

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

David S. Owens

19 CV 10213

No. _____

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

Police Department of New York
City, John Doe Police Officer

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: _____

II. PLAINTIFF INFORMATION

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

David S. Owens
First Name Middle Initial Last Name

~~DAVID S. OWENS~~

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.

18A2545, NYSID Number: 5325148Y

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)

Auburn Correctional Facility
Current Place of Detention

P.O. Box 618
Institutional Address

Auburn, N.Y. 13024
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: Police Department of New York City
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 2: John Doe Police Officer
 County, City State Zip Code
 First Name Last Name Shield #

Police Officer
 Current Job Title (or other identifying information)

24 Precinct, 151 West 100 Street
 Current Work Address

N.Y. N.Y. 10025
 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: subway platform of train station at 103 St., Broadway, Manhattan, N.Y.

Date(s) of occurrence: 11-2-2016

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 the date 11-2-2016, I was facedown lying on the subway platform. I suppose that a Police Officer at that time in the arrest of me - maybe stomped on my arm. That ~~action~~ action broke an arm of mine...

For me to herein now try to establish the jurisdictional basis of the claim - or for the United States District Court for the Southern District of New York to have the subject matter jurisdiction - I think that the action which caused the break of my arm perhaps was in the violation of the right to due process of the law of the Fifth Amendment - and of the Fourteenth Amendment - of the Constitution of the United States.

Also, I believe that the aforementioned action of what I feel possibly was the use of excessive force - or brutality - by a Police Officer maybe was in violation of the Eighth Amendment - of the mentioned ~~Constitution~~ Constitution - which protects my right to be free of cruel and unusual ~~punishments~~ punishments...

Furthermore, the reality of the situation appears to me to perhaps be that what seems to me to possibly be the use of excessive force - or the brutality - which caused the break of my arm maybe broke the law of the Fourth Amendment - of the aforesaid Constitution - by making the arrest - or the seizure - of me to be somewhat unreasonable, to an extent - or in a way - illegal.

Moreover, I am a layman pertaining to the law. If I incorrectly raised the issues in this Complaint, or if I improperly raised any issue, or if I failed to raise the right issue, if this is not a problem for you, I respectfully request of you that you will preserve my right for me to later correctly raise the issues...

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 suffered with a broken arm, and a cast- or a splint- was put on that arm in Bellevue Hospital, 462 First Avenue, N.Y., N.Y. 10016.

VI. RELIEF

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

I want to get a million dollars (\$1,000,000.00). Also, I want for you to cause an investigation for you to find out the Police Officer which broke my arm, and I want for the Police Officer which broke my arm to receive disciplinary actions against him...

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.

10-28-2019
Dated

David Owens
Plaintiff's Signature

David S. Owens
First Name Middle Initial Last Name

Auburn Correctional Facility, P.O. Box 618
Prison Address

Auburn, N.Y. 13024
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 10-28-2019

CAPTION:

David Owens

CERTIFICATE OF SERVICE*

Docket Number: _____

v.

Police Department of New York City, John Doe Police Officer

I, David Owens (print name), hereby certify under penalty of perjury that

on Monday, 10-28-2019 (date), I served a copy of Complaint about a firm
injury of date 11-2-2016
(list all documents)

by (select all applicable)**

Personal Delivery

United States Mail

Federal Express or other Overnight Courier

Commercial Carrier

E-Mail (on consent)

on the following parties:

Corporation Counsel of New York City, 100 Church St., N.Y., N.Y. 10007

Name Address City State Zip Code

Head Clerk, USDC, SDNY, 500 Pearl St., N.Y., N.Y. 10007

Name Address City State Zip Code

Name Address City State Zip Code

Name Address City State Zip Code

*A party must serve a copy of each paper on the other parties, or their counsel, to the appeal or proceeding. The Court will reject papers for filing if a certificate of service is not simultaneously filed.

**If different methods of service have been used on different parties, please complete a separate certificate of service for each party.

10-28-2019
Today's Date

David Owens
Signature

CORRECTIONAL FACILITY

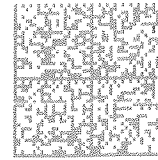
618

NEW YORK 13024

David Owens DIN: 18A2545



AUBURN CORRECTIONAL FACILITY

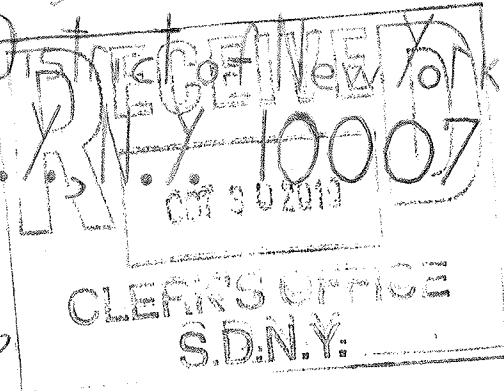


U.S. POSTAGE PITNEY BOWES



ZIP 13021 \$ 001.30⁰
02 1W
0001387039 OCT 28 2019

Head Clerk, United States District Court,
Southern District of New York, 500 Pearl
Street, N.Y. N.Y. 10007



~~RECEIVED
S.D. N.Y.
OCT 30 2019
6:19 L N.Y. 100 6182
SOLO PER...
RECEIVED~~

PRO SE
INTAKE GP

mail