

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

15CV7083

Kevin Gregg 1411508129  
OBCC 1600 Hazen St 5 Upper

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

-against-

T.B. 30 officer Young,  
John Doe, 30373, and Officer  
Hicks, John Doe, John Doe,  
NYC Corporation Counsel  
100 Church Street New York  
New York, 10007

(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)RECEIVED  
SENY PRO SE OFFICE  
2015 SEP -9 A 8:47

## 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

Kevin Gregg

ID #

1411508129

Current Institution

OBCC

Address

1600 Hazen St 5. Upper

- 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

Young

Shield #

Where Currently Employed

T.B. 30 Hovt Transit Police

Address

NYC Corporation Counsel 100 Church  
Street New York 10007

Defendant No. 2 Name John Doe Shield # 30373  
 Where Currently Employed T.B. Police  
 Address 404 Transit Police NYC Corporation  
Counsel 100 church street NY, NY 10007

Defendant No. 3 Name Officer Hicks Shield # \_\_\_\_\_  
 Where Currently Employed T.B. Police  
 Address 404 Transit Police NYC Corporation  
Counsel 100 church street NY, NY 10007

Defendant No. 4 Name John Doe Shield # \_\_\_\_\_  
 Where Currently Employed T.B. Transit Police 30th Precinct  
 Address 404 TB 30th Precinct NYC Corporation  
of Counsel

Defendant No. 5 Name John Doe 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?

On August 16 Approximately 12:23 AM office Young  
A Proche me and hit me with A object and I fell  
on top of him. then they all attacked me

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

This happen on TB train station in Brooklyn

C. What date and approximate time did the events giving rise to your claim(s) occur?

August 16, 12:23 AM

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

D. Facts: On August 16<sup>th</sup> Approximate 1223 Am: I was  
Approached by officer young AS I was talking to  
the Conductor of the train because me and my  
Baby mother was on the train and my Son  
had hit me and I had hit him back. So  
they was coming to arrest me. But 2 officer  
Young Approche me he just hit me with A object  
in my face <sup>under</sup> above my eye with A object and  
I falled right on top of him I was knocked  
out by his object. But once I hit the floor  
more officers came, and started hitting me  
officer 30373, and officer Hicks  
and Three more officers was there  
But I Didnt recall they badge numbers  
I wasnt fully conscious in to get in back  
into they was putting me in the police  
vehicle. They was beating me with hard cuffs  
on my arms and legs still hitting me  
So I defended my self by turning and  
kicking 1 officer and I also bit 1 officer.  
When his hand was gone proceed to hit me in  
my mouth I bite him in a heat of moment.

### 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.

I Aquired stitches to My lower left Eye  
and received treatment in Brooklyn hospital. Then  
They took me back to Lutheran hospital treatment after I went  
back to the Present. ~~the~~ that were I Aquired A Cat Scan  
Then Am tied to Lutheran hospital

### 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?

NO

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

2. What was the result, if any? N

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: it Didnt

Happend in Jail

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 want to see and I want the Court to investigate which officer was EBE there and I want to see for the amount of 10 million dollars*

**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?) \_\_\_\_\_

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes \_\_\_\_ No ☒

On  
other  
claims

- 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 31 day of Aug, 2015

Signature of Plaintiff

Inmate Number

Institution Address

[Signature]  
1411508129  
OBCE 1600 Hazen St  
Queens NY 11370

**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 31 day of Aug, 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:

[Signature]


**MEDICAL TREATMENT OF PRISONER**  
 PD 244-150 (Rev. 12-99)-Pent-RMU

Date

08/15

**SECTION I - TO BE COMPLETED BY N.Y.P.D.**

Prisoner's Name (Last, First, M.I.) (Print)

Age

Sex

M

Address

Street

Zip Code

Apt.

Telephone No.

Arresting Rank (Print) Name (Last, First, M.I.)

Signature

Shield No.

Tax Reg. No.

Command

Officer:

Arrest No.

Cmd. Of Arrest

Charge

Escort

Rank (Print) Name (Last, First, M.I.)

Signature

Shield No.

Tax Reg. No.

Command

Officer:

Prisoner Requests/Requires Medical Aid

Prisoner Refused Medical Aid

Date

Time

Prisoner's Signature

☒ Yes☐ No☐ Yes☐ No

08/17/15

Transported To Hospital (Name)

Date

Time

Via Patrol

RMP #

ACR #

Operator Rank (Print) Name (Last, First, M.I.)

Returned From Hospital

Attempted Suicide

Nature Of Illness/Injury

If Injury

Date

Time

☐ Yes ☐ No☐ Old ☐ New

Restraining Devices Used

E. S. U. Responded

If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)

☒ Yes

Type

☐ No☐ Yes ☐ No

Prescription Medication

☐ Yes

Prescription Number And Name Of Physician

Pharmacy / Phone No.

Property Clerk Invoice No./Cmd.

Possessed At Arrest

☐ No

Remarks

Rhabdomyolysis

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input type="checkbox"/> No	Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input type="checkbox"/> No	Prisoner Refused Medical Aid Within The Court Section <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

E.M.S. Field Personnel

Print Name (Last, First, M.I.)

Shield #

Date

Time

Refer To Hospital Emergency

Room ☐ Yes ☐ No

E.M.S. Court Section

Print Name (Last, First, M.I.)

