

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKEdwin CeballosRECEIVED
SDNY PRO SE OFFICE
2016 MAY -6 AM 9:38

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

-against-

Anthony McLendon (Driver)Custavo Rosado (Police Officer N.Y.P.D.)Michael McCarthy (Police Officer N.Y.P.D.)Enterprise Rental CompanyThe City of New YorkAMENDED
COMPLAINTunder the Civil Rights Act,
42 U.S.C. § 1983Jury Trial: ☒ Yes ☐ No
(check one)16 Civ. 1976 (LGS)

(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.)

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 5/6/16

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 Edwin Ceballos
ID# 2428016
Current Institution Westchester County Jail
Address P.O. Box 10 Valhalla, N.Y. 10595

- 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 Anthony McLendon Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 2 Name Gustavo Rosado Shield # 29004
 Where Currently Employed N.Y.P.D. 34th Precinct
 Address _____

Defendant No. 3 Name Michael McCarthy Shield # _____
 Where Currently Employed N.Y.P.D. 34th Precinct
 Address _____

Who did
what?

Defendant No. 4 Name The City of New York Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name Enterprise Rental Company 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 Do not cite any cases or statutes.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?

34th Precinct

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?

April 6, 2013

D. Facts: On April 6, 2013 I was arrested on charges that were eventually dismissed. P.D. Rosado and P.D. McCarthy handcuffed me, sent me to the patrol car and didn't provide me with a seat belt or

What
happened
to you?

any safety incase of an accident. On the way to the precinct at the intersection of Ellwoodst and Nagel^{ave} in N.Y. N.Y. A DRUNK Driver (Anthony McClenow) took a red light and struck us. When we got hit my body bounced from the right side to the left side making my head and left side of my face to hit the divider of the car. It also made my neck jerk it felt like my neck snapped. I also hurt my back because of NO stability, No seat belt, and no protection plus I was handcuffed. I also hurt my right knee as I bounced hitting the divider it being so narrow. I don't remember much I know I ended in the hospital where they treated me with stitches for a cut I had on the top of my left eyebrow, and pain medications for my neck, my back, my right knee, headaches and shoulders. After being treated I was taken back to the precinct. Through my lawyer I found out Enterprise rented the car to Anthony McClenow which he had previous DWI's and traffic infractions that's why I believe Enterprise is also liable for this matter.

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 sustained back injuries, right knee injuries, Neck injuries, which I was treated with pain medications, Also got cut on top of my left eyebrow which I got stitches for. and mental anguish

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 Was taken Straight from the hospital where I received treatment for my injuries to the 34th Precinct where I was unlawfully imprisoned and false charges filed against me not only did I become injured being in the custody of N.Y.P.D but I was subject to cruel and unusual punishment I wish for fair and compensation in the amount of 10 million for Physical damages on my body, 10 million for mental anguish, 10 million for unlawful imprisonment, 10 million for libel and slander, and 70 Million for not caring for my safety. I could of passed away and left a loving mother, father

2 brothers, a wife, and a 4 yr old daughter at
the time.

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 21 day of April, 2016.

Signature of Plaintiff

Edmir Ceballos

Inmate Number

242806

Institution Address

P.O. Box 10

Valhalla, N.Y. 10595

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 21 day of April, 2016, 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:

Edmir Ceballos

Edwin Ceballos (a426065)
Westchester County Jail
P.O. Box 10
Valhalla, N.Y. 10595

United States District Court
Southern District of New York
500 Pearl Street Room 200
New York, N.Y. 10007

USMP3
USDN1



UNITED STATES POSTAGE
\$0
02 1P
0002712896 M/A
MAILED FROM ZIP 0

2016 MAY -6 AM 9:38