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**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

LEIBYS MERCEDES

**18CV6143**

Write the full name of each plaintiff.

(include case number if one has been assigned)

-against-

**COMPLAINT  
(Prisoner)**

Do you want a jury trial?

Yes  No

CITY OF NEW YORK; BRONX BOROUGH; NYPD  
OFFICER JOHN SATO; John and Jane DOE(S)  
1-10, inclusive, all in both there official  
and individual capacities, ALL UNKNOWN  
ENTITIES, INSURERS and BONDING  
COMPANIES or BOND FUNDS, all Jointly  
and severally,  
defendants.

**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: False Arrest, Assault + Battery, Kidnapping, Fraud, Conspiracy  
failure to properly hire, train and supervise, Safe Streets Act.

**II. PLAINTIFF INFORMATION**

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

Leiby Mercedes  
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.

# 250170

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)

Westchester County Jail  
Current Place of Detention

10 Woods Road / P.O. Box 10  
Institutional Address

Valhalla New York 10595  
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  
 First Name Last Name Shield #  
a corporation (PERSON)  
 Current Job Title (or other identifying information)  
141 Worth Street  
 Current Work Address  
New York New York 10013  
 County, City State Zip Code

Defendant 2: BRONX BOROUGH  
 First Name Last Name Shield #  
a corporation (PERSON)  
 Current Job Title (or other identifying information)  
851 Grand Concourse, 3rd Floor  
 Current Work Address  
Bronx New York 10451  
 County, City State Zip Code

Defendant 3: JOHN SOTO  
 First Name Last Name Shield #  
945023  
NYPD Police Officer (PERSON)  
 Current Job Title (or other identifying information)  
2877 Barksley, 45th Precinct  
 Current Work Address  
New York New York 10465  
 County, City State Zip Code

Defendant 4: John and Jane DOE(s) 1-10  
 First Name Last Name Shield #  
NYPD Police Officers  
 Current Job Title (or other identifying information)  
2877 Barksley, 45th Precinct  
 Current Work Address  
New York New York 10465  
 County, City State Zip Code

**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: ALL UNKNOWN ENTITIES  
 First Name Last Name Shield #  
Corporation(s), (PERSONS)  
 Current Job Title (or other identifying information)  
141 Worth Street  
 Current Work Address  
New York New York 10013  
 County, City State Zip Code

Defendant 2: ALL INSURERS, BONDS, BONDING COMPANIES  
 First Name Last Name Shield #  
Corporation(s) (PERSONS)  
 Current Job Title (or other identifying information)  
141 Worth Street  
 Current Work Address  
New York New York 10013  
 County, City State Zip Code

Defendant 3:  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

Defendant 4:  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: In the Bronx, New York City

Date(s) of occurrence: April 19, 2017 until present, June 30, 2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On April 19, 2017 I was arrested by the NYPD from the 45th Precinct (Command Center) case number 2017BX016404, arrest number B17620565 from a warrant issued 4-19-2017 from an incident the NYPD claims happened on January 16, 2017. This arrest alleged many charges by NYPD Officer John Soto, badge #945023, but these charges were dismissed, in entirety.

The dismissal of these charges make the arrest for them false arrest, which is a violation of my civil and constitutional rights, as well as the Safe Streets Act, being racial in nature.

My rights have been expressly declared to be unalienable by the Declaration of Independence (July 4, 1776).

My rights under U.S.C.A. Const. Amend(s) 1, 4, 5, 6, 7, 9 and 14 were violated by New York Police Officer Soto.

The City of New York and Bronx Borough have obviously failed to properly hire, train and supervise their police officers including officer Soto. This fact is self-evidence and has received lots of publicity. Corrupt and over zealous New York City cops are in the media a lot. Soto acted in concert violating my rights. In totality I have had major mental, physical, and financial suffering as I verify herein under 28 U.S.C. § 1746(1).

MOTION FOR SUMMARY JUDGMENT:

Plaintiff executes this instrument below under 28 U.S.C. § 1746(1), and moves for summary judgment. The foregoing and following material facts are not in dispute and Plaintiff is entitled to judgment as a matter of law. Pursuant to well settled law Plaintiff's facts alone are enough for the court to award compensatory damages for pain and suffering. See *Chalmers v. City of Los Angeles*, 762 F. 2d 753, 761 (9th Cir. 1985), coupled to U.S.C.A. Const. Amend(s) 1, 4, 5, 7, 8, 9 and 14.

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 unlawful seizure and false arrest

unlawfully deprived me of liberty against my unalienable rights, bringing me bodily pain, discomfort, inconvenience, loss of time, mental suffering, distress, duress, anguish, shame, loss of job, loss of enjoyment of life, loss of personal property, violation of constitutional (both state + federal), fear for my life, mental suffering, fright, grief, lack of care + negligence, defamation, failure to properly hire, train and supervise; Conspiracy to deprive.

VI. RELIEF

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

Compensatory Damages of Five Million Dollars (\$5,000,000.00) (U.S.D.); Under standard set in *Trezevant v. City of Tampa*, 741 F.3d 336 (11th Cir. 1984), of eleven hundred (\$1,100.00) (U.S.D.) per minute; Both General, and Special Damages in amounts by proof at trial; Restitution as allowed by law; Punitive Damages of Ten Million Dollars (\$10,000,000.00) (U.S.D.); For attorneys fees and cost of action, including under the "private attorney general doctrine"; For all court costs, including bond(s), CRIS, securitization, investigation, U.S.M. costs; For Qui Tam Action fees to pay on national debt pursuant 31 U.S.C. § 3113, and any taxes owed on funds paid here from per 26 U.S.C. § 165 et seq.; thank you.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

June 27, 2018  
Dated

Selwa Mercedes  
Plaintiff's Signature [28 U.S.C. § 1746 (1)]

Leibys Mercedes  
First Name Middle Initial Last Name

10 Woods Road / P.O. Box 10  
Prison Address

Valhalla New York 10595  
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 6-28-18



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USM P3  
SDNY

500 Pearl Street  
New York, New York [10007]

United States Courthouse  
Clerk, United States District Court  
New York, New York [10007]

PO 5<sup>th</sup> SM

Legal Mail

Leibys Mercedes  
% P.O. Box 10  
Valhalla, New York state  
[10595] Non-domestic

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