

CV 17-4703

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

COGAN, J.

Adrian L. Morgan

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

JURY DEMAND

YES NO

-against-

The City of New York

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Adrian L. Morgan

If you are incarcerated, provide the name of the facility and address:

GRVC, 09-09 Hazen Street, East Elmhurst, N.Y. 11370

Prisoner ID Number: 1411611774

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

The City of New York
Full Name

Job Title

Address

Defendant No. 2

James P. O'Neill
Full Name

Commissioner of NYPD
Job Title

Address

Defendant No. 3

John Doe 1
Full Name

Police Officer 67th precinct
Job Title

2820 Snyder Ave. Brooklyn, NY 11226
Address

Defendant No. 4 John Doe 2
Full Name
Police Officer 67th precinct
Job Title
2820 Snyder Avenue
Brooklyn, NY 11226
Address

Defendant No. 5 John Doe 3
Full Name
Police officer 67th precinct
Job Title

2820 Snyder Ave Brooklyn, NY 11226
Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

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

781 Troy Avenue (in front of the Next door Neighbor's house) Brooklyn, NY

When did the events happen? (include approximate time and date) _____

Approximately December 12, 2016, (on or about), at 1:00 P.M.

Facts: (what happened?) After taking a shower and getting dressed, I left my house. I was approaching my neighbor's house and several marked NYPD vehicles arrived. An officer got out the car and stated that "my presence was needed at Kings County hospital" for observation. I (Morgan) asked "what for?" That is when one (1) of the officer's use of force began and before I knew it I was up against five (5) or more police officers (who were heavily armed and trained). These officers were from the 67th Precinct. I didn't know what was going on. All I know was that the leading officer ripped my shirt and started using excessive force for no apparent reason. I was placed into a submission hold and they continued with their use of force, until I was placed in the ambulance (en route to Kings County ~~the~~ Hospital). While in the ambulance, an officer continued to place his knee in my back (lower back) making it difficult for me to breathe (gasping for air and unable to talk; handcuffed in the back) I was able to wiggle a little from the hold and I blurted out "I can't breathe" and they released me from that hold.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

KCH

I was placed in to the ~~the~~ "R" Building for mental observation and given painkillers for two weeks. My right foot was swollen causing difficulty in walking; several knots in the head and left jaw; contusions to my head; and my left rotatory cup (from submission hold) was injured. Now I am weary of my social interactions with the NYPD - not knowing the ending result.

III. Relief: State what relief you are seeking if you prevail on your complaint.

Compensatory and punitive damages against the defendants. I am asking for \$500,000⁰⁰/₁₀₀ for my pain and suffering.

I declare under penalty of perjury that on 07/28/17, I delivered this complaint to prison authorities at GRVC (name of prison) to be mailed to the United States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 07/28/17

Adrian L. Morgan
Signature of Plaintiff

GRVC
Name of Prison Facility or Address if not incarcerated
09-09 Hazen Street
East Elmhurst, New York 11370

Address

1411611774
Prisoner ID#

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

EASTERN DISTRICT OF NEW YORK

Adrian L. Morgan

Plaintiff/Petitioner

The City of New York

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: GRVC, 09-09 Hazen Street, East Elmhurst, NY 11370

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per (specify pay period) _____.

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- (a) Business, profession, or other self-employment
(b) Rent payments, interest, or dividends
(c) Pension, annuity, or life insurance payments
(d) Disability, or worker's compensation payments
(e) Gifts, or inheritances
(f) Any other sources

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

I have a Roth IRA account with \$900.00 in it. The account is a money market account and a savings account in Fidelity Investment that add up to \$900.00

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 900.⁰⁰/₁₀₀

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

Roth IRA (checking and savings account) : \$ 900.⁰⁰/₁₀₀

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

I was paying a T-mobile cell phone account of approximately \$40.⁰⁰/₁₀₀ per month
And I was paying medical/mental health bills of \$100.⁰⁰/₁₀₀ per month.

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

None

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Medical/Mental health bills of approximately \$1,600.⁰⁰/₁₀₀

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 07/28/17

Adrian L. Morgan
Applicant's Signature
Adrian L. Morgan
Printed name

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Adrian L. Morgan
(full name of the plaintiff/petitioner)

CV _____ () ()
(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

-against-
The City of New York
(full name(s) of the defendant(s)/respondent(s))

PRISONER AUTHORIZATION

By signing below, I acknowledge that:

- (1) because I filed this action as a prisoner,¹ I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed *in forma pauperis* (IFP), that is, without prepayment of fees;
- (2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.

I authorize the agency holding me in custody to:

- (1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);
- (2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.

This authorization applies to any agency into whose custody I may be transferred and to any other district court to which my case may be transferred.

07/25/17
Date

Adrian L. Morgan
Signature

Morgan, Adrian, L
Name (Last, First, MI)

1411611774
Prison Identification #

GRVC, 09-09 Hazen Street, East Elmhurst, New York 11370
Address City State Zip Code

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).