

ORIGINAL

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

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
★ APR 17 2018 ★
BROOKLYN OFFICE

CHANCY SHERKILL # 3491712283

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

JURY DEMAND

YES NO

-against-

THE PEOPLE OF THE STATE
OF NEW YORK / CITY

CV 18-2301

POLICE OFFICER
ROBERT LIVERA SHIELD # 1434

VITALIANO, J.

MIDTOWN SOUTH PRECINCT

Defendant(s).

GOLD, M.J.

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff CHANCY SHERKILL # 3491712283

If you are incarcerated, provide the name of the facility and address:

RND C
11-11 HAZEN STREET
EAST EIMHURST NEW YORK, N.Y. 11370

Prisoner ID Number: # 3491712283

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

ROBERT RIVERA SHIELD # 1434
Full Name

POLICE OFFICER
Job Title

MIDTOWN SOUTH PRECINCT
Address

Address

Defendant No. 2

THE PEOPLE OF THE STATE OF NEW YORK/CITY
Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? I WAS GRABED, AND THE FEMALE TRIED TO TRIP ME AND WE BOTH FELL THATS WHEN THE MINE IDAN ON ME AND STARTED BEATING ON ME. I TOLD HIM I HAD "THREE OPEN HEART OPERATIONS" HE SAID DIE THEN !!!

When did the events happen? (include approximate time and date) DEC 24, 2017 ON FIFTH AVENUE AND AT THE COURT HOUSE ON DEC 26, 2017, DEC 29, 2017, JAN 4, 2018 FEB 20, 2018 APRIL 9, 2018 AT 100 CENTRE STREET MANHATTAN SUPREME COURT.

III. Relief: State what relief you are seeking if you prevail on your complaint.

I WAS BEAT UP BY MIDTOWN SOUTH POLICE, THE HOSPITAL
COULD NOT RELEASE ME FOR 48 HOUR BEHIND THE BEATING THE
HOSPITAL TOOK A LOT OF PICTURES OF THE DAMAGE THAT OFFICER ROBERT RIVERA
1434 DID TO ME.

I'm putting in this lawsuit in for \$20,000,000.00
DOLLARS

I declare under penalty of perjury that on 4/11/2018, I delivered this
(date)
complaint to prison authorities at RNDC to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 4/11/2018

[Signature]
Signature of Plaintiff

Name of Prison Facility or Address if not incarcerated

RNDC 11-11 HAZEN STREET
EAST ELMHURST NEW YORK, NEW YORK

11370
Address

3491712283
Prisoner ID#

STATE OF New York
County of [unclear]

TO WHOM IT MAY CONCERN;

I WAS STANDING ON FIFTH AVENUE WHEN A
WOMAN GRAB ME OUT OF NOWHERE AND TRIED TO TRIP ME
AND THATS WHEN WE BOTH FELL, THATS WHEN THIS GUY JUMP
ON ME HARD LIKE HE WAS TRYING TO KILL ME. THATS WHEN THE
FEMME SAID STOP HITTING HIM, YOUR GOING TO KILL HIM, THATS
WHEN SHE PULL OUT HER BAGS AND SAID POLICE. THEY DID NOT
IDENTIFIED THEMSELVES UNTIL AFTER THE FACT, THERE ARE
HOSPITAL PICTURES AND RECORDS TO PROVE WHAT I'M TRYING
TO SAY. I ASK MY FIRST LAWYER TO GET MY MEDICAL
RECORDS AND VIDES FOOTAGE BUT SHE REFUSE TO, AN WERE
REMOVE OF MY CASE FAST, I ALSO CALLED 311 AND PUT
IN A "COMPLAINT" THE NUMBER THEY GAVE ME WAS
[REDACTED] "CI-11540173737"

THANK FOR YOUR TIME IN READ THIS

Chancy Sherrill
CHANCY SHERRILL

SUBSCRIBED
ME + MY 2 GR L DGS
OF MARCH 2 018

CHANCY SHERRILL
[Signature]

DANIELLE STRINGER
Notary Public State of New York
No. 01ST6131234
Qualified in Queens County
Commission Expires August 1, 2021