

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKOmar MinusRECEIVED
SDNY PRO SE OFFICE

2017 JUN 26 PM 12:09

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

-against-

EDWARD HOWARD, ANTHONY
BOMBOLINO, JASON MILLER,
NAHAL BATMANGHELIDJ,
NEW YORK CITY POLICE DE-
PARTMENT, NEW YORK
COUNTY DISTRICT ATTORNEYS.D. OF N.Y.
COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No

(check one)

17CV4827

(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

OMAR MINUS

ID #

15R2360

Current Institution

LINCOLN CORRECTIONAL

Address

31-33 WEST 110TH ST.NEW YORK, N.Y. 10026

- 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

Edward Howard

Shield #

3695

Where Currently Employed

N.Y.C. Police Department

Address

One Police Plaza, New York,
N.Y.

Defendant No. 2 Name Anthony Bombolino Shield # 1314
 Where Currently Employed N.Y.C. Police Dept.
 Address One Police Plaza, New York,
N.Y.

Defendant No. 3 Name Jason Miller Shield # 2120
 Where Currently Employed N.Y.C. Police Department
 Address One Police Plaza, New York,
N.Y.

Defendant No. 4 Name Nahal Batmanghelidj Shield # _____
 Where Currently Employed New York County District Attorney
 Address One Hogan Place, New York,
N.Y.

Defendant No. 5 Name New York City Police Dept. Shield # _____
 Where Currently Employed N.Y.C. Police Department
 Address One Police Plaza, New York,
N.Y.

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?
No institution, During the arrest and
the due process of Law, via appeal.
- B. Where in the institution did the events giving rise to your claim(s) occur?
No institution, these events occurred
on the street of my arrest, Denied
Medical treatment, perjury, and was vacated
- C. What date and approximate time did the events giving rise to your claim(s) occur?
The arrest Date: 13th day of August, 2011;
7am. Grand Jury Dated: 3/18/2011; Jury
Trial, Appeal Granted March 10, 2015, Verdict
Vacated September 8, 2016

Continue ...

1. Parties in this complaint.

B.

Defendant No. 6

Name: New York County District
Attorney

Address:

One Hogan Place, New York,
N.Y. 10013

D. Facts: Jason Miller issued an arrest for an drug transaction lack of tangible property. Edward Howard applied a choke hold during arrest. Omar Minus was denied medical treatment, until 7 hours. Omar Minus visit Bellvue Hospital for treatment of choke hold, swollen neck throat, eye exam, scrape elbows and knees. Anthony Bourgeois swore falsely during Grand Jury, Pre-trial Hearings, arrest reports and Jury Trial by stating he was the one who recovered two (2) bags of crack-cocaine from the ground. Edward Howard swore falsely during the Grand Jury stating Omar Minus went to the hospital for swallowing large amounts of drugs. During the case preparation A.D.A. Nahal Batmanghelidj was aware Det. Howard perjured himself during a private investigations conducted by the A.D.A and Grand jury, in which caused the too vote illegally against the Plaintiff.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

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. The plaintiff sustained swollen neck, throat, scraped knees, elbows and face from an choke hold applied by Det. Edward Howard. Also, a tetanus shot in the right shoulder.

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: The grievance is not available to arrested prisoners, the reason there is no grievance procedure for arrested persons.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

Informed an Police Captain which came to Bellvue Hospital

when and how, and their response, if any: Around 8am August 13th, 2011 the Captain did an quick interview on what happen. I told the Captain that Det. Howard choked me.

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). I Omar Mines was confined to a 3 year term for a conviction with the lack of evidence which the appellate court dismissed and vacated September 8th, 2016 case # 2011 NY05720; inmate 13R0135; I also filed a 1983 claim # 13CV9464 which was dismissed. Finally, I appealed the United States Court of Appeals # 15-1712 in which was dismissed for the said Plaintiff's poor tactical choice. I would like the New York City Police Dept. including all Detectives mentioned to be fully responsible for their actions, all officers arrested, The New York County D.A. responsible and AOA involved arrested. I want compensation of \$17,000,000.

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 26 day of June, 2017

Signature of Plaintiff

Omar Nimmes

Inmate Number

LS R 2360

Institution Address

LINCOLN Correctional
31-33 W. 110th St.,
New York, N.Y. 10026

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 26 day of June, 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:

Omar Nimmes

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Omar Minus

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

____ Civ. ____ () ()

- against -

EDWARD HOWARD, ANTHONY
DOMBOINO, JASON MILLER
NAHAL BATMANGHELIDJ, N.Y.C.
POLICE DEPT., N.Y. COUNTY DISTRICT

AFFIRMATION OF SERVICE

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

ATTORNEY

I, OMAR MINUS, declare under penalty of perjury that I have
(name)

served a copy of the attached Request to Proceed IN FORMA PAUPERIS
Civil Rights Act, 42 U.S.C. § 1983 complaint
(document you are serving)

upon Pro Se Office whose address is 500
(name of person served)

Pearl St., R.M. 230, New York, N.Y. 10007
(where you served document)

by in Person
(how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: New York, N.Y.
(town/city) (state)

June 26, 2017
(month) (day) (year)

Omar Minus
Signature Lincoln Correctional

31-33 W. 110th St.
Address

New York, N.Y.
City, State

10025
Zip Code

212-860-9400
Telephone Number

↓ Cycle 17 ⇅

Arrest/Charge Information

Arrest Date: August 13, 2011 07:10 am (07:10:00)

Name: OMAR J MINUS
Date of Birth: March 20, 1976
Sex: Male
Race: Black
Ethnicity: Not Hispanic
Height: 6' 00"
Weight: 220
Age at time of crime/arrest: 35
Address: 1564 WHITE PLAINS, BRONX, NY
Fax Number: M43515
Place of Arrest: NYCPD 6
Arrest Type: Unknown
Date of Crime: August 13, 2011
Place of Crime: New York County, NY
Criminal Justice Tracking No.: 64986721M
Arresting Agency: NYCPD PCT 006
Arresting Officer ID: 931829
Arrest Number: M11671407
Arraignment: New York County Criminal Court

Arrest Charges:

-- Criminal Possession Contr Sub-3rd:Narc Drug Intent To Sell
PL 220.16 Sub 01 Class B Felony Degree 3 NCIC 3599

-- Criminal Sale Controlled Substance-3rd:Narcotic Drug
PL 220.39 Sub 01 Class B Felony Degree 3 NCIC 3599

-- Tampering With Physical Evidence:Producing False Evidence
PL 215.40 Sub 01 Class E Felony Degree 0 NCIC 4802

-- Criminal Possession Controlled Substance- 7th Degree
PL 220.03 Class A Misdemeanor Degree 7 NCIC 3599

-- Resisting Arrest
PL 205.30 Class A Misdemeanor Degree 0 NCIC 4801

Court Case Information

--Court: New York County Criminal Court Case Number: 2011NY059720

August 14, 2011

Initial Report Of Docket Number

Repository for NYSID Number: 6821546J on 10/05/2016 08:26 am

Page 5 of 32

- Criminal Possession Contr Sub-3rd:Narc Drug Intent To Sell
PL 220.16 Sub 01 Class B Felony NCIC 3599
- Criminal Possession Controlled Substance- 7th Degree
PL 220.03 Class A Misdemeanor NCIC 3599
- Resisting Arrest
PL 205.30 Class A Misdemeanor NCIC 4801

August 18, 2011

Transferred To Superior Court

- Criminal Possession Contr Sub-3rd:Narc Drug Intent To Sell
PL 220.16 Sub 01 Class B Felony NCIC 3599
- Criminal Possession Controlled Substance- 7th Degree
PL 220.03 Class A Misdemeanor NCIC 3599
- Resisting Arrest
PL 205.30 Class A Misdemeanor NCIC 4801

--Court: New York County Supreme Court Case Number: 04090-2011

September 14, 2011

Initial Report Of Indictment Number

September 14, 2011

Arraigned

- Criminal Possession Contr Sub-3rd:Narc Drug Intent To Sell
PL 220.16 Sub 01 Class B Felony NCIC 3599

December 16, 2011

Convicted Upon Verdict After Jury Trial On Unspecified Charges, Sentence Pending - Conviction Date:
December 16, 2011

September 08, 2016

Dismissed

- Criminal Possession Contr Sub-3rd:Narc Drug Intent To Sell
PL 220.16 Sub 01 Class B Felony NCIC 3599

