

CV 18-5893

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

★ OCT 19 2018 ★

ORIGINAL

BROOKLYN OFFICE

DeARCY HALL, J.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

POLLAK, M.J.★

OCT 19 2018 ★

EARL BRISTOW FEELINGS

BROOKLYN OFFICE

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

Plaintiff,

[Insert full name of plaintiff/prisoner]

JURY DEMAND

YES NO

-against-

P.O. JOHN DOE, # (DARRIS)
N.Y. P.D. - 109TH PRECINCT
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 EARL BRISTOW FEELINGS

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

A.M.K.C. - 18-18 HAZEN STREET
E. Elmhurst, New York, 11370

Prisoner ID Number: 441-18-01383

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

P.O. JOHN DOE, # (DALLIS)

Full Name

POLICE OFFICER, 109TH PRECINCT

Job Title

FLUSHING, NEW YORK

Address

Defendant No. 2

N.Y. P.D. - 109TH PRECINCT

Full Name

Job Title

FLUSHING, NEW YORK

Address

Defendant No. 3

CITY OF NEW YORK,

Full Name

Job Title

Defendant No. 4

Address

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.)

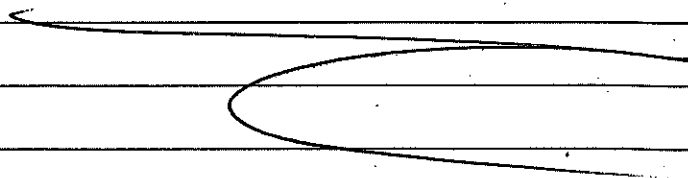
Where did the events giving rise to your claim(s) occur? in the PARKING
LOT-AREA of The 109th PRECINCT. in Flushing
NEW YORK, (QUEENS)

When did the events happen? (include approximate time and date) October,
2017 at approximately 12:30 a.m.

Facts: (what happened?) _____

PLEASE!!! SEE ATTACHED

"STATEMENT
of
FACT'S"



EXCESSIVE USE OF FORCE

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?

Severe Migraine Headaches, emotional distress, physical-visible forehead scar with discoloration of skin-lacerations. Mental & emotional Anguishment, Post Psychological Traumatic-Stress, on going Flashbacks, Re-occurring Nightmares, Fear of Government⁴ uniform officials

"STATEMENT OF FACTS"

*TB
10/19/18*

- #1.) On or about day of October, 2017 I Complainant EARL BRISTOW FEELINGS, was arrested for a petty larceny offense in the County of Queens, New York and detained by the 109th Precinct. as I was being taken to the Queens Central booking for arraignment on the charges.
- #2.) Upon arriving at Queens Central Booking I got into a argument with a few Police Officers about standing & facing the camera and intake of my retina pupils for the identification Iris which I candidly refused. A hostile argument had began and the Desk Captain Ordered the escorting Officer to take me back to the precinct house, and and return him when he calms down.

#3.) As I left the Queens Central Booking area with this escort police officer I began to get into a heated argument with him. We argument with extreme profanities until we got back to the precinct station house(109th)However,when the vehicle turned into the precinct parking lot area Police Officer(Escort)DALLIS, (NOT SURE IF IT'S PROPERLY SPELLED)had approach the vehicle door open it and placed a gray blanket around & over my Head.

#4.) Next he open the door & violently grabbed my head and tossed me to the concrete ground pavement.As a result of that act I had lost my conscience,and in addition multiple lacerations of visible scars across my entire forehead which was bleeding profusely. The station Desk seargeant ask me if I wanted to go to Hospital I stated"TYES!!!" I was taken to Queens General Hospital for

#5.) Examination & treatment. When I got there I had informed the Nurse that I was assaulted by a N.Y.P.D police officer from the 109th precinct namely police officer DALLIS (IF SPELL RIGHT) I explained to her (Don't recall her Name) that I was forcibly tossed out of the vehicle head first upon the ground pavement while wearing handcuff restraints & leg shackles around my ankles.

