

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2016 OCT 24 AM 9:36

Reginald Herbin
Write the full name of each plaintiff.

16CV8280
No. (To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

CITY OF NEW YORK; NEW YORK CITY
POLICE DEPARTMENT; POLICE OFFICER ALBERT
GASTILLO #7524; POLICE OFFICER MICHEAL WOLFE
#8144, INDIVIDUALLY & IN OFFICIAL CAPACITIES.

Do you want a jury trial?
 Yes No

Write the full name of each defendant. 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 above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Reginald R. Harbin
First Name Middle Initial Last Name

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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Book & Case No. 349-16-07102

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

THE ROBERT^{N.} DAVOREN CENTER (R.N.D.C./C-74)

Current Place of Detention

11-11 Hazen Street

Institutional Address

East Elmhurst, New York, 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Albert Castillo 7524
 First Name Last Name Shield #
THE NEW YORK CITY POLICE DEPARTMENT - POLICE OFFICER
 Current Job Title (or other identifying information)
357 WEST 35TH STREET
 Current Work Address
NEW YORK, NEW YORK 10018
 County, City State Zip Code

Defendant 2: MICHEAL WOLFE 8144
 First Name Last Name Shield #
THE NEW YORK CITY POLICE DEPARTMENT - POLICE OFFICER
 Current Job Title (or other identifying information)
357 WEST 35TH STREET
 Current Work Address
NEW YORK NEW YORK 10018
 County, City State Zip Code

Defendant 3: THE CITY OF NEW YORK
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
ONE CENTRE STREET
 Current Work Address
NEW YORK, NEW YORK 10007
 County, City State Zip Code

Defendant 4: THE NEW YORK CITY POLICE DEPARTMENT
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
ONE POLICE PLAZA
 Current Work Address
NEW YORK, NEW YORK 10038
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: in front of 351ST WEST 35TH STREET IN NEW YORK COUNTY.

Date(s) of occurrence: on or about June 20TH, 2016 at about 2:25 p.m.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

i. Reginald Herbin, herein after named Complainant, was heading for the address of 351 West 42nd to visit a friend. Just prior to reaching my destination I ran into an acquaintance Mr. Tony Diggs, who told me that he was heading the same way. I stopped in a 711 convenience store as Mr. Diggs waited for me outside. The 711 store is approximately 3-5 stores over. Just before I & Mr. Diggs could enter the address of 351 residential Building officer Albert Castillo came from behind us around to in front of us with shield out and asked us to stop. He was with [2] other NYPD officers. NYPD officer Castillo asked me & Mr. Diggs several questions such as "did I pass Mr. Diggs something?" "where are we heading?" "Do you have any I.D.?" "Do you have any weapons or drugs?" "etc.". NYPD Officer Micheal Wolfe then pat frisked Mr Diggs front pants pockets and asked him to remove or empty his pockets, where he pulled out a handful of items [2] of which were [1] bag of cocaine so they say & [1] crack pipe. Mr. Diggs was then handcuffed. P.O. Castillo said that he was going to search me. He then handcuffed me. As he was searching my pocket I grabbed bags of cocaine out of another pocket in an attempt to throw away. We were then driven to the Mid-Town South Precinct and charged.

NYPD P.O. Albert Castillo & P.O. Micheal Wolfe committed Unlawful search & seizure & unlawful arrest without probable

cause; Unlawful Confinement & Imprisonment; Kidnapping; Armed Robbery; Personal & Professional Injury; Malicious Prosecution by Constituting Fraud by Inducement; Mafesance of Office; Malice; Fugitive of Fiduciary; Breach of Fiduciary; Racketeering; Conspiracy to commit Peonage; High Treason; Discrimination; Deprivation of Liberty & Rights; Perjury of Oath; Concert of Action; Misrepresentation; Obstruction of Justice; Arbitrary & al; Act.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I suffered private, professional & emotional injuries as a result of being falsely arrest and unlawfully confined.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

1. For compensatory damages against all defendants in an amount to be proven at trial @ \$1,000,000.⁰⁰.
2. For exemplary and punitive damages against all defendants in the amount of \$3,000,000.⁰⁰ to be proven at trial.
3. For costs of suit here herein including plaintiff's reasonable attorney's fees; and;
4. For such other and further relief as the court deems proper.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

October 14, 2016

Dated

Reginald Herbin

All Rights Reserved
Reginald Herbin

Plaintiff's Signature

Reginald Herbin

First Name

Middle Initial

Last Name

ROBERT N. DAVOREN CENTER 11-11 HAZEN STREET

Prison Address

EAST ELMHURST

NEW YORK

11370

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

October 14, 2016

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s), N.Y.

NEW YORK NY 10019
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2016 OCT 24 AM 9:36

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET
NEW YORK, NEW YORK
10007



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ATT: PRO SE OFFICE

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