September 08, 2016

Plea/Verdict Vacated

Interim release Status: Remanded without bail

Incarceration/Supervision Information

Incarceration Admission Information

Admission Date: January 13, 2012

10/5/2016

Admission Reason: New Commitment
Agency: NYS DOCCS Ulster Correctional Facility
State Inmate ID No.: 12R0135
Sentence to: Term: 3 Year(s);
Max Expiration Date: August 09, 2014
Conditional Release Date: August 09, 2014
Inmate Name: OMAR MINUS
Sex: Male
Admission Charges:

-- Criminal Possession Controlled Substance-3rd Degree
PL 220.16 Class B Felony Degree 3 NCIC 3599

Incarceration Release Information

Release Date: September 27, 2013
Release Reason: Merit Determinate to Parole
Agency: NYS DOCCS Wallkill Correctional Facility
Name: OMAR MINUS
Inmate ID Number: 12R0135

Parole Release Information

Received by Parole on: September 27, 2013
Release Type: Initial Release to Parole
Max Expiration Date: September 27, 2016
Supervision Office: Bronx IV
Parole ID Number: 12R0135
Name: RECORD MODIFIED

Parole Discharge Information

Discharged from Parole on: March 10, 2015
Discharge Type: Court Order
Parole ID Number: 12R0135
Name: RECORD MODIFIED

SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY
100 CENTRE STREET
NEW YORK, NY 10013

NO FEE

CERTIFICATE OF DISPOSITION INDICTMENT

DATE: 06/28/2013

CERTIFICATE OF DISPOSITION NUMBER: 33756

PEOPLE OF THE STATE OF NEW YORK
VS.

CASE NUMBER: 04090-2011
LOWER COURT NUMBER(S):
DATE OF ARREST: 08/13/2011
ARREST #: M11671407
DATE OF BIRTH: 03/20/1976
DATE FILED: 08/24/2011

MINUS, OMAR J

DEFENDANT

I HEREBY CERTIFY THAT IT APPEARS FROM AN EXAMINATION OF THE RECORDS ON FILE IN THIS OFFICE THAT ON 12/16/2011 THE ABOVE NAMED DEFENDANT WAS CONVICTED OF THE CRIME(S) BELOW BEFORE JUSTICE MULLEN, C THEN A JUSTICE OF THIS COURT.

CRIMINAL POSSESSION OF A CONTROLLED SUBSTANCE 3rd DEGREE PL 220.16 01 BF (COCAINE)

THAT ON 01/04/2012, UPON THE AFORESAID CONVICTION BY TRIAL THE HONORABLE MULLEN, C THEN A JUDGE OF THIS COURT, SENTENCED THE DEFENDANT TO

CRIMINAL POSSESSION OF A CONTROLLED SUBSTANCE 3rd DEGREE PL 220.16 01 BF (COCAINE)
IMPRISONMENT = 3 YEAR(S)
LICENSE SUSPENDED = 6 MONTH(S)
POST-RELEASE PAROLE SUPERVISION = 3 YEAR(S)

CVAF = \$25 (NOT PAID)
DNA = \$50 (PAID)
SURCHARGE = \$300 (NOT PAID)

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL ON THIS DATE 06/28/2013.



COURT CLERK

DEFENDANTS 11

DATE: _ N.P.E 3457071 000 M
 NAME: _ 00000 CHAR
 0905-3457071-3 14:08
 08/20/1978 08/13/2011

ARRIVED BY: ☐ Car ☐ Foot ☐ Taxi ☒ Public Transport ☐ Other _____
☐ Ambulance ☐ Police PCT # _____

TRIAGE CLASSIFICATION: ☐ I ☐ II ☐ III ☒ IV ☐ V

Primary Care MD AT BELLEVUE ☐ YES / ☒ ELSEWHERE D.V. ☐ YES ☒ NO S.W. ☐ YES ☒ NO

Patient Statement / Assessment

medical clearance; wrist pain
(Elbow abrasion; knee pain)
BL: C6 LBP

PAIN SCALE

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10

Preferred Language

Past Medical History	Penus
Medications	Denus

East Tetanus 2 years ago

ALLERGIES *Denial*

For Patients ≤ 18 Years of Age

Immunizations ☐ Up to date by card ☐ Delayed by card ☐ Up to date by history ☐ Delayed by history ☐ Unknown

Last tetanus	MMR #1	MMR #2	Last PPD

Weight _____ kg Note time if: patient seen @ _____ by MD in triage/waiting room

RN Signature Time 14:00

[illegible]

DEFENDANTS 7

DISPOSITION			
DISCHARGE CONDITION <input type="checkbox"/> Unchanged <input type="checkbox"/> Improved	Date & Time Released: _____	DISPOSITION <input type="checkbox"/> Rx & D/C <input type="checkbox"/> Admit to _____ <input type="checkbox"/> Transfer to _____ <input type="checkbox"/> Left prior to D/C Instructions <input type="checkbox"/> AMA	
Diagnosis: <u>(D) Headache</u>			
Attending Note: I have examined the patient and agree with the findings and treatment plan of Dr. <u>Kobisch</u>			
Time <u>3:30</u> AM PM			
<u>Right ear pain w/ radiation to face</u> <u>Left ear pain front, w/ radiation to face</u> <u>Headache</u> <u>Amoxicillin</u>			
Resident MD (Print / Sign) 1 _____ 2 _____ 3 _____	MD # / Time	Attending MD (Print / Sign) <u>S. L. Hansen</u>	MD # / Time ROI <input type="checkbox"/> YES <input type="checkbox"/> NO
INSTRUCTIONS & MEDICATIONS			
Instructions: Bring this paper with you to your next doctor/clinic visit. Your doctor should go over all your medicines with you at that time.			
<u>Follow up with primary doctor or</u> <u>OR if worse, headache, nausea, dizziness</u> <u>in vision. Tylenol for pain.</u>			
Rx _____			
INSTRUCTIONS UNDERSTOOD: <u>[Signature]</u>			
D/C INSTRUCTIONS GIVEN: _____			
<input type="checkbox"/> INSTRUCTION SHEET GIVEN TO PATIENT			
Follow-up Appt given/for 1) _____ Date _____ Time _____			
2) _____ Date _____ Time _____			
3) _____ Date _____ Time _____			

DEFENDANTS 8

ORDERS

- ☐ PT (INR)/PTT:
☐ AST/ALT:
☐ T/D Bilir:
☐ Alk Phos:
☐ Albumin:
☐ UA:
☐ ABG/VBG:
- ☐ BHCG
☐ Rh:
☐ Amylase/Lipase
☐ CK/CKMB:
☐ Troponin:
☐ Other:

☐ EKG:

RADIOLOGY:

MD Sign	Date / Time	DOCTOR'S ORDER (check allergies)	Date / Time	RN Sign
<i>[Signature]</i>	8/13/11	1g Tylenol PO q1h	8/13/11	<i>[Signature]</i>
<i>[Signature]</i>	8/13/11	0.5g Tylenol PO q1h	8/13/11	<i>[Signature]</i>

TIME

NURSE'S NOTES

15:00 37.8 PMN 8 comes in P. with ataxic gait, R. knee pain, Altered
 X's and decimated no swelling. Breathing unlabored. Cnt 1 to
 Monitor *[Signature]*
 15:55 Pt. TLR by MD *[Signature]*

TIME	IV SITE	IV SOLUTION	RATE	AMT INFUSED	RN INT.	P.O. INTAKE	URINE OUTPUT

DEFENDANTS 9

MEDICAL RECORD

LUMINADA OF FLORIDA
 Health and Life Insurance Agency
 10000 W. US Highway 1
 Suite 100
 Fort Lauderdale, FL 33324
 Tel: 754.271.1111
 Fax: 754.271.1112
 MIB: 10000 W. US Highway 1
 Suite 100
 Fort Lauderdale, FL 33324

