	DISTRICT COURT RICT OF NEW YORK	SDNY PRO SE DEFICE 2016 MAY -6 AM 9: 38
(In the space above ente	r the full name(s) of the plaintiff(s).)	AMENDED
-agains	st-	COMPLAINT under the Civil Rights Act, 42 U.S.C. § 1983
Michael M	cclendon (bover) sado (Police Officer N. 196) cCarthy (Police Officer N. 186) Rental Company New York	Jury Trial: Yes No (check one) 16 Civ. 1976 (199
cannot fit the names of a please write "see attack additional sheet of pape		USDC SDNY DOCUMENT ELECTRONICALLY FILEI DOC #:_ DATE FILED: 5 4 16
A. List your nam	ne, identification number, and the name and Do the same for any additional plaintiffs named	
Curren	Edwin Ceballos 242806 It Institution Westchester Count as P.O. Box 10 Valhalla, N.	
may be served.	ants' names, positions, places of employment, and Make sure that the defendant(s) listed below as Attach additional sheets of paper as necessary	re identical to those contained in the
Defendant No. I	Name Anthony Mcclendon Where Currently Employed	

	Defenda	ant No. 2	Name <u>Gustavo Ros</u> Where Currently Employed	ado	Shield # 2900L
			Where Currently Employed	NN P. TO 3	14th procent
			Address		
					F.
	Defenda	ant No. 3	Name Michael Mc	Carthy	Shield #
			Name Michael Mc	N.Y.P.D 3	4th precinct
		2	Address		
Who did		6章			
what?	Defend	ant No. 4	Name The City of	New York	Shield #
	N.II		Where Currently Employed		
			Address		
	Defenda	ant No. 5	Name Enterprise Re	ortal Compa	Shield #
			Where Currently Employed		,
			Address		
	П.	Statement of	laim:		
	You ma	of this compla y wish to incl your claims. I	ble the facts of your case. Dest is involved in this action, along we further details such as the name not cite any cases or statutes. If ch claim in a separate paragraph.	vith the dates and loca es of other persons in you intend to allege	volved in the events giving a number of related claims,
	Α.		on did the events giving rise to ye	our claim(s) occur?	
		34 th	Trecinct		
	В.	Where in the	stitution did the events giving rise	e to your claim(s) oc	cur?
			X		
	C.	What date a	d approximate time did the	events giving rise	to your claim(s) occur?
		April	(2, 2013		
			· · · · · · · · · · · · · · · · · · ·	ù	
			1		<u>\$</u>
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			1		Y
	D.	Facts: ON	April 6, 2013 I u	LS CATECATES	ON Characs
What	that	DETC.	EVENTE by DISMISS	8 M - 15	osado And 100.
happened to you?	Me	carthy	and cirred Me San	NE WE	re perol Car
	and	chilast	Provide the with	he with a	Scat bet or
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the precipit in ouse of an accident. On the line to the precipit and nagethic in N.Y. N.Y. A Drunk priver (Anthony Mcclendon) 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 serve of No stableness has real ceft, and no protection plus to have handwised to also hart my right knee its trained thing the divider it being so touch. I don't interest the precipit in the heap of where the resided me with things he divider to the heap of where the precipit which the look of the resided that the precipit is the head on the look of my left of brown, and pain medication for my neck my act my right knee the trained to the precipit. Through my lawring to found out the look of the right to the precipit. Through my lawring to found out the look of the lawring to the law to	
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III. Injuries: If you sustained injuries related to the events alleged above, describe them and state what medical	gended the cor to Anthony Meelendow which he had previous
III. Injuries: If you sustained injuries related to the events alleged above, describe them and state what medical	DINE'S and traffic in Fractions that why I believe taler pro-
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If you sustained injuries related to the events alleged above, describe them and state what medical	III. Injuries:
treatment, it any, you required and received.	If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.
I Gustained back injuries, fight Lince injuries, Neck injuries, which I was treated with pain Medicusion, Also Got Cut on 100 My Left exchow which I got studies for and	which I was treated with pain medicution, Also got but on

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 _____

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IV.

Was anyone cise involved?

saw what happened?

Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?
Yes No Do Not Know
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
f YES, which claim(s)?
Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose
YesNo
f NO, did you file a grievance about the events described in this complaint at any other jail orison, or other correctional facility?
YesNo
f you did file a grievance, about the events described in this complaint, where did you file the grievance?
. Which claim(s) in this complaint did you grieve?
. What was the result, if any?
. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to he highest level of the grievance process.
· · · · · · · · · · · · · · · · · · ·
f you did not file a grievance:

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	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 remedi	set forth any additional information that is relevant to the exhaustion of your administrative es.	
	V		
Note:	You m	nay attach as exhibits to this complaint any documents related to the exhaustion of your istrative remedies.	
v.	Relief	:	
State w	hat you	want the Court to do for you (including the amount of monetary compensation, if any, that	
you ar	e seekin	g and the basis for such amount). I was taxen straight from the	
hosp	Late	where I recipied treatment for My insures to the	
340	· pre	cinct where I was unlawfully inpropried and false	
Charges field against me not only did to become injured			
	10 11 P	The eventy of N.Y.P.D but I was subject to	
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dar	nage -	on my scored marient to million for likel and	
to million for unlawful imprisonment to million for likel and slander and 70 million for not carried for my galety. I			
5/64	uler,	F Passed and and Left a Loving Mother Carter	
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	The	I brothers, a wife, and a 4 yr old daughter at the time.		
	VI.	Previous lawsuits:		
On these claims	$\mathbf{A}_{\mathbb{A}_{0}}$	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No		
	В	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.)		
27		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		
		What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)		
	a	Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?		
On other claims	C as	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:		
j)		Plaintiff		
		Defendants		
		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		

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6.	Is the case still pending? Yes No	\sim	
	If NO, give the approximate date of dis	position	
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 un	nder penalty of perjury that the foregoing	is true and correct.	
Signed this	21. day of April , 2016.		
P	Signature of Plaintiff Inmate Number Institution Address	Edmir Cebullers 242806 P.O. Box 10 Valhalla, N.Y. 10595	
	plaintiffs named in the caption of the compler inmate numbers and addresses.	aint must date and sign the complaint and provide	
this complain		y of Acril, 2016, I am delivering so Se Office of the United States District Court for	
	Signature of Plaintiff	Elin Cebelles	

12 Halley N.Y. 10595

Mesternester County dail

(808 CHO) SO(1) PO (1918)

Southern District OF Mount Street Rock 200
NewYork N.Y. 10007

