

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

ANDY RODRIGUEZ

17CV3516

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

2017 MAY 10 PM 3:22  
COMPLAINT

-against-

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)The New York City Police Department  
James Garcia, Anderson Ortiz, Miguel  
GanchezJury Trial: ☒ Yes ☐ No  
(check one)

(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, 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 ANDY RODRIGUEZ  
 ID # 564 124 345  
 Current Institution \_\_\_\_\_  
 Address 1723 St. Peters Ave #1R BRONX N.Y. 10461

- 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 The City of New York Shield # \_\_\_\_\_  
 Where Currently Employed Police Department  
 Address \_\_\_\_\_

Defendant No. 2 Name James Garcia Shield # 17532  
 Where Currently Employed 44 pct  
 Address \_\_\_\_\_

Defendant No. 3 Name Anderson Ortiz Shield # 26151  
 Where Currently Employed 33 pct SGT  
 Address \_\_\_\_\_

Defendant No. 4 Name Miguel Sanchez Shield # \_\_\_\_\_  
 Where Currently Employed SGT 44 pct  
 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 Do not cite any cases or statutes.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?  
At the corner of 169 st & Walton & also  
in the 44 pct

B. Where in the institution did the events giving rise to your claim(s) occur?  
At the North West corner of 169th Walton  
& also in the 44 pct in a cell holding area.

C. What date and approximate time did the events giving rise to your claim(s) occur?  
5/9/14 approximately 9:55 pm & in the 44 pct  
from 5/9/14 to 5/10/14 in the a.m.

What happened to you?

D. Facts: on 5/9/14 approximately at 9:55pm 2 officers arrested me Officers Ortiz & Garcia they accused me of tossing a firearm which I never did & they falsely arrested me.

Who did what?

Officers Ortiz & Garcia took me to the 44 Pct where they put me in a cell & started to assault me with their SGT. His name was Sanchez and they denied me medical attention until I got to the court house.

Was anyone else involved?

They stopped a couple other guys but they got let go.

Who else saw what happened?

When they arrested me Cristian Bruno, Cesar Vazquez Angel Rodriguez, Thonael matos

### 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.

I had a black eye concussion to the back of my head and forehead. Also I had knee surgery & they built the wound.

### 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: I file a claim to the controller but they denied me it because of the incident date but I was not over my 90 days from the dismissal.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I got acquitted of all charges against me.

**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). I end up doing more time on a case I had as a youth because of falsely being arrested the judge said if I get arrested he will increase my sentence. I've been real stress having a son & not being able to provide my family and me fell apart a little because of the time I've done. I am traumatized over all this I deserve better. I use to get car sick throwing up everytime I use to go to court from upstate shackled. I'm asking for 10 million.

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?) \_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

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

- 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 08 day of May, 2017

Signature of Plaintiff

Inmate Number

Institution Address

Ledy Rodriguez

1723 St Peters Ave #1R  
BRONX NY 10461

**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 08 day of May, 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:

Ledy Rodriguez

Fabiola Guerrero

FABIOLA JEANNETTE GUERRERO  
Notary Public, State of New York  
No. 01GU6348875  
Qualified in Bronx County  
Commission Expires October 11, 2020

05/08/2017



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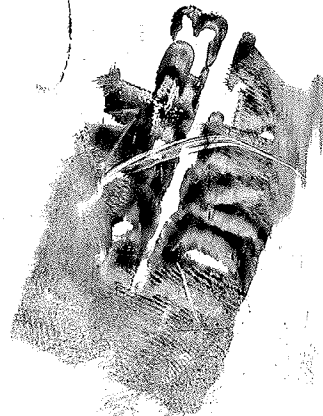
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Mo. <b>May</b> Day <b>8</b> Year <b>2017</b>	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$	Delivery Date <b>May 9</b>	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time Accepted <b>4:07</b>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees <b>\$ 23.75</b>		Mo. <b>May</b> Day <b>9</b>			
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FROM: (PLEASE PRINT) <b>ANDY Rodriguez</b> <b>1723 St Peters Ave #1R</b> <b>BRONX NY 10461</b>				TO: (PLEASE PRINT) <b>Pro se intake</b> <b>U.S. Court house</b> <b>500 Pearl St.</b> <b>New York, NY 10007</b>			
PHONE ( <b>484.664.0946</b> )				PHONE ( )			

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