

| UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK | RECEIVED JUL 0 6 2018 |
|---|--|
| CHRISTOPHET HILL | PRO SE OFFICE |
| | |
| Plaintiff, | CIVIL RIGHTS COMPLAINT 42 U.S.C. § 1983 |
| | |
| [Insert full name of plaintiff/prisoner] | JURY DEMAND |
| | YES_X NO |
| -against- | 120 |
| New York City Police | |
| Defaitment Officer | |
| michael yu of Tactical | • |
| Narcotics Team | |
| | |
| | |
| 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 address and telephone number. Do the same | for additional plaintiffs, if any.) |
| A. Name of plaintiff Christopher | H: 11 |
| If you are incarcerated, provide the name of the | . • |
| Downstate Correctiona | 1 Facility |
| 121 Red Schoolhouse | Road PO Box 445 |
| FISHKILL, NY 12524- | 0445 |
| Prisoner ID Number: 16A 3012 | |

| if you are not incarcerated | d, provide your current address: |
|--|---|
| | |
| Telephone Number: | |
| B. List all defendants. addresses at which each defend defendants named in the caption | You must provide the full names of each defendant and the ant may be served. The defendants listed here must match the on page 1. |
| Defendant No. 1 | Michael YU Full Name Police Officer Shielo# 197/6 Job Title Tactical Narcotics Team Queens Tax Reg 947625 Address |
| Defendant No. 2 | Full Name Job Title |
| | Address |
| Defendant No. 3 | Full Name |
| | Job Title |

| | Address |
|---|--|
| | |
| Defendant No. 4 | |
| | Full Name |
| | Job Title |
| | Address |
| D. Constant No. 5 | |
| Defendant No. 5 | Full Name |
| * | Job Title |
| | |
| | Address |
| II. Statement of Claim: | |
| well as the location where the even how each person named was involved need not give any legal arguments of related claims, number and set for additional 8 ½ by 11 sheets of paper | of your case. Include the date(s) of the event(s) alleged as its occurred. Include the names of each defendant and state wed in the event you are claiming violated your rights. You or cite to cases or statutes. If you intend to allege a number orth each claim in a separate paragraph. You may use er as necessary.) |
| Where did the events giving rise to | your claim(s) occur? 107 - 34 156 3+ |
| Queens, New York | 11402 # 2 |
| When did the events happen? (incli | ude approximate time and date) May 474 |
| | 6:00 AND 6:15 Am |
| | |

| Facts: (what happened?) On the above pote 5-4-16 while waiting |
|---|
| Facis. (What happened?) ON THE GROOM THE OCICED OF |
| To go back to a Drug program. I was asleep at |
| 107-34 156 st queens NY 2nd FLOOK Apartment in a |
| Bedroom. The room book was kicked in By New York |
| & City Police Delaitment tactical Narcotics Team LeD |
| By Officer Michael Yu Tax Reg # 947625 and |
| Shield # 19716 |
| I was Taken into custopy By OfficeR |
| michael Yu For the Following Charges PL. 265.036, 220.03 |
| 770.56 My Docket Number is 2016QNO 20016 |
| It was stated that I only rented a |
| room from the owner of the afartment Bruce Parker |
| and they still held me accountable For what |
| they found in the house. On Aug 9, 2016 The |
| grand Jury Found me Not guilty and Dissmes |
| all of the Following Charges. |
| |
| |
| 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? |
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| |
| |

Now Because OF the Following: My Drug program was talken away From me and I was sentened to 2 to 4 years. in Which I had to 100 18 months. Officer michael Yu knew that I had nothing to Do with anything In the house

SIGNATURE

SWORN TO BEFORE ME

THIS 2 DAY OF JULY

WILLIAM R NASTASI
NOTARY PUBLIC, STATE OF NEW YOUR
REG. NO. 01NA6290044
QUALIFIED IN DUTCHESS COUNTY
COMMISSION EXPIRES 10-07-2/

| III. Relief: State what relief | you are seeking if you prevail on your complaint. 1.5 million Dollars. |
|--------------------------------|---|
| | |
| | |
| | |
| | of perjury that on 6-26-2018, I delivered this (date) at Downstate corr Facility to be mailed to the United (name of prison) stern District of New York. |
| I declare under penalty | of perjury that the foregoing is true and correct. |
| Dated: <u>6-28 -201</u> 8 | Signature of Plaintiff |
| | Name of Prison Facility or Address if not incarcerated 130X F Red School house pand Fishkill, NY 12524 |
| | Address 16 A 3012 Prisoner ID# |