

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKEdward Barnes

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

-against-

N.Y.P.D
Police officer Joseph Carolan
Tax # 953730, N.Y.P.D. Police Officer
Joseph Fratto Tax # 953882 and
The City of New York,

(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, address and telephone number. If you are presently in custody, include your 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

Street Address

County, City

State & Zip Code

Telephone Number

Edward C Barnes502 W 151st Apt 4ENew York, ManhattanNew York 10031646 624-6399

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include 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

Street Address

N.Y.33rd PrecinctN.Y.P.D. Joseph Carolan Tax # 953730
2207 Amsterdam Avenue New York

Magistrate judge Henry B. Pitman

2nd Amended

COMPLAINT

16CV6044

Jury Trial: ☒ Yes ☐ No
(check one)RECEIVED
SDNY PRO SE OFFICE
2016 DEC -1 PM 3:15
S.D. OF N.Y.USDG SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 12/1/16

County, City ManHATTan
 State & Zip Code New York 10031
 Telephone Number _____

Defendant No. 2 Name N.Y.P.D. officer Joseph Fratto Tax #953882
 Street Address 2207 Amsterdam ave
 County, City ManHATTan
 State & Zip Code New York: 10031
 Telephone Number _____

Defendant No. 3 Name City of New York Law Department
 Street Address 100 Church St
 County, City ManHATTan
 State & Zip Code New York 10007
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? My 4th amendment Federal Constitutional

right.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. 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. Where did the events giving rise to your claim(s) occur? 151ST and Amsterdam

Broadway is the other corner

B. What date and approximate time did the events giving rise to your claim(s) occur? on April 19,
2015, I left my apartment to walk a friend to the train
station, as I was approaching a garbage can to throw away a
can afternoon, evening

C. Facts:

What
happened
to you?

I left my apartment to walk a friend to the
train station, as I approached a garbage can to throw
away a non alcoholic beverage container I was approached by
Joseph Carolan, Joseph Fratto and another officer was
a few feet away. Detained, Searched and Arrested.

Who did
what?

Joseph Carolan Demanded that I produce identification
I produced my Drivers license I was forced to wait 5 to 10
minutes while he checked for warrants for my arrest. The Defendants
Determined that there were no warrants for my arrest I asked for my

Was anyone
else
involved?

Identification Back he refuse to give it to me, before you no
it they asking me to Empty out my pockets I asked again
for my Identification before I no it one is grabbing my right arm
another my left arm A third Patting My Pockets.

Who else
saw what
happened?

a lot of people that live on the Block 151ST !

IV. 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 suffered from embarrassment,
Humiliation and emotional Distress.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I am Seeking Compensatory Damages, Punitive Damages, Declaratory and Injunctive relief. I am Seeking Compensatory Damages in the amount of \$ 150,000.00 I am Seeking Punitive Damages in the Amount of \$ 100,000.00. I reserve the right to Set Forth the Declaratory and Injunctive relief that I seek at a Future Date.

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

Signed this 1 day of Dec, 2016

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Edward Barma
502 W 151ST Apt 4E
New York N.Y. 10031

646 624-6399

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, 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:

Inmate Number

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK

THE PEOPLE OF THE STATE OF NEW YORK
VS

CERTIFICATE OF DISPOSITION
NUMBER: 434734

BARNES, EDWARD
Defendant

08/20/1970
Date of Birth

502 WEST 151 STREET
Address

5869131P
NYSID Number

MANHATTAN NY 10031
City State Zip

04/19/2015
Date of Arrest/Issue

Docket Number: 2015NY034707

Summons No:

265.02
Arraignment Charges

Case Disposition Information:

Date Court Action
12/07/2015 DISMISSED - MOTION OF DA

Judge
SOKOLOFF, L

Part
F

NO FEE CERTIFICATION

GOVERNMENT AGENCY COUNSEL ASSIGNED

NO RECORD OF ATTORNEY READILY AVAILABLE. DEFENDANT STATES COUNSEL WAS ASSIGNED

SOURCE ACCUSATORY INSTRUMENT DOCKET BOOK/CRIMS CRC3030[CRS963]

I HEREBY CERTIFY THAT THIS IS A TRUE EXCERPT OF THE RECORD ON FILE IN
THIS COURT

REID, C
COURT OFFICIAL SIGNATURE AND SEAL

01/22/2016
DATE

FEE: NONE

(CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT
SEAL OVER THE SIGNATURE OF THE COURT OFFICIAL.)

