

BASEL OTTLEY,

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

CITY OF NEW YORK; and POLICE OFFICER JOHN DOE
OF THE 63RD PRECINCT

(In the space above enter the full name(s) of the defendant(s). 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 in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

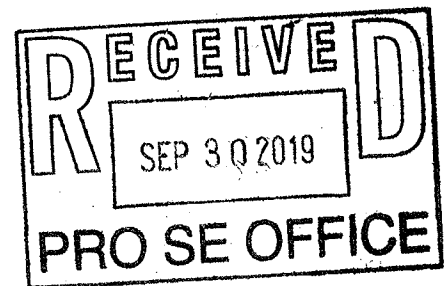
19 CV 9074

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)



I. 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 BASEL OTTLEY
 ID # 19A1043
 Current Institution FRANKLIN CORRECTIONAL FACILITY
 Address 62 Bare Hill Road, PO Box 10, Malone, NY 12953-0010

- 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 CITY OF NEW YORK Shield # _____
 Where Currently Employed NEW YORK LAW DEPARTMENT
 Address 100 CHURCH STREET
NEW YORK, NEW YORK 10007

Defendant No. 2 Name POLICE OFFICER JOHN DOE Shield # UNKOWN
 Where Currently Employed 63rd PRECINCT (NYPD)
 Address _____
BROOKLYN, NEW YORK

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? NONE

B. Where in the institution did the events giving rise to your claim(s) occur? NONE

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
FEBRUARY 17, 2019 at or about 4:00 AM

D. Facts: ON FEBRUARY 17, 2019, AT OR ABOUT 4:00AM, I WAS DRIVING WITH CHRISTIAN HECKSTALL (PASSENGER & WITNESS) TO MEET BRITTNEY TAYLOR FOR BREAKFAST. WHILE WAITING AT THE RED TRAFFIC LIGHT LOCATED AT THE INTERSECTION OF RALPH AVENUE AND FLATLANDS AVENUE, I DOZED OFF. HECKSTALL WAS IN THE BACK SEAT.

I WAS INFORMED BY HECKSTALL THAT DEFENDANT POLICE OFFICE JOHN DOE OF THE 63RD PRECINCT BUSTED THE DRIVER'S SIDE WINDOW WHERE I WAS SITTING. AS A RESULT, I WAS HARMED BY THE BLUNT OBJECT USED AND THE GLASS. HECKSTALL OBSERVED THE DEFENDANT POLICE OFFICER JOHN DOE THEN VIOLENTLY PULLED ME OUT THE VEHICLE. THE DEFENDANT POLICE OFFICE JOHN DOE OF THE 63RD PRECINCT BEGAN TO FURTHER ASSAULT ME (PLAINTIFF OTTLEY) WHILE I WAS ALREADY ON THE GROUND AND NOT RES-

ISTING OR FIGHTING BACK. DEFENDANT POLICE OFFICER JOHN DOE OF THE 63RD PRECINCT WAS HAVING AN EPISODE OF RODE RAGE. HECKSTALL SCREAMED AS THE DEFENDANT CONTINUED TO ASSAULT ME. HECKSTALL SCREAMED DIRECTLY AT THE DEFENDANT BECAUSE I WAS NOT DOING ANYTHING ILLEGAL OR WRONG.

OTHER POLICE OFFICERS JUMPED IN TO HELP THE DEFENDANT POLICE OFFICER JOHN DOE OF THE 63RD PRECINCT ASSAULT ME. I WOKE UP IN THE HOSPITAL.

DEFENDANT CITY OF NEW YORK, IS A MUNICIPAL GOVERNMENT ENTITY IN THE STATE OF NEW YORK, WHICH MANAGES AND OVERSEES DEFENDANT POLICE OFFICER JOHN DOE OF THE 63RD PRECINCT. DEFENDANT CITY OF NEW YORK CREATED THE POLICY AND PROCEDURES THAT TRAINED DEFENDANT JOHN DOE TO BREAK DRIVER'S SIDE CAR WINDOWS OF A CAR STOPPED AT A RED LIGHT. THIS POLICY AND PROCEDURE CAUSE INJURIES TO PLAINTIFF (ME).

