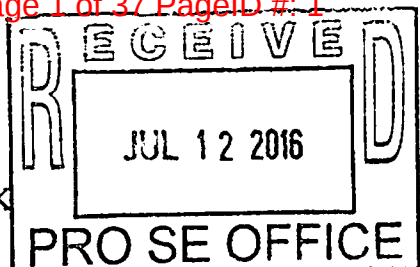


ORIGINALIN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

LESLIE EDWARD, BROWN
 158 BEACH 30th Street 1st FL
 FAR ROCKAWAY N.Y. 11691

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

THE CITY OF N.Y. THE
 -against- N.Y.C.P.D. 101 PCT.
 16-12 MOTT AVE QUEENS

(-JOHNS EPISCOPAL HOSP. 11691
 17 BEACH 19th QUEENS N.Y. 11691

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Complaint for Violation of Civil
 Rights

(Non-Prisoner ~~COGAN~~)

CV 16 3942

Case No. (to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No

(check one)

P.O. KAI BABA 953651 #951438 TAX#
 P.O. MICHAEL WIGDZINSKI (101 PCT)
 P.O. MATTHEW ZAPPIA
 S/O JAMES FOLEY - ST JOHNS FOL
 S/O JUNIOR DANIELS - ST JOHNS
 CORPORATION COUNSEL
 100 CHURCH ST
 N.Y. N.Y. 10007
 JOHN DOE ET AL.

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

ORIGINAL

COPIES

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name P.O. Kas BAPB TX#95365
 Street Address 102 PCT 16-12 MOTT AVE
 City and County FAR ROCKAWAY NY
 State and Zip Code 11691
 Telephone Number _____
 E-mail Address _____

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name P.O. NICHOLAS WILKINSON
 Job or Title 102 PCT 16-12 MOTT AVE
 (if known)
 Street Address FAR ROCKAWAY NY
 City and County
 State and Zip Code 11691
 Telephone Number _____
 E-mail Address _____
 (if known)

Defendant No. 2

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

P.O. Nathan Dappis
POLICE OFFICER

101st St - 16-12 Mot
Roxbury N.Y.
11691

Defendant No. 3

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

S/O James Foley
SECURITY GUARD
St. Johns Episcopal Hosp.
307 Beach St
Roxbury N.Y.
11691

Defendant No. 4

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

S/O Junior Daniels
SECURITY GUARD
St. Johns Episcopal Hosp.
307 Beach St
Roxbury N.Y.
11691

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☒ State or local officials (a § 1983 claim)
☐ Federal officials (a *Bivens* claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

PLAINTIFF WAS DEPRIVED OF FREEDOM & LIBERTY.
 1ST & 5TH AMENDMENT, UNLAWFULLY HELD AGAINST
 HIS WILL, WITHOUT CAUSE. PATIENTS BILL OF
 RIGHTS #3, #5, #6 #9, WAS VIOLATED.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF QUEENS

CERTIFICATE OF DISPOSITION
NUMBER: 329819

THE PEOPLE OF THE STATE OF NEW YORK
VS

BROWN, LESLIE
Defendant

06/03/1969
Date of Birth

158 BEACH 30 STREET
Address

5481816N
NYSID Number

QUEENS NY
City State Zip

12/31/2015
Date of Arrest/Issue

Docket Number: 2016QN000059

Summons No:

205.30 195.05
Arraignment Charges

Case Disposition Information:

Date Court Action
07/01/2016 ACQUITTED AFTER TRIAL

Judge
ZARO, S

Part
JP1

NO FEE CERTIFICATION

☐ GOVERNMENT AGENCY ☐ COUNSEL ASSIGNED

☐ NO RECORD OF ATTORNEY READILY AVAILABLE. DEFENDANT STATES COUNSEL WAS ASSIGNED

SOURCE ☐ ACCUSATORY INSTRUMENT ☐ DOCKET BOOK/CRIMS ☐ CRC3030[CRS963]

I HEREBY CERTIFY THAT THIS IS A TRUE EXCERPT OF THE RECORD ON FILE IN
THIS COURT.

