UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Dewayne Richardson Write the full name of each plaintiff.	$\frac{17 \text{ CV} 86 \text{ RQ}(RTS)}{\text{(Include case number if one has been assigned)}}$
-against-	AMENDED
City of New York	COMPLAINT
	Do you want a jury trial? ✓ Yes □ No
	TUSDE SDNY
Write the full name of each defendant. If you need more space, 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 II.	DOCUMENT ELECTRONICALLY FILED DOC#:

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. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

be a citizen of the same State as any plaintiff.
What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
fulse Arrest 6th Amedment And 14th
Amedment
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff,, is a citizen of the State of (Plaintiff's name)
(Plaintiff's name)
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:	comiles	
The defendant, Ericks Roding (Defendant's name	•	, is a citizen of the State of
or, if not lawfully admitted for persubject of the foreign state of	manent residence in th	ne United States, a citizen or
If the defendant is a corporation: Wilson Quil The defendant, Ericks Rodrigue	es, ez,carlos baunis	incorporated under the laws of
the State of New York City		
and has its principal place of busin		
		CW 101'N 0179
or is incorporated under the laws o	**** * * * * * * * * * * * * * * * *	
and has its principal place of busin	ess in New York	city
If more than one defendant is named information for each additional defendance		additional pages providing
II. PARTIES		
A. Plaintiff Information		
Provide the following information for pages if needed.	each plaintiff named i	n the complaint. Attach additional
Jewayne	Rich	hardson
First Name Middle		
1470 Amsterdam Ave Street Address	0f#14G	
New York County, City	V. Y. State	/0027 Zip Code
212)862-0318		
Telephone Number	Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. 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 the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Ericks	Rodriguez		
	First Name	Last Name		
	Police Detective	Shicid # 4679	5	
	Current Job Title (or other ide		16.0	
	Night Watch 3280 Broadway 6th Floor			
	Current Work Address (or oth	ner address where defend	dant may be served)	
	New York	N. Y	10027	
	County, City	State	Zip Code	
D (1 - 1		50		
Defendant 2:	Carlos	Pagan Last Name		
	First Name	Last Name		
	Police Detective Current Job Title (or other ide	Shield No#	= 2218	
		_	· +1. /	
	Night Watch 32	80 Broadway	6Th +100h	
	Current Work Address (or oth	ier address where defend	lant may be served)	
	New York	N. Y.	10027	
	County, City	State	Zip Code	
Defendant 3:	Wilson	0 1/1		
Defendant o.	First Name	Quiles		
Lust Hame				
	Sergeant Shield Current Job Title (or other ide	Wo ₩ 906 /	1	
30th Precinct 45/ West 15/ Street				
	Current Work Address (or other address where defendant may be served)			
	New York	N.Y.	10031	
	County, City	State	Zip Code	

Defendant 4:				
	First Name	Last Name		
	Current Job Title (or other identifying information)			
	Current Work Address (or other address where defendant may be served)			
	County, City	State	Zip Code	
III. STATEME	NT OF CLAIM			
Place(s) of occurr	rence: My then to	dome residence	<u> </u>	
Date(s) of occurre	ence: 12/9/16, /	12/10/16		

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

on 12/9/16 My Fiance Made A 9/1 Call, to report she had been, Robbed, and Assaulted, on 12/10/16, I was in our room cleaning, when three detective's came in our from with A Key from the front desk, detective Ericks Rodriquez, I stopped him, and two other detectives Carlos pagan, and Wilson Quiles, I ask them What they where doing intering my room, with A key, they asked me do you live here I said yes me and my fiance, they ask were is she I told them in The Hospital, she had A Anxiety Attack, they then told me it would be best to come with them to the Pricent, I told them No I'm going to see my fiance, in the Hospital, Then I went to close the door, They pushed there way in handouff me and searched our room with No Warrent, locked me up Where I was

detained for 82 days	sed on 3/1/17. My. France, Past
the case was dismis	ssed on 3/1/17 My. France, Past
CILLAY, and I never	had A chance to pay my
respects to her.	The state of the s
respects to thet.	
INJURIES:	
	actions, describe your injuries and what medical
treatment, if any, you required and rece	
Tlact my Pages all in	y cloths I had in it
I 1031 1914 1801 All 19	y cioins e nad in
I got into A tight	on rikers island Where I
could have been cu	t, or stabed, at any time
IV. RELIEF	
	ther relief you want the court to order
State briefly what money damages or ot	
Monitery \$500.00	0, Punitive \$250,000

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

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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 agree to notify the Clerk's Office in writing of any changes to my mailing 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.

6118118		D. Kichard	150N
Dated		Plaintiff's Signature	
Dewayne		Richardson	V
First Name	Middle Initial	Last Name	
1470 Amsterdam	Ave AptNo.	#146	
Street Address	•		
New York	N.	Y	10027
County, City	State	•	Zip Code
212-862-0318			
Telephone Number		Email Address (if ava	ailable)
I have read the Pro Se (Nor	nprisoner) Consent to	Receive Documents	s Electronically:
□ Yes □ No			
If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.			

