

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

DaJohn Beismen Sampson Gamble

19 CV 0081

No. _____

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

COMPLAINT

(Prisoner)

City Of New York NYC Police Department
Sgt.Dany Faria #733, P.O Erickson Ramirez
PO John Doe , PO John Doe

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: _____

II. PLAINTIFF INFORMATION

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

DaJohn	D.S	Gamble
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.

NYSID# 02867274Q BKC# 9801800314

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, Bronx NY 10474

Institutional Address

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:	<u>City of New York</u>		
	First Name	Last Name	Shield #
	<u>Current Job Title (or other identifying information)</u>		
	<u>Current Work Address</u>		
	County, City	State	Zip Code
Defendant 2:	<u>NYC Police Dept</u>		
	First Name	Last Name	Shield #
	<u>Current Job Title (or other identifying information)</u>		
	<u>Current Work Address</u>		
	County, City	State	Zip Code
Defendant 3:	<u>P.O. Erickson</u>	<u>RAMIREZ</u>	<u>3969</u>
	First Name	Last Name	Shield #
	<u>Police Officer</u>		
	<u>Current Job Title (or other identifying information)</u>		
	<u>42nd Precinct</u>		
	<u>Current Work Address</u>		
	County, City	State	Zip Code
Defendant 4:	<u>DANY</u>	<u>FANA</u>	<u>735</u>
	First Name	Last Name	Shield #
	<u>SGT</u>		
	<u>Current Job Title (or other identifying information)</u>		
	<u>Current Work Address</u>		
	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 **7**:

<u>John</u>	<u>Doe</u>	
First Name	Last Name	Shield #
<u>Police Officer</u>		
Current Job Title (or other identifying information)		
<u>41st Precinct</u>		
Current Work Address		
<hr/>		
County, City	State	Zip Code

Defendant **8**:

<u>John</u>	<u>Doe</u>	
First Name	Last Name	Shield #
<u>Police Officer</u>		
Current Job Title (or other identifying information)		
<u>41st Precinct</u>		
Current Work Address		
<hr/>		
County, City	State	Zip Code

Defendant **9**:

First Name	Last Name	Shield #
<hr/>		
Current Job Title (or other identifying information)		
<hr/>		
Current Work Address		
<hr/>		
County, City	State	Zip Code

Defendant **10**:

First Name	Last Name	Shield #
<hr/>		
Current Job Title (or other identifying information)		
<hr/>		
Current Work Address		
<hr/>		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 880 BRYANT AVENUE BRONX, NY, 10474

Date(s) of occurrence: MAY 18TH 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.

I WAS EXITING 880 BRYANT AVENUE WHEN ERICKSON RAMIREZ STATED #3969 APPROACHED ME ASKING FOR MY NAME. AFTER TELLING HIM MY NAME HE THEN ASKED ME TO PUT MY HANDS UP, AND IF I HAD ANYTHING ON ME. I DID AS ASKED ASSUMING HE WAS AN UNDERCOVER COP, AND I ASKED IF THERE WAS A PROBLEM, HE SAID "NO. YOU'RE NOT THE PERSON I'M LOOKING FOR". WITH THAT BEING SAID AND DONE I PUT MY HANDS DOWN, MIND YOU HE STILL HADN'T ANNOUNCED HIMSELF. THEN AT THAT VERY MOMENT HE THEN GRABBED ME AND THREW ME ON THE GATE, LEANED OVER MY SHOULDER AND THREATENED ME. I THEN LOOKED AT HIM TURNING MY HEAD AND ASKED TO SEE HIS BADGE AND HE TOLD ME NO. I THEN SAID "THIS IS AN ILLEGAL STOP AND FRISK". HE STARTED TO MAN HANDLE ME, TRYING TO THROW ME TO THE GROUND. HE THEN CALLED HIS PARTNER FOR HELP, AND AT THE SAME TIME I STARTED TO HAVE AN ANXIETY ATTACK AND THEY BOTH JUMPED ON ME. ONE WRAPPED THE HOOD OF MY SWEATER AROUND MY NECK CHOKING ME TO THE POINT WHERE I COULD HARDLY BREATHE, AND THE OTHER WAS FORCING HIS WEIGHT UPON ME. WHILE THEY WERE ATTACKING ME, I CONTINUOUSLY SCREAMED "I CAN'T BREATHE" AND "SOMEONE HELP ME PLEASE", AS WELL AS "Y'all DON'T HAVE TO DO THIS" AND THEY JUST IGNORED ME. THEY GOT ME TO THE GROUND AND WHEN THEY DID THEY HIT ME IN MY TEMPLE

with a walkie talkie and then slammed my head onto the concrete. More back up arrived and someone put their knee on the back of my neck pinning my face into the concrete. They then handcuffed me so tight that I couldn't feel my wrists. I passed out as they dragged me to the car. I woke up in the precinct. They later strip searched me in the precinct and threatened me some more. I have video footage of the situation.

INJURIES:

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

I had a big lump on the side of my temple from the walkie talkie hit (which remained there for a month). My wrist still hasn't recovered from the numbness I suffered from the handcuffs nor has my left arm recovered from its numbness. I suffered dizziness & blurred vision at times even still til this day. And they threatened my at the precinct so that I didn't go to the hospital, and they told the medical people that came to the precinct that I was fine.

VI. RELIEF

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

While being arrested I had my Apple Airpods in the case ~~and~~ ^{AND} my iPhone 8 Plus in my pocket. They cracked the screen of my iPhone and my airpods went missing but the case is still there. I would like the court to order the pay of a fixed screen for my iPhone 8 Plus and a replacement of my airpods. I would also like to be paid for pain and suffering, traumatization, police brutality, illegal stop and frisk, and would like to see some legal action taken in this matter. Please & 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.

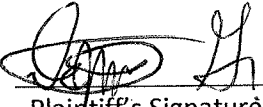
I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

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.

07/23/18
Dated


Plaintiff's Signature

D. John D.S. Gamble
First Name Middle Initial Last Name

1 HAWK STREET
Prison Address

BRONX NY 10474
County, City State Zip Code

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

07/23/18

DA JOHN GAMBLE
980 18 00314
1 HALLECK STREET
BX NY 10474
VERNON C. BAIN CENTER



POSTAGE DUE

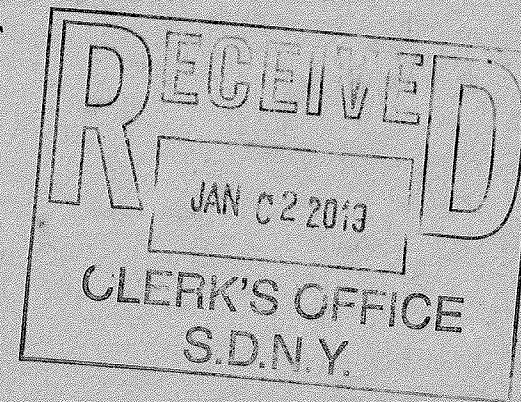
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U.S. DISTRICT COURT
S.D.N.Y.

U.S. District Court
500 PEARL ST.

New York NY, 10007



Pro Se
MR

2019 JAN -3 PM 3:45
U.S. DISTRICT COURT