WILLIAMS, J
COURT OFFICIAL SIGNATURE AND SEAL

07/08/2016
DATE

FEE: NONE

(CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT
SEAL OVER THE SIGNATURE OF THE COURT OFFICIAL.)

CRIMINAL COURT OF THE STATE OF NEW YORK

COUNTY OF QUEENS

-----X
THE PEOPLE OF THE STATE OF NEW YORK

against

COUNT NO.:1
DKT: NO:2016QN000059

LESLIE BROWN

Defendant,

-----X

The District Attorney of the County of Queens, by this information, accuses the defendant of the crime of: PENAL LAW §195.05 OBSTRUCTING GOVERNMENTAL ADMINISTRATION IN THE SECOND DEGREE, committed as follows:

The defendant, LESLIE BROWN, on or about, DECEMBER 31, 2015, in the County of Queens, did intentionally obstruct, impair, or prevent or attempted to prevent a public servant from performing an official function by means of physical force or interference, or by means of interfering, whether or not physical force is involved, with an emergency medical service.

RICHARD A. BROWN

DISTRICT ATTORNEY



Dated: June 28, 2016

Kew Gardens, New York

CRIMINAL COURT OF THE STATE OF NEW YORK

COUNTY OF QUEENS

-----X
THE PEOPLE OF THE STATE OF NEW YORK

against

COUNT NO.:2
DKT: NO:2016QN000059

LESLIE BROWN

Defendant,

-----X

The District Attorney of the County of Queens, by this information, accuses the defendant of the crime of: PENAL LAW §205.30 RESISTING ARREST, committed as follows:

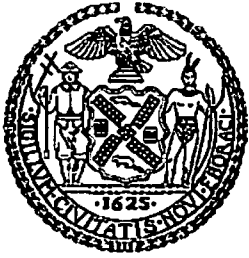
The defendant, LESLIE BROWN, on or about, DECEMBER 31, 2015, in the County of Queens, did intentionally prevent or attempt to prevent a police officer from effecting an authorized arrest of himself.

RICHARD A. BROWN


DISTRICT ATTORNEY

Dated: June 28, 2016

Kew Gardens, New York



DISTRICT ATTORNEY QUEENS COUNTY
125-01 QUEENS BOULEVARD
KEW GARDENS, NEW YORK 11415-1568
(718) 286-6000

RICHARD A. BROWN
DISTRICT ATTORNEY

MEMORANDUM

TO: THE COURT

CC: LESLIE BROWN

FROM: ADA KIRAN CHEEMA

DATE: JUNE 28, 2016

RE: WITNESS LIST; PEOPLE V. LESLIE BROWN 2016QN000058

The People may call the following witnesses to the stand at trial:

1. POLICE OFFICER KAI BABB
2. POLICE OFFICER MICHAEL WIGDZINSKI
3. POLICE OFFICER MATTHEW ZAPPIA
4. SECURITY GUARD JAMES FOLEY-ST. JOHN'S HOSPITAL
5. SECURITY GUARD JUNIOR DANIEL'S-ST. JOHN'S HOSPITAL

Date and Time of Occurrence: DECEMBER 31, 2015 at
approximately
11:00PM at 327 BEACH 19
STREET, Queens
County, New York

STATEMENT OF CLAIM

P. 1.

I, LESLIE E. BROWN 6/3/69 #114609588
ON 12/31/15, APP. 11, P.M., INSIDE OF
ST. JOHNS HOSPITAL, 3227 BEACH 19TH
QUEENS N.Y. WAS ACCOSTED BY
ST. JOHNS HOSPITAL SECURITY OFFICERS
JAMES FOLEY, JUNIOR DANIELS
RESTRAINED, ASSULTED AND DETAINED
BY N.Y.C.P.D. P/O K. BABBITT #95365
(101 POT) P.O. M. ZAPPIA (101 POT)
P.O. M. WIDZINSKI #951438
PLAINTIFF WAS PHYSICALLY ASSULTED,
VERBALLY INTIMIDATED AND INCAR-
CERATED FOR OVER 24 HOURS..
WC# 2016 QN00059