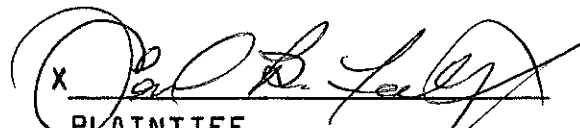
#6.) I received medical assistance and treatment and later discharged. I was not taken to the hospital by the same officer who assaulted me. As the examination & treatment was completed I was returned back to the 109th precinct. A hour later I was sent to Queens Criminal Court for arraignment on the pending misdemeanor petty larceny charge. (Penal Law #155.25)

#7.) I had elaborated this information to my defense attorney and she advised me to contact the Civil Complaint Review Board Committee and inform them of the incident. I was later sent to Riker's Island C-76(E.M.T.C.) facility as a sentence inmate upon arriving there I had contacted the C.C.R.B. via telephone within a week time I was being interviewed by a CCRB rep. via Video Telecommunication=Conference.

#8.) I do not recall the person(A White female & Colleague) who I did speak with on the screen interview. They gave me a complaint# of 2017 and I supplied information of how to contact me. I told the investigators that the incident was captured on the Parking lot area Video Surveillance and to hurry up & retrieve it,

#9.) It has been approxiametly "9:" Months now since then
and this matter has never been brought before any Court
of Justice. I am inherently seeking obvious Monetary
compensation for my pain & sufferrings stemming from
that incident.

Respectively, Submitted

X 
PLAINTIFF,
EARL BRISTOW FEELINGS,



FOR COMPLAINTS AGAINST MEMBERS OF THE NYC POLICE DEPT. ONLY

COMPLAINT REPORT – CIVILIAN COMPLAINT REVIEW BOARD

Instructions. You may file this report by:

- (A) Delivering it in person to the Civilian Complaint Review Board (CCRB); or
- (B) Mailing it (postage pre-paid) to the CCRB; or
- (C) Telephoning the CCRB at 1-800-341-CCRB; or
- (D) Filing it at any police precinct station house (obtain filing receipt).

100 Church Street, New York, NY 10007
 Telephone: 800-341-2272 or call 311
 www.nyc.gov/html/ccrb

1. COMPLAINANT Last Name First Name MI Home Phone Business Phone
FEELINGS, EARL . B (718) 350-4425 -

Address (Home/Business) Apt. No. City State Zip Code Date of Birth / 96
310 Astoria Blvd Apt 4A, Astoria, New York 11102-1/30

Optional/For statistical purposes only: Sex: M F Race/Ethnicity: **African American**

2. Did you witness the incident complained of? Yes No
3. If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s)?
 Parent Spouse Relative Guardian Child Friend None Other **SELF**
4. Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident. (Use other side of page if necessary):

a. VICTIM WITNESS Last Name First Name MI Home Phone Business Phone
(FEELINGS, EARL BRISTOW) 718) 350-4425

Address (Home/Business) Apt. No. City State Zip Code Date of Birth
310 Astoria Blvd Apt 4A Astoria, N.Y. 11102-1-30-1967

Optional/For statistical purposes only: Sex: M F Race/Ethnicity: **African American**

b. VICTIM WITNESS Last Name First Name MI Home Phone Business Phone

Address (Home/Business) Apt. No. City State Zip Code Date of Birth

Optional/For statistical purposes only: Sex: M F Race/Ethnicity:

5. **11/2017-11:30 a.m.** **109th Precinct Parking Lot Area - Flushing**
 Date and Time of Incident Location of Incident (including borough)



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb



FREDERICK DAVIE
CHAIR

August 10, 2018

Mr. Earl Bristow Feelings (#441-18-1383)
AMKC
18-18 Hazen Street
East Elmhurst, NY, 11370

Re: CCRB case number 201806299

Dear Mr. Bristow Feelings:

I have enclosed the necessary paperwork and a self-addressed and stamped envelope. Please read the following instructions carefully.

-Verification form (1 copy): Please print and sign your name at the flags. This **must** be notarized or signed by a Commissioner of Deeds. If this is not completed and returned to me I may not be able to investigate the case.

