

DOWN SCANNED

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

15cv0879

ANTHONY RICHARDSON

RECEIVED  
SENY PRO SE OFFICE

2015 AUG 31 P 3: 04

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

-against-

POLICE OFFICER # 1 FROM 75<sup>th</sup>  
PCT WHO WORKED ON 6-27-2015 AT  
OR ABOUT 1:15 AM.

**COMPLAINT**

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

Jury Trial:  Yes  No  
(check one)

ARRESTING OFFICER # 2 WORKED  
AT 75<sup>th</sup> PCT ON 6-27-2015

THAT ARRESTED ME FOR DWI

(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.)

**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 ANTHONY RICHARDSON  
ID # 9801500580  
Current Institution AMKC RIKERS ISLAND (C-95)  
Address 18-18 HAZEN ST  
QUEENS, NY. ~~11378~~ 11370

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 ARRESTING OFFICER # 1 Shield # \_\_\_\_\_  
Where Currently Employed 75<sup>th</sup> PCT  
Address SUTTER AVENUE  
BROOKLYN, NY

Defendant No. 2 Name ARRESTING OFFICER #2 Shield # \_\_\_\_\_  
Where Currently Employed 75th PCT.  
Address SUTHER AVENUE  
BROOKLYN, NY

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

**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?  
BROOKLYN NEW YORK SOUTHEAST CONDUIT BLVD.

B. Where in the institution did the events giving rise to your claim(s) occur?  
AT THE SOUTHEAST CORNER OF SHERIDAN AVENUE AND  
CONDUIT BOULEVARD, BROOKLYN, NY

C. What date and approximate time did the events giving rise to your claim(s) occur?  
JUNE 27th 2015 AT 1:10 AM.

D. Facts: ON JUNE 27, 2015 I WAS DRIVING MYSELF TO NORTH SHORE LONG ISLAND JEWISH HOSP, DUE MY TAKING MY MEDICATION EARLIER THAT EVEN I WAS VERY TIRED, I FELT MYSELF ZIG ZAG WHILE DRIVING, SO I PULLED OVER INTO A GAS STATION ON SHERIDAN AND CONDUIT BLVD. TO BUY A REDBULL DRINK TO KEEP ME UP AS I GOT OUT THE CAR ARRESTING OFFICERS # 1 AND 2 CAME UP ON ME WITH BRIGHT LIGHT SHINNING AND ASK IF I BEEN DRINKING "I SAID NO, I TOOK MY MEDICATION AND I'M TIRED" THEY PROCEEDED TO ARREST ME AS I PUT MY LEFT HAND IN THE AIR FROM BEHIND MY BACK AT THE SAME TIME STATING "WAIT I'M NOT DRUNK" - THEY GRABBED MY PINKY FINGER AND BROKE IT TO HAND CUFF ME.

What happened to you?

Who did what?

Was anyone else involved?

NO ONE ELSE WAS 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. LEFT PINKY FINGER IS BROKEN

ASKED ARRESTING OFFICERS TO TAKE ME TO THE HOSPITAL THEY NEVER DID. ONCE I GOT BAILED OUT I WENT TO HOSPITAL AND X-RAYS SHOWED MY FINGER IS BROKEN

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

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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).

I Am A DRIVER, it's WHAT I DO FOR A living AND I DRIVE WITH BOTH HANDS. My Finger has to be REBROKEN in order to set it back correct. 3,000,000 ~~DA~~ Monetary Compensation

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

**VI. Previous lawsuits:**

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

Yes \_\_\_ No   /  

On these claims

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 \_\_\_

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 20<sup>th</sup> day of AUGUST, 2015

Signature of Plaintiff	<u>Anthony Richardson</u>
Inmate Number	<u>980150580</u>
Institution Address	<u>AMKC (C-95)</u>
	<u>18-18 HAZEN ST</u>
	<u>Queens, NY <del>11375</del> 11370</u>

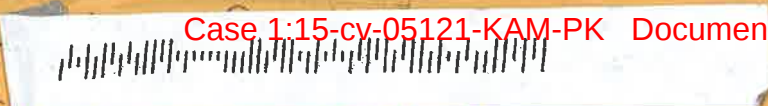
**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 20<sup>th</sup> day of August, 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: Anthony Richardson



ANTHONY RIC  
18-18 HAZEN STREET  
QUEEN S, NY. 11370 Wm  
9801500580



RECEIVED  
SDNY PRO SE OFFICE  
2015 AUG 31 P 3:05

USM<sub>P3</sub>  
SDNY

THE DANIEL PATRICK MOYNIHAN  
UNITED STATES COURTHOUSE  
500 PEARL STREET, ROOM 200  
NEW YORK, NY. 10007-1312