THE NATURE OF THIS CLAIM

VIOLATION OF PATIENTS BILL OF
RIGHTS; FALSE DETAINMENT,
ASSULT, INTENTIONAL AND
NEGLECT INFLECTION OF
EMOTIONAL HARM,

P.R

NEGLIGENCE, NEGLIGENCE
 HIRING AND RETAINING,
 NEGLIGENCE SUPERVISION AND
 TRAINING, ABUSE OF PROCESS,
 AND MALICIOUS PROSECUTION,
 ALL OF WHICH RESULTED IN AND
 CAUSE SEVERE EMOTIONAL
 DISTRESS TO ~~THE~~ CLAIMANT,
 DAMAGES TO HIS REPUTATION AND
 ALL OTHER DAMAGES ALLOWED BY
 STATE AND CASE LAW AS A
 RESULT OF ACTIONS PERPETRATED
 BY MEMBERS OF THE N.Y. C.P.D.
 AND THE CITY OF NEW YORK.
 THEIR AGENTS, SERVANTS,
 LICENSEES, EMPLOYEES AND
 OTHER AFFILIATES AND DEPART-
 MENTS. CLAIMANT WAS UNLAW-
 FULLY DETAINED AGAINST HIS
 WILL WITHOUT JUST OR PROBABLE
 CAUSE BY MEMBERS OF THE
 N.Y.C.P.D.

THE ITEMS OF DAMAGES
OR INJURIES
CLAIMED ARE INJURED

P. 3

THIS INCIDENT RESULTED IN
DAMAGES TO NYL HESY. NORTH,
EXTENDING RIGHT LEG INJURY,
NYL REPUTATION, SEVERE
EMOTIONAL DISTRESS, ANXIETY,
FEAR, THE FULL EXTENT OF WHICH
IS NOT PRESENTLY KNOWN.

DEFENDANT/PLAINTIFF WAS
DEPRIVED OF FREEDOM AND LIBERTY
FOR OVER 24 HOURS, PLAINTIFF
SEES \$1,000,000.00 (ONE MILLION DOL-
LARS) IN DAMAGES.

Patients' Bill of Rights

As a patient in a hospital in New York State, you have the right, consistent with law, to:

- (1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
- (2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
- (3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints. *HAND-UP 57 / 30 4 HRS*
- (4) Receive emergency care if you need it.
- (5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- (6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- (7) A no smoking room.
- (8) Receive complete information about your diagnosis, treatment and prognosis.
- (9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- (10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care - A Guide for Patients and Families."
- (11) Refuse treatment and be told what effect this may have on your health.
- (12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- (13) Privacy while in the hospital and confidentiality of all information and records regarding your care.
- (14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- (15) Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- (16) Receive an itemized bill and explanation of all charges.
- (17) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
- (18) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- (19) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

*SHOULD
INTERVIEW
FROM
8/13
WOODHULL*



St. John's Episcopal Hospital South Shore

Patient Name: LESLIE BROWN

Procedure Date: 1/1/2016 1:05 PM

Patient ID: M000538856

Date of Birth: 6/3/1969

Accession: 1169697.001

Procedure: ANKLE 3 VIEWS RIGHT (RAD)

Reason For Exam: fracture

REPORT STATUS: Final

Report

History: Fracture of the foot.

AP, lateral and oblique projections of the right ankle in a cast reveals mild hypertrophic changes at the ankle joint. There is an oblique fracture through the fifth metatarsal shaft with slight overriding of fracture fragments. This is best seen on films of the foot of the same date. The remainder the osseous structures are intact.

Impression: Minimal hypertrophic changes at the ankle.

Oblique fracture through the fifth metatarsal shaft with overriding and callus formation

Electronically signed by: Michael Tartell

Dictation Date: 1/2/2016 8:26 AM



St. John's Episcopal Hospital South Shore

Patient Name: LESLIE BROWN

Procedure Date: 1/1/2016 1:05 PM

Patient ID: M000538856

Date of Birth: 6/3/1969

Accession: 1169697.002

Procedure: TIBIA/FIBULA RIGHT (RAD)

Reason For Exam: fracture

REPORT STATUS: Final

Report

History: Trauma with history of fracture.

