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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2018 AUG 15 AM 8:56

DARRYL WILLIAMS

Write the full name of each plaintiff.

-against-

P.O. ANDREW DISTELHURST # 18304

18 CV 7432
Mo. (To be filled out by Clerk's Office)

COMPLAINT
(Prisoner)

Do you want a jury trial?
 Yes No

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: CAUSED PHYSICAL INJURY (BACK, ELBOW, SHOULDER)

II. PLAINTIFF INFORMATION

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

DARRYL D 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.

241-18-02295

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)

V.C.B.C.

Current Place of Detention

1 HALLECK ST
Institutional Address

Bronx NY 10472
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: ANDREW DESTELHORST 18304
First Name Last Name Shield #
POLICE OFFICER
Current Job Title (or other identifying information)
4111 LACONIA AVE (47TH PCT)
Current Work Address
BRONX NY
County, City State Zip Code

Defendant 2:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

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: E 216ST WHITE PLAINS, & 4111 LACONIA AVE (47TH PCT)

Date(s) of occurrence: MAY 18, 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 MAY 18, 2018 WHILE DRIVING MY CAR I WAS STOPPED BY P.O. DISTECHURST #18304 FOR "DRIVING WITH A DEFECTIVE BRAKE LIGHT." I WAS GIVEN A TRAFFIC VIOLATION SUMMONS FOR SAID OFFENSE AFTER RECEIVING THE TRAFFIC VIOLATION I WAS SUPPOSED TO BE ABLE TO DRIVE AWAY AND ANSWER TO THE SUMMONS ON SAID DATE BUT I WASNT ALLOWED TO LEAVE OFFICER DISTECHURST ORDERED ME OUT OF MY CAR AND STARTED TO SEARCH MY CAR. AT THAT MOMENT MY 4TH AMENDMENT (PROTECTION FROM UNREASONABLE SEARCHES AND SEIZURES) AS WELL AS MY 5TH AMENDMENT (RIGHT TO PROTECT LIFE, LIBERTY AND PROPERTY) WAS VIOLATED. AFTER THE SEARCH OF MY ENTIRE CAR AS WELL AS MY PERSON. THE OFFICER FOUND A BAG CONTAINING A ~~FAR~~ FIRE ARM IN MY LOCKED TRUNK. I WAS ARRESTED DURING THE ARREST MY ARMS WERE FORCED BEHIND MY BACK UNTIL MY ELBOW AS WELL AS MY RIGHT SHOULDER CRACKED. (PHYSICAL INJURY)

AFTER BEING TRANSPORTED TO THE 47th POT
I WAS HANDCUFFED ROUGHLY MULTIPLE TIME
WHILE BEING ESCORTED TO AND FROM THE DETECTIVES
OFFICE. LASTLY MY 4th & 5th AMONMENTS WERE
CONTINUED TO BE VIOLATED WHEN THE OFFICER
MENTIONED TOOK MY CELLPHONE BROKE INTO IT
AND IS CONTINUING TO SEARCH MY EMAILS, PICTURES,
SOCIAL MEDIA, PHONE LOGS ETC. NO WARRANT WAS
ISSUED.
INJURIES:

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

SHARP PAINS IN MY BACK, LACK OF MOBILITY IN
MY RIGHT SHOULDER AS WELL AS LEFT ELBOW.
I'VE REQUESTED MRI, AS WELL AS X-RAYS.
IM AWAITING ON THE APPOINTMENT.

VI. RELIEF

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

I REQUEST THE OFFICER BE INVESTIGATED
DUE TO OFFICAL MISCONDUCT, ALSO PLACED ON
MODIFIED DUTY UNTIL THE OUTCOME OF THE CASE
IS CONCLUDED I ALSO AS FOR 4 MILLION
DOLLAR COMPENSATION FOR MY PHYSICAL INJURY
DUE TO THE FACT IM NO LONGER AN
ASSET TO MY WORK COMPANY.

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.

8/4/18

Dated

Darryl Williams

Plaintiff's Signature

DARRYL

First Name

D

Middle Initial

WILLIAMS

Last Name

1 HAWECK ST

Prison Address

BRONX

County, City

NY

State

10474

Zip Code

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

8/4/18

WELLS JAMS
02295



U.S.M. P3
SDNY

Pro Se

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NY 10414
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AUG 14 2018
CLERK'S OFFICE
2018 AUG 15 AM 8:56

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET
New York, NY 10007

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