SEALED

pursuant to Section 160.50 of the CPL

A

Massiah, Elaine (SBS)

From: Haslam, Julia (SBS)
Sent: Sunday, June 22, 2014 9:05 PM
To: Massiah, Elaine (SBS); Johnson, Kelvin (SBS)
Subject: Fw: Your Order Is On Its Way - Order W282895009

From: HomeDepot@homedepot.com [mailto:HomeDepot@homedepot.com]
Sent: Saturday, June 21, 2014 08:39 AM
To: Haslam, Julia (SBS)
Subject: Your Order Is On Its Way - Order W282895009

Please keep this email for your records.

Please add OnlineCustomerCare@homedepot.com to your address book [Learn how](#).



More saving. More doing.

Shipping Confirmation

APPLIANCES BATH LIGHTING FANS FLOORING OUTDOORS TOOLS & HARDWARE

FREE SHIPPING*



FREE IN STORE PICK UP



FREE RETURNS**

Order Number: W282895009

Order Date: Jun 20, 2014 2:40:40 PM EST

Carrier: UPS

Tracking Number(s): 1Z40E35V0267339092 /

1Z40E35V0267339092

Please note that this carrier only has access to package/shipment tracking information.

Returns Associate Instructions

1. Scan/enter receipt barcode
2. Scan/enter item UPC



8119 48 88517 06/21/2014 1441

Dear JULIA HASLAM,

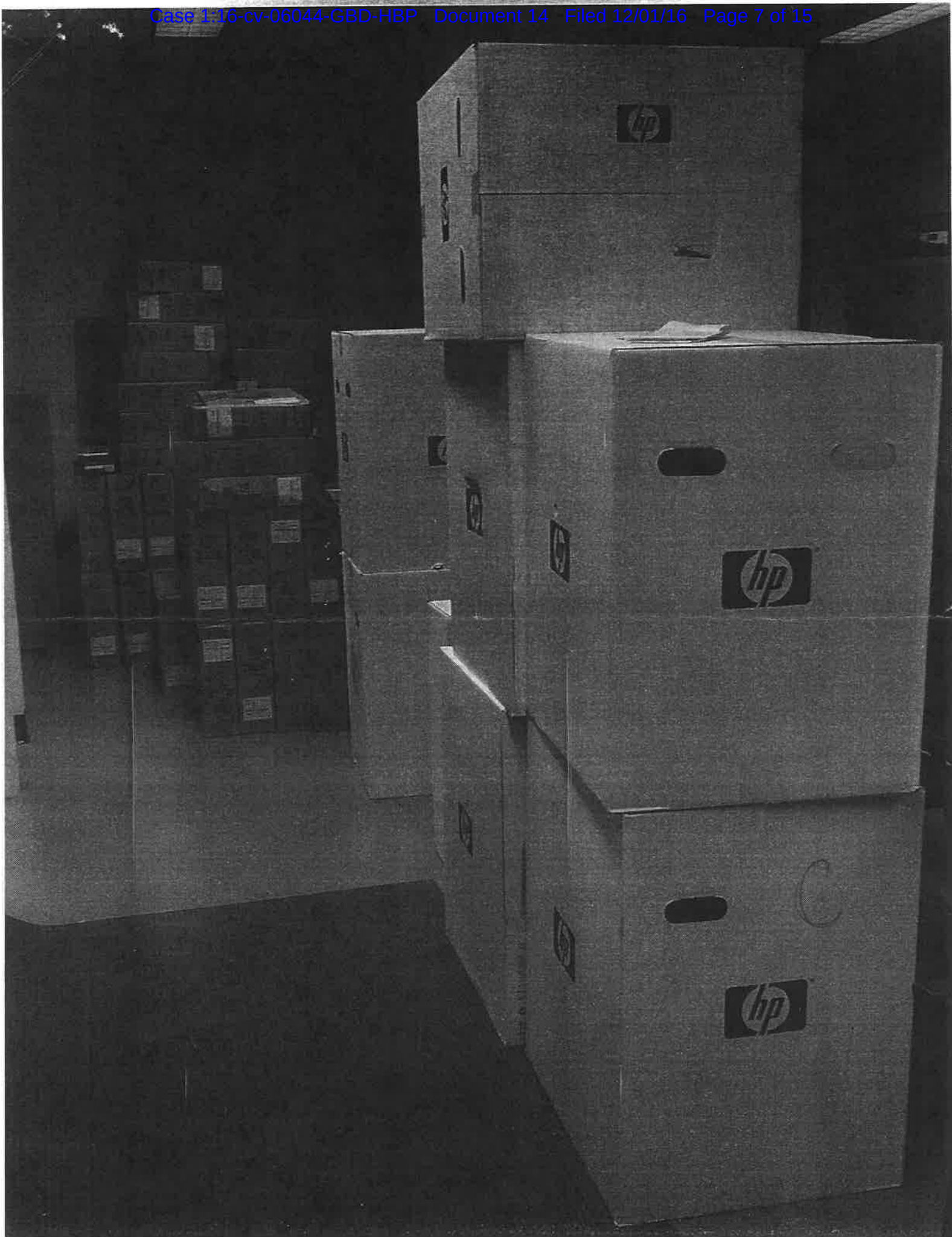
One or more of the items on your order W282895009 have shipped. Please review shipment details below.

