

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

14 CV 8761

John Doe, A.K.A. Jose Barrientos

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

-against-

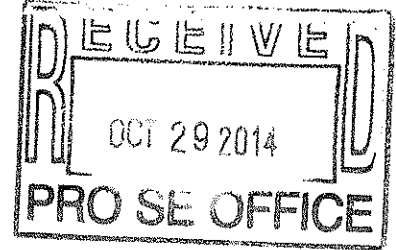
New York City Police Department  
Police Officer Augustine Gonzalez

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 John Doe A.K.A. Jose Barrientos  
ID # 349-13-08953  
Current Institution Brooklyn House of Detention  
Address 275 Atlantic Ave.  
Brooklyn, N.Y. 11201

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 Dept. Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 2 Name Police officer Augustine Gonzalez Shield # 4096  
Where Currently Employed Housing Borough Manhattan Impact Response Team  
Address New York, N.Y.

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~~ <sup>area</sup> did the events giving rise to your claim(s) occur?  
Third avenue, between 103<sup>rd</sup> St & 104<sup>th</sup> St. in the  
County of New York.

B. Where ~~in the institution~~ <sup>is the approximate location</sup> did the events giving rise to your claim(s) occur?  
The exact location that the event took place is a  
clothing store in the above stated area.

C. What date and approximate time did the events giving rise to your claim(s) occur?  
The event took place on July 4<sup>th</sup>, 2013 at or around  
7:40 p.m.

D. Facts: On July 4<sup>th</sup>, 2013 in a clothing store located on Third Avenue between 103<sup>rd</sup> St and 104<sup>th</sup> St, I was ~~stet~~ intoxicated and in my possession I was wielding a bike chain because a short time before some individuals robbed me for my bike and I had used the chain to ward off the robbers. Shortly after, police officers arrived while I was still caught up in the emotional turmoil of the robbery. The officers directed me to drop the chain and before I can do so Officer Augustine Gonzalez shield #4096, used excessive force to detain me by shooting me in the stomach area. After I was shot, I was also maced in the face and repeatedly punch and Kicked by Officer Gonzalez and his partners.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

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 shot in the stomach and had to have surgery immediately after the incident and I also had to have stitches placed on the gashes as a result of the punches and Kicks I received from the officers.

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).

N/A

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

N/A

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 \_\_\_ N/A

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 \_\_\_ N/A

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 \_\_\_ N/A

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: N/A

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: N/A

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

**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 would like the courts to compensate me for the amount of \$600,000.00 for the emotional and physical distress I experienced due to the excessive amount of force that was used to detain me.

**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 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: N/A

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: N/A

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 25<sup>th</sup> day of October, 2014.

Signature of Plaintiff

\*DOE, JOHN

Inmate Number

349-13-08953

Institution Address

Brooklyn House of Detention  
275 Atlantic Ave.

Brooklyn, N.Y. 11201

**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 25<sup>th</sup> day of October, 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:

\*DOE, JOHN