UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

				17CV	7		4	3
	KYLE	FREISTAT,	ESZUIRE	No	•			O
Wri	te the full nam	ne of each plaintiff.	*	(To be filled out by (lerk's Off	ice)		

-against-

(Prisoner)

- NYPD for MOLESTING ME DEPT. OF JUSTICE FOR WRONGLY

Do you want a jury trial?

✓ Yes □ No

ACCUSING ME;

DEPT. OF CORRECTIONS FOR INCARCERATING ME;

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.

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.

I. LEGAL BASIS FOR CLAIM	
State below the federal legal basis for your claim, if kr prisoners challenging the constitutionality of their cor often brought under 42 U.S.C. § 1983 (against state, c "Bivens" action (against federal defendants).	nditions of confinement; those claims are ounty, or municipal defendants) or in a
Violation of my federal constitutional rights RA	ANGING FROM 4th to 14 AMEND,
Other: RECKLESS ENDANGERMENT	OF MY LIFE AND PROPERTY.
II. PLAINTIFF INFORMATION	
Each plaintiff must provide the following information.	Attach additional pages if necessary.
KYLE FREISTATT	(SURNAME) Last Name
First Name Middle Initial	Last Name
State any other names (or different forms of your name you have used in previously filing a lawsuit.	ne) you have ever used, including any name
	-
Prisoner ID # (if you have previously been in another a and the ID number (such as your DIN or NYSID) under	gency's custody, please specify each agency which you were held)
BKDC - DOC	<u>: </u>
Current Place of Detention	
275 ATLANTIC AVENUE	
Institutional Address	
BROOKLYN NEW YORK NY County, City State	//20/
County, City State	Zip Code
III. PRISONER STATUS	
Indicate below whether you are a prisoner or other co	nfined 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:	DANIEL	GASPERETTI	•				
	First Name	Last Name	Shield #	-			
	NYPD POL			•			
	Current Job Title (or	other identifying information)	•				
•	QUEENS C	OMNTY POLICEMAN					
	Current Work Addre		•				
	2UEENIS'	NEW YORK					
•	County, City	State	Zip Code				
Defendant 2:	ANTHONY	ARLISTICO					
	First Name	Last Name	Shield #				
		POLICEMAN					
•	Current Job Title (or	other identifying information)					
	LUEENS C	COUNTY POLICEMAN					
	Current Work Addres	•		-			
	2UEENS	NEW YORK					
•	County, City	State	Zip Code				
Defendant 3:				•			
	First Name	Last Name	Shield #				
•							
,	Current Job Title (or other identifying information)						
	Current Work Addres						
	Current Work Address						
	County, City	State	Zip Code				
Defendant 4:							
	First Name	Last Name	Shield #				
	Current Job Title (or o	other identifying information)					
	Current Work Addres	S					
	County, City	State	Zip Code				

V.	STA	TEN	MENT	OF	CLA	IM
ν.	ാഥ	LLLIV	TELL	$\mathbf{O}_{\mathbf{I}}$		X X I Y X

Place(s) of occurrence:	COUNTY	OF IMEEN	r, NY;		
		LP.		,	
Date(s) of occurrence:	TULY 26	2017			

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.

- On July 26th 2017, I was driving a vehicle. While in a stationary position and not offending anyone I was approached by officers gasperette and Anlistico (see enclosed documentation) which systematically trampled upon my vehicle and my dignity damaging the property and my health in the process. - It was a prime example of police misconduct which continued in the precint and hospital wont the benefit of a comusel, and finally prosecutorial and judicial misconducts materializing my hurt and wounded person hardly capable to stand at COURT ARRAIGNMENT-supported by two court officers. - My constitutional rights were vioLATED RANGING from 4th to 14th AMENDMENTS - from ilegal SEARCH AND SEIZURE to DUE PROCESS AMENDMENTS. -) EXPERIENCED FOOT TRAMPLING, STRANGMEATION BEATING ON BODY, FACE AND SKULL MARKS OF A PERMANENT INJURY NATURE. THE CIRCLE OF POLICE-PROSECLUTORIAL AND SUDICIAL MISCONDMETS IS THUS COMPLETE, CAMSING PHYSICAL ABUSE AND CONSTITUTIONAL VIOLATIONS.

SEE PREVI	ous PAGES/
	:
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	1
	F
INJURIES:	
If you were injured as a result of these actions, descrif any, you required and received. Juan Injured, i.e., see	
FACE, SKILL, TORSO HND	LEGS, FEET AND ANKLES.
7 WITH CLINICS AND A	TOSPITALS FOR TREATMENT.
O VISTICE CENT	
VI DELLEE	
VI. RELIEF	
State briefly what money damages or other relief yo	ou want the court to order.
- Due to extensive natu	•
PERSON, as well as TRA	MMA and INJURIES SUSTAINED
I respectfully request	t the compensatory amount
OF SEVEN MILLION M.S.	Dollars.
- My children are fathers	ler while 2 am in
detention, away from m	y family due to
unjeist incarcevations at	- defention sites.
V	

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.

September 12th	2017	Kyle Freistät
Dated	Plair	tiff's Signature
KYLE	FREISTA	7
First Name	Middle Initial Last	Name
BKDC/DOC-	275 ATLANTIC	AVENUE
Prison Address		
BROOKLYN	NY	11201
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 09/13/2017



Stat-4411705961 11-8upper - 275 Ave. B.K.D.C. MEW YORK HY TOO M. 10278.

10: FEDERAL. Court. B.L.D.G... 500, PEARL. STREET. N.Y.C. My, 10278.