



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

Timothy West

Plaintiff,

-against-

Kron Et AL

Defendant(s).

NOTICE OF MOTION Amend Complaint  
18 CV 00753 (LDH) (SJB)

PLEASE TAKE NOTICE that upon the annexed affidavit or affirmation of Timothy West, sworn to or affirmed May 18<sup>th</sup>, 2019 and upon the complaint herein, plaintiff will move this Court, Lashann Dearcy Hall, U.S.D.J., in room     , United States Courthouse, Brooklyn, New York 11201, on the 27 day of May, 2019, at 9:30 or as soon thereafter as counsel can be heard, for an order pursuant to

Rule 15 of the Federal Rules of Civil Procedure granting

Motion to Amend Complaint and add

~~NY City and State~~  
P.S.C.H housing as a defendant

Dated: 5-18-19

Plaintiff Pro Se

Timothy West #18A3399  
Signature

Timothy West  
Print Name

Address  
Great Meadow CF  
Box 51 Comstock NY 12821  
Phone #

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

Timothy West

Plaintiff

-against-

Amended Civil  
Rights Complaint  
42 U.S.C. 18cv00753  
(LDH) (SJB)

Kron et al,

Defendants,

---

1. 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: Timothy West  
ID: 18-A-3399  
Current Institution: Great Meadow Correctional Facility  
Address: 11739 State Route 22, P.O. Box 51, Comstock,  
New York 12821-0051

- 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.S.C.H Housing  
Where Currently Employed: Housing  
Address: Same address as defendant Shantel Rankin

2. Statement of Claim:

1. Please take notice that upon the annexed affidavit or affirmation I Timothy West move to amend complaint and add PSCH housing as a defendant for unlawful misconduct. When on Feb 1, 2017 PSCH was contacted by detective John Russo regarding a pending investigation. The illegal search of my room was granted through P.S.C.H housing. P.S.C.H housing should be held liable under New York law in tort for property that was suppose to be kept safe and secure for which I was a paying teneant of \$1,005.00 a month. Aslo breach of contract for the knowledge of P.S.C.H housing failure to act could lead to harm when no warrant was shown to enter my bedroom.

And property of 2 bracelets, 10 pairs of earrings, 3 chains with 2 medallions, and 3 tennis bracelets and 1 diamond ruby pinky ring which was taken and not part of the investigation and vouchered. P.S.C.H housing negligence and unlawful conduct for not supervising and granting detective John Russo access to my room violated my 4th Amendment right. When he didn't present to P.S.C.H a warrant on Feb 2, 2017 at 11:30a.m.

3. 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). Plaintiff requests that this Court awards the following relief:

1. Assume jurisdiction of this action;
2. Empanel a jury to hear all claims triable thereto;
3. Awards declaratory relief;
4. Awards equitable relief;
5. Awards nominal damages
6. Awards punitive damages in the amount of 3,500,000.00 dollars against all defendants in this complaint;
7. Awards pre-judgment interest;
8. Awards post-judgment interest;
9. Awards reasonable attorney fees and litigation expenses, in accordance with 42 U.S.C. 1988 and
10. Awards Plaintiff such other and further relief as this court deems just and proper.

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

Respectfully,

Timothy West 18a3399

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

Timothy West

Plaintiff,

-against-

Kron Et AL

Defendant(s).

STATE OF NEW YORK )  
COUNTY OF ) ss.:

AFFIDAVIT/AFFIRMATION

18 CV00753(LDH) (SJB)

I, Timothy West, [being duly sworn] deposes and says  
[or: make the following affirmation under the penalties of  
perjury]:

I, Timothy West, am the plaintiff in the above  
entitled action, and respectfully move this Court to issue an  
order To amend Complaint and Add ~~ME~~ and P.S.C.H  
The reason why I am entitled to the relief I seek is the  
following: I'm am prose and is trying to  
prevail on my claim and the partys  
envolved.

WHEREFORE, I respectfully request that the court grant the  
within motion, as well as such other and further relief that may  
be just and proper.

Sworn to before me this  
day of 29th July 2019  
Daniel R. McClenning  
Notary Public

Timothy West  
Signature

Timothy West #18A3399  
Print Your name  
Plaintiff Pro Se

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

----- X  
Timothy West  
Plaintiff,  
-against-  
Defendants.  
Kron Et AL  
----- X

Affirmation of Service  
18 CV 00753 (LDH) (SJB)

I, Timothy West, declare under penalty of perjury that I have served a copy of the attached Notice of Motion and Affirmation/Affidavit in support upon One Police Plaza / Deputy Commissioner / Corporation Counsel whose address is: One Police Plaza / 100 Church Street N.Y. NY. 10038 / 10007.

