SDNY PRO SE OF 2020 FEB 26 AM 9

# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Randy Julinson #349 1903405

20 NoCV 1684

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

City of New York

Sargeant Daniel Fitzpatrick

P.O. Michael Farewell #13582

P.O. Vincent Condela #2682

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.

## **COMPLAINT**

(Prisoner)

Do you want a jury trial? ☑ Yes ☐ No SDNY PRO SE OFFICE

### 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	DACTO	EOD	CT A	TRA
ı.	LEGAL	DASIS	ruk	CLP	A I IVI

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).

	<u> </u>	*		
☑ Violation of	my federal constitutional ri	ghts		
☐ Other:	Assault	+ talsil	ied a Report +	
II. PLAINT	II. PLAINTIFF INFORMATION			
Each plaintiff mu	st provide the following info	rmation. Attach add	itional pages if necessary.	
Randu	E	SW	NSON	
First Name	Middle Initial	Last Name		
		S (8)		
	- ai	3		
State any other n	ames (or different forms of	your name) you hav	e ever used, including any name	
you have used in	previously filing a lawsuit.	ii #		
349	19 03405			
Prisoner ID # (if y	ou have previously been in a	nother agency's cus	tody, please specify each agency	
and the ID number	er (such as your DIN or NYSII	D) under which you	vere held)	
Manho	ittan Det	ention	Complex	
Current Place of I	Detention			
125 L	White Str	eet, c	North	
Institutional Addr	ess			
New	fork	$\mathcal{N}^{\mathcal{N}}$	10013	
County, City		State	Zip Code	
III. PRISON	ER STATUS			
Indicate below wh	nether you are a prisoner or	other confined perso	on:	
Pretrial detail	nee	- E		
☐ Civilly comm	itted detainee			
☐ Immigration		š		
	d sentenced prisoner			
☐ Other:	a semencea prisoner			
- Other:	· · · · · · · · · · · · · · · · · · ·		. # A	

## 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:	Laniel	tizpatrick	04753	
	First Name	, Last Name	Shield#	
	Sergeant	t at the 10	)th precint	
	Current Job Title (or ot	her identifying information		
	10th preci	int 20th {	Street	
	Current Work Address			
	New York	NY	10011	
	County, City	State	Zip Code	
Defendant 2:	Michael	tareWell	13582	
	First Name	Last Name	Shield #	
	tolice Of	Ficer at th	VIO PICCIN	
	1011 0	her identifying information		
	10th Precio	nt 20th St	treet	
	Current Work Address	- 167		
	New York	NY	/001/	
	County, City	State	Zip Code	
Defendant 3:	Vincent	Candela	#12682	
	First Name	Last Name	Shield #	
	Police Off	ficer at the	10th Precint	
*	Current Job Title (or oth	ner identifying information)		
	10th preci	nt, 20th	Street	
	Current Work Address			
<i>a</i>	New York	NY	10011	
	County, City	State	Zip Code	
Defendant 4:	Kobert	Humann	10077	
384	First Name	Last Name	Shield #	
	10th Preci	int, (Police	e Officer	
		ner identifying information)	0	
, w w.	Current Work Address			
3	New York	$\mathcal{N}$	10011	
	County, City	State	Zip Code	

17	STATEMENT	OF	OT A	TRA
V .	O LA LEIVIEIN I	\ JF		I IVI

Place(s) of occurrence: 184 7th Avenue, 21 Street

Date(s) of occurrence: 6/1/2019

#### **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.

2 andy Swinson #349 1903405 Herein this Complaint Colaim TO17301 lune/2 2019 05 around 30 Plaintiff and his Page Pollard Assaulted owinson was Property Personal Was removed Officers aken and Vouchered not 1040 the Drecin tarewell statemen alona and Ko. umann Victim Witness Criminal interviewed assaulting the (Swinson) Victim This Causina hysical 40 Dlaintiff. injurkes -are well ion de n umann 0 Beat this Dlaint 00 105N 40 hands hakeholds used 901 Knees Plaint his this ocatina plus

Maintiff's finger + thumbs; Emt was
Called and this Plaintiff was Denied
Medical assistance or limited to no
& Care" at Belluvue, cause actions
of the same "Defendants" was
accompanying this praintiff, This
Plaintiff is Istill Suffering do
to Defendants all acting under
a Color of law + ABuse of power.
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment,
if any, you required and received.
Fracture and Distorated
Fingers, Fractures on Wrist
tendon and Ligament muscle
damage Loss use of right
L+13) hip domage and Bock+ Joint pai
VI. RELIEF Stolen and Wisplaced
State briefly what money damages or other relief you want the court to order.
Plaintiff seeks Punitalive, Declatory, in Junctive Telia For
Declatory, in Junctive Telia For
Damages in the amount of
of 3.8. Million dollars.

# 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 comp	laint. Attach addit	itional pages if necessary. If seeking to	)
proceed without prepayment of fees, each			
	$\left( \bigvee_{\lambda}\right)$	July July	
12/16/19	187V	MOLL STULLINGS	
Dated	Plainti	tiff's Signature	
- Randy t	Sh	vinson	
First Name Middle Initia	al Last N	Vame	
MDC) 125	MN: fx	e Street	
Prison Address			
New YORK	NY	10013	
County, City	State	Zip Code	
		. 1	
Date on which I am delivering this complain	nt to prison autho	orities for mailing: 12/16/19	

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