AP and lateral films of the right leg in a cast reveals the bony structures to be normally aligned. No discrete fracture line is seen at this time. There are minimal arthritic changes in the knee. Mild hypertrophic changes are seen at the ankle.

Impression: Minimal hypertrophic changes at the ankle. Minimal arthritic changes at the knee. No fracture is seen.

Electronically signed by: Michael Tartell

Dictation Date: 1/2/2016 8:24 AM



St. John's Episcopal Hospital
Episcopal Health Services Inc.

Date: 01/01/16
Acct Num: V00208500868
Med Rec Num: M000538856
Name: LESLIE BROWN
Location: Emergency Room - Outpatient
Primary Provider: Adiatu, Ismaila MD

Laceration, NO Repair - Delayed Presenta

You have been treated for a Laceration (cut).

It is not safe to suture (sew) the wound closed. This is because it has been too long since your wound happened. Closing the wound at this time causes too much risk for infection.

Use the following wound care instructions:

- Keep the wound clean and dry for the next 24 hours. Avoid excessive moisture. DO NOT allow your wound to soak in water (don't do the dishes or go swimming, for example). You can wash the wound gently with soap and water.
- Take off old dressings every day. Then put on a clean, dry dressing.
- If the dressing sticks to the wound, slightly moisten it with water. This way, it can come off more easily.
- Unless you receive instructions not to do so, you can place a thin layer of antibiotic ointment over the wound. You can buy Polysporin (Triple Antibiotic), Bacitracin, or Neosporin at the store. Neosporin can sometimes cause irritation to your skin. If this happens, stop using it and switch to another topical (surface) antibiotic.

You should come back here or go to the nearest Emergency Department in 2 days (48 hours) to have your wound checked.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

- You have fever (temperature higher than 100.4°F or 38°C), chills, worse pain and / or swelling.
- The wound smells bad or has a lot of drainage.
- There are red streaks going up the arm or leg.
- You see redness or swelling.



ST. JOHN'S EPISCOPAL HOSPITAL
EPISCOPAL HEALTH SERVICES INC.

April 27, 2016

Mr. Leslie Brown
156 Beach 30th Street, 1st Floor
Far Rockaway, NY 11691

Dear Mr. Brown:

This letter is in receipt of your request for the names of the St. John's security guards present at the time of your incident in the Emergency Room with the NYPD.

The Patients' Bill of Rights secures your access to "the names, positions and functions of any hospital staff involved in your care." Security staff do not provide clinical care, so we were not at liberty to disclose their names.

If you have any questions or concerns please feel free to call me at 718-869-7391.

Sincerely,

Claudia John

Supervisor - Patient Relations Department



ST. JOHN'S EPISCOPAL HOSPITAL

EPISCOPAL HEALTH SERVICES INC.

March 2, 2016

Leslie Brown
158 Beach 30th Street
1st Floor
Far Rockaway, NY 11691

Dear Mr. Brown,

Thank you for allowing us the opportunity to respond to your concerns regarding your interaction with the Security staff at St. John's Episcopal Hospital during our visit to our Emergency Room 12/31/2015. St John's Hospital is committed to providing excellent care and exceptional service to all our patients.

You contacted us in person and reported that while you were here you observed what you perceived to be abuse of a patient by members of the NYPD. ~~_____~~
~~_____~~ said patient in police custody. You further reported that at this point the St. John's Hospital Security staff restrained you resulting in further pain to the leg being treated.

When we received your complaint, it was forwarded to the Director of Security and the Nurse Manager of the Emergency Room for review. An investigation determined that, for your safety as well as that of the Emergency Staff and patients alike, the appropriate judgment was made by the Security Staff to restrain you. Additionally, the Emergency Room Nursing staff has verified that there were no further injuries sustained to your leg as a result of your interaction with Security.