REVIEW OF SYSTEMS		REVIEW OF SYSTEMS		REVIEW OF SYSTEMS	
CONST: Fever / Weight Loss / Neg	GI: Vomiting / Diarrhea / BRBPR / Neg	DERM: Rash / Pruritis / Bruising / Neg			
VISUAL: Cataracts / Glaucoma / Neg	ENDO: Diabetes / Thyroid Dysfun / Neg	NEURO: Memory Loss / HA / SZ / Neg			
CARD: CP / DOE / PND / Neg	GU: Dysuria / Frequency / Hematuria / Neg	HEME: Epistaxis / Bruising / Neg			
PULM: SOB / Cough / Sputum / Neg	MSKL: Arthritis / Back Pain / Neg	PSYCH: Depression / SI / HI / Neg			
<input type="checkbox"/> System Review Otherwise unremarkable <input type="checkbox"/> Pt Unable to provide History Cardiac RF: <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Chol <input type="checkbox"/> TOS <input type="checkbox"/> Endiv		HISTORY FROM: <input checked="" type="checkbox"/> No Other Source Available <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Family <input type="checkbox"/> Friend/Police <input type="checkbox"/> Paramedics <input type="checkbox"/> Other:			
TIME: _____		GEN: <input type="checkbox"/> Alert <input type="checkbox"/> WDOWN <input type="checkbox"/> NAD <input type="checkbox"/> No pallor <input type="checkbox"/> VS Reviewed			
PHYSICIAN'S NOTES		EYES: <input type="checkbox"/> EOMI <input type="checkbox"/> PERIL <input type="checkbox"/> Conj/Lgs WNL 20/20 (R) 20/25 (L)			
Dis 34 yo in c of pmt O-reds p/w bl. wrist m. knee px, @ a. finger px s/p. elbow held for p/w c. fell to ground @ LOC, on dx, 5 hr.		ENT: <input type="checkbox"/> O-P WNL <input type="checkbox"/> TM'S WNL <input type="checkbox"/> No septal hematoma			
VSS		CV: <input checked="" type="checkbox"/> RRR <input type="checkbox"/> No murmurs gallops/rubs <input type="checkbox"/> No JVD Present			
On exam. p/c TAB, NAR, O-P w/w. @ middle lobe p. - palp of lgt max. FEMUR bone whist. : bion knees p. neuro max. in lgt p/w it with eye etc.		RESP: <input type="checkbox"/> CTA <input type="checkbox"/> No wheezes/rhonchi/rales <input type="checkbox"/> No retractions			
A+P eye seen today, tyland had w/w.		GI: <input type="checkbox"/> Non-tender <input type="checkbox"/> Non-distended <input type="checkbox"/> No Masses <input type="checkbox"/> BS WNL <input type="checkbox"/> No organomegaly <input type="checkbox"/> Rectal: Heme neg <input type="checkbox"/> Heme Control			
		GU: Scrotum: <input type="checkbox"/> No masses <input type="checkbox"/> Non-tender <input type="checkbox"/> No penile DC			
		PELVIC: <input type="checkbox"/> EXT GEN WNL <input type="checkbox"/> Vagina WNL <input type="checkbox"/> Adnexa WNL <input type="checkbox"/> No CMT			
		MSKL: HEAD <input type="checkbox"/> No evidence of trauma/facial trauma NECK: <input type="checkbox"/> No Meningismus <input type="checkbox"/> Non-tender midline BACK: <input type="checkbox"/> No CVAT <input type="checkbox"/> Non-tender EXT: <input type="checkbox"/> No C/C/E <input type="checkbox"/> Radial/Pedal pulses WNL <input type="checkbox"/> Full ROM			
		SKIN: Y <input type="checkbox"/> Rash Y <input type="checkbox"/> Bruising Y <input type="checkbox"/> Abrasions Y <input type="checkbox"/> Lacerations N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N			
		NEURO: <input checked="" type="checkbox"/> Oriented x 3 <input type="checkbox"/> Cranial Nerves II - XII intact <input type="checkbox"/> Motor WNL <input checked="" type="checkbox"/> Sensory WNL <input type="checkbox"/> Gait WNL <input type="checkbox"/> DTR WNL			
		PSYCH: <input type="checkbox"/> Mood/Affect WNL <input type="checkbox"/>			
<input type="checkbox"/> Full medication reconciliation performed (see Misys) <input type="checkbox"/> Focused medication reconciliation performed (see Misys)					
Consult _____		Contacted at _____		AM PM	
Responsibility Transferred					

DEFENDANTS 10

UP FORM SENTENCE & COMMITMENT

UCS-854(9/2010)

STATE OF NEW YORK

Court Part: 84

SUPREME COURT, COUNTY OF NEW YORK

Court Reporter: D. Candela

PRESENT: HON. C. Mullen

Superior Ct. Case #: 4090-2011

The People of the State of New York -vs- Omar Minus Defendant		12R0135	
Male	03/20/76	6 8 2 1 5 4 6 J	
SEX	D.O.B.	NYSID NUMBER	CRIMINAL JUSTICE TRACKING NUMBER

Accusatory Instrument Charge(s): Law/Section & Subdivision:

1 CPCS 3rd Degree PL 220.16(1)

2

3

4

Date(s) of Offense: 08 / 13 / 2011

To / /

THE ABOVE NAMED DEFENDANT HAVING BEEN CONVICTED BY ☐ PLEA OR ☒ VERDICT, THE MOST SERIOUS OFFENSE BEING A
☒ FELONY OR ☐ MISDEMEANOR OR ☐ VIOLATION, IS HEREBY SENTENCED TO:

Crime	Count No.	Law § and Subdivision	SMF, Hate or Terror	Minimum Term	Maximum Term	<input type="checkbox"/> Definite (select: D, M or Y) <input checked="" type="checkbox"/> Determinate (in years)**	Post-Release Supervision
1 CPCS 3rd Degree	1	PL 220.16(1)		_____ years	_____ years	3 year(s)	3 years
2				_____ years	_____ years		_____ years
3				_____ years	_____ years		_____ years
4				_____ years	_____ years		_____ years
5				_____ years	_____ years		_____ years

**NOTE: For each DETERMINATE SENTENCE imposed, a corresponding period of POST-RELEASE SUPERVISION MUST be indicated [PL § 70.45].
☐ Counts _____ shall run CONCURRENTLY with each other ☐ Count(s) _____ shall run CONSECUTIVELY to count(s) _____

☐ Sentence imposed herein shall run CONCURRENTLY with _____, and/or CONSECUTIVELY to _____

☐ A _____ period of [☐ PROBATION OR ☐ CONDITIONAL DISCHARGE] with an Ignition Interlock Device condition to run CONSECUTIVELY to any term of imprisonment imposed herein and to commence upon the defendant's release from imprisonment [PL § 60.21]

☒ Conviction includes: WEAPON TYPE: _____ and/or DRUG TYPE: Cocaine

☐ Charged as a JUVENILE OFFENDER - age at time crime committed: _____ years

☐ Adjudicated a YOUTHFUL OFFENDER [CPL § 720.20]

☐ Execute as a sentence of PAROLE SUPERVISION [CPL § 410.91]

☐ Re-sentence as a PROBATION VIOLATOR [CPL § 410.70]

☐ Court certified the Defendant a SEX OFFENDER [Cor. L § 168-d]

☐ CASAT ordered [PL § 60.04(6)]

☐ SHOCK INCARCERATION ordered [PL § 60.04(7)]

As. a : ☐ Second ☐ Second Violent ☒ Second Drug ☐ Second Drug w/prior VFO ☐ Predicate Sex Offender ☐ Predicate Sex Offender w/prior VFO ☐ Second Child Sexual Assault ☐ Persistent ☐ Persistent Violent ☐ FELONY OFFENDER

Paid	Not Paid	Deferred - court must file written order [CPL § 420.40(5)]		Paid	Not Paid	Deferred - court must file written order [CPL § 420.40(5)]	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mandatory Surcharge	\$ 300	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Crime Victim Assistance Fee	\$ 25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fine	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restitution	\$ _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> DNA Fee	\$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sex Offender Registration Fee	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DWI/Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Supplemental Sex Off. Victim Fee	\$ _____

THE SAID DEFENDANT BE AND HEREBY IS COMMITTED TO THE CUSTODY OF THE:

☒ NYS Department of Correctional Services (NYSDOCS) until released in accordance with the law, and being a person sixteen (16) years or older not presently in the custody of NYSDOCS (the County Sheriff) (New York City Dept. of Correction) is directed to deliver the defendant to the custody of NYSDOCS as provided in 7 NYCRR Part 103.

☐ NYSDOCS until released in accordance with the law, and being a person sixteen (16) years or older and is presently in the custody of NYSDOCS, said defendant shall remain in the custody of the NYSDOCS.

☐ NYS Office of Children and Family Services in accordance with the law being a person less than sixteen (16) years of age at the time the crime was committed.

☐ _____, County Jail/Correctional Facility

TO BE HELD UNTIL THE JUDGMENT OF THIS COURT IS SATISFIED.

REMARKS Defendant to be allowed to participate in any programs for which he is eligible.

Commitment, Order of Protection & Pre-Sentence Report received by Correctional Authority as indicated:

Official Name

Shield No.

