

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lionel Limage Jr.

RECEIVED
CLERK OF COURSE
2016 APR 22 AM 9:44

16CV3047

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

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

v.

Jury Trial: Yes No
(check one)

Defendant No. 1 Commissioner, NYPD

Defendant No. 2 Detective Lisa McCalla

Badge # 7346

Defendant No. 3 UC # 228 NYPD

Defendant No. 4 Sgt Joseph Taylor

Defendant No. 5

(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. No addresses should 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 Lionel Limage Jr.
ID # 15A3838
Current Institution FISHKILL CORR. FAC.
Address Box 1245
Beacon, NY 12508

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 NYPD Commissioner Shield # N/A
Where Currently Employed NYPD
Address 1 Police Plaza
N.Y., NY

Defendant No. 2 Name Detective Lisa McCalla Shield # 7346
Where Currently Employed N.Y.P.D
Address Narcotics Borough Manhattan South

Defendant No. 3 Name UC # 228 Shield # _____
Where Currently Employed NYPD
Address Narcotics Borough Manhattan South

Defendant No. 4 Name Sgt. Joseph Taylor Shield # _____
Where Currently Employed N.Y.P.D
Address Narcotics Borough Manhattan South

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 give any legal arguments or 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? N/A

B. Where in the institution did the events giving rise to your claim(s) occur? N/A

C. What date and approximate time did the events giving rise to your claim(s) occur?
April 30, 2013 6:45 PM (approximately)

D. Facts: On April 30, 2013 at about 4:00^{PM} - 5:00^{PM}

What happened to you?

I was approached by UC # 228 who told me that he wanted to purchase drugs. I informed him that I was on Recovery. He then tried to pressure me into selling or getting him some drugs. I possessed nor sold him anything but was arrested and charged with possessing and selling drugs. By Detective Lisa McCalla badge # 7346. 5 months later the case was finally dismissed. They also gave me a co defendant but I don't recall his name. My bail was set at \$7,500⁰⁰ which I could not afford and my education was interrupted so was my recovery.

Who did what?

Was anyone else involved?

Sgt Joseph Taylor was the supervisor in charge badge # is unknown. all the above N.Y.P.D employees mentioned know that I sold nor possessed drugs but still arrested and charged me

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.

Psycho-therapy for mental anguish, Depression, etc.
I was enrolled as a full time college student and my education was interrupted, my G.P.A was affected and I am now in financial debt.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 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?

Yes N/A No N/A Do Not Know N/A

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 N/A No N/A Do Not Know N/A

If YES, which claim(s)? _____ N/A

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes N/A No N/A Do Not Know N/A

If YES, which claim(s)? _____ N/A

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes N/A 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 N/A No N/A

F. 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

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes N/A No N/A

1. If YES, whom did you inform and when did you inform them? N/A

2. If NO, why not? N/A

I. 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.

I would like to be compensated for what I went through and still going through due to this traumatic event. I would also like for all the defendants to be disciplined.

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 in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

- 1. Parties to this previous lawsuit:
 Plaintiff N/A
 Defendants N/A
- 2. Court (if federal court, name the district; if state court, name the county) N/A
- 3. Docket or Index number N/A
- 4. Name of Judge assigned to your case N/A
- 5. Approximate date of filing lawsuit N/A
- 6. Is the case still pending? Yes N/A No N/A
 If NO, give the approximate date of disposition N/A
- 7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

On other claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes ___ No

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

- 1. Parties to this 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?) _____

Signed this 18th day of April, 2016. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Leon Lemese Jr

Inmate Number

15 A 38 38

Mailing address

Fishkill Corr. Fac.

Box 1245

Beacon, NY

12508

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 18th day of April, 2016, I will deliver 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:

Leon Lemese Jr

Mr. Lionel Limage
FISHKILL Correctional Facility
Box 1245
BEACON, NY 12508

FISHKILL
CORRECTIONAL
FACILITY

neopost
04/19/2016
US POSTAGE \$001.99
FIRST CLASS MAIL
ZIP 12508
041L11251113

Pro Se OFFICE
United States District Court
Southern District of New York
Daniel Patrick Moynihan U.S. Court House
500 Pearl Street, RM # 230
New York, NY

SONY P100 SE 011004
2016 APR 22 AM 0:44

10007

Legal Mail
USM_{P3}
SDNY