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I WAS TREATED AT KINGS COUNTY HOSPITAL AND BROOKLYN HOUSE OF DETENTION COMPLEX. I HAD AN OPEN BLOODY GASH UNDER MY LEFT EYE AND GLASS IN MY EYE LID. I HAD MULTIPLE SCARS AND SCRAPS, BACK PAIN, HEADACHES, TOOTHACHES, FUTHERMORE, THE GASH UNDER MY EYE LEFT A LIFE TIME SCAR.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N/A

1. Which claim(s) in this complaint did you grieve? _____

N/A

2. What was the result, if any? _____

N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: NONE

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

NONE

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

NONE

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. 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). I AM SEEKING \$200,000 for DAMAGES. I WANT PLASTIC SURGURY FOR THE SCAR, THE COST OF DAMAGING THE VEHICLE, AND MONEY FOR THE PAID AND SUFFERING CAUSED BY DEFENDANT(S).

WHEREFORE, PLAINTIFF BASEL OTTLEY RESPECTFULLY REQUEST:

A. COMPENSATORY DAMAGES RESPECTFULLY REQUEST \$50,000;

B. PUNITIVE DAMAGES AS TO DEFENDANT(S) POLICE OFFICER JOHN DOE OF THE 63RD PRECINCT: \$150,000

C. REASONABLE ATTORNEYS' FEES AND COST, IF ANY; AND

D. SUCH OTHER AND FURTHER RELIEF AS MAY APPEAR JUST AND PROPER.
PLAINTIFF HEREBY DEMANDS A JURY TRIAL.

VI. Previous lawsuits:On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No X

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

NONE

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

NONE

On
these
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____ NONE

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____ NONE

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NONE

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

Signed this 14 day of September, 2019

Signature of Plaintiff

Inmate Number

Institution Address

B. Otley

#19-A-1043

62 BARE HILL ROAD, PO BOX 10

MALONE, NY 12953-0010

FRANKLIN CORRECTIONAL FACILITY

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 14 day of September, 2019 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

B. Otley

AFFIDAVIT OF SERVICE

NAME OF DOCUMENTS: PRISONER AUTHORIZATION; COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 USC §1983 (*OTTLEY v. CITY OF NEW YORK ET AL.*); REQUEST TO PROCEED *IN FORMA PAUPERIS*

**STATE OF NEW YORK)
COUNTY OF FRANKLIN)SS.:**

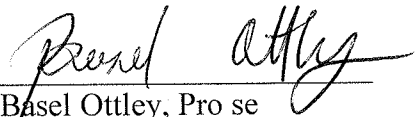
I, Basel Ottley, being duly sworn, deposes and says:

That I have on this 19 day of September, 2019, placed and submitted the within copies of the documents or moving papers indicated above, to be duly mailed via the United States Postal Service, through the institutional mail-room at Franklin Correctional Facility, Malone, new York 12953-0010 to be mailed to the following addresses:

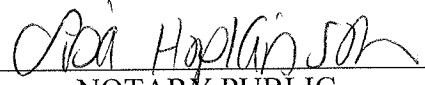
**UNITED STATES COURTHOUSE
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET
NEW YORK, NEW YORK 10007**

ATTN: PRO SE INTAKE/SDNY CLERK

Respectfully submitted,


Basel Ottley, Pro se
DIN: 19-A-1043
NYSID#: 00917150H

SWORN TO BEFORE ME THIS
19 DAY OF September, 2019.


NOTARY PUBLIC

LISA HOPKINSON
Notary Public, State of New York
No. 01HO6079533
Qualified in Franklin County
Commission Expires October 13, 2022

FRANKLIN CORRECTIONAL FACILITY
62 BARE HILL ROAD, P.O. BOX 10
MALONE, NEW YORK 12953

NAME: BASEL OTTLEY DIN: 19A1043

FRANKLIN
CORRECTIONAL FACILITY

09/23/2019
US POSTAGE \$000.65
ZIP 12953
041L11251101

UNITED STATES COURTHOUSE
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET
NEW YORK, NY 10007

ATTN: PRO SE INTAKE UNIT/ SDNY CLERK