NAMF
R-11

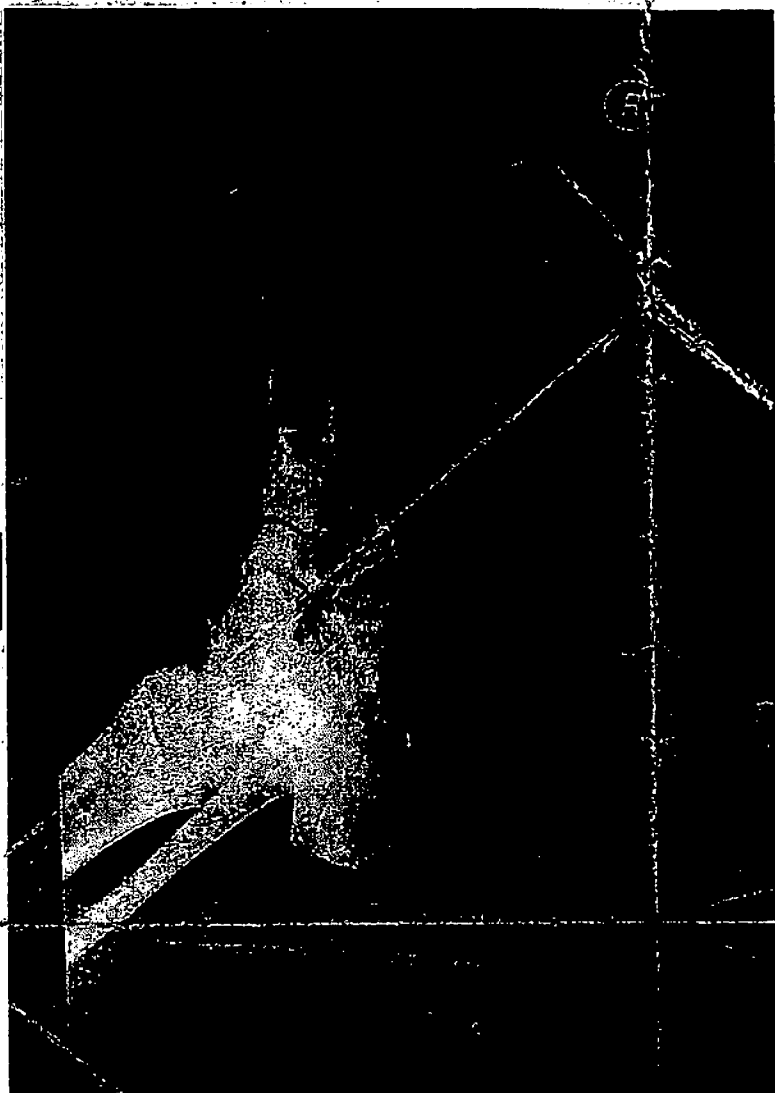
It was also documented by the staff that you threatened one of the Security Officers with bodily harm. Although we at St John's Episcopal Hospital have sincere and tremendous empathy over the serious medical problems that you face, threats against staff and physicians are inappropriate. As you know, as a patient at this facility you have the right to be treated with respect and dignity. That right, however, carries a responsibility for you to treat our staff and physicians in a like manner.

We do hope that we have provided you with a resolution to your concerns as you stated them. If you have any further questions, please do not hesitate to us at call at 718-869-7391.

Sincerely,

Claudia John

Supervisor -Patient Relations Dept.



Images



Series

AP



AP OBLINT



LATERAL

SW CVR/PD/DA/RI/2271 1 Paid 93 of 200 7/12/2015 N

OFFICIAL NEW YORK STATE PRESCRIPTION

V00208468926 N000538856
BROWN, LESLIE M
06/03/1969 46

327 BEACH 19TH STREET FAR ROCKAWAY, NY 11691 (718) 869-7000

INSTITUTION DES NUMBER OF APPLICABLE SAFETY Imprinted Prescriber Name (Institution Only)

Patient Name Leslie Brown Date _____

Address _____

City _____ Age _____ Sex M

HC Pt seen in Pediatric Clinic. Has large wound to R. leg. w/ signs of infection. Needs CBC and possible IV ABX.

Surgery consult?

☐ LEP Preferred Language Prevent medication errors. Please see back of prescription.