-Re-open request (1 copy): Please print, sign, date, and fill out the form at the flags. If this is not completed and returned to me I may not be able to re-open the first complaint that you filed.

-HIPAA releases (3 copies): Please initial, sign, and date at the flags. One copy **must** be notarized or signed by a Commissioner of Deeds. Please send all 3 copies back to me.

-Unsealing orders (3 copies): Please print, sign, and date at the flags. Each copy **must** be notarized or signed by a Commissioner of Deeds. Please send all 3 copies back to me.

I also included the case statuses. Because you filed two complaints about the same incident, we will re-open the original complaint once I receive this completed paperwork, and close the second complaint. I included status updates for both, so you can see the work that has been done. These are for you to keep and do not need to be returned to me.

I hope these instructions are clear and the information is helpful. If you have any questions, I can be reached at (212) 912-7298.

Sincerely,

Nora Chanko
Investigator



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name EARL BRISTOW FEELINGS	Date of Birth 01-30-1967	Social Security Number 095-56-9408
Patient Address A.M.K.C. - Piker's Island (18-18 Hazen, E. 41st St, N.Y. 11370)		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
A.M.K.C. → Health & Hospital Corp. - and - Queens General Hospital

8. Name and address of person(s) or category of person to whom this information will be sent:
NYC Civilian Complaint Review Board 100 Church Street, 10th Floor, NY NY 10007

9(a). Specific information to be released:
 Medical Record from (insert date) _____ to (insert date) _____
 Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers,
 Other: _____
 Include: (Indicate by Initialing)
E.B.F. Alcohol/Drug Treatment
E.B.F. Mental Health Information
E.B.F. HIV-Related Information

Authorization to Discuss Health Information
 (b) By initialing here **E.B.F.** I authorize **Queens General Hospital - A.M.K.C.**
 Initials Name of individual health care provider
 to discuss my health information with my attorney, or a governmental agency, listed here:
NYC Civilian Complaint Review Board
 (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:
 At request of individual
 Other:
 11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:
 13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Earl Bristow Feelings
 Signature of patient or representative authorized by law.

Date: *August 23rd, 2018*



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name EDREL BRISTAW FEELINGS	Date of Birth 01-30-1967	Social Security Number 095-56-9408
Patient Address 18-18 Arzon St, E. Amherst, N.Y. 11370 (A.M.I.C.)		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: Queens General Hospital - A.M.I.C.	
8. Name and address of person(s) or category of person to whom this information will be sent: NYC Civilian Complaint Review Board 100 Church Street, 10th Floor, NY NY 10007	
9(a). Specific information to be released: <input checked="" type="checkbox"/> Medical Record from (insert date) _____ to (insert date) _____ <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other: _____ Include: (Indicate by Initialing) E.B.F. Alcohol/Drug Treatment E.B.F. Mental Health Information E.B.F. HIV-Related Information	
Authorization to Discuss Health Information (b) <input type="checkbox"/> By initialing here E.B.F. I authorize Queens General Hospital - A.M.I.C. Initials Name of individual health care provider to discuss my health information with my attorney, or a governmental agency, listed here: NYC Civilian Complaint Review Board (Attorney/Firm Name or Governmental Agency Name)	
10. Reason for release of information: <input type="checkbox"/> At request of individual <input type="checkbox"/> Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Edrel Bristaw Feelings
 Signature of patient or representative authorized by law

Date: **August 23rd, 2018**

Complaint Status Lookup - CCRB

Page 1 of 2

Menu



Search

File Complaint Complaint Status

Case # 201806299

Status

Open

Incident Date

10-15-2017

Complaint Date

07-12-2018

Borough

Queens

Precinct

109

Case Action

Civilian interviewed

08-08-2018

Case investigation ongoing

08-08-2018

Records requested from NYPD

08-03-2018

Complaint Status Lookup - CCRB

Page 2 of 2

Review by investigation team supervisor

08-02-2018

Forwarded to investigative team

08-02-2018

Investigation initiated

08-02-2018

Registration

08-02-2018

[Back to search page](#)

