

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 8046

ROBERT MILTON

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

-against-

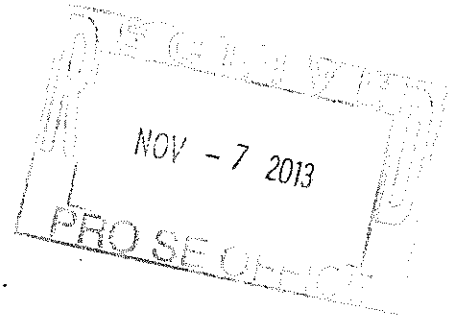
NEW YORK CITY POLICE
NEW YORK CITY
PHILIP JOHNSON (POLICE OFFICER)

COMPLAINT

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

Jury Trial: Yes No
(check one)

(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 Name ROBERT MILTON
ID # 441-12-09431
Current Institution G.R.V.C.
Address 09-09 HAZEN STREET
EAST ELMHURST, NEW YORK 11370

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 NEW YORK CITY POLICE Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 2 Name NEW YORK CITY Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 3 Name PHILLIP JOHNSON Shield # _____
Where Currently Employed 101 PRECINCT
Address BAR ROCKAWAY, NEW YORK 11691

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 Do not cite any cases or statutes.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?
It took place on 32nd Street Rockaway Freeway

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?
September 22nd, 2012 1:30 A.M.

D. Facts: AS I WAS walking on 32nd street and backway freeway several police cars pulled up and every officer got out with guns drawn yelling at me to put my hands up. when I complied I was pushed and physically assaulted. I was so damaged ambulance had to come and get me from the precinct. OFFICER PHILLIP JOHNSON and several other officers.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

my girlfriend DELIA BURKES

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 receive a concussion, one eye swollen closed, the other almost closed, cuts on both wrists from excessively tight handcuffs and nerve damage in both hands, scarring on ankle from leg iron, recurring headache nerve specialist and emergency care at hospital.

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:

This is not a jail or prison issue. This incident took place on the street.

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~~ 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 want the court to grant me monetary damage award for pain and suffering for the excessive force and police brutality. I seek two million dollars in damages. \$2,000,000~~

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ___ No

On these claims

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

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 5TH day of NOVEMBER 2013

Signature of Plaintiff

Robert Milton

Inmate Number

441-12-09431

Institution Address

G.R.V.C.

09-09 HAZEL STREET

EAST ELMHURST

NEW YORK 11370

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 5TH day of NOVEMBER, 2013 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:

Robert Milton