

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKKevin HarrisPlaintiff

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

-against-

The city of new York, Joan Ferrelar,
Angel Lujan and Bryant Zampella in
Their Individual CapacitiesDefendants.

(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.)

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's

Name

Kevin Harris

ID#

91873054

Current Institution

Federal Correctional Ray Brook

Address

P.O. Box 900 Ray Brook, New York 12977

- 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

Joan Ferrelar

Shield #

Where Currently Employed

N.Y.P.D

Address

P.S.A 5, 221 East 123rd St, New York, NY
10029USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 5/5/2014**AMENDED
COMPLAINT**under the Civil Rights Act,
42 U.S.C. § 1983Jury Trial: ☒ Yes ☐ No
(check one)13 Civ. 7788 (LGS)

MAY - 5 2014

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Defendant No. 2

Name Angel Lujan Shield # 26622
 Where Currently Employed N.Y.P.D
 Address P.S.A 5, 221 East 123rd Street, NY, NY, 10029

Defendant No. 3

Name Bryant Zampella Shield # _____
 Where Currently Employed N.Y.P.D
 Address N.Y.P.D Legal Bureau, one police Plaza, Room 1406, New York, N.Y 10038

Who did
what?

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?

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

D. Facts: On the evening of november 5, 2010, I Kevin Harris was inside a grocery store at 100 malcolm x Boulevard in N.Y.C. Shopping. on my way out, I witnessed a violent assault by an individual upon me crossing the street. I was assaulted by the same people I began to run toward my building. Before I could get thier the police had pulled thier guns

What
happened
to you?

Was anyone else involved?

Who else saw what happened?

and told me to stop. I was handcuffed and placed in a police car. After approximately 30 to 60 minutes, officers Joan Ferreira, Angel Kugan and Bryant Zampella brought me to P.S. 15 precinct. I was assaulted by another inmate in the holding cell while I was sleeping. I got up to defend myself but officers had broke up the dispute. Everything was on camera. I was separated from this individual and put in another cell. I started feeling pain in my back. I requested to go to the hospital. By the time the E.M.S arrived I was sleep. I woke up to the desk Sargent stomping and kicking me in my back, he thought I was faking sleeping but I could not move. I woke and the E.M.S came in the cell and took me to the hospital where I was seen by a doctor and I also received a M.R.I. I was told by the doctor that the back pain I was feeling was back spasm from my injuries I sustained from the assaults at the precinct. On November 6, 2010 a misdemeanor and felony complaint was filed against "me" charging "me" with attempted robbery in the first, second degree (N.Y. Penal Law 160.15) (N.Y. P.L. 160.10) and also menacing in the third degree (N.Y. Penal Law 120.00) I was arraigned on those charges and held in custody. In early 2011, the charges against "me" were dismissed for the district attorney's failure to prosecute the case.

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 sustained head injuries and body injuries, I also received a M.R.I. I was told by the doctor that I was having back spasms and also head and hand injuries. I was giving 5 or six medications because of these back spasms and head and hand injuries.

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 ____

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?

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

2. What was the result, if any?

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.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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:

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

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 request that this court assume jurisdiction over this matter, Award compensatory and punitive damages to 'me' against the defendants, jointly, Award 'me' reasonable costs, disbursements and medical fees and grant any other relief the court deems appropriate. I would like to be awarded 1,000,000.00 dollars, for these reasons, by arresting, detaining, charging 'me', the individual defendants engaged under color of law in the violation of 'my' civil rights under the fourth and fourteenth amendments to the U.S constitution and 42 U.S.C. § 1983 to, inter alia, be free from unreasonable searches and seizures, false arrest and imprisonment and malicious prosecution. At all times material to this complaint, the defendant City, acting through the N.Y.P.D and the individual defendants, had de facto policies, practices, customs and usages which were a direct and proximate cause of the unconstitutional conduct. At all times material to this complaint the Defendant City, Acting through the N.Y.P.D and the individual defendants, had de facto

Rev. 01/2010 5

policies, practices, customs and usages of failing to properly train, screen, supervise or discipline employees and police officers and of failing to inform defendants supervisors of their need to train screen, supervise or discipline defendants. The policies, practices, customs and usages were a direct and proximate cause of the unconstitutional conduct herein. Municipal liability for the violations of my fourth and fourteenth amendment rights rests upon the grounds set forth above.

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 ____

- 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 _____
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?) _____

On
other
claims

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

Yes ____ No ____

- 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 _____

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?) _____

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

Signed this 26 day of April, 2014.

Signature of Plaintiff

Inmate Number

Institution Address

Kevin Harris
91873054
F.C.I Ray Brook P.O.
Box 900 Ray Brook, N.Y
12977

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 26 day of April, 2014 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:

Kevin Harris

Kevin Harris

April 26, 2014

To: Pro Se office

Re: Kevin Harris v. The City of N.Y. et al
13 Civ. 7788 (LGS)

I would like to request 3 "U.S.M-285 forms" because I want to effect service on the currently identified defendants, and if its possible can you send me these forms, so that I can effect service under rule 41(b). Thank You!! Along with this letter is one Original copy and one extra copy of the Amended Complaint in this case and when I receive the U.S.M form I will file that also.

MAY - 5 2014

PRO SE OFFICE

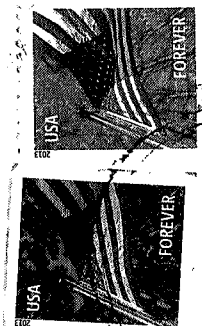
Kevin Harris
Reg # 91873054
F.C.J Ray Brook
P.O. Box 900 Ray Brook
New York 12977

Name: Kevin Harris
Register Number: 91873054
Federal Correctional Institution Ray Brook
P.O. Box 9000
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⇄ 91873-054 ⇄

~~James H. Harris~~ Pro Se Office
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