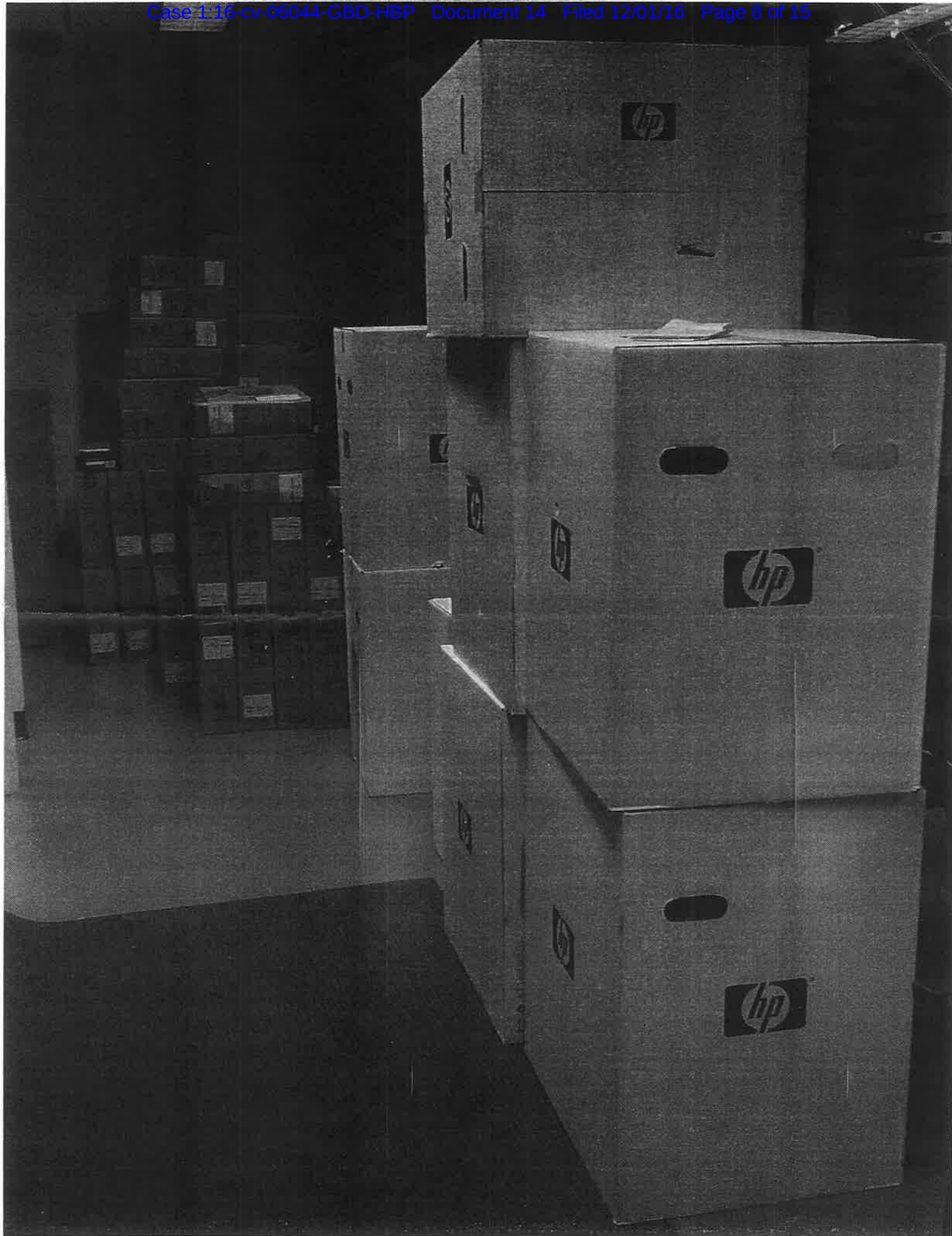
Qty Ordered	Internet #	UPC Code	Product Description	Qty Shipped	Return Policy	Unit Price	Amount
1	203301677	885911065818	Bi-Metal Reciprocating Saw Blade Set with Case (10-Piece)	1	A	\$20.17	\$20.17
1	205074559	076174102741	Quick Change Retractable Knife (2-Pack)	1	A	\$9.97	\$9.97
Subtotal:							\$30.14
Shipping:							\$18.00
Estimated Sales Tax:							\$0.00
Order Total:							\$48.14