Complaint Status Lookup - CCRB

Page 1 of 2

Menu



Search

File Complaint Complaint Status

Case # 201709654

Status

Closed

Incident Date

11-04-2017

Complaint Date

11-21-2017

Borough

Queens

Precinct

109

Case Action

Closed

01-16-2018

Review by Board Members

01-16-2018

Review by investigation team supervisor

01-16-2018

Complaint Status Lookup - CCRB

Page 2 of 2

Records requested from NYPD

12-22-2017

Records requested from NYPD

12-12-2017

Records requested from NYPD

11-27-2017

Review by investigation team supervisor

11-27-2017

Forwarded to investigative team

11-21-2017

Investigation initiated

11-21-2017

Registration

11-21-2017

[Back to search page](#)



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name <u>Earl Bristow Feelings</u>	Date of Birth <u>01-30-1967</u>	Social Security Number <u>095-56-9408</u>
Patient Address <u>18-18 Adzer St, E. Amhurst, N.Y. 11370/A.M.K.C</u>		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
Queens General Hospital - and - A.M.K.C - (R.I)

8. Name and address of person(s) or category of person to whom this information will be sent:
NYC Civilian Complaint Review Board 100 Church Street, 10th Floor, NY NY 10007

9(a). Specific information to be released:

Medical Record from (insert date) _____ to (insert date) _____

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: _____

Include: (Indicate by Initialing)

EBF Alcohol/Drug Treatment

EBF Mental Health Information

EBF HIV-Related Information

Authorization to Discuss Health Information

(b) By initialing here EBF I authorize Queens General Hospital - A.M.K.C
Initials Name of individual health care provider

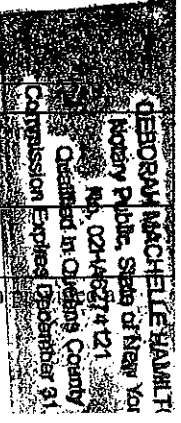
to discuss my health information with my attorney, or a governmental agency, listed here:
NYC Civilian Complaint Review Board
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input type="checkbox"/> Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been given a copy of the form.

Earl B. Feelings

Date: August 23rd, 2018



DESIGNATION PURSUANT TO CPL ARTICLE 160

I, Edel Bristol Feelings, born Brooklyn, N.Y. ^(U.S.), pursuant to Criminal Procedure Law §§ 160.50(1)(d) and/or 160.55(1)(d), hereby designate the New York City Civilian Complaint Review Board or an authorized representative thereof (individually and collectively, "CCRB"), as my agent to whom records, transcripts, and/or certificates of disposition of the criminal action in QUEENS County pertaining to my arrest or summons on or about October 15th, 2017 and titled People of the State of New York v. Edel B. Feelings shall be provided upon request.

I understand that the aforesaid records have been sealed pursuant to CPL §§ 160.50 and/or 160.55, or may be at some time in the future, which permits those records to be made available only to persons designated by me or to certain other parties specifically designated in that statute. I hereby agree to allow CCRB to request and receive all records relating to the aforementioned criminal action at any date and time subsequent to the time in which I have signed this document.

The records to be made available to CCRB should comprise all records and papers relating to my arrest and prosecution in the criminal action identified herein on file with any court, police agency, prosecutor's office or state or local agency that have been sealed pursuant to CPL §§ 160.50 and/or 160.55.

