

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Tyrone Adams

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

-against-

The City of New York,
New York Police Department,
Officer John Doe, I.D.# 946210
April 6, 2014 7am - 3pm shift

(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.)

COMPLAINT

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

Jury Trial: Yes No
(check one)

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

Tyrone Adams

ID #

15A5013

Current Institution

Fishtkill Corr. Facility

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

Officer John Doe, I.D.# 946210

Shield #

Where Currently Employed

New York Police Department

Address

450 Cross Bronx Expressway

Defendant No. 2 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 3 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

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 Do not cite any cases or statutes.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?

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

C. What date and approximate time did the events giving rise to your claim(s) occur?
April 6, 2014, 8:00 am, At 2375 Southern Blvd # 2D
Bronx, NY 10458. Officer John Doe I.D # 946210 and a
team of uniformed officers raided and unlawfully
entered my dwelling. Assaulting and arresting me.

D. Facts: On April 6, 2014, at 8:00am, At 2375 Southern Blvd #2D, Bronx, NY 10458, Officer John Doe #1.D.946210 and a unit of Officers Unlawfully entered my place of dwelling. Storming in and threw me on the floor, Tackling me to the ground, Arresting me with no probable cause. Detaining me at the precinct for about 15 hours before releasing me. No charges were ever filed. D.A Declined Prosecution.

What happened to you?

Who did what?

Was anyone else involved?

Officer John Doe # 946210 and unit stormed in apt. guns trained throwing everyone to the ground and arresting everyone. No charges were filed, everyone was released hours later with no answers.

My little brother (16 at the time) Tyshawn Gary, my friend Danny Aquino and Priscila Lacubadra.

Who else saw what happened?

only those arrested in the house. Amongst people ~~arrested~~ in the building and Officers.

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. In the events I suffered a minor asthma attack and bruises. Along with mental trauma. No medical assistance was ever provided.

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).

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

Yes ___ No ___ Do Not Know ___

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 ___

If YES, which claim(s)? _____

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

Yes ___ No ___

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 ___

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

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. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

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: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

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).

Plaintiff request an Order declaring that the defendants has acted in violation of the United States Constitution. Plaintiff prays for judgement in his favor and damages in his favor against all defendants in the amount sufficient to compensate him for the pain and mental anguish suffered by him due to unlawful acts, deliberate indifference and intentional misconduct of defendants, but in no event less than \$ 1,500,000 dollars together with any future attorneys fees and cost, and such additional relief as the court may deem just and proper.

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 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 _____

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?) _____

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

On other claims

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 _____

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?) _____

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

Signed this 21 day of February, 2017

Signature of Plaintiff



Inmate Number

15A5013

Institution Address

FISHKILL CORR. FACILITY

Box 1245

Bedford, NY 12508

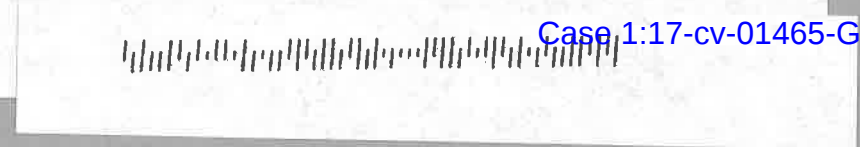
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 21 day of February, 2017 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:



Handwritten mark at top left corner.



ATTENTION:
 "ROSE INTAKE UNIT"
 United States District Court
 Southern District of New York
 The Daniel Patrick Moynihan
 United States Courthouse
 500 Pearl Street
 New York, New York 10007-1312

IGOR RE VICKINS 15AD013
 Fishkill Cor. Facility
 1245
 Beacon, NY 12508



Handwritten signature at bottom left.