Pre-Sentence Investigation Report Attached: ☒ YES ☐ NO☐ Amended Commitment:Order of Protection Issued: ☐ YES ☒ NO

Original Sentence Date ____/____/____

Order of Protection Attached: ☐ YES ☒ NO

/ 04 / 2012

Norman Goodman

by

A. Hajjalo

Associate Court Clerk

Title



01/13/12 SRCL009 RECEPTION/CLASSIFICATION SYSTEM *RCLASS* PAGE 001
 14:14:08 LEGAL DATE COMPUTATION COMP DATE: 01/13/2012
 BY: C610DAS)

TYPE 20,(BASIC DETERMINATE

DIN; 12R0135 NAME: MINUS, OMAR

NYSID: 06821546J

CURRENT LOCATION: ULSTER REC - 0A-01-27B

MAXIMUM TERM 003 00 00
 + DATE RECEIVED + 2012 01 13

INTERIM 2015 01 12
 - JAIL TIME - 00 05 03

MAXIMUM EXPIRATION DATE 2014 08 09
 - GOOD TIME POSSIBLE - 000 05 06

T.A.C. DATE/TYPE 2013 11 INIT CONDITIONAL RELEASE DATE 2014 03 03
 - MERIT TIME POSSIBLE - 00 05 06

PAROLE HEARING DATE/TYPE 2013 07 MERT MERIT ELIGIBILITY DATE 2013 09 27
 PRS 03 00 00

REMARKS:

DIST: IRC (1), GUID & COUNS UNIT (1), INST PAROLE (1), INMATE (1)

THE CITY OF NEW YORK DEPARTMENT OF CORRECTION

12-JAN-12 16:43:19

JAIL TIME CERTIFICATION

PAGE 1

NYSID: 06821546J

Docket #: 2011NY059720

Indictment #:

Name: MINUS, OMAR

Controlling City Sentence Time: 0000

Calculated Jail Time : 0153

+ Additional Jail Time : 0000

- Excess Jail Time : 0000

Total Jail Time : 0153

RECEIVED
JAN 13 2012
JULSTER C.F.

All Department of Correction procedures were followed in preparing the certification.

Jail Time Certified by

Coco G. L. L.

Facility: ARDC

Associated

Arrest

Discharge

Last Start City

BK&CS

Docket

Indictment Date

Date

Code Hous Sent Date Sent #

Days

3491113348 2011NY059720 04090/2011 13-AUG-11

ARDC

0153

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

OMAR MINUS

12 CV 9464
DOC # 2

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

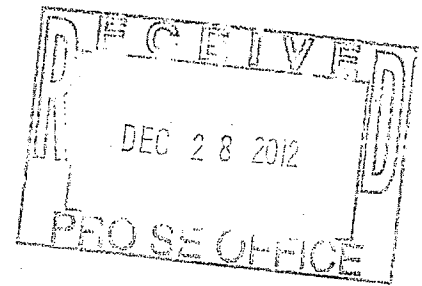
-against-

EDWARD HOWARD, ANOTHONY BOMBOLINO, JASON MILLER,
NAHAL BATMANGHELIDJ, ROBERT BRIERE

COMPLAINT

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

Jury 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 OMAR MINUS
ID # 12-R-0135
Current Institution RIVERVIEW CORRECTIONAL FACILITY
Address P.O. BOX 247, OGEDNSBURG, N.Y. 13669
Dorm D2/Bed 21

- 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.

1. EDWARD HOWARD, DETECTIVE shield # 3695, NEW YORK CITY POLICE DEPARTMENT
2. ANOTHONY BOMBOLINO, DETECTIVE shield # 1314, NEW YORK CITY POLICE DEPARTMENT
3. JASON MILLER, DETECTIVE shield # 2120, NEW YORK CITY POLICE DEPARTMENT
4. NAHAL BATMANGHELIDJ, NEW YORK COUNTY DISTRICT ATTORNEY
5. ROBERT BRIERE, ATTORNEY I.D. # RB6080, 110 Wall Street Floor 11

Defendant No. 1 Name EDWARD HOWARD Shield # 3695
 Where Currently Employed NEW YORK CITY POLICE DEPARTMENT
 Address ONE POLICE PLAZA, NEW YORK, N.Y. 10013

Defendant No. 2 Name ANOTHONY BOMBOLINO Shield # 1314
 Where Currently Employed NEW YORK CITY POLICE DEPARTMENT
 Address ONE POLICE PLAZA, NEW YORK, N.Y. 10013

Defendant No. 3 Name JASON MILLER Shield # 2120
 Where Currently Employed NEW YORK CITY POLICE DEPARTMENT
 Address ONE POLICE PLAZA, NEW YORK, N.Y. 10013

Defendant No. 4 Name NAHAL BATMANGHELIDJ Shield #
 Where Currently Employed NEW YORK COUNTY DISTRICT ATTORNEY
 Address ONE HOGAN PLACE, NEW YORK, N.Y. 10013

Defendant No. 5 Name ROBERT BRIERE Shield # RB6080
 Where Currently Employed ATTORNEY 18-b
 Address 110 Wall Steet, Floor 11, NEW YORK, N.Y. 10005

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? No institution, during the due process of law, in the county of NEW YORK.

B. Where in the institution did the events giving rise to your claim(s) occur? NO institution I am giving rise to my claim. These events occurred on the street of my arrest.

C. What date and approximate time did the events giving rise to your claim(s) occur? MY ARREST DATE 13th day of August, 2011; 7:00 a.m., at NEW YORK COUNTY, Sullivan Street and Washington Square South.

D. Facts: Upon the events of my arrest and due process of law, DET. JASON MILLER violated my search and seizure rights by issuing an arrest of I, OMAR MINUS for an drug transaction with the lack of tangible property. Then DET. EDWARD HOWARD applied unreasonable and excessive force when issuing an arrest, the detective applied an choke hold to retrieve two(2) bags of crack-cocaine that was in the mouth of the Plaintiff, in which caused I, OMAR MINUS to visit Bellivue Hospital to recieve treatment of an choke hold with an neck and throat, eye exam. The prisoner treatment form is inconsistance with the Bellivue Hospital medical records. DET. ANOTHONY BOMBOLINO sworeed falsely during his Grand Jury, Pre-trial Hearings and Jury Trial by testifying that he was the one who recovered the two(2) bags of crack-cocaine from the ground and that he found five hundred and forty nine dollars(\$549.00) in in the pants pocket of the said Plaintiff are inconsistance with his Pre-trial and Jury trial potential testimony, in which he testifies not recalling the amount of drugs or U.S. Currency recovered from the said Plaintiff. DET. EDWARD HOWARD'S testimony is also inconsistent with his Grand Jury, Pre-trial Hearings and Jury Trial potential testimony, in which testifies he told the A.D.A. MS. NAHAL BATMANGHELIDJ during the case peperation, he recover one(1) twist bag of crack-cocaine and DET. BOMBOLINO recovered the other one(1) twist bag of crack-cocaine. During the Pre-trial Hearings the A.D.A. MS. NAHAL BATMANGHELIDJ admitted to prosecution misconduct in which she was aware of the falsely swearing during the Grand Jury Proceeding. The A.D.A. MS. BATMANGHELIDJ apologized for her Prosecutor Misconduct.

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. During the emergency visit to Bellivue Hospital, I OMAR MINUS received treatment for an choke hold applied by DET. EDWARD HOWARD. The treatment was neck, throat and eye exam for blurred vision from the choke hold, cleaning of scrapped knees, elbows and face, finally an tetanus shot in the arm.

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.

I, did not exhaust none of the remedies available, cause these event happened on the scene of my arrest, on the street.

- 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: YES.

The reason why I, OMAR MINUS did not file my grievance is, the events occurred on the street and the court of NEW YORK county.

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). Since I OMAR MINUS is confined for three(3) years for an conviction with the lack of evidence, in which the Court and Jury had too speculate an conviction. I want the Court to issue each defendant in this said action the compensation of one hundred thousand dollars(\$100,000) from each defendant. For the I lost family tighs, and the blurred vision I received from the said choke hold.

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 ☒

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 ☒

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 2 day of JANUARY, 2013.