Prescriber Signature [Signature] **OSMDMG 02**

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'DAW' IN THE BOX BELOW

REFILLS ☐ None ☐ Refills: _____

PHARMACIST TEST AREA: _____ Dispense As Written

MAXIMUM DAILY DOSE (or other instructions)

ST JOHN'S EPISCOPAL HOSPITAL
SECURITY DEPARTMENT
OCCURRENCE REPORT

Date: 12.31.15Time: 11:40Officer: Daniels + Foley Tour: 10-6Location Of Occurrence: ERInjuries: Yes ☐ No ☒ If yes (Describe the Injury)Person Involved: Patient ☒ Employee ☒ Visitor ☐

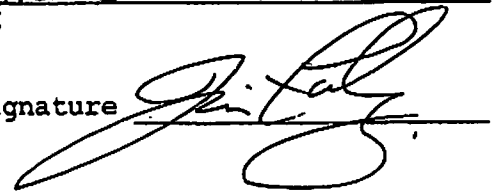
Nature Of Occurrence: _____

Describe The Occurrence:

ON January 31, 2015 Shortey after 11:00pm was sent to the Emergency Room to assist. ON ENTER I witnessed a male young Patient in Police NYPD custody he was being loud and verbally abusive. He was even spitting in the direction of the Police. AT THE SAME TIME OTHER Patient 'Brown' who was sitting about 20 feet away was being loud and to intervene. The mother of the prisoner/patient arrive and was refuse permission to see her son. She became verbally abusive and hit the officers. AT THIS TIME patient (Brown) came in the direction of the incident and attempted to intervene. He was stopped by PO Daniels + myself. He hit PO Daniels. We redirected him to his seat with the help of NYPD officers who took

Supervisor Notified: Yes ☐ No ☐Supervisors Name: Johnson

Officer Signature

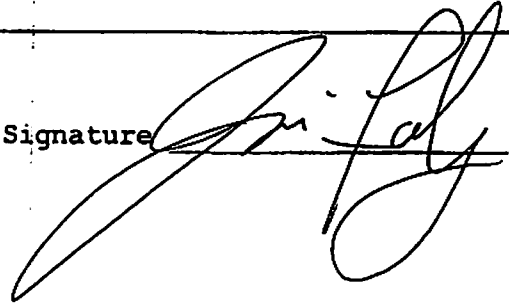


ST JOHN'S EPISCOPAL HOSPITAL
SECURITY DEPARTMENT
OCCURRENCE REPORT

Date: 12-31-15Time: 11:40Officer: Daniels - FoleyTour: 10-6Location Of Occurrence: ERInjuries: Yes No If yes (Describe the Injury)Person Involved: Patient Employee Visitor Nature Of Occurrence:

Describe The Occurrence:

him into Custody He Continued to be loud and abusive to all NYPD officers and also Threat to come back and shoot ~~so~~ Daniels.

Supervisor Notified: Yes No Supervisors Name: JohnsonOfficer Signature 

ST JOHN'S EPISCOPAL HOSPITAL
SECURITY DEPARTMENT
OCCURRENCE REPORT

Date: 08-31-15Time: 2315Officer: Daniel S. Foley Tour: 2200-0600Location Of Occurrence: Emergency roomInjuries: Yes ☐ No ☒ If yes (Describe the Injury)Person Involved: Patient ☒ Employee ☒ Visitor ☐

Nature Of Occurrence: _____

Describe The Occurrence:

While in the Emergency room Patient in room 19 Leslie Brown tried to get involved with a NYPD Matter. Patient Jared Battle was under arrest and his MoM tried to Attack a NYPD officer. Patient Leslie Brown tried to get involved while the NYPD officers were Arresting Ms. Battle S/o Foley and Myself along with Paul a RN in the E.R. escorted Patient Leslie Brown back to his chair. Patient Leslie Brown tried to Swing on me and was Redirected to his seat. NYPD Arrested both Patient Leslie Brown and Jared Battle's MoM.

Supervisor Notified: Yes ☒ No ☐Supervisors Name: JohnsonOfficer Signature R. E. D. 15R

Car Johnson
 08-01-16.

