

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Trenton Niles

Write the full name of each plaintiff.

RECEIVED
SDNY DOCKET UNIT
2017 AUG -9 AM 10:27
17 cv 1437
(Include case number if one has been assigned)

-against-

The city of New York
Police Officers Patrick
O'Donnell Sheriff # 27349
Matthew McCarthy # 02756

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.

SECOND AMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?
 Yes No

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 8-9-17

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.

Trenton	C	Niles
First Name	Middle Initial	Last Name

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.

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)

MID state CORR FACI

Current Place of Detention

P.O BOX 2500

Institutional Address

MARCY	N.Y.	13403
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: The city of New York
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 2: Patrick O'Donnell 27349
 County, City State Zip Code
 First Name Last Name Shield #

Police Officer # 27349
 Current Job Title (or other identifying information)

25 pat
 Current Work Address

120 E 119 St NY, NY 10035
 County, City State Zip Code

Defendant 3: Matthew McCarthy 02756
 County, City State Zip Code
 First Name Last Name Shield #

25 pat
 Current Job Title (or other identifying information)

120 E 119 St
 Current Work Address

New York NY 10035
 County, City State Zip Code

Defendant 4:
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 128 MADISON AVE NY NY 10035

Date(s) of occurrence: NOVEMBER 16 2014

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.

ON 11-16-14 I WAS STOP BY 2 P.O. AND
 THEY ASK ME WERE IS THE GUN, I DIDNT
 KNOW WHAT THEY WAS SAYING, THEY CHECK
 MY BELONGINGS AND NO GUN WAS FOUND
 NOTHING ILLEGAL WAS ON MY PERSONS
 THEY TOOK ME TO 25th PCT AND PLACE ME
 IN PEN. I ASK WHY THEY DIDNT GIVE
 WHY THEN I KEPT COMPLAINING AND
 THEY OPEN PEN AND RUFF ME UP.
 LEFT ME IN PENS FOR A WHILE I
 WAS GIVING A CALL I CALLED MY MOTHER
 AND SHE SAID THE POLICE CAME TO HER
 HOUSE & SCARED HER & CHECKS NOTHING
 WAS FOUND. I ASK AGAIN WHY? THEY
 THEN SAID NOTHING. I WAS THEN TAKEN
 TO CENTRAL BOOKING AND SEEN THE JUDGE
 HE PUT A HIGH BAIL OF 5,000 ON ME
 FOR A MISTERMANNER CHARGE AND I WAS
 TAKEN TO THE MANHATTAN HOLDING PENS
 FOR A FEW MORE DAYS AND THEN

I Bailed out. I HAD to report
to BAIL BONDSMEN every week for
AN ADAT 1/2 ALSO BACK TO COURT
ALOT OF SUFFERING WITH MY JOB
MADE MY BOSS LOOK DOWN ON
ME

NO GUN, NOTHING WAS
FOUND.

AND CASE DISMISS

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 GOT BUMPS + BRUISES
NO CAMERAS WAS IN PENS AT
SIDE COULD OF CATCH A FEW
P.O. COMING IN PENS ON ME

VI. RELIEF

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

MY MOMS WAS SCARED MESS.
UP HER HOUSE + PAIN + SUFFERING
NEIGHBORS LOOKING. ALSO GOING
BACK TO BAIL BONDSMEN EVERY WEEK
FOR 1 1/2 YEARS MY JOB LOSING WAGES
BOSS LOOKING DOWN ON ME MESS
MY IMAGE UP ALSO PAIN + SUFFERING
5,000,000 FOR DAMAGES

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.

8-2-17 Trenton Niles

Dated Plaintiff's Signature

Trenton C Niles

First Name Middle Initial Last Name

McD STATE C CORR FACI

Prison Address

P.O BOX 2500

County, City State Zip Code

~~NY~~ MARCY NY 13403

Date on which I am delivering this complaint to prison authorities for mailing: 8-2-17

JOURNAL

NAME Trenton Miles DIN 16 R1596 DATE 8-2-17

TO: Honorable BARBARA MOSES

This is just in case I could put the city of New York which I did not know I could amend them I was under ~~some~~ assumption I could not add the city of New York

please I am pro se and did not know till I read over & over to get the understanding of it

~~the~~ I thought that put the P.O. NAMES WAS APART of the (pet.) + N.Y.C

Thank you.

MID-STATE CORRECTIONAL FACILITY
P.O. BOX 2500
MARCY, NEW YORK 13403

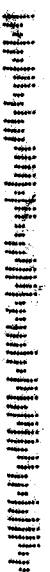
SYRACUSE
NY 130
04 AUG '17
PM 2 L

NAME: Trenton Niles DIN: 16R1596

TO: HONORABLE BARBARA MOSES
UNITED STATES MAGISTRATE JUDGE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET
NEW YORK N.Y. 10007

Legal
Mail

10007-133099



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