.

Read By: Konstantin Krepkin, MD  
Date: 04/28/2013

Verified By: Mark P Bernstein, MD

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Bellevue Hospital Center  
462 First Avenue, New York, NY 10016  
Radiology Department

Patient: Santos, Joel MRN-V#: 3556412-1 DOB: 09/27/91 Age: 21Y Sex: M

Location: 000 - Adult ER

OS: 28 Apr 13 0222  
Head CT\*

Clinical indication: Assault

Comparison: None

Technique: CT of the head without intravenous contrast.

Findings:

The ventricular system, basal cisterns and cortical sulcal pattern are within normal limits for the patient's age. There is no compelling evidence of acute infarct, mass effect, midline shift or extra-axial collections. There is no intracranial hemorrhage.

Slightly mucosal thickening of the maxillary sinuses, ethmoid air cells, and frontal sinuses. The visualized orbits and mastoid air cells are unremarkable.

Impression:

No acute intracranial injury.

Read By: Konstantin Krepkin, MD  
Date: 04/28/2013

Verified By: Mark P Bernstein, MD

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

\_\_\_\_\_  
\_\_\_\_\_

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No \_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

~~Incident occurred inside Residential Building.~~

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

when and how, and their response, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). ~~My 14th and 8th constitutional rights were violated and I would like the courts to acknowledge this abuse/attack and compesate me with the money amount of \$ 5,000,000 due to the fact that I sustained physical injuries and emotional. I feel that even If my physical injuries heal within time my emotional injuries will stay with me for the rest of my life. I no longer feel safe around cops, nor feel I could trust them. Thats the basis for the amount that I am seeking.~~

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. Previous lawsuits:

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No x

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

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

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_ No x

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

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

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of January, 2015

Signature of Plaintiff

J. Santos

Inmate Number

14A5068

Institution Address

Great Meadow

11739 State Route 22, P.O. 51

Comstock, N.Y., 12821-0051

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 21 day of January, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

J. Santos

J. Santos # AA5068

Great Meadow

P.O. Box 51

Camstock, N.Y. 12821

Great Meadow



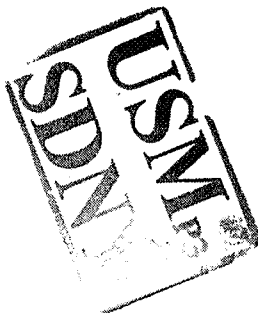
Correctional Facility

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Legal mail  
UNITED STATES POSTAGE  
FIRST CLASS  
02 1M  
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United States District Court  
Southern District of New York  
Daniel Patrick Moynihan U.S. Court house  
500 Pearl Street, Room 230  
New York, New York, 10007



Vertical barcode or tracking information on the right edge of the envelope.