Signature of Plaintiff



Inmate Number

12-R-0135

Institution Address

RIVERVIEW CORRECTIONAL FACILITY

P.O. BOX 247,

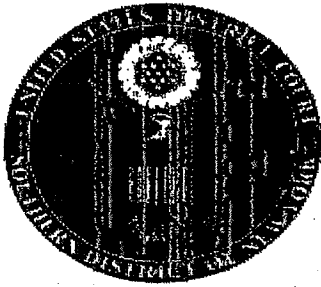
OGDENSBURG, N.Y. 13669

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 2nd day of JANUARY, 2013 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:





UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: OMAR MINUS EDWARD HOWARD, ANOTHONY BOMBOLINO, JASON MILL-
(Enter the full name of the plaintiff(s)) *v. ER, NAHAL BATMANGHELIDJ, ROBERT BRIERE*
(Enter the full name of the defendant(s))

Docket No: No. Civ. ()
(Enter the docket number, if available; if filing this with your complaint, you will not have a docket number.)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained at any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350.00 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, OMAR MINUS *(print or type your name)*, request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my poor person application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350.00 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED OR EVEN IF I VOLUNTARILY WITHDRAW THE CASE.

2nd of JANUARY 2013
Date signed

Omar Minus
Signature of Plaintiff

12-R-0134

Prisoner I.D. Number

RIVERVIEW CORRECTIONAL FACILITY

Name of current facility

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY DOCUMENT ELECTRONICALLY FILED DOC #: _____ DATE FILED: 10/5/2016

OMAR MINUS,

Plaintiff,

-against-

EDWARD HOWARD, ANTHONY
BOMBOLINO, and JASON MILLER,

Defendants. X

No. 12 Civ. 9464 (VSB)

ORDER

VERNON S. BRODERICK, United States District Judge:

I am in receipt of Plaintiff's motion, styled as a motion to appeal on the original record. (Doc. 70.) On April 15, 2016, Plaintiff filed a Notice of Appeal, (Doc. 68), seeking relief from my grant of Defendants' motion for summary judgment, (Doc. 66). Docket entries subsequent to Plaintiff's filing his notice of appeal indicate that Plaintiff was granted in forma pauperis status to proceed with his appeal; that the Notice of Appeal with certified docket sheet were transmitted to the US. Court of Appeals; and that the "appeal record" was sent to the U.S. Court of Appeals. According to the Mandate issued by the Court of Appeals for the Second Circuit on December 30, 2015, (Doc. 69), Plaintiff failed to file a scheduling notification letter or a transcript status update letter as required by the Local Rules. Pursuant to the Mandate, the appeal was dismissed effective October 26, 2015 when Plaintiff failed to file a brief and appendix by that date. (*Id.*)


Plaintiff appears to request leave to proceed with his appeal on the "original record": Plaintiff "seek[s] relief by the court to allow the Appellant to APPEAL ON ORINGINAL [sic] RECORD AND ORDER THE DISTRICT CLERK TO FORWARD ALL ORIGNAL [sic] PAPERS AND EXHIBITS TO THE CIRCUIT CLERK" (Doc. 70.) However, I do not

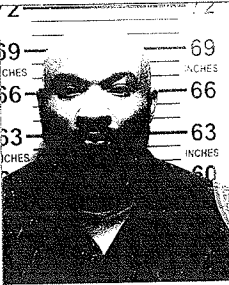
have the authority to grant the relief requested by Plaintiff. To the extent Plaintiff may be entitled to relief Plaintiff's request seems to be more properly made to the Second Circuit, in accord with the Federal Rules of Appellate Procedure and Local Rules and Internal Operating Procedures of the Second Circuit. *See* Fed. R. App. P. 11, ("Forwarding the Record"); Fed. R. App. P. 26 ("Computing and Extending Time"). Therefore, Plaintiff's motion is DENIED.

The Clerk of Court is respectfully directed to mail a copy of this Order to Plaintiff and terminate the open motion at Docket Entry 70.

SO ORDERED.

Dated: October 5, 2016
New York, New York


Vernon S. Broderick
United States District Judge

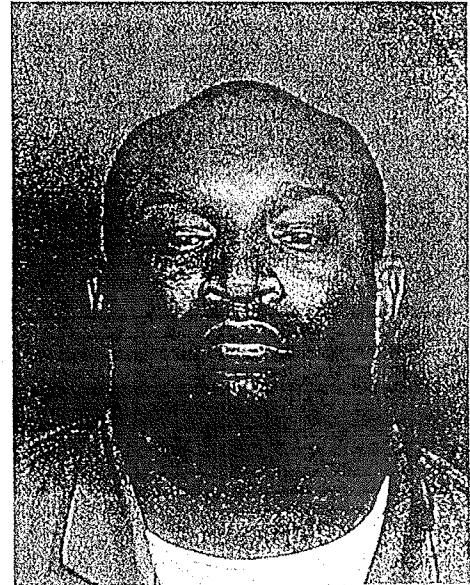
		INMATE	
INMATE STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION		6T	
NAME	MINUS, OMAR	DOB	03/20/72
ID	15R2360	HEIGHT	5'11" 207
RACE	BLK	SEX	MALE
ARREST DATE	05/17/17		



NEW YORK CITY POLICE DEPARTMENT

*Mugshot Pedigree*

NAME: MINUS OMAR
 NYSID#: 06821546J
 Arrest #: M11671407
 Arrest Date#: 08-13-2011
 Top Charge: PL 2203901: CSCS-3RD:NARCOTIC
 DRUG
 Date of Birth: 03-20-1976
 Age at Offense: 35
 Social Security #: 53606976
 PCT of Arrest: 006 PRECINCT
 Source: LIVE

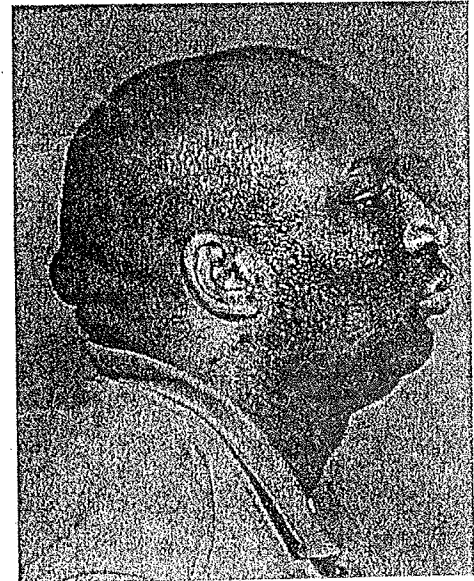


PHYSICAL DESCRIPTION

Race: BLACK
 SEX: MALE
 Height: 600
 Weight: 220
 Hair Length: BALD
 HAIR COLOR: UNKNOWN
 Hair Type: NO HAIR(CLEANSHAVEN)
 Complexion: CLEAR
 Eye Color: BLACK

Scars, Marks Tattoos:
 Desc:
 Location:
 Bodyside:

Alias 1: O
 Alias 2:
 Alias 3:
 Alias 4:





PRISONER MOVEMENT SLIP

Arresting Officer

A.O Name: MILLER

Arrest PCT: 6TH PRECINCT

Possible DAT?: ☐ YES ☐ NO

CELL #:

Fax #:

Defendant:

MINUS, OMAR J

Sex: MALE

Race: BLACK

DOB: 03/20/1976 Age: 35

Major Charges:

PL 2201601: CPCS-3RD:NARC DRUG INT/SELL

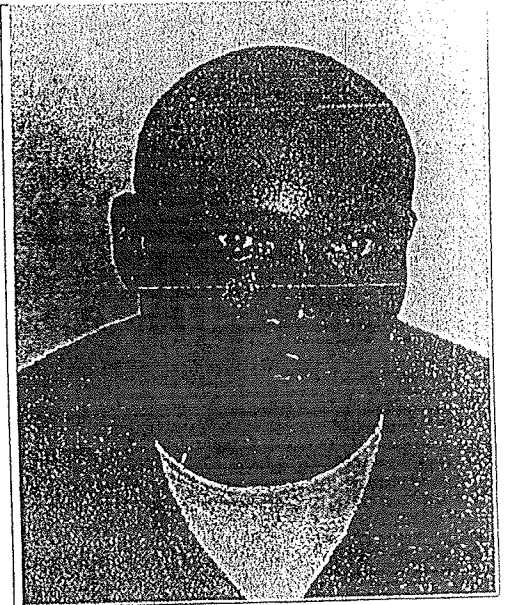
PL 2203901: CSCS-3RD:NARCOTIC DRUG

PL 2154001: TAMP W/PHYS EV:PROD FALSE EVID

Co-Defendants: ☐ YES ☐ NO

M11671407N

Date/Time: 08/13/2011 07:10:00



Criminal Justice Agency

Warrant name check by (intl):

Warrant: ☐ YES ☐ NO Warr/Dckt #:CJA Interview Required?: ☐ YES ☐ NO

CJA Interview Time:

