

**CV 17-7440**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

**BRODIE, J.**

CALVIN FONVILLE

**REYES, M.J.**

Plaintiff,

[Insert full name of plaintiff/prisoner]

**CIVIL RIGHTS COMPLAINT**

42 U.S.C. § 1983

JURY DEMAND

YES ☒

NO ☐

-against-

DET. MICHAEL YU #947625

DET. STEVEN JONES #790

107<sup>TH</sup> Pct. 71<sup>ST</sup> PARSONS BLVD.

FLUSHING, NY. 11367

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]

**FILED**  
IN CLERK'S OFFICE  
US DISTRICT COURT E.D.N.Y.

★ JAN 17 2018 ★

**BROOKLYN OFFICE**

- 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 CALVIN FONVILLE

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

V.C.B.C 1 HALLECK ST

BRONX, NY. 10474

Prisoner ID Number: 4411708225

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

MICHAEL YU  
Full Name

DETECTIVE  
Job Title

107<sup>th</sup> Pct.  
71<sup>st</sup> PARSONS BLVD. FLUSHING, NY  
Address 11367

Defendant No. 2

STEVEN JONES  
Full Name

DETECTIVE  
Job Title

107<sup>th</sup> Pct.  
71<sup>st</sup> PARSONS BLVD, FLUSHING, NY  
Address 11367

Defendant No. 3

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

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? 75-06 75<sup>th</sup> Rd.  
FLUSHING, NY. 11367 APT. #2E

When did the events happen? (include approximate time and date) Oct. 18, 2017  
6:08 p.m.

Facts: (what happened?) While arrested, Arresting officer took my house keys from my right pocket, dropped me off at 107<sup>th</sup> Pct, then went to my apartment and used said keys to enter my apartment without a search warrant a little after 6:05 P.M. After searching my apartment, the officer left my door open without securing my apartment, before they left. When they left, people were going in and out of my apartment taking all my valuables and personal belongings to which: \$7,000 cash, Hublot diamond-encrusted watch (\$23,000), Diamond Chain (\$4,700), Diamond Pendant Cross (\$2,300) 1 pair of Versace Glasses (\$600), 1 pair of "CARTIER Glasses (\$1,400), 1 Pair Gucci Frames (\$450), Diamond Tennis Bracelet (\$2,950) 2 Galaxy 8" Phones (\$1,600) 1 Galaxy 8" Note Phone (\$900) 1 Set of house keys (\$40.00) When my family tried to contact them about my keys, to which no response was given and they never vouched them to which they are still missing.

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? Yes.

I was beat and harmed physically when arrested and went to Queens General Hospital to which I have the medical records. I had several bruises to my face, neck, body. I had a "CATSCAN" performed also. Due to the injuries, I've suffered mental distress, pain and suffering because of all of this.

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

I'm seeking \$3 million due to PAIN & suffering,  
loss of damages and property that was  
taken from my apartment.

I declare under penalty of perjury that on 1/7/18, I delivered this  
(date)  
complaint to prison authorities at V.C.B.C. to be mailed to the United  
(name of prison)  
States District Court for the Eastern District of New York.

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

Dated: 1/7/18

Calin C. C. C.  
Signature of Plaintiff

Name of Prison Facility or Address if not incarcerated

V.C.B.C.

1 HALLECK ST. BRONX, NY  
10474

Address

#4411708225

Prisoner ID#