Shipping Address: 110 William Street, 8th Floor Shipping Date: Jun 20, 2014 8:35:23 PM

NEW YORK, NY 10038

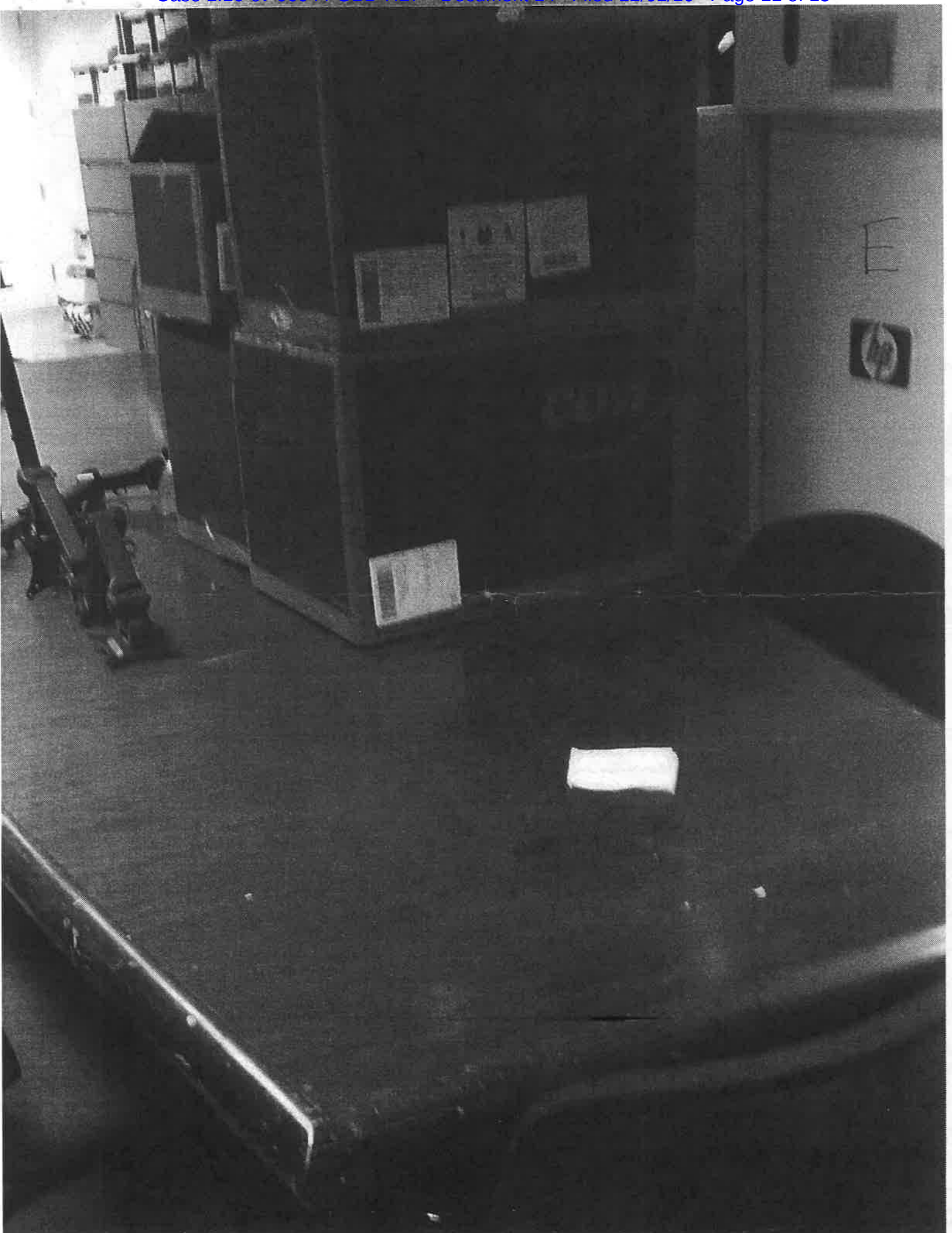
B

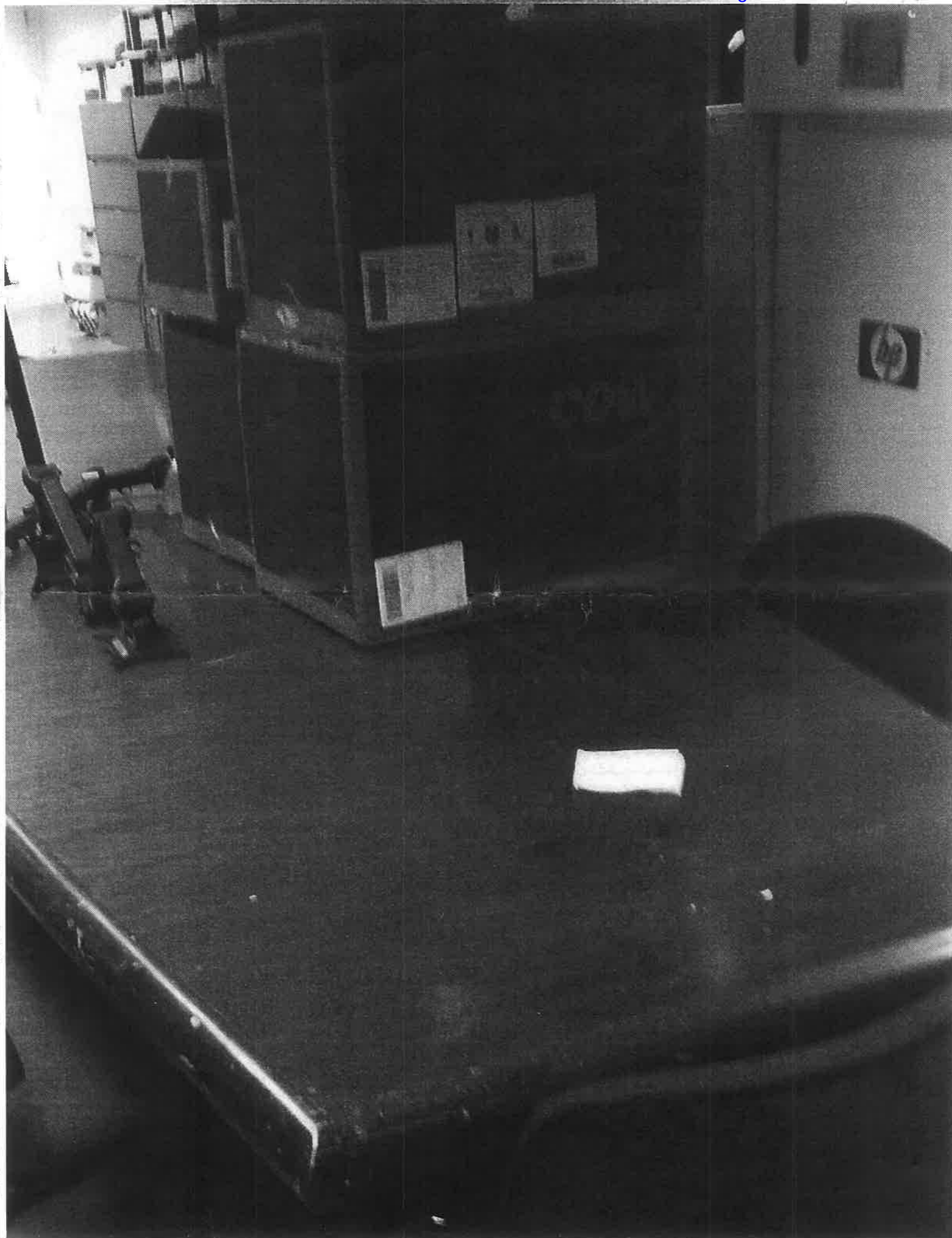













 維康西藥房 **BUY-RITE PHARMACY II**
(CHOI & TAM INC.)
105 LAFAYETTE ST., NEW YORK, N.Y. 10013 212-961-1111
RX#: 763870C O/O JL D/F: 11/18/2011
BARNES, EDWARD C D/O: 11/18/2011
502 W 51 ST 4E NEW YORK NY 10031 [C]
1 TABLET TWICE A DAY
MAXIMUM 2 PILLS A DAY
ALPRAZOLAM * 2MG TAB
(GENERIC for XANAX) Mfg. GREENSTONE
Dr. AGUSTIN, ERIC T Ref: J Qty: 60

CONTROLLED SUBSTANCE DANGEROUS
UNLESS USED AS DIRECTED