Booking Supervisor

DAT Issued?: ☐ YES ☐ NO

DAT Serial #:

Arresting Officer excused?: ☐ YES ☐ NO

Return Date:

Prints Needed: ☐ YES ☐ NOPrinted?: ☐ YES ☐ NO ☐ REFUSED

Searched:

Detention Alert

Prisoner has attempted escape: ☐ YES ☐ NOPrisoner has attempted suicide?: ☐ YES ☐ NOPrisoner has assaulted member of the service?: ☐ YES ☐ NO

Others (EXPLAIN):

Repository Inquiry for NYSID No: 06821546J on 08/13/2011 05:31 pm

Page 1 of 14

Repository Inquiry

To: MCDONALDME For: Megan McDonald Case No: M11671407 - NYSID No: 06821546J - DAI

New York State Division of Criminal Justice Services

4 Tower Place

Albany NY 12203-3764

Tel: 1-800-262-DCJS

Sean M. Byrne, Acting Commissioner of the NYS Division of Criminal Justice Services

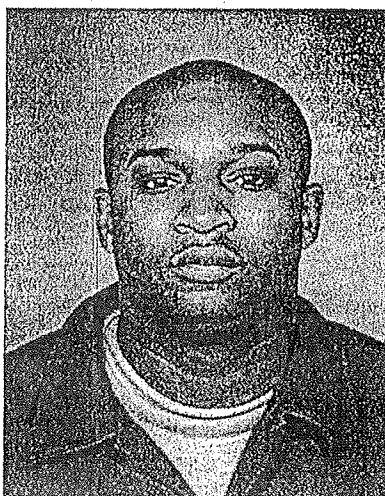
IdentificationSummaryCriminal HistoryJob/LicenseWantedMissingNCIC/III**Attention - Important Information**

* See **Additional Information** at the bottom of this response for more banners pertaining to the criminal history

Customized Rap: The data segments which you selected may not reflect the full information that DCJS has on file. You did not select the categories of Civil, Wanted, and Missing person information.

DNA PROFILE IS ON FILE IN THE DNA DATABANK If more information is required call DCJS Office of Forensic Services at 1-800-262-3257

Violent Felony offense(s) on file

Identification Information

Name:

OMAR J MINUS

Date of Birth:

Mar 20, 1972 Mar 20, 1976

Place of Birth:

New York Unknown USA

Cycle 7

Arrest Date October 16, 2004

Address:

2851 BRIGGS AVE, BRONX, NY
 1564 WHITE PLAINS, BRONX, NY
 3333 WICKHAM AVENUE
 869 E 219TH BX, NY, NY
 869 E 219TH ST, BRONX, NY
 869 E 29 ST, NEW YORK, NY

Fingerprint response on 08/13/2011 11:56 am for transaction 14133182



Name: OMAR J MINUS
 Sex: Male Race: Black Ethnicity: Hispanic SkinTone: Dark/Medium
 Eye Color: Brown Hair Color: Black Height: 5' 08" Weight: 210
 SSN: 053-60-6976 Place of Birth: New York Unknown USA

Cycle 7

Arrest Date October 16, 2004

Latest Arrests (Max 10):

Arrest Date	Name	Date of Birth	Address
10/16/2004	OMAR J MINUS	03/20/1972	3333 WICKHAM AVENUE
11/19/2002	OMAR J MINUS	03/20/1972	2851 BRIGGS AVE, BRONX, NY
03/26/2001	OMAR J MINUS	03/20/1972	2851 BRIGGS AVE, BRONX, NY
08/31/1999	OMAR J MINUS	03/20/1972	2851 BRIGGS AVE, BRONX, NY
07/25/1996	OMAR J MINUS	03/20/1972	869 E 29 ST, NEW YORK, NY
04/17/1992	OMAR J MINUS	03/20/1972	869 E 219TH BX, NY, NY
04/15/1991	OMAR J MINUS	03/20/1972	869 E 219TH ST, BRONX, NY

Fingerprint Response

ORI: NY03030G6

NYCPD PCT 006

NYSID : 6821546J

[Identification](#)
 [Summary](#)
 [Criminal History](#)
 [Job/License](#)
 [Wanted](#)
 [Missing](#)
 [NCIC/III](#)

Transaction Data

Name: OMAR J MINUS
 Transaction ID: 14133182
 Agency ORI: NY03030G6
 Type of Submission: **ARREST**
 Date Fingerprinted: August 08, 2011
 Reason Fingerprinted: Adult Arrest

Arrest/Charge Information

Arrest Date: August 13, 2011 07:10 am (07:10:00)
 Name: OMAR J MINUS
 Date of Birth: March 20, 1976
 Sex: Male
 Race: Black

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK

Page 1 of 2

THE PEOPLE OF THE STATE OF NEW YORK -against- 1. Omar Minus (M 35) ECAB # 1255686 Defendant.	FELONY ADA WHELAN 212-335-9322
---	--------------------------------------

Detective Jason Miller, shield 02120 of the Narcotics Boro Manhattan South, states as follows:

At the times and places described below in the County and State of New York, the defendant committed the offenses of:

1. PL220.16(1) Criminal Possession Controlled Substance in the Third Degree (1 count)
2. PL220.03 Criminal Possession of a Controlled Substance in the Seventh Degree (1 count)
3. PL205.30 Resisting Arrest (1 count)

the defendant knowingly and unlawfully possessed a narcotic drug with intent to sell it; the defendant knowingly and unlawfully possessed a controlled substance; and the defendant intentionally attempted to prevent a police officer and peace officer from effecting an authorized arrest of himself and another person.

The offenses were committed under the following circumstances:

Deponent states that on August 13, 2011 at approximately 7:03 a.m., on the corner of West 4th Street and 6th Avenue, deponent observed defendant hand separately charged defendant Price Cofield (M11671404) a small object and observed Price Cofield hand defendant a sum of United States Currency in exchange for said small object. Deponent further states that when deponent and other police officers approached separately charged defendant on the corner of MacDougall and West 4th Street, separately charged defendant placed said small object into his mouth.

Deponent further states that deponent is informed by Detective Anthony Bombolino, shield #1314 of the Narcotics Boro Manhattan South, that informant observed defendant on the corner of Thompson Street and Washington Square South with

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK

Page 2 of 2

THE PEOPLE OF THE STATE OF NEW YORK
-against-FELONY
ADA WHELAN
212-335-9322

1. Omar Minus (M 35)

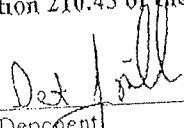
ECAB #
1255686

Defendant.

several bags of what appeared to be crack/cocaine in defendant's hands. Deponent is further informed that when informant and Detective Edward Howard, shield #3695 of the Narcotics Boro Manhattan South, approached defendant, defendant placed said items into his mouth, pushed Detective Edwards, and flailed his arms. Deponent is further informed that informant observed two (2) bags of crack/cocaine fall from defendant's mouth and that informant recovered said bags of crack/cocaine from the ground.

Deponent further states that the above-described substances are in fact what they are alleged to be based upon information and belief, the source of which is as follows: his professional training as a police officer in the identification of drugs, his prior experience as a police officer in drug arrests, observation of the packaging which is characteristic of this type of drug and a field test of substance which confirmed that the substances are in fact what they are alleged to be.

False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the penal law.


 Det. J. Hill
 Deponent

 08/13/11 1832 hrs
 Date and Time

ACT 5 Version 4.3.5 Created on 08/13/11 6:15 PM

NEW YORK CITY POLICE DEPARTMENT
POLICE LABORATORY
CONTROLLED SUBSTANCE ANALYSIS SECTION

LABORATORY # 2011-094172
COMPLAINT #
VOUCHER # 1000059320

CONTROLLED SUBSTANCE ANALYSIS WORKSHEET

DATE ASSIGNED: 8/16/11	BALANCE #: 57	WT SERIAL #: 2RMU	<input checked="" type="checkbox"/> VERIFIED	DUQUENOIS/LEVINE: <input type="checkbox"/> VERIFIED
REAGENT VERIFIED: <input checked="" type="checkbox"/> BNIDS	COCAINE/HEROIN STD. BATCH #: C-11-03	CO(SCN) ₂ VERIFIED: <input checked="" type="checkbox"/> BU	COCAINE STD. BATCH #: C-11-03	MARIHUANA STD. BATCH #:
SECURITY ENVELOPE #: 1200314601	SIGNED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SEALED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NARCOTIC ENVELOPE #: 5209784	MARQUIS VERIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
				HEROIN STD. BATCH #: 4-11-03

