

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY DOCKET UNIT

2017 JUN 23 AM 10:44

ANDRE DURHAM

17 cv 2803 (CM)

(Include case number if one has been assigned)

Write the full name of each plaintiff.

-against-

AMENDED

COMPLAINT

(Prisoner)

NEW YORK CITY, P.O. MICHAEL
BRUM, SHIELD NO. 13691,
P.O. PATRICK DALY, SHIELD
NO. 4322,

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.

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC#:
DATE FILED: 6-22-17

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 "Biyens" action (against federal defendants).

Violation of my federal constitutional rights

Other: NEW YORK CONST., ART 1 § 6 & 12

II. PLAINTIFF INFORMATION

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

ANDRE F DURHAM
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.

TRN# 15A4243

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)

UPSTATE CORRECTIONAL FACILITY
Current Place of Detention

309 BARE HILL ROAD P.O. BOX 2001
Institutional Address

MAIONE NY 12953
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: Michael Snaim 13691
 First Name Last Name Shield #
Police Officer (NYPD)
 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 2: PATRICK DAIY 4322
 First Name Last Name Shield #
Police Officer (NYPD)
 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 3:

 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 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: ON THE CORNER OF EAST 125th STREET AND LEXINGTON AVENUE, NEW YORK COUNTY

Date(s) of occurrence: OCTOBER 21, 2014, AT 10:45 PM

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 OCTOBER 21, 2014, AT 10:45 PM, ON THE CORNER OF EAST 125th STREET AND LEXINGTON AVENUE, POLICE OFFICER MICHAEL SHOUM NOTICED ME, THE PLAINTIFF, ANDRE DURHAM WAS STANDING IN A DOORWAY CLEANING MY FINGERNAILS WITH A KNIFE. I WAS FURTHER APPROACHED BY OFFICER SHOUM WITH HIM ASKING ME "WHAT IS WITH THE KNIFE", I THEN RESPONDED "I USE IT FOR WORK". OFFICER SHOUM IMMEDIATELY TOOK THE KNIFE AND DETERMINED THAT IT WAS AN ALLEGED GRAVITY KNIFE. I WAS THEN SEARCHED, PAT FRISKED, STRIPPED SEARCHED AND THEN CONFINED SHORTLY AFTER. DUE TO THE FACT I AM A BLACK MALE I WAS RACIALLY PROFILED.

Blank lined area for text entry.

INJURIES:

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

PAIN AND SUFFERING,
FALSE IMPRISONMENT, FALSE ARREST,
~~RECKLESS~~ MALACIOUS PROSECUTION,
EMOTIONAL STRESS, RACIAL PROFILING,
DEFIRMATION OF CHARACTER, ILLEGAL
SEARCH AND SEIZURE, STOP AND FRISK,
~~RECKLESS~~ NEGLIGENCE ETC.

VI. RELIEF

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

\$ 2,000,000

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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.

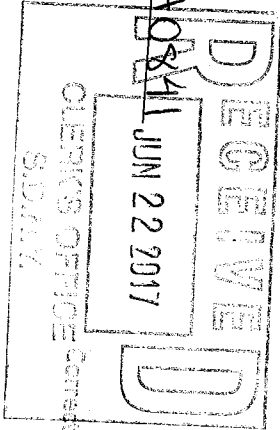
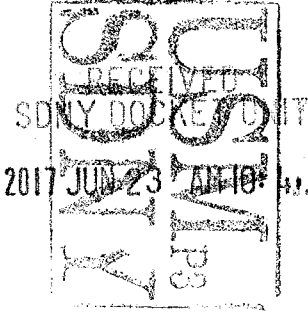
June 18, 2017
 Dated
Ankore F
 First Name Middle Initial
Ankore F
 Plaintiff's Signature
DURHAM
 Last Name
UPSTATE CORR. FAC. 309 BART HILL RD. P.O. BOX 2001
 Prison Address
MAJONE
 County, City
NY
 State
12953
 Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 6/19/17

UPSTATE CORRECTIONAL FACILITY
P.O. BOX 2001
MALONE, NEW YORK 12953

NAME: St. Lukes

DIN: 17A084



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08/20/2017
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ZIP 12953
0414125745

Pro & Intake

CLEARK
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
THE DANIEL PATRICK MOHRIMAN UNITED STATES
COURTHOUSE
500 REAR STREET
NEW YORK, NY 10001-1312

