

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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17 CV 8728

No. _____

(To be filled out by Clerk's Office)

Aaron Williams

Write the full name of each plaintiff.

-against-

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

City of New York
NYC Police Department
SGT. John Keane 32d PCT
Po. Glas - 32d PCT et al

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.

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 "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

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

Aaron Williams
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.

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)

Vernon C. Bain Center
Current Place of Detention

1 Halleck Street
Institutional Address

Bronx N.Y. 10474
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: City of New York N/A
 First Name Last Name Shield #
N/A
 Current Job Title (or other identifying information)
1 Centre Street
 Current Work Address
New York N.Y. 10007
 County, City State Zip Code

Defendant 2: John Keane
 First Name Last Name Shield #
Sergeant
 Current Job Title (or other identifying information)
32 Precinct
 Current Work Address
NEW YORK NY
 County, City State Zip Code

Defendant 3: GLAS
 First Name Last Name Shield #
Police Officer
 Current Job Title (or other identifying information)
32nd Precinct
 Current Work Address
New York N.Y.
 County, City State Zip Code

Defendant 4: Michael Ganz
 First Name Last Name Shield #
Police Officer
 Current Job Title (or other identifying information)
32nd Precinct
 Current Work Address
New York N.Y.
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Front of 39 West 130 Street

Date(s) of occurrence: February 9, 2016

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.

I was stopped and arrested by the above named defendants on the above date and was alleged to have been in possession of a forged North Carolina Temporary Plate. Such investigation resulted in my being placed in custody, sent to Central bookings, being stripped searched and the Used Car dealer was refused to produce his credentials. The arrest was brought about due to being on parole. Such supervision was then modified.

INJURIES:

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

The injuries I received were pain and suffering, mental anguish, duress and embarrassment to total losing days of employment.

VI. RELIEF

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

I seek monetary damages in the amount of \$250,000, to have the arrest stricken from my permanent record and to have the case sealed completely in favor of the accused.

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:

10/19/17 _____
Dated Plaintiff's Signature
Aaron Williams
First Name Middle Initial Last Name
1 Halleck Street
Prison Address
Bronx N.Y. 10474
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 10/19/17