

LEGISTAR NO.

160428

UNITED STATES DISTRICT COURT

for the

Northern District of Florida

OTIS ANDERSON

Plaintiff(s)

v.

BYLYNN HATCHER

Defendant(s)

Civil Action No. 1:16-cv-00168-MP-CRJ

2016 AUG 15 A 9:31

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) BYLYNN HATCHER
GAINESVILLE POLICE DEPARTMENT
721 NW 6TH ST
GAINESVILLE FL 32601

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

OTIS ANDERSON
087433
RECEPTION MEDICAL CENTER/MAIL UNIT
PO BOX 628
LAKE BUTLER, FL 32054

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

JESSICA J LYUELANOVITS

CLERK OF COURT

Handwritten signature of Jessica J Lyuelanovits

Signature of Clerk or Deputy Clerk

Date:

8/12/2016

Civil Action No. 1:16-cv-00168-MP-GRJ

By Lynn Hatcher

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____ was received by me on (date) _____.

I personally served the summons on the individual at (place) _____ on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is designated by law to accept service of process on behalf of (name of organization) _____ on (date) _____; or

I returned the summons unexecuted because _____; or

Other (specify):

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF FLORIDA
GAINESVILLE DIVISION

OTIS ANDERSON,

Plaintiff,

v.

CASE NO. 1:16-cv-168-MP-GRJ

BYLYNN HATCHER,

Defendant.

2016 AUG 15
9 3

**ORDER OF SPECIAL APPOINTMENT; SERVICE OF PROCESS UPON
DEFENDANT**

This case is before the Court on ECF No. 8, the Court's Order dated June 2, 2016 directing service of process upon Defendant. As of the date of this Order, service has not been executed upon Defendant.

Accordingly, it is **ORDERED**:

1. The Clerk shall print a service copy of the complaint (ECF No. 1) and shall complete the USM-285 form and AO-398 and AO-399 forms for the Defendant Officer ByLynn Hatcher, who shall be served at the Gainesville Police Department, 721 NW 6th Street, Gainesville, FL 32601.

2. The Clerk shall issue the summons for Defendant, indicating that Defendant has **sixty (60) days following service** in which to file a response to the complaint, and shall refer the summons, a copy of this Order, a service copy of the complaint, the completed USM-285 form and

the completed AO-398 and AO-399 forms to the United States Marshals Service ("USMS"). Pursuant to Fed. R. Civ. P. 4(c)(2), all costs of service shall be advanced by the United States.

3. Pursuant to Rule 4(d) of the Federal Rules of Civil Procedure, the USMS shall send a copy of the complaint, a copy of this order, a completed AO-398 form and a copy thereof, an AO-399 form, and a prepaid means of compliance to Defendant through first class mail. The USMS shall mail the forms to Defendant as soon as possible so that service or waiver of service can be completed within 120 day from the date of entry of this Order on the docket.

4. If after thirty (30) days from the mailing of the waiver of service forms and the complaint Defendant has not returned the waiver of service form (AO-399 form), the USMS shall personally serve Defendant pursuant to Rule 4(e) of the Federal Rules of Civil Procedure. Upon completion of service, the USMS shall file with the clerk the return and a written statement of all costs incurred of making such personal service.

5. The clerk shall refer this file to the undersigned if the waiver form is returned for insufficient address or for similar reason, if service on Defendant is returned unexecuted, or if the USMS has filed a statement of

costs incurred for making personal service.

6. Defendant shall have sixty (60) days in which to file a response to the complaint.

7. No motion for summary judgment shall be filed by any party prior to entry of an initial scheduling order without permission of the court.

8. Counsel for Defendant shall file a notice of appearance within twenty (20) days of the date of service of the complaint.

9. Once a response to the complaint is filed, no amendments to the complaint shall be permitted by the court unless, as required by Rule 15 of the Federal Rules, Plaintiff files a separate motion for leave to amend and provides a copy of the proposed amended complaint.

10. After a response to the complaint has been filed by Defendant, Plaintiff shall be required to mail to the attorney for Defendant a copy of every pleading or other paper, including letters, submitted for consideration by the court. Plaintiff shall include with the original paper to be filed with the clerk of court a certificate of service stating the date a correct copy of the paper was mailed to Defendant or to the attorney representing Defendant.

Any paper submitted for filing after a response to the complaint has been filed by Defendant which does not contain a certificate of service shall be returned by the clerk and disregarded by the court.

11. In accordance with 28 U.S.C. § 636(c)(2), the clerk shall forward to Plaintiff a form for consenting to trial by the magistrate judge, with the case number written on it. If Plaintiff wishes to consent he should sign the form and forward it to counsel for Defendant, who, if Defendant consents, shall return it to the clerk.

12. Plaintiff is reminded to keep the clerk of court advised of any change in his mailing address should he be transferred, released from prison, or otherwise be relocated. Failure to do so may result in the dismissal of Plaintiff's action for failure to prosecute if court orders are not able to reach Plaintiff.

13. **In any event, the Clerk shall refer this file to the undersigned forty-five (45) days from the date of this order.**

DONE AND ORDERED this 12th day of August, 2016.