ST JOHN'S EPISCOPAL HOSPITAL
SECURITY DEPARTMENT
OCCURRENCE REPORT

Date: 12/31/15

Time: _____

Officer: Daniels Tour: _____

Location Of Occurrence: ER

Injuries: Yes _____ No _____ If yes (Describe the Injury) _____

Person Involved: Patient _____ Employee _____ Visitor _____

Nature Of Occurrence: _____

Describe The Occurrence:

22 year old patient (~~██████~~) spat on one of the officers (NYPD) when the officers turned to attend to the patient, the patient's mother hit one of the NYPD officers, when the NYPD officers handcuffed the mother, patient Leslie Brown got up from his chair and rushed over to the officers and mother, STEH officers stood in front of the patient and asked him to return to his seat. They had been asking him to stay out of it since the patient came in. Patient Brown then attempted to hit one of the STEH officers and he was then taken back to his chair. After the whole incident, patient Brown was cuffed by NYPD and was given a bed, when nurses and officers (NYPD) were moving him he stuck his foot out while screaming as if being hurt by the


Supervisor Notified: Yes _____ No _____

Supervisors Name: _____

Officer Signature _____

claps. All while smiling at the police officers. He was trying to knock over the computers and other hospital equipment.

Angelica Santiago
Arrarrr wife

 Internal Case Information System Worksheet - Interview Person					Top Allegation PRISONER INCIDENT - INJURED - IN NYPD CUSTODY		Group G54-GROUP 54 - FORCE Date of This Report 01/01/2016	
Date Reported 12/31/2015	Date Assigned 12/31/2015	IAB Log No. 2015-40929	Case No. (G54) C-2015-789	Folder Type CORRUPTION	Preliminary Case Type CORRUPTION	Follow-Up No.	Worksheet Tracking No. 1419427	

Topic/Subject (Interview Person) INTERVIEW WITH C/V LESLIE BROWN	Activity Date 01/01/2016	Activity Time 11:10
--	------------------------------------	-------------------------------

Activity Location List

Person's Last Name, First M.I. BROWN, LELSIE				Role ARRESTED		Status CIVILIAN NON MEMBER OF SERVICE		Res. Pct. 101	
Anonymous		Anonymous#			Call Back Code				
Nickname/Alias/Middle Name									
Address 158 BEACH 30 STREET QUEENS NY						Apt No. 1F		NYSID No.	
Alternate Address						Apt No.			
Sex MALE		Race BLACK		Date of Birth 06/03/1969		Age 46		Height	
Weight		Age From		Age To		Condition		If Injured or Deceased Location	
U.S. Citizen		State/Country of Birth		Home Telephone		Business Telephone		Cell Phone	
Beeper #		E-Mail Address		Call Back Phone#					
This Person and Subject Live Together		Identify Subject?		This Person States Subject is					

Details
Follow-Up Information On Friday, 01/01/16 at approximately 1110 hours Sgt. DePalma and I were present at St. John's Episcopal Hospital, Queens to interview Leslie Brown. He stated the following: He went to the hospital on Thursday, 12/31/15 because he attempted to cut a hard cast off of his right leg with a saw. He had a prior injury to his right leg not related to this incident. While at the hospital he saw C/V Jaren Battle brought into the emergency room escorted by police, with an injury to his face. Battle was bleeding and asked him to call his mother. Battle told him the phone number. He did not know who Battle was. He called Battle's mother (Renee Battle) and she responded to the hospital. He observed Renee Battle enter from approximately 20 feet away and the police immediately push her and throw her down. He was "voicing his opinion" to the officers when an unknown M/B hospital security officer pushed him. Uniformed police officers then threw him down to the floor hitting his head. One unknown uniformed M/ W officer stomped on his cast and back, then "choked him out." The unknown M/B hospital security officer helped the officer "choke him out." When asked to describe the choking he said a forearm was placed on his neck pressing down. He was trying to get the officers off of him but there was approximately 5 officers applying weight to his back holding him down. He was then placed in handcuffs and arrested. He stated he sustained an injury to his head. A small scratch was visible. He stated he also received a cut to the inside of his lip which was observed. He stated the officer stomping on his leg worsened the condition of the cast he tried to saw off. He viewed photo arrays but was unable to identify any of the subject officers. He did sign a HIPAA form.