Date analysis began: 8/16/11

Item #1: (1) clear plastic ziplock bag marked "FTP" on both sides of the bag in black ink & (1) clear plastic twist bag & solid material (FTP)

GW(1) bag = 0.130g

TW(1) bag = 0.057g

NW(1) bag = 0.073g

GW(1) bag = 0.618g (packaged in (1) glassine env. w/ tape)

Item #2: (1) clear plastic twist bag & solid material

GW(1) bag = 0.211g

TW(1) bag = 0.101g

NW(1) bag = 0.110g

GW(1) bag = 0.646g (packaged in (1) glassine env. w/ tape)

Item #1 + Item #2 = 0.073g + 0.110g = 0.183g / 28.349g/oz = 0.0064 oz

Date analysis complete: 8/17/11

DCJS Statistics

Items Submitted: 2

Items Analyzed: 2

LABORATORY ITEM #	COLOR TESTS			MICROSCOPIC EXAMINATION				ANALYSIS PERFORMED							OPINION / INTERPRETATION / CONCLUSION
	Co(SCN) ₂ & SnCl ₂	MARQUIS	DUQUENOIS /LEVINE	CYS	GLN	TRI	NCH	FTIR	GC/MS	GC/MS	GC/MS	GC/MS	POL	TLC	
#1	BUVRM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine Cocaine
#2	BUVRM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CRIM II

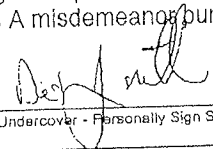
RANK/TITLE

Jamie Rounds

NAME

SIGNATURE/INITIAL

PAGE 1 OF 3

A. FIELD TEST RESULTS: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative		B. Voucher No. 1000059320	
C. LIST ALL PRISONERS:			
Last Name	First Name	Date of Arrest	Date of Birth
(1) MINUS	OMAR	08/13/2011	03/20/1976
(2) N/A			
(3) N/A			
(4) N/A			
(5) N/A			
(6) N/A			
D. Were there any other narcotics seized or purchased that are associated with this voucher number? If yes, list all companion narcotics voucher numbers or write N/A if there are none.			
N/A			
2 A. Testing Officers Name Printed (if Undercover - List Shield Number in Lieu of Name)		B. Command	C. Tax No.
MILLER JASON		NBMS	931829
E. Arresting Officers Last Name (Print)		First Name	Command
<input checked="" type="checkbox"/> Check Here If Same As Testing Officer			
3 Contents In This Envelope Was Purchased By An Undercover: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4 Contents In This Envelope Is Narcotics Recovered Other Than That Purchased By An Undercover: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5 A. Drug Type/Field Test		B. Quantity Vouchered and Type of Container: (Number and Description)	
<input type="checkbox"/> Heroin/Meckes Reagent		2- TWISTS CRACK	
<input checked="" type="checkbox"/> Cocaine/Cocaine Salts and Base Reagent		C. Date Field Test Conducted	
<input type="checkbox"/> Marijuana/Duquenois - Levine Reagent		08/13/2011	
		D. Estimated total weight of narcotics vouchered greater than 1/8 oz. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 A. Contents In This Envelope Was Seized During The Execution Of a Search Warrant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7 CERTIFICATION - I hereby certify that I tested the above described substance(s) and that this report is a true and full copy of the original report made by me. False statements made herein are punishable as a class A misdemeanor pursuant to 210.45 of the Penal Law.			
Testing Officers Signature: 		Date 08/13/2011	
(If Undercover - Personally Sign Shield Number In Lieu Of Name)			
8 Supervisor Assuring Accuracy in the Preparation of this Field Test Report:			
SGT	KEARNS, TIMOTHY	906542	NBMS
Rank	Name (printed)	Signature	Command

Dist: 1. White District Attorney's Office 2. Blue District Attorney's Office 3. Pink Police Laboratory With Vouchered Drugs
4. Buff = Member's Copy 5. Green = Command Copy

presenting evidence in the case of People v. Omar Minus

You will be hearing testimony from several witnesses:

- Det. Jason Miller
- Det. Anthony Bombolino
- Det. Edward Howard ?

At the close of the presentation of the evidence, I will be asking you to consider ¹/₂ charges

1) Criminal Possession of a Controlled Substance in the 3rd Degree (PL 220.16(1))

- a. Under the theory that the defendant knowingly and unlawfully possessed cocaine with the intent to sell that cocaine.

11 Thompson

DET MILLER

→ NY County

- 1) name, shield command
- 2) August 13, 2011, at approximately 7:03am, on the corner of West 4th St and 6th Ave?
- 3) Did you arrest anyone at that time date and location?
- 4) Who?
- 5) Briefly describe circumstances?
- 6) What happened when you stopped Price Cofield?
 - a. What happened to drugs he swallowed?
- 7) Did you see D again?
 - a. Where, with who? → D Thompson + Washington Sq. South?
- 8) Did you voucher anything in connection with this case?
 - a. 1000059320 - 2 twists of crack/cocaine
 - i. Where did you get those?
 - b. 1000059334 - \$529
 - i. Where did you get that?

* Expense + Sale —

DEF. BOMBOLINO

Thompson + Wainwright Sq South

- 1) name, shield command
- 2) August 13, 2011, at approximately 7:03am, on the corner of West 4th St and 6th Ave?
- 3) Were you involved in the arrest of anyone at that time date and location?
- 4) Who?
- 5) What was your involvement?
- 6) What happened when you attempted to stop Omar Minus?
- 7) What happened to the items D spit out?
- 8) What did they appear to be?
- 9) What did you do with them?
- 10) Did you recover anything else?
- 11) What did you do with it?
- 12) During your time as a police officer, have you had training in the sale of narcotics?
- 13) Have you been involved in arrests involving the sale of narcotics?
- 14) Involving cocaine?
- 15) Based upon your training and experience, and the circumstances of this arrest, was the amount of cocaine that you recovered from the ground where the defendant spit it out consistent with sale or personal use?
 - a. Why is that?

LAB → drugs on ground Q

↓ Bring out interaction w/ SED
- Bring out \$ on D person

Bombolino → w/s/c ✓
Recovered drugs ✓
Recovered \$ ✓
④ where ✓

220.06(1) - Criminal Poss. of a Controlled Subst. - 3rd (B felony)

Knowingly 15.05(2)

Unlawfully 220.00(2)

Public Health Law Article 33

Possess 10.00(8)

Narcotic 220.00(7)

Schedule I(b), I(c), II(b), or II(c) other than methadone

Intentionally 15.05(1)

Sell 220.00(1)

of other, got say no drugs - why

why reason is my recast -

how about because cops saw you sell

cops saw a small object

had your lawyer eat them

why would ~~the~~ the guy who got

them eat them

~~why ~~give~~ ~~the~~ ~~guy~~ ~~to~~ ~~eat~~ them~~

have you ever ~~been~~ in BG before

do you understand the claim is poss w/ intent

cops lie - do people addicted to crack lie

do people lie to get a lesser charge

A misd ~~to~~ instead of B Sale

make ~~a~~ selling crack - why not.

~~if cops saw you ~~give~~ ~~2~~ ~~bars~~~~

his mental competence is not a GA issue

→ Not to get High w/ two friends
As put in mouth

→ Buies all over body.

Criminal Court of the City of New York

New York County


Felony Complaint

The People of the State of New York
vs.