Gary R. Jones

GARY R. JONES
United States Magistrate Judge

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF FLORIDA
Gainesville DIVISION

CIVIL RIGHTS COMPLAINT FORM
TO BE USED BY PRISONERS IN ACTIONS UNDER 42 U.S.C. § 1983

Anderson, Otis
Inmate # D4502MME123121
(Enter full name of Plaintiff)

vs.

CASE NO: 1-16-cv-168-
(To be assigned by Clerk) MP/GRJ

By Lynn, Hatcher #0922
Gainesville police
GAINESVILLE POLICE DEPARTMENT
721 NW 6th STREET
GAINESVILLE FLA 32601

(Enter name and title of each Defendant.
If additional space is required, use the
blank area below and directly to the right.)

ANSWER ALL QUESTIONS ON THE FOLLOWING PAGES:

I. PLAINTIFF:

State your full name, inmate number (if applicable), and full mailing address in the lines below.

Name of Plaintiff: Anderson, Otis
 Inmate Number: D0102MAI173121
 Prison or Jail: Alachua County Sheriff's Office Jail
 Mailing address: 3333 NE 39th Ave
Gainesville FL
32609

II. DEFENDANT(S):

State the name of the Defendant in the first line, official position in the second line, place of employment in the third line, and mailing address. Do the same for every Defendant:

(1) Defendant's name: Brynn, Karcher #0922
 Official position: Gainesville Police
 Employed at: Gainesville Police Department
 Mailing address: 721 NW 16th Street
Gainesville FL 32601

(2) Defendant's name: _____
 Official position: _____
 Employed at: _____
 Mailing address: _____

(3) Defendant's name: _____
 Official position: _____
 Employed at: _____
 Mailing address: _____

ATTACH ADDITIONAL PAGES HERE TO NAME ADDITIONAL DEFENDANTS

III. EXHAUSTION OF ADMINISTRATIVE REMEDIES

Exhaustion of administrative remedies is required prior to pursuing a civil rights action regarding conditions or events in any prison, jail, or detention center. 42 U.S.C. § 1997e(a). Plaintiff is warned that any claims for which the administrative grievance process was not completed prior to filing this lawsuit may be subject to dismissal.

IV. PREVIOUS LAWSUITS

NOTE: FAILURE TO DISCLOSE ALL PRIOR CIVIL CASES MAY RESULT IN THE DISMISSAL OF THIS CASE. IF YOU ARE UNSURE OF ANY PRIOR CASES YOU HAVE FILED, THAT FACT MUST BE DISCLOSED AS WELL.

- A. Have you initiated other actions in **state court** dealing with the same or similar facts/issues involved in this action?
Yes() No()

1. Parties to previous action:
(a) Plaintiff(s): _____ //
(b) Defendant(s): _____ //
2. Name of judge: _____ // Case #: _____ //
3. County and judicial circuit: _____ //
4. Approximate filing date: _____ //
5. If not still pending, date of dismissal: _____ //
6. Reason for dismissal: _____ //
7. Facts and claims of case: _____ //
_____ //

(Attach additional pages as necessary to list state court cases.)

- B. Have you initiated other actions in **federal court** dealing with the same or similar facts/issues involved in this action?
Yes() No()

1. Parties to previous action:
a. Plaintiff(s): _____ //
b. Defendant(s): _____ //
2. District and judicial division: _____ //
3. Name of judge: _____ // Case #: _____ //
4. Approximate filing date: _____ //
5. If not still pending, date of dismissal: _____ //
6. Reason for dismissal: _____ //

6. Facts and claims of case: _____
"_____
"

(Attach additional pages as necessary to list cases.)

V. STATEMENT OF FACTS:

State briefly the FACTS of this case. Describe how each Defendant was involved and what each person did or did not do which gives rise to your claim. In describing what happened, state the names of persons involved, dates, and places. Do not make any legal arguments or cite to any cases or statutes. You must set forth separate factual allegations in separately numbered paragraphs. You may make copies of this page if necessary to supply all the facts. Barring extraordinary circumstances, no more than five (5) additional pages should be attached. (If there are facts which are not related to this same basic incident or issue, they must be addressed in a separate civil rights complaint.)

CASE# 2015-LF004301A

ON December 18, 2015 AT APPROXIMATELY 2:52 PM AT FOOD MAX-
STORE 1304 E. UNIVERSITY AVE GAINESVILLE FLA. I WAS ARRESTED-
BY GAINESVILLE POLICE OFFICER BYLYNN, HATCHER #0922 (2) WHERE-
AS THE ABOVE OFFICER EXITED HIS PATROL CAR AND TACKLED ME
OFF A BICYCLE BREAKING (2" LEFT RIBS NO# 6 AND 7). (2) ALSO I
RECEIVED A LEFT SHOULDER INJURY AND ELBOW INJURY. (3) I
STIPULATED I WAS HURT. (4) HE TOOK ME TO THE FRONT OF
HIS PATROL CAR, THEN I WAS TACKLED AGAIN. AFTER I
WAS TAKEN BY HIM AND ANOTHER POLICE OFFICER TO BE
PLACED IN THE BACK SEAT OF HIS PATROL CAR, WHILE THE