City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: LESLIE BROWN	Book & Case #: 441-1504288	NYSID # (optional): 05481816N
Facility: A.M.K.C.	Housing Area: 12 UPPER	Date of Incident: 6.17.15
		Date Submitted: 6.27.15

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

REQUESTING 2 BIEBER AND THICKER MATTRESS. I AM 6'00 4 INCHES. I ALSO HAVE 2 RIGHT SHOULDER 18 MONTH OLD INJURY. MY MATTRESS IS TOO THIN. I AM IN RECURRING PAIN. NEW/BETTER MATTRESS

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?
 Do you need the IGRP staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you require the assistance of an interpreter?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

Leslie Brown

Date of Signature:

6.17.15

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

710/15

Environmental

Staff #306

Inmate
Cops
6/21/15

City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

Inmate
Cops
9/12/11

Inmate's Name: LESLIE BROWN	Book & Case #: 441-1504288	NYSID # (optional): 05481816N
Facility: A.M.K.C.	Housing Area: 12 UPPER	Date of Incident: 6-17-15
		Date Submitted: 6-27-15

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

REQUESTING A BECKER AND THICKER MATTRESS.

I AM 6'00" 4 INCHES

I ALSO HAVE A RIGHT SHOULDER 18 MONTH OLD INJURY. MY

Action Requested by Inmate:

MATTRESS IS TOO THIN. I AM IN RECURRING PAIN

NEW/BETTER MATTRESS

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?
Do you need the IGRP staff to write the grievance or request for you?
Have you filed this grievance or request with a court or other agency?
Did you require the assistance of an interpreter?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

Leslie Brown

Date of Signature:

6-17-15

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

X 710/15



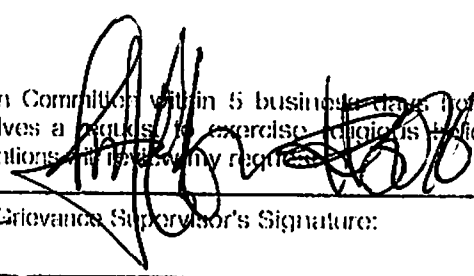
Category:

Environmental

Inmate Grievance and Request Program Staff's Signature:

[Signature]
#376

7/1/16

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 		
INMATE GRIEVANCE AND REQUEST PROGRAM		
DISPOSITION FORM Attachment - C		
Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376		
Grievance/Request Reference #: K710/15	Date Filed: 7/6/15	Facility: AMKC
Title of Grievance or Request: Enviromental		Category: Mattress
From IGRP Inmate Statement Form, print or type short description of request/grievance: Claims that mattress issued to him is too thin and believes its causing him pain in his right shoulder.		
Action Requested by Inmate: Wants to be issued a new and better mattress.		
STEP 1: INFORMAL RESOLUTION		
Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Request <input type="checkbox"/> Submission not subject to the IGRP process. The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process. IGRP could not substantiate your claim of mattress that you were issued was too thin and is causing you back pain. EHO Captain has been informed of your claims and clothes box will inspect your mattress and replace it as needed during your housing area linen exchange.		
Are you satisfied with the proposed resolution? <input checked="" type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No		
I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not readily available, then the Committee on Religious Accommodations will review my request.		
Grievant's Signature: <i>X. Felix Balle</i>	Date: 7/6/15	Grievance Supervisor's Signature: 
		Date: 7/6/15

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful 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 more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

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

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

JAREN BATTLE & RENEE BATTLE

See page #1 to #3

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

PATIENT WAS MISTREATED, INJURIES WERE EXTENDED TO RIGHT LOWER LEG, RIGHT SHOULDER,

BEING TREATED BY: DR. JOHN HOPKINS
ISAK ISAKOW, MD EPISCOPAL HEALTH
1908 BROOKHAVEN AVE SERVICES INC.
FAR ROCKAWAY N.Y. 11691 # 718-869-8400
FAX 718-869-8400

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

SEE PAGES # 1, 2, 3,

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/12, 2016

Signature of Plaintiff Leslie E. Brown

Printed Name of Plaintiff LESLIE E. BROWN

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/12, 2016

Signature of Plaintiff Leslie E. Brown

Printed Name of Plaintiff LESLIE E. BROWN