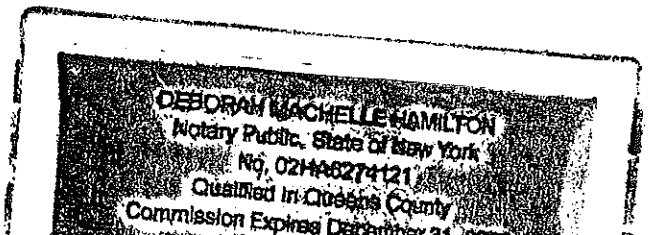
Edel B. Feelings
Signature and Date
August 23rd, 2018

STATE OF NEW YORK

COUNTY OF BRONX

On August 23, 2018 before me, the undersigned, a Notary Public of the State of New York or a Commissioner of Deeds for the City of New York, personally appeared Edel B. FEELINGS, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and, acknowledged to me that he/she was authorized to execute the same, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Deborah Hamilton
Notary Public or Commissioner of Deeds



DESIGNATION PURSUANT TO CPL ARTICLE 160

I, Earl Bristol Feeling, born Brooklyn N.Y. ^(U.S.), pursuant to Criminal Procedure Law §§ 160.50(1)(d) and/or 160.55(1)(d), hereby designate the New York City Civilian Complaint Review Board or an authorized representative thereof (individually and collectively, "CCRB"), as my agent to whom records, transcripts, and/or certificates of disposition of the criminal action in Queens County pertaining to my arrest or summons on or about October 15th 2017 and titled *People of the State of New York v. Earl B. Feeling* shall be provided upon request.

I understand that the aforesaid records have been sealed pursuant to CPL §§ 160.50 and/or 160.55, or may be at some time in the future, which permits those records to be made available only to persons designated by me or to certain other parties specifically designated in that statute. I hereby agree to allow CCRB to request and receive all records relating to the aforementioned criminal action at any date and time subsequent to the time in which I have signed this document.

The records to be made available to CCRB should comprise all records and papers relating to my arrest and prosecution in the criminal action identified herein on file with any court, police agency, prosecutor's office or state or local agency that have been sealed pursuant to CPL §§ 160.50 and/or 160.55.

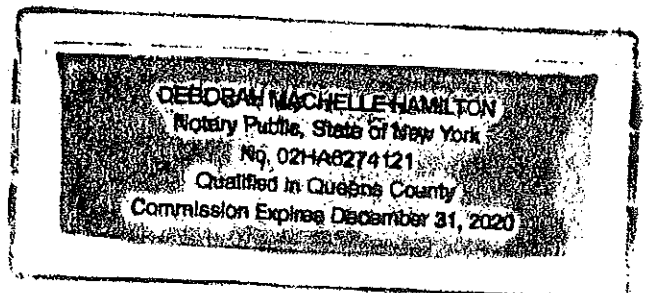
Earl B. Feeling
Signature and Date

STATE OF NEW YORK

COUNTY OF Bronx

On April 23rd 2018 before me, the undersigned, a Notary Public of the State of New York or a Commissioner of Deeds for the City of New York, personally appeared Earl B. Feeling, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and, acknowledged to me that he/she was authorized to execute the same, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Deborah Hamilton
Notary Public or Commissioner of Deeds





BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb



FREDERICK DAVIE
CHAIR

VERIFICATION FORM

STATE OF NEW YORK:

§

COUNTY OF NEW YORK:

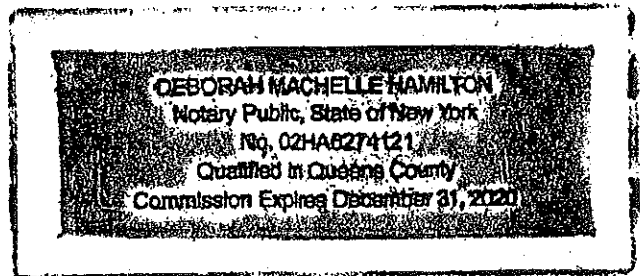
I, Earl Bristow Feinberg, being duly sworn, depose and say: I am a witness in connection with Civilian Complaint Review Board case number ; any and all statements I have made in connection therewith are true to my knowledge.

Earl Bristow Feinberg
Signature

Sworn to before me on the

23Rd day of August 2018

Deborah Hamilton
Commissioner of Deeds



DESIGNATION PURSUANT TO CPL ARTICLE 160

I, Erol Briston Feelings born Brooklyn, N.Y. ^(U.S.), pursuant to Criminal Procedure Law §§ 160.50(1)(d) and/or 160.55(1)(d), hereby designate the New York City Civilian Complaint Review Board or an authorized representative thereof (individually and collectively, "CCRB"), as my agent to whom records, transcripts, and/or certificates of disposition of the criminal action in Queens, County pertaining to my arrest or summons on or about October 15th, 2017 and titled *People of the State of New York v. Erol B. Feelings* shall be provided upon request.