Shield #

Date

Time

Refer To Hospital Emergency

Room ☐ Yes ☐ No

NYPD Supervisor/Desk Officer

Rank (Print) Name (Last, First, M.I.)

Signature

Cmd. Of Arrest/Court Section

Date

Time

**SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF**

Admitted To Hospital

Suicide Watch Recommended By

Transfer to Psychiatric Hospital Recommended

Medication Prescribed

Medication To Be Taken As

☒ Yes ☐ NoHospital Staff ☐ Yes ☐ NoBy Hospital Medical Staff ☐ Yes ☐ No☐ Yes ☐ NoPrescribed ☐ Yes ☐ No

Medication To Travel With Prisoner

Refer To Psychiatric Hospital

☐ Yes ☐ No☐ Yes ☐ No

Print Name (Last, First, M.I.)

Signature

Title

Date

Time

O'Regan, Cora

C. O'Regan

RN

8/18/15

12:45 pm

NYPD Court Section Supervisor:

Rank (Print) Name (Last, First, M.I.)

Signature

Court Section

Date

Time

Received By Department Of Correction:

Rank (Print) Name (Last, First, M.I.)

Signature

Shield / I. D. #

Date

Time

**DISTRIBUTION:** 1. WHITE, 2. BLUE, 3. PINK - DEPT. OF CORRECTION, 4. BUFF - CMD. OF ARREST, 5. GREEN - ARRAIGNING JUDGE.  
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**MEDICAL TREATMENT OF PRISONER**  
 PD 244-150 (Rev. 12-99)-Pent-RMU
Date **8/16/15****SECTION I - TO BE COMPLETED BY N.Y.P.D.**

Prisoner's Name (Last, First, M.I.) (Print) <b>Gregg, Kevin</b>				Age <b>33</b>	Sex <b>M</b>
Address <b>1030 Park Pl.</b>		Street	Zip Code <b>11213</b>	Apt. <b>C2</b>	Telephone No.
Arresting Officer: <b>PO Hicks</b>	Rank (Print) <b>PO</b>	Name (Last, First, M.I.) <b>Hicks</b>	Signature	Shield No. <b>9302</b>	Command <b>TD30</b>
Arrest No.	Cmd. Of Arrest <b>TD30</b>	Charge <b>120.05</b>			
Escort Officer: <b>PO Pick</b>	Rank (Print) <b>PO</b>	Name (Last, First, M.I.) <b>Pick</b>	Signature	Shield No. <b>29698</b>	Command <b>TD30</b>
Prisoner Requests/Requires Medical Aid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Prisoner Refused Medical Aid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date <b>8/16/15</b>	Time <b>0255</b>
Transported To Hospital (Name) <b>Brighton Hospital</b>		Date <b>8/16/15</b>	Time <b>0255</b>	Via Patrol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wagon #
Returned From Hospital		Attempted Suicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Nature Of Illness/Injury		Operator Rank (Print) Name (Last, First, M.I.)
Restraining Devices Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		E. S. U. Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)	
Prescription Medication <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prescription Number And Name Of Physician		Pharmacy / Phone No.	Property Clerk Invoice No./Cmd.

**Remarks:**

**Deft. has bruising to left cheek I Re covers**  
**7 Stiche to the left cheek and bruised**  
**at the eye**

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prisoner Refused Medical Aid Within The Court Section <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.M.S. Field Personnel <b>PO Quinn</b>	Print Name (Last, First, M.I.) <b>PO Quinn</b>	Shield # <b>8119</b>	Date <b>8/16/15</b>
E.M.S. Court Section	Print Name (Last, First, M.I.)	Shield #	Date
NYPD Supervisor/Desk Officer <b>Sgt. Edress</b>	Rank (Print) Name (Last, First, M.I.) <b>Sgt. Edress</b>	Signature	Cmd. Of Arrest/Court Section <b>4130</b>
SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF		Date <b>8/16/15</b>	
Admitted To Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suicide Watch Recommended By Hospital Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transfer To Psychiatric Hospital Recommended By Hospital Medical Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication Prescribed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medication To Travel With Prisoner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Refer To Psychiatric Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication To Be Taken As Prescribed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Print Name (Last, First, M.I.) <b>Harg, Mark</b>	Signature	Title <b>MD</b>	Date <b>8/16/15</b>
NYPD Court Section Supervisor <b>Sgt. Gonzalez</b>	Rank (Print) Name (Last, First, M.I.) <b>Sgt. Gonzalez</b>	Signature	Time <b>0600</b>
Received By Department Of Correction	Rank (Print) Name (Last, First, M.I.)	Signature	Time <b>1706</b>

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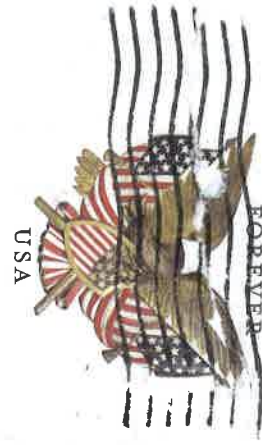
**NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL.**

Kevin Strey  
14150812<sup>0</sup> OBC 1600 Hazen  
St. Soper

The Daniel Movmihan v. OBC  
States Court House 500 Pearl Street, Room  
200, New York, NY, 10007-1312

Pro-se 9/8/15

100071312



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