CAUTION: Federal law prohibits the transfer of
this drug to any person other than the patient.

Federal law prohibits the
transfer of this drug to others

F



維康西藥房 **BUY-RITE PHARMACY II**

106 LAFAYETTE ST., NEW YORK, N.Y. 10013 212-966-9239
(CHOI & TAM INC.)

RX#: 761660N O/O MX

D/F 10/7/2015
D/O 10/4/2015

BARNES, EDWARD C

502 W 51 ST 4E NEW YORK NY 10031

[C]

TAKE 1 TABLET EVERY 6

HOURS *MAXIMUM 4 PILLS

PER DAY*

CONTROLLED SUBSTANCE DANGEROUS
UNLESS USED AS DIRECTED
CAUTION: Federal law prohibits the transfer of
this drug to any person other than the patient for
whom it was prescribed.

OXYCODONE/APAP 10-325MG TAB

(GENERIC TO PERCOCET AND ORAL)

Dr. AGUSTIN, ERIC T

Ref 5

Qty: 120

B



維康西藥房 **BUY-RITE PHARMACY II**

(CHOI & TAM INC.)
106 LAFAYETTE ST., NEW YORK, N.Y. 10013 212-966-9239

RX#: 761660N O/O MX

DMF 10/7/2015
D/O 10/4/2015

BARNES, EDWARD C

502 W 51 ST 4E NEW YORK NY 10031

[C]

TAKE 1 TABLET EVERY 6
HOURS *MAXIMUM 4 PILLS
PER DAY*

CONTROLLED SUBSTANCE DANGEROUS
UNLESS USED AS DIRECTED
CAUTION: Federal law prohibits the transfer of
this drug to any person other than the patient for
whom it was prescribed.

OXYCODONE/APAP 10-325MG TAB

GENERIC TABLET 10 mg/325 mg

Dr. AGUSTIN, ERIE T

Ref: J

Qty: 120