I understand that the aforesaid records have been sealed pursuant to CPL §§ 160.50 and/or 160.55, or may be at some time in the future, which permits those records to be made available only to persons designated by me or to certain other parties specifically designated in that statute. I hereby agree to allow CCRB to request and receive all records relating to the aforementioned criminal action at any date and time subsequent to the time in which I have signed this document.

The records to be made available to CCRB should comprise all records and papers relating to my arrest and prosecution in the criminal action identified herein on file with any court, police agency, prosecutor's office or state or local agency that have been sealed pursuant to CPL §§ 160.50 and/or 160.55.

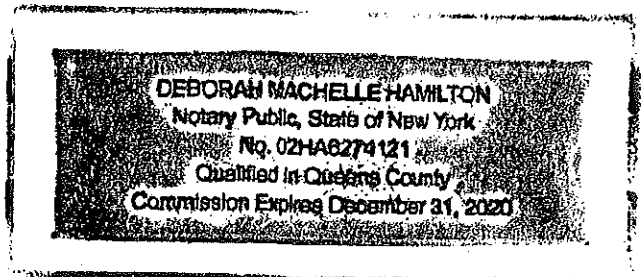
Erol B. Feelings
Signature and Date
August 23rd, 2018

STATE OF NEW YORK

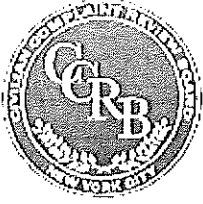
COUNTY OF Bronx

On August 23, 2018 before me, the undersigned, a Notary Public of the State of New York or a Commissioner of Deeds for the City of New York, personally appeared Erol B. Feelings, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and, acknowledged to me that he/she was authorized to execute the same, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Deborah Hamilton
Notary Public or Commissioner of Deeds



Menu



Search

File Complaint Complaint Status

Case # 201709654

Status

Open

Incident Date

11-04-2017

Complaint Date

11-21-2017

Borough

Queens

Precinct

109

Case Action

Case investigation ongoing

09-13-2018

Records requested from NYPD

08-14-2018

Records requested from NYPD

08-14-2018

Review by investigation team supervisor

08-13-2018

Forwarded to investigative team

08-13-2018

Re-opened after closing

08-13-2018

Closed

08-13-2018

Civilian interviewed

08-08-2018

Records requested from NYPD

08-03-2018

Review by Board Members

01-16-2018

Review by investigation team supervisor

01-16-2018

Records requested from NYPD

12-22-2017

Records requested from NYPD

12-12-2017

Records requested from NYPD

11-27-2017

Review by investigation team supervisor

11-27-2017

Forwarded to investigative team

11-21-2017

Investigation initiated

11-21-2017

Registration

11-21-2017

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'Flagrant abuse'

Suspended
a beat of
cuffed sus
EXCLUSIVE

DA rips cop busted in homeless-teen beat

BY MOLLY CRANE-NEWMAN,
GRAHAM RAYMAN
AND LARRY MCSHANE
NEW YORK DAILY NEWS

A fuming city cop, after his takedown of a handcuffed homeless teen, launched a piled coverup of his brutal behavior, prosecutors charged Wednesday.

Officer Elijah Saladeen, 48, was the one in cuffs after his arrest at the 5th Precinct stationhouse in Chinatown around 9 a.m. Saladeen, in a one-sided attack captured on surveillance video, pounded the helpless 19-year-old in his head, face, ribs and side — then landing a few last inches before an ambulance arrived to aid the battered victim, authorities said.

"This defendant is charged with flagrantly abusing his position as an officer of the law when he beat and dragged a young man and

then lied about the attack to his superiors, to prosecutors, and in official charging documents," said Manhattan District Attorney Cy Vance Jr.

