

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2016 MAY -6 PM 3:08

Carleto Dwayne Wayne Allen

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

16CV3403

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

Jeremiah S. Williams NYPD shield # 07878

Michael T. O'Brien NYPD shield # 00721

Jozsef A. Tass NYPD shield # 28671

Brandon A. Ravelo NYPD shield # 26010

Miguel Sanchez NYPD shield # 4645

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 Carleto Allen
ID # 0000242455
Current Institution Westchester County Correctional Facility
Address P.O. Box 10, Woods road, Valhalla, New York 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 Jeremiah S. Williams Shield # 07878
Where Currently Employed 47th precinct
Address 411 East Laconia ave. Bronx, New York 10466

Defendant No. 2 Name Michael T. O'Brien Shield # 80721
Where Currently Employed 47th Precinct
Address 4111 East Laconia ave. Bronx, New York 10466

Defendant No. 3 Name Jozsef A. Tass Shield # 28671
Where Currently Employed 47th Precinct
Address 4111 East Laconia ave. Bronx, New York 10466

Defendant No. 4 Name Brandon A. Paveo Shield # 26010
Where Currently Employed 47th Precinct
Address 4111 East Laconia ave. Bronx, New York 10466

Defendant No. 5 Name Miguel E. Sanchez Shield # 4645
Where Currently Employed 47th Precinct
Address 4111 East Laconia ave. Bronx, New York 10466

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?
The event did not occur while in a institution, it occurred when I was a civilian in the streets of New York City

B. Where in the institution did the events giving rise to your claim(s) occur?
The event occurred in front of my home at 766 E 220th street Bronx, New York 10467

C. What date and approximate time did the events giving rise to your claim(s) occur?
It occurred January 9, 2015 at approximately 11:30 am.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: On January 9th 2015 at approximately 11:50 am I was seated in the passenger seat of a parked car in front of my home. When I noticed a unmarked vehicle pull up along side my passenger side door. Dressed in plain clothing, officers Jeremiah Williams and Joseph Tass hopped out with their weapons drawn, not identifying themselves as officers I assumed I was going to be robbed and or harmed due to a previous encounter where I was robbed at gunpoint. I tried to hit the lock switch but was too slow as officer Williams opened the door and tossed me to the floor and jump on top of me. Officer Tass then said they've been looking for me and punched me in my face and jumped on me as well. Officer William was now checking my pocket while I kept on saying "I don't have any money don't shoot." I then heard a vehicle come to a screeching halt, when I looked up I saw flashing lights coming from another unmarked vehicles. Officer Williams yelled he is residing that's when officers Brandon Rendo, Miguel Sanchez, Michael Obien ran and jumped on me as well. Some of them grabbing my arms, some grabbing my legs while Officer Tass had him in a headlock, I felt some one punching me in my upper torso and face. I tried to get up but to no avail by this point my legs and arms were restrained, I tried to yell help to the crowd of people that formed but I was losing consciousness, I felt a blow to the back of my head and went out. I awoke and I felt a sharp pain in my left hand, while being thrown in the back of the unmarked car by officer Williams and Tass, the other officers were clearing up the crowd that formed. I was then taken to the 47th precinct were I told the captain about the assault and showed him the bone sticking out my hand. I was brought to the hospital, put in a handcuff brought back to the precinct and interviewed by the Internal Affairs guys. I later on filed a complaint at Civil Complaint Review Board

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. Due to the excessive force used by the officers and produced brutality I suffered a fractured 4 metacarpal bone (broken bone). I was diagnosed by Dr. Greenbond at Montefiore Medical Center located at 600 east 233rd street Bronx, New York 10466-2697. The bone did not heal correctly, and I still attend physical therapy to regain full motion in my left hand. My therapy sessions are held in the medical center of Westchester County Correctional Facility by their licensed therapist.

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).

Not Applicable N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

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

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

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

Yes ___ 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 ___ No ___ N/A

E. 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

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: Incident did not occur in institution

N/A

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: N/A

G. 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 (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I pray the court rules in my favor that my injuries are due to police brutality and excessive force used by NYPD officers from 47th precinct. Granting me compensatory relief as well as punitive relief for my injuries in the amount of \$500,000 if that seems just in the court of law.

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 N/A

Defendants _____

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 ___ No ___

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

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 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 ___ No ___

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

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

Signed this 16 day of April, 2016.

Signature of Plaintiff

Carloto Allen

Inmate Number

0000242455

Institution Address

Westchester County Correctional Facility
10 Woods Road, Valhalla
New York 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 16 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:

Carloto Allen



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb

RICHARD D. EMERY, ESQ.
CHAIR

MINA Q. MALIK, ESQ.
EXECUTIVE DIRECTOR

March 18, 2015

Mr. Carleto Allen
766 East 220th Street PH
Bronx, NY 10467

Re: CCRB case number 201500303

Dear Mr. Allen:

I am now writing to inform you of the Board's findings on the allegation(s) raised by the above-referenced complaint.

Allegation(s) by letter :

Board finding(s) :

A) Force:
Officers used physical force against
Carleto Allen.

Complainant Uncooperative

The Board did not conduct a full and thorough investigation of this complaint in the absence of an available and cooperative complainant and/or victim(s). However, where new evidence or a previously unavailable or uncooperative witness becomes available within eighteen months of the Board's closure of the case, the Board may reopen the case if such new evidence may reasonably lead to a different finding. To request that the Board reopen a closed case, please detail the new evidence and the request in a letter addressed to Denise Alvarez, Director of Case Management, at CCRB, 100 Church Street, 10th Floor, New York, NY 10007.

Sincerely,

Mina Q. Malik
Executive Director

Enclosure

Carleto Allen
D4400004155
Westchester County Correctional Facility
10 Woods Road
Yonkers, New York 10595

CERTIFIED MAIL™



7014 0510 0001 8516 8889

Pro Se Office
United States District Court
Southern District of New York
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street, Room 230
New York, New York 10007



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