UNITED STATES DISTRICTOR NEW YORK PM 4: 18

GIENN JOHNSON

Write the full name of each plaintiff.

-against-

CITY OF NEW YORK, NEW YORK CITY
POlice DEPARTMENT, JEIANI MILLS,
OFFICER JOHN DOE, OFFICER JOHN DOE

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.

18 CV 62 56 (RA)

(Include case number if one has been assigned)

AMENDED COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes
No

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.

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC#:
DATE FILED: 6 18-19

Rev. 5/20/16

I. L	EGAL BASIS FOR CLAIM			
prisoners often bro	ow the federal legal basis for your claim, if known. This form is designed primarily for challenging the constitutionality of their conditions of confinement; those claims are ught under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a action (against federal defendants).			
Viola	tion of my federal constitutional rights			
☐ Othe	K			
II. P	LAINTIFF INFORMATION			
Each plai	ntiff must provide the following information. Attach additional pages if necessary.			
Glei	IN JOHNSON			
First Nam	, , , , , , , , , , , , , , , , , , , ,			
	other names (or different forms of your name) you have ever used, including any name used in previously filing a lawsuit.			
and the II	D# (if you have previously been in another agency's custody, please specify each agency number (such as your DIN or NYSID) under which you were held) SED Home ADDRESS			
	lace of Detention			
880	BOYNTON AVE APT# 19G			
	nal Address			
BROI	NEW YORK 10473			
County, C				
III. P	RISONER STATUS			
ndicate b	elow whether you are a prisoner or other confined person:			
□ Pretr	al detainee			
□ Civill	y committed detainee			
□ Immi	gration detainee			
./	cted and sentenced prisoner			
🗹 Other	released			

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.

	- I .I	!!!a				
Defendant 1:	JELANI	<u> </u>	#: 2293 Shield #			
	First Name	Last Name	,			
	Current Joh Title	PAKTMENT NEW Y	YOKK CITY			
		BOROUGH MANHAT				
	Current Work Add	dress	THUY IVURITY			
•	County, City	NEW YORK State	Zip Code			
Defendant 2:	JOHN SOT	ANIS DOE NIKOC	EVIC TAX NO. 93	7186		
	First Name	Last Name	Shield #			
	MOUSSOF	Try Police Nep	NOTMONT			
	Current Job Title	or other identifying inform	nation)			
		BOROUGH MANHA				
	Current Work Add		in inity in Older			
	NewYORK	New YORK	<			
	County, City	NEW YOR	Zip Code	'		
Defendant 3:	JOHN DOT	KeviNDOE CLARK	TAX NO. 9400/	2		
	First Name	Last Name	Shield #			
	NewYORK	CITY Police De	PARTMENT			
	Current Job Title	or other identifying inform	nation)			
	32NA PA	PECINCT				
	Current Work Add	dress				
	NEW YORK	New yor State	RK	-		
	County, City	State	Zip Code	-		
Defendant 4:						
	First Name	Last Name	Shield #			
	Current Job Title (or other identifying information)					
	Current Work Ade	dress				
	County City	Chaha	7in Coda			
	County, City	State	Zip Code			

Case 1:18-cv-06256-RA Document 9 Filed 11/26/18 Page 10 of 12 Case 1:18-cv-06256-RA Document 31 Filed 06/18/19 Page 4 of 6

V. 5	TATEMENT OF CLAIM
Place(s)	of occurrence: WeST 116TH STREET AND MANHATTAN AVENUE
Date(s)	of occurrence: <u>July 23, 2016</u>
FACTS:	
harmed,	e briefly the FACTS that support your case. Describe what happened, how you were and how each defendant was personally involved in the alleged wrongful actions. Attach pages as necessary.
	STOPPED BY AND UNMARKED POLICE VEHICLE CRUISER ON JULY 23, 2016. IN
	ERNOON AT 2:55 PM ON WEST HOTH STREET AND MANHATTAN AVENUE WHERE
THE NO	up.d Police officers TOID me my BRAKE lights were out the officers
AND TW	o(2) JoHN DOES THEN TOID ME TO STEPPED OUT MY VEHICLE TO PAT FRISK
me who	RE NOTHING WAS FOUND ON ME INSTEAD OF GIVING ME A CITATION OR
Summa	NS FOR MY BRAKE LIGHTS THE OTHER TWO (2) PLAIN CLOTHES N.Y. P.D POLICE
officer.	S THAN STARTS TO SEARCH MY VEHICLE LOOKING UNDER THE CARSENTS OF
my vell	CIE AND GOING THROUGH MY VEHILLE GLOVE COMPARTMENT AND PERSONAL
Belong	ING THE TWO(2) OFFICERS THEN HANDOUFFED ME AND CHARGE ME WITH
CRIMINI	I POSSESION OF CONTRO! SUBTANCE IN THE SEVENTH DEGREE I WAS
ARRESTE	P AND HELD FOR FIVE (S) MONTHS AND THE CASE WAS DISMISSED IN PART B.
IN MATE	HATTAN CRIMINAL COURT. POLICE OFFICER JELANI MILLS, SHIELD # 2293,
AND TU	10(2) JOHN DOES DEFENDANT.
	RREST, MALIONS PROSECUTION, VIOLATION CIVIL RIGHTS,
Police n	SCONDUCT, ILLEGAL SEARCH AND SEIZURE
·	

·	
INJURIES:	
If you were injured as a result of these actions, describe your injuries and what mediany, you required and received.	cal treatment,
EMOTIONAL DISTRESS, SERVERE AGHIUISH; MENTAL AG	HuisH
VI. RELIEF	
State briefly what money damages or other relief you want the court to order.	
WHEREFORE GIENN TO HINSON PRAYS FOR JUNGEMENT IN HIS FAVOR AND DA	
AVOR AGAINST All DEFENDENTS IN AN AMOUNT SUFFICIENT TO COMPENSA	
MOTIONAL DISTRESS, VIOLATION OF CIVIL RIGHTS. IN VIOLATION OF THE 8TH	
GAINST All DEFENDANTS BUT IN NO EVENT LESS THAN \$5,000,000. TOGS	ETHER WITH HIS
TTORNEYS FEES. COURT COST AND SUCH ADDITIONAL RELIEF AS THE COURT	may peem
IUST AWD PROPER.	·
	1 1

Case 1:18-cv-06256-RA Documents Filed 51/26/18 Page 11-0612

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.

5/24/19	Slenn_ Kennesn_ Plaintiff's Signature	
Dated		
Glenn	JOHNSON	
First Name	Middle Initial Last Name	
Released	880 BOYNTON AVE APT#199 (Home AD	Dress/
Prison Address	1	
BRONX	New york 10473	
County, City	State Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: REPASED