The 19-year NYPD veteran cut a confident figure as he entered a plea of not guilty in the Feb. 24 incident inside a building on W. 17th St. in Chelsea.

"I believe when all the facts are known, the situation will be different," said defense attorney Rae Downes Koshet. "He's an active officer who's worked in public housing for the last 19 years. My information is that this man was resisting while he was in custody."

But prosecutors asserted that closed-circuit TV and witness accounts contradict Saladeen's claim that the teenager's wounds were self-inflicted while fighting back. And they charged that Saladeen falsified the details in

his official NYPD report.

Saladeen was answering a call at 418 W. 17th St when he encountered a homeless teen sleeping on the building's stairwell on the 25th floor. The officer and the suspect began scuffling as they rode the elevator to the lobby, with the mouthy teen spewing invective at the arresting cop.

When the elevator reached the lobby, the infuriated Saladeen climbed atop the teen and "repeatedly punched him about the head," prosecutors charged.

The suspect, bleeding from a 4-stitch wound beneath one eye and bruised across his face, was still in cuffs when Saladeen dragged him across the lobby to land a few more blows to the ribs and side before EMTs reached the scene, authorities said.

The suspect's hands, prosecutors stressed, were cuffed

during the duration of the beating and a source indicated Saladeen "beat his ass."

Saladeen, in a navy blazer and light blue tie, was held on a \$50,000 personal recognizance bond at his Manhattan Criminal Court arraignment. He was charged with filing a false instrument, lying on documents and assault.

Saladeen previously was one of four cops sued by Yvette Hughes for a false arrest in the lobby of a NYCHA building on Madison St. in lower Manhattan. According to the civil complaint, Hughes had been invited to a friend's fourth-floor apartment on March 19, 2009, when she was wrongly busted for trespassing.

The charges were later dismissed, and she collected a \$25,000 settlement from the city in 2010.

With Stephen Rex Brown,
Esha Ray and Thomas T...

ROCCO PARASCANDOLA
NYPD POLICE BUREAU CHIEF

NYPD has suspended a cops cop for beating a handcuffed suspect who spit at him in an incident that was captured on the officer's body camera. The Daily News has learned. Officer Ted Saint-Gerard is under scrutiny after his bodycam footage was reviewed during the Aug. 18 arrest of a man in Valencia for unauthorized use of a vehicle, criminal contempt and for violating an order of protection, police sources said.

The footage shows Saint-Gerard exploding in anger and dragging up a handcuffed Valencia, who'd spit at the cop during the bust, according to sources. Knowledge of the case, Valencia wasn't badly hurt, cops at the scene had to step back and peel the 14-year veteran from the restrained man.

It wasn't clear if Valencia or any of the other cops informed supervisors about the clash, but it was revealed when Saint-Gerard's camera footage was reviewed by a sergeant.

Approached at his home, Saint-Gerard, 40, wouldn't discuss the incident.