DEFENDANT:

CHARGES:

DOCKET

OMAR MINUS (M 35) M11671407 08/13/2011 07:10 1564 WHITE PLAINS ROAD BRONX NY	PL220.16(1) PL220.03 PL205.30	2011NY059720 
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Interpreter: Language _____

Screener: MCDONALD, MEGAN - TRLBURU80

Notices Served at Arraignment:

- ☒ CPL 190.50 - Grand Jury
☒ Cross Grand Jury
☐ Waive Cross Grand Jury
☐ CPL 710.30(1) (A) - Statement
☐ CPL 710.30(1) (B) - Identification
☐ CPL 250.20 - Alibi
☐ PL 450.10(48 hrs /15 days) - Property

☐ OTHER: _____

Adjournment:

 Part: F Date: 8/18
☐ CPL 180.80/30.30 Waived

Bail Condition:

- _____, \$10K
 (Ins. Co. Bail Bond) (Cash Bail) only!
☐ Surety Exam - 48 hours/72 hours
☐ Temporary Order of Protection
☐ ART. 730 Exam Ordered
☐ Medical Attention
☐ Protective Custody
☐ Suicide Watch
☐ Psychiatric Evaluation

Arresting Officer	Court Reporter	Date	Part
JASON MILLER			

Judge: _____

NEW YORK CITY
CRIMINAL JUSTICE AGENCY

INTERVIEW REPORT

CJA LOG Page
10Line #
03Precinct
6

Arrest #

M11671407

Name: MINUS, OMAR

Age: 39

DoB: 1972-03-20

Sex: MALE

Hispanic? NO

Race: BLACK

Interview Date: 2011-08-13

Interview Time: 17:26:00

CJA Interviewer: N314

Interview Location: CB

Interview Language: ENGLISH

Name (on this arrest) from NYSID/Arrest

Report: MINUS, OMAR J

NYSID: 06821546J

Arrest Date: 2011-08-13

Arrest Time: 07:10:00

Arrest Charges: 1. 220.16

2. 220.39

3. 215.40

4. 220.03

RESIDENCE/FAMILY

Current Address: 1564 WHITE PLAINS RD, 1

City, State, Zip: BRONX, NY, 10462

Lives With: PARENTS; SIBLINGS

Contact: YVONNE MINUS

Relationship: PARENT

Phone #: 347-703-1553

Length at Current Address: Years Months Weeks

2

Alternate Address:

City, State, Zip:

Contact:

Relationship:

Phone #:

Prior Address: DK WICKHAM AVENUE

City, State, Zip: BRONX, NY 99999

Contact: MRS MINUS

Relationship: SPOUSE

Phone #: NA

Length at Prior Address: Years 7 Months

Contact still Resides at Prior Address? NO

Expects Someone at Arraignment? NO

Name:

Relationship:

EMPLOYMENT

Employed? FULL TIME
Job/Position: MAINTENANCE
Employer: ACTIVE TEMP AGENCY
Address: 41 W 33RD STREET

City, State, Zip: NEW YCRK, NY

Length of Employment: Years: 2 Months:

Hours Worked/Week: 30

Avg. Net Pay: 150

Pay Period: WEEKLY

Length of Unemployment: Years: Months:

Other Employment Status:

Does Defendant Provide Support for Others? YES

If "Yes" How Many? 1

Other Sources of Financial Support:

WELFARE DEFENDANT

Highest Grade: 15

In School? NO

Name:

In Training Program? NO

Name:

In Treatment Program? NONE

CRIMINAL RECORD

First Arrest (Excluding Violations)?	Warrant Attached to NYSID?	Prior Warrant?	# of Prior Felony Convictions	# of Prior Misdemeanor Convictions	Open Cases
NO	NONE	YES	3	3	0

Gray Shading = Information from Official Sources

Miscellaneous Comments

LEGEND:

NP = No Phone

DK = Doesn't Know

NA = Not Applicable

RA

NC

No Shading

= Refuses to Answer

= Not Calculated

= Information from Defendant

This report assesses the defendant's risk of flight by considering the following: community ties and warrant history as defined in sections 2(a)(1) and 2(a)(2) of CPL 510.30 and open cases. However, a positive assessment is withheld for defendants with outstanding bench warrants attached to their NYSID sheet at the arrest. This report does not consider other criteria listed in CPL 510.30 such as the defendant's mental condition, the weight of the evidence, or the possible sentence.

CJA RECOMMENDATION

DEFENDANT'S RESPONSE VERIFICATION

		YES	NOT RECOMMENDED FOR ROR
1	Has the defendant lived at his/her current address for 1.5 years or more?	YES	
2	Does the defendant live with parent, spouse, C/L spouse of 6 months,	YES	1
3	Does the defendant have a working telephone in residence/cell phone?	YES	0
4	Does the defendant report a NYC area address?	YES	1
5	Is the defendant employed, or in school or training program, full time?	NO	-1
6	Does the defendant expect someone at arraignment?	NO	-5
7	Does Prior Warrant equal Zero?	YES	1

HIGH RISK FOR FTA



NEW YORK CITY POLICE DEPARTMENT
POLICE LABORATORY
CONTROLLED SUBSTANCE ANALYSIS SECTION

LABORATORY REPORT

LABORATORY # 2011-094172
LABORATORY REPORT # 1
COMPLAINT #
VOUCHER # 1000059320

VOUCHERED BY: DT3 RUDY LAHENS Tax#:927364 Command: 750
CT. OF VOUCHER: HOUSING PSA 4
DEFENDANT(S): OMAR J MINUS AGE: 35

DATE SUBMITTED: 08/14/2011
DATE ASSIGNED: 08/16/2011
DATE PREPARED: 08/17/2011

TYPE OF ANALYSIS: CONTROLLED SUBSTANCE ANALYSIS



EVIDENCE PRESENT AS ITEMIZED ON VOUCHER:

☒ YES ☐ NO (SEE REMARKS)

RESULTS OF EXAMINATION/ANALYSIS

Item #	Qty.	Description	Results	Weight/Volume
1		Twist bag(s) cont. solid material	Cocaine	0.073 g (aggregate wt.)
1		Twist bag(s) cont. solid material	Cocaine	0.110 g (aggregate wt.)

SUMMARY OF ANALYSIS

Substance Identified	Item #	Weight/Volume
Cocaine	1, 2	0.183 g (aggregate wt.) (0.006 oz.)

REMARKS

0.349 grams is equal to 1 ounce.

TESTING METHODOLOGY

Init/Item #	Item #	Methods Used
	1	Color Test, GC/MS
	2	Color Test, GC/MS

THE RESULTS ARE THE OPINIONS / INTERPRETATIONS / CONCLUSIONS OF THE UNDERSIGNED.

WE HEREBY CERTIFY THAT I TESTED/EXAMINED/ANALYZED THE ABOVE DESCRIBED ITEM(S) AND THAT THIS REPORT IS AN ORIGINAL REPORT MADE BY ME. FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

CRIM II

Jamie Rounds
NAME

SIGNATURE

254391
LAB #08/17/2011
DATE PREPARED08/17/2011
DATE REVIEWED

Page 1 of 1

Laboratory # 2011-094172

6. Bring any inconsistencies or inaccuracies in paperwork or in prior testimony to the attention of the Assistant District Attorney.

THE COURT APPEARANCE:

1. Arrive early.
2. When testifying in uniform, make sure it is clean and pressed. If in civilian clothes, wear business attire (tie and jacket for men).
3. Bring your Activity Log and all reports to court (e.g., lab results, ballistics, in-tox test reports, Miranda Warning Activity Log, insert).
4. Have all physical evidence on hand (obtained from Property Clerk).
5. Insure the presence of required witnesses.

THE TESTIMONY:

1. Take the oath solemnly and seriously.
2. Speak clearly and loud enough to be heard by the judge and jury. Turn your body slightly to the jury when speaking.
3. Don't be arrogant when testifying—be professional.
4. Avoid the use of police "jargon."
5. Avoid technical language. If you need to clarify, do so.
6. On cross-examination, keep your answers brief and on the point. If you can answer by a simple "yes," "no," or "I don't know," do so.
7. On direct examination, be patient. Wait until you are asked a question. Answer in a clear, concise, and truthful manner.
8. If you don't understand the question, ask for clarification.
9. Use the term "provisionally" when giving an opinion or conclusion. It is a question unless you are absolutely certain.
10. If you don't remember certain facts, ask the court's permission to refresh your recollection from your Activity Log.
11. If you don't know the answer, say so. Don't concoct one.
12. Don't blurt out answers; think then answer (this also allows the A.D.A. time to object). When an objection to a question is made, wait for the judge's ruling ("sustained" or "overruled") before completing your answer. The ruling will tell you whether you are required to answer or not.
13. Don't be argumentative with defense counsel and certainly not with the judge. Don't try to match wits.
14. Examine the physical evidence to make certain of identification before testifying.
15. Refer to "the defendant" or "Mr." or "Ms." Jones, not "the perp."
16. Watch your body language. Keep your hand away from your mouth. Don't fidget. Don't rap your fingers on the witness box. Keep your feet still and planted on the floor. Don't cross your legs and appear casual.
17. Wait for the completed question before answering. Don't anticipate the question.
18. Unless asked, don't give opinions or volunteer information.
19. Avoid such phrases as "I think," "I guess," "I believe," etc. Be specific in your response.
20. Admit, if asked, that you discussed the case with the A.D.A., assisting officers, victims. This is normal and appropriate procedure in order to refresh your recollection. Answer that you have been instructed to tell the truth. "Discussing the case" is different from being "told what to say."
21. Do not read directly from your notes unless allowed to do so by the judge after you have indicated a need to refresh your recollection.
22. TELL THE TRUTH—NO CASE IS WORTH PERJURY.