Dated: 5-18-19  
New York

Timothy West  
Signature  
Great Meadow CF  
Address  
P.O. Box 51  
City, State & Zip Code  
Comstock, N.Y. 12821  
Telephone

(Exhibit-F)

Queens County District Attorney  
**Intake Bureau Crime Report**  
 Police Officer

|                    |                   |
|--------------------|-------------------|
| Name               | RUSSO,JOHN        |
| Rank               | DETECTIVE         |
| Tax Reg/Soc Sec #  | 880293000         |
| Command            | QNS DET AREA 101  |
| Force              | NYPD              |
| Role               | ARRESTING OFFICER |
| Interviewed?       | YES               |
| Interviewed by ADA | GRAZIANO,MICHAEL  |
| Cell Phone         | ██████████        |

| Injury | Treatment Type | DI Treated | Place Treated |
|--------|----------------|------------|---------------|
| NONE   |                |            |               |

**Queens County District Attorney  
Intake Bureau Crime Report  
Civilian Witnesses**

|  |  |
|--|--|
| Name   | SCHWARTZ,SHIRA                         |
| Is Business?   | NO                                     |
| Role   | COMPLAINANT: NON-EYE WITNESS <i>AK</i> |
| Interviewed?   | YES                                    |
| Interviewed by ADA   | GRAZIANO,MICHAEL                       |
| Corrob Signed?   |  |
| Reason not Signed  |  |
| DOB/Age  | ██████████                             |
| Gender   | F                                      |
| Race/Ethnicity   | WHITE                                  |
| Beeper/Cell Phone  | ██████████                             |
| E-mail   | N/A ██████████                         |
| Wish to Proceed to Fam Ct  | NO                                     |
| Parties Know Each Other?   | NO                                     |
| Relationship to Def  | STRANGER                               |
| Threats Made   | NO THREATS                             |
| Interpreter  | NONE NEEDED                            |
| Language Line Operator #   |  |
| Reason for No Alt Contact  | ADA/PARA DID NOT ASK                   |
| Did DV victim speak to someone other than an officer within one hour before or after the incident? |  |
| Name, Phone Number, and Relationship to DV Victim  |  |
| Wish TOP?  | YES                                    |
| TOP Type\Defendant   | FULL NON-FAMILY AGAINST WEST,TIMOTHY   |

**Addresses**

| Type | Primary? | Street Address | City State Zip | Phone      | Business Name |
|------|----------|----------------|----------------|------------|---------------|
| HOME |          | ██████████     | ██████████     | ██████████ |               |

| Injury | Treatment Type | DI Treated | Place Treated |
|--------|----------------|------------|---------------|
| NONE   |                |            |               |

**Queens County District Attorney  
Intake Bureau Crime Report  
Civilian Witnesses**

|  |                                      |
|--|--------------------------------------|
| Name   | PRICE,ESTHER                         |
| Is Business?   | NO                                   |
| Role   | COMPLAINANT: NON-EYE WITNESS ✕       |
| Interviewed?   | YES                                  |
| Interviewed by ADA   | GRAZIANO,MICHAEL                     |
| Corrob Signed?   |                                      |
| Reason not Signed  |                                      |
| DOB/Age  | ██████████                           |
| Gender   | F                                    |
| Race/Ethnicity   | WHITE                                |
| Beeper/Cell Phone  | ██████████                           |
| E-mail   | N/A                                  |
| Wish to Proceed to Fam Ct  | NO                                   |
| Parties Know Each Other?   | NO                                   |
| Relationship to Def  | STRANGER                             |
| Threats Made   | NO THREATS                           |
| Interpreter  | NONE NEEDED                          |
| Language Line Operator #   |                                      |
| Reason for No Alt Contact  | ADAPARA DID NOT ASK                  |
| Did DV victim speak to someone other than an officer within one hour before or after the incident? |                                      |
| Name, Phone Number, and Relationship to DV Victim  |                                      |
| Wish TOP?  | YES                                  |
| TOP Type\Defendant   | FULL NON-FAMILY AGAINST WEST,TIMOTHY |

**Addresses**

| Type | Primary? | Street Address | City State Zip | Phone | Business Name |
|------|----------|----------------|----------------|-------|---------------|
| HOME |          | ██████████     |                |       |               |

| Injury | Treatment Type | Dt Treated | Place Treated |
|--------|----------------|------------|---------------|
| NONE   |                |            |               |



**Queens County District Attorney  
Intake Bureau Crime Report  
Civilian Witnesses**

|  |  |
|--|--|
| Name   | WEISS,SHANDY   |
| Is Business?   | NO   |
| Role   | COMPLAINANT: NON-EYE WITNESS <input checked="" type="checkbox"/> |
| Interviewed?   | YES  |
| Interviewed by ADA   | GRAZIANO,MICHAEL   |
| Corrob Signed?   |  |
| Reason not Signed  |  |
| DOB/Age  | ██████████   |
| Gender   | F  |
| Race/Ethnicity   | WHITE  |
| Beeper/Cell Phone  | ██████████   |
| E-mail   | ████████████████████   |
| Wish to Proceed to Fam Ct  | NO   |
| Parties Know Each Other?   | NO   |
| Relationship to Def  | STRANGER   |
| Threats Made   | NO THREATS   |
| Interpreter  | NONE NEEDED  |
| Language Line Operator #   |  |
| Reason for No Alt Contact  | ADA/PARA DID NOT ASK   |
| Did DV victim speak to someone other than an officer within one hour before or after the incident? |  |
| Name, Phone Number, and Relationship to DV Victim  |  |
| Wish TOP?  | YES  |
| TOP Type/Defendant   | FULL NON-FAMILY AGAINST WEST,TIMOTHY                             |

**Addresses**

| Type | Primary? | Street Address       | City State Zip | Phone | Business Name |
|------|----------|----------------------|----------------|-------|---------------|
| HOME |          | ████████████████████ |                |       |               |

| Injury | Treatment Type | Dt Treated | Place Treated |
|--------|----------------|------------|---------------|
| NONE   |                |            |               |