

UNITED STATES DISTRICT COURT
Eastern DISTRICT OF NEW YORK

Robert Freese

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

-against-

P.O. Lenny Doe (worked on said date)

P.O. John Doe (worked on said date)

P.O. John Doe (worked on said date)

P.O. John Doe (worked on said date)

The City of New York

CV 17 - 4390

KUNTZ, J.

(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.)

BLOOM, M.J.

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

Robert Freese

ID #

17 B 1816

Current Institution

Ulster Corr Fac.

Address

P.O. Box 800

Napanoch, NY 12458

- 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 P.O. Lenny Doe

Shield # Don't

Where Currently Employed

N Y P D Narcotics

know

Address

Richmond county New York

Defendant No. 2 Name P.O. John Doe Shield # don't know
 Where Currently Employed N.Y.P.D Narcotics
 Address Richmond county New York

Defendant No. 3 Name P.O. John Doe Shield # Dont know
 Where Currently Employed NYPD Narcotics
 Address Richmond County New York

Defendant No. 4 Name P.O. John Doe Shield # Dont know
 Where Currently Employed NYPD Narcotics
 Address Richmond County New York

Defendant No. 5 Name The City of New York 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 Do not cite any cases or statutes.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?

See Attached

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

N/A

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

Nov 16th 2016 at 4:30 p.m.

D. Facts: See Attached

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. My left elbow, left shoulder, back, neck, knees and stomach were injured. I didn't go to Medical because I was told to forget what happened (by these officers) and they will talk to the A.D A and get me a drug program instead of jail. I was also threatened to keep my mouth shut and if I talked I will do a lot of time in prison

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 /

On Nov. 16, 2016 at 4:30 p.m. I was waiting to make a right turn in Richmond County (not sure of exact street because I'm not from there) when the light turned green and after making that turn I was pulled over by the narcotics squad. Two officers approached the car and the driver asked me for the registration and my license. I asked "what did I do wrong for you to pull me over?" He didnt give me an answer. Instead he said "we are checking for drugs and if you don't have any you can go on your way". I then asked for his supervisor or a legal reason for pulling me over in the first place. He asked if they can search the car and I said "no." That really got them mad. When I refused to let them search my car without any legal reason the driver hit me in the back of my neck and head then pulled me out of the car and dragged me to the back of the car and pushed my face onto the trunk of the car and told me to : "keep your face on the trunk of the car and dont look back at us".

I was asked if there were drugs in the car and I said "no". They came back from searching the car (the driver and officer Lenny Doe) the driver out of the blue hit me in the gut causing me to bend over. I asked "why did you hit me?" He said because I dont like being lied to and I don't like liers!" That pisses me off". He said he found pills in a prescription bottle after I already told him there were no drugs in the car. I told him the car belongs to my sister and that the registration has her name on it. They must belong to her since her name is on the bottle.

Again I told him they had no legal right to pull me over or search the car in the first place. Thats when the driver grabbed me by the back of my neck throw me into the paddy wagon causing me to crash to the floor banging my left shoulder and head on the floor.

Instead of taking me to the 121pct. to process me through the system they only went to the 121 pct. to drop off the paperwork and I was left in the paddy wagon for the next few

hours going on high speed chases. The officers driving in the paddy wagon (one bald the other dark hair) didn't put a seatbelt on me causing me to be tossed around the back of the paddy wagon as they chased other cars pulling them over for whatever reason. As they chased these cars I was hitting my head, elbows, back, and shoulders against the back of the van and couldn't protect myself because I was handcuffed behind me back. At this point I was in a lot of pain.

When we arrived at the 121 pct. (about 2-3 hours later) I told the officers that I was in a lot of pain (I told this to all the officers, the ones in the car and the ones in the paddy wagon) and I was told that they didn't care how much pain I was in. They told me that they got back the paperwork on me and that they (the officer driving the unmarked cop car was saying this to me) know I have open cases in Brooklyn. I was told by the officer who hit me several times that if I didn't say a word about what he did to me after pulling me over that "I will talk to the A D.A about your other cases and get you a drug program." "But if you say a word or even go for medical treatment I'll make sure you get a lot of time in prison and you will have lots of problems." Then he said "lets just forget about what happened okay?" I didn't say a word. The other officers said "just do what you were told."

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).

N/A

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

Yes _____ No _____ Do Not Know N/A

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 N/A

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 N/A

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 N/A

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

N/A

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

N/A

2. What was the result, if any? _____

N/A

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. _____

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

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: N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. N/A

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). The plaintiff respectfully requests the Court to award him \$1,500,000. (1.5 Million) dollars in compensation and punishment against these officers for pain and suffering, police brutality, excessive force, physical injuries, reckless endangerment, and endangering plaintiffs life and safety. And the city of New York for negligence. The City is responsible for all their employees that they hire. The City is liable for their employees actions. Also these officers should be screened by a therapist to be sure Mentally fit to work as an officer to prevent them from repeating their violent behavior, Misdeeds, and Misconducts.

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 XX

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 N/A

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 XX

- 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 N/A

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 12th day of July, 2017

Signature of Plaintiff

Inmate Number

Institution Address

Robert [Signature]
17R 1816
Alister Corr. Fac.
P.O. Box 800
Napa, CA 94558

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 12th day of July, 2017, 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:

Robert [Signature]