

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

15CV4692

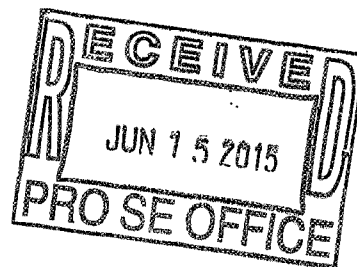
DURVEN DAWES

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

## COMPLAINT

-against-

THE CITY OF NEW YORK  
(1) POLICE OFFICER JONATHAN  
DONES, SHIELD 27390,  
(2) POLICE OFFICERS "JOHN DOES"  
(3) POLICE OFFICERS JOHN DOES,  
(4) JOSEPH 67 PRECINCT.  
Sgt. HOPKINS  
(6) POLICE OFFICERS JOHN  
DOES,

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, address and telephone number. If you are presently in custody, include your 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

DURVEN DAWES

Street Address

12 BARUCH DRIVE APARTMENT E

County, City

NEW YORK

State &amp; Zip Code

NEW YORK10002

Telephone Number

347-593 4928

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include 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

JONATHAN DONES

Street Address

County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 2

Name GREGORY BARRETT Sheriff no 6674  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 3

Name PO JONATHAN DONES  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**II. Basis for Jurisdiction:**

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_  
 \_\_\_\_\_

**III. 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. Where did the events giving rise to your claim(s) occur? ACROSS from  
29 Washington West in country AND State of NYC
- B. What date and approximate time did the events giving rise to your claim(s) occur? on  
About 2: PM, March 22-214

C. Facts: TARGETED By NY NYPD police  
officers in street clothing, ARRESTED  
ASSAULTED, STRIP SEARCH, AND COPS  
REFUSED TO SEEK Emergency medical help.

What  
happened  
to you?

Who did  
what?

Was anyone  
else  
involved?

P.O. JONATHAN DONES, AND P.O.  
JOHN DOE, AND P.O. JOHN DOES  
At 6th police station house, MANHATTAN, NY.  
OTHER police officers

Who else  
saw what  
happened?

BILAL FUGIA, STEPHINE DENVON AND  
OTHER WITNESSES, NAMES UNKNOWN  
AT THIS TIME.

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Emergency Room  
TREATMENT DUE TO ARREST AND ASSAULT  
PAIN, DAMAGES TO AND WORK, PHONE AND  
PHOTOS, BONE BEYOND RECOVERY, Emotional  
SUFFERING, DAMAGE TO REPUTATION ASBMA  
IS Emergency AND MEDICATION TAKEN  
AND OFFICERS REFUSED FOR HOURS TO  
SEEK Emergency CARE, STRIP SEARCH  
UNLAWFUL INFRINGEMENT, LOSS OF THE LOVE  
CARE OF FAMILY, PHYSICAL, mental, pain  
FEAR.

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

~~GENERAL AND COMPENSATORY~~  
 DAMAGES in the Amount of four million  
 DOLLARS, 6 million DOLLARS for the Abuse  
 Assault, MEDICAL CARE AND VIOLATION OF  
 RIGHTS AND FOR EMOTIONAL STRESS,  
 EMOTIONAL SUFFERING, EMOTIONAL  
 DISTRESS. PUNITIVE DAMAGES in the Amount  
 of FIVE million DOLLARS AGAINST DEFENDANT  
 OFFICERS JOINTLY AND SEVERALLY  
 APPROPRIATE DECLARATORY AND INJUNCTIVE  
 RELIEF. SUCH OTHER RELIEF AS THE COURT  
 DEEM JUST AND PROPER, FOR EACH OF THE  
 FOURTH, FIFTH, SIXTH, EIGHTH, NINE AND TENTH  
 FOURTEENTH AMENDMENT AND FOR THE  
 WILL UNLAWFUL, UNWARRANTED EXCESSIVE FORCE

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

Signed this 15 day of JUNE, 2015

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

AK DAWES  
72 BARUCH DRIVE  
APARTMENT 4E N  
NEW YORK, NY 10002  
347-593 4928

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, 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:

Inmate Number

A