UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

Write the full name of each defendant. 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 above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore 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. See Federal Rule of Civil Procedure 5.2.

State below the federal legal basis for your claim, if known. This form is designed primarily for

I. LEGAL BASIS FOR CLAIM

	often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Biyens" action (against federal defendants).					
	Violation of my federal constitutional rights					
	Other: Trst and second Homendants of the					
	□ Other: First and Second Ammendants of the II. PLAINTIFF INFORMATION Constitution of United States					
Each plaintiff must provide the following information. Attach additional pages if necessary.						
	Randy R James					
	First Name Middle Initial Last Name					
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.						
	Prisoner ID # (if you have previously been in another agency's custody, please specify each agency					
and the ID number (such as your DIN or NYSID) under which you were held)						
	Current Place of Detention					
	Institutional Address					
	County, City State Zip Code					
	III. PRISONER STATUS					
Indicate below whether you are a prisoner or other confined person:						
Pretrial detainee						
	☐ Civilly committed detainee					
	☐ Immigration detainee					
☐ Convicted and sentenced prisoner						
	☐ Other:					

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	Wathen	Royle				
	First Name	Last Name	Shield #			
	Current Job Title (or other identifying information) 5746 Current Work Address 1455 1500 15					
Defendant 2:	Mather	State	Zip Code			
Defendant 2.	First Name	Last Name	Shield #			
	67th	Precinct				
	Current Job Title (o	r other identifying information)				
Current Work Address						
	Kins, Bro	oxlyn NY.	71.0.1			
Defendant 3:	County, City	State	Zip Code			
Defendant o.	First Name	Last Name	Shield #			
	Current Job Title (or other identifying information)					
Defendant 4:	County, City	State	Zip Code			
	First Name	Last Name	Shield #			
	Current Job Title (or other identifying information)					
	Current Work Addr	ess				
	County, City	State	Zip Code			

V. STATEMENT OF CLAIM
Place(s) of occurrence: Corner of 9/st and Winthrop, East Flatba
Date(s) of occurrence: Type 2, 2013 appointed 10:30
FACTS:
State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.
I was riding my burche on Clarkson
Aver, made a right on 95st soing towards
I observed a mobile police station and a blue and
White police car parked. The officers intear
called me over to them. They informed me
at a traffic intrinsement, that I committed on
the playere. We goke blietly and I was
rotation of my bike ada (and the officer
pulled out of their parking space with signs
blaring. The passenger cop was shaking his
head and smiling like a jack o' lantern.
I was in fear of my life, I thought the
what they do sometimes. 95st and Clarkson
Ave, is a very dark corner in the night time.
I belief to end a control etatistic
So I robe up, hoping that people would see
what was soins on I stopped viding on 9/st
and Winthrop The officers jumped Vout The Cats
and run behind me # like I robbed the bank the
so I robe up, hoping that people would see what was soing on. I stopped viding on 91st and Winthrop The officers jumped Jout the Cars and run behind me # 11ke I robbed the bank. They attacked me and I tried my best to shield Page 4 fell my self from their blows. Next thing I know I feel fell my self from their blows. Next thing

and was surrounded by about 30 police officers I could not get pack up they begt three living daylights out of me I'm thankful that people were around, otherwise, they might have killed me low was rushed to Brookdale Hospital, and I was not there long enough to get a thorough examination. They (police allowed the nurse to get some bandages on my knees, and then I was taken to Central booking
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
Extensive nerve damage, because I was laying on
my side, side, so know abrasion, knee contrision
and knee was out at sacket, y you could
see the bone sticking out. I did olver a year
and a half of physical therapy. It lot of pain medication
a care back brace, knee brack to move around. I'm in the
VI. RELIEF process of setting corrective knee surgery.
State briefly what money damages or other relief you want the court to order.
For the part your I was ugable
to work due to my injuries. I'm looking tor
at least 20,000/1000 25 million gollars
in money damage for my physical and mental
injuries and Post wages. I Tried to get
social securit and public ussistance and
un lumbo. My status is sketchy because
1 decend
on family and friends for lodging. The only
At 1 Cet is food stamps. Please help me.
The Proof of Automatical Control of the Control of

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change 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 Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. 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.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.						
		Kank	Tanos			
Dated	R	Plaintiff's Signat	ure			
First Name 91	Riddle Initial REMSEN	A Last Name				
Prison Address KINC , Brook	len	KI Y.	1/212			
County, City)	State	Zip Čode			
Date on which I am deliv	vering this complaint	to prison authorities for r	mailing:			

