

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MARCO ALMONTE

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

-against-

NEW YORK POLICE DEPARTMENT
44th Precinct
KENNETH HINES
LAURA CADAVID

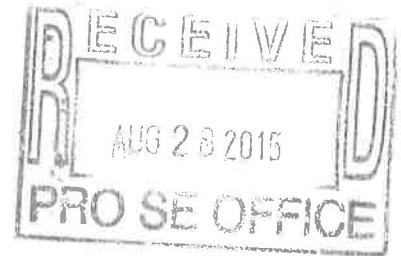
COMPLAINT

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 MARCO ALMONTE
ID # 69856-054
Current Institution METROPOLITAN CORRECTIONAL CENTER
Address 150 PARK ROW
NEW YORK, NEW YORK 10007

- 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 KENNETH HINES Shield # _____
Where Currently Employed NEW YORK CITY POLICE DEPT 44th PCT
Address 170th STREET and JEROME AVENUE

Defendant No. 2 Name LAURA CADAVID Shield # _____
 Where Currently Employed NEW YORK CITY POLICE DEPT 44 PCT
 Address 170th street JEROME AVENUE

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 Do not cite any cases or statutes.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?
OUTSIDE the entrance of CLAREMONT PARK ON MORRIS
and Teller AVENUE

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

C. What date and approximate time did the events giving rise to your claim(s) occur?
December 5th, 2013 at approximately 12:30 AM

D. Facts: I Was stopped while I Was Walking up Teller AVENUE
and ordered by officer hines to put My hands up, TO WHICH AFTER I
INQUIRED why, officer hines ATTEMPTED TO FRISK Me without Probable
cause, then when I tried to Leave and go About My business officer
hines ATTACKED Me Applying choke holds, and punches and he did
drag me Along the concrete severely scraping and cutting my forearm and
fracturing My wrist and hand.

What
happened
to you?

Who did
what?

officer hines ATTACKED Me and injured my Left wrist and forearm
causing me substantial pain and he Also Applied numerous
illegal choke holds which caused me to fear for my life

Was
anyone
else
involved?

LAURA CADAVID Jumped on top of Me while officer hines
had me bent in A choke hold and bent my ARMS back to
place handcuffs on me

Who else
saw what
happened?

CARMEN SANTIAGO, NELSON FLEE

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 Received a fractured Left wrist and hand
including an approximately 8 inch Long scar from the friction burn
on my forearm, I have gone through numerous therapy and exercises
to try to heal the injuries to my Left wrist and hand and my
hand and wrist has Not gotten better Awaiting hand surgery
and I had to Apply A cream to my forearm to heal the skin to
which Now I have a permanent scar and disfigurement.

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). ~~The plaintiff~~ is asking for 2

million dollars 2,000,000 in compensation to pay for the surgery to my left hand and wrist and for income he will not be able to obtain due to the disability that will be permanent and long lasting to which the plaintiff will have very limited use of his left hand as well as to cover for the substantial pain and discomfort the plaintiff has went through and will continue to go through.

That defendant Kenneth Hines be placed on modified duty and suspended for the illegal use of force and unconstitutional stop n frisk.

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:

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 25 day of August, 2015.

Signature of Plaintiff

Inmate Number

Institution Address

Marco Almonte
69856-054
Metropolitan Correctional Center
150 PARK ROW
NEW YORK, NEW YORK 10007

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 day of August, 2015, 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:

Marco Almonte

MARCO ALMONTE
NUMBER 69856-054
LITAN CORRECTIONAL CENTER
ROW
NY 10007



PRO SE INTAKE UNIT
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
THE DANIEL PATRICK MOYNIHAN U.S. COURTHOUSE
500 PEARL STREET
NEW YORK, N.Y. 10007-1312

10007\$1330



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