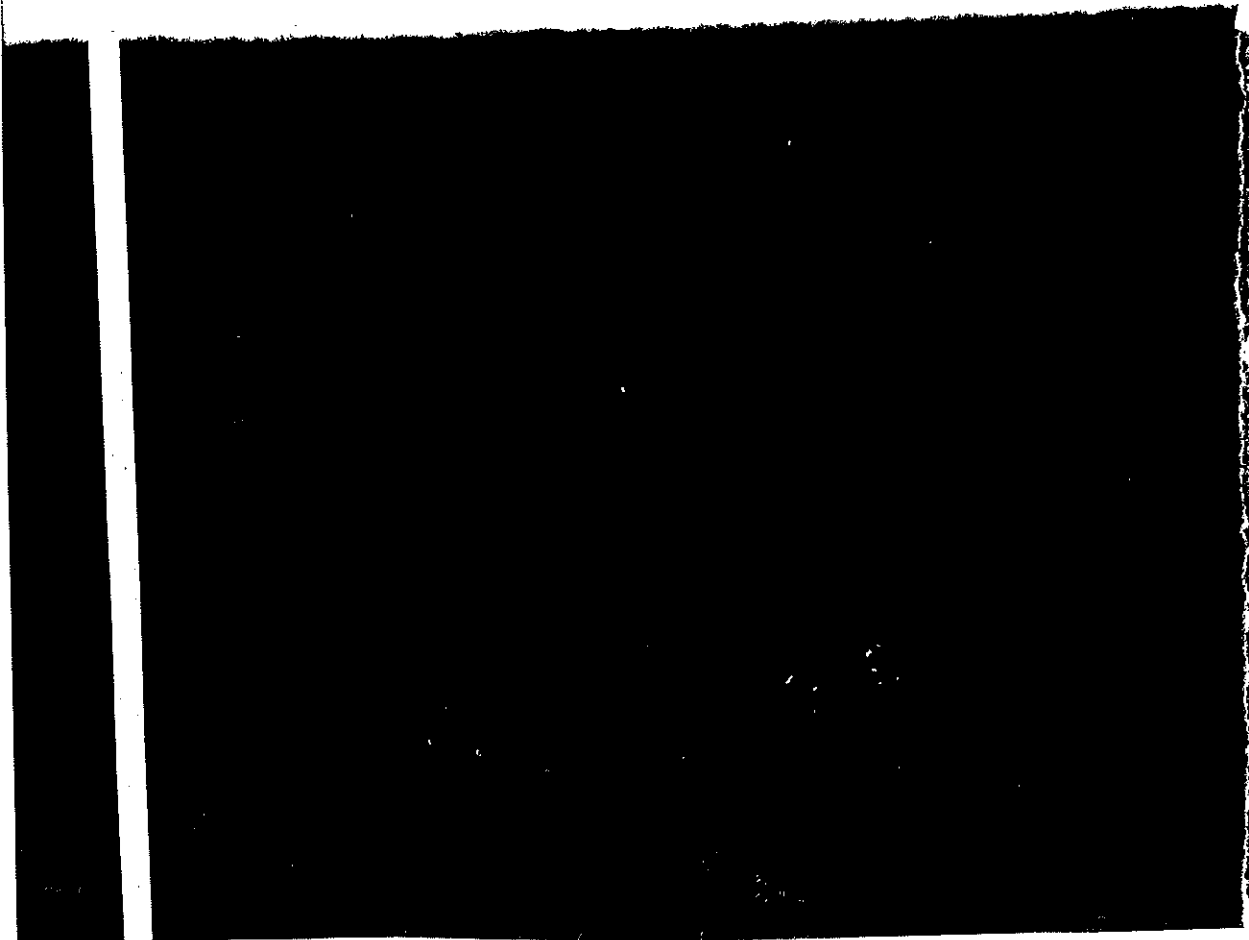
"I'm not talking," he told a Daily News reporter. "How did you get my address?"

According to court papers, Valencia's estranged girlfriend, Tatiana Formosa, told police that Valencia, against whom she has an order of protection, drove off with her Honda Accord and showed up at her family's Ozone Park home on 95th St.

When police arrived and arrested Valencia, he put up a fight. He twisted his body to avoid being handcuffed, kicked the door of a police car, leaving a dent, and spit, according to court documents.

Police sources said the unwritten rule is that once the handcuffs are on officers need to calm down.

The city announced in January that by year's end — one year ahead of schedule — more than 20,000 officers would be equipped with body-worn cameras.



V. Relief:

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

I would like to have a CIVIL TRIAL on this matter and if I successful establish my claim of excessive use of force, I would like to be reasonably compensated for my ~~in~~ injuries.

I declare under penalty of perjury that on _____, I delivered this (Date) complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York.

Signed this 5th day of October, 2018. I declare under penalty of perjury that the foregoing is true and correct.

Paul B. Feeling
Signature of Plaintiff

A.M.K.C.
Name of Prison Facility
18-18 Hozon ST
E. Elmhurst, N.Y.
11370

Address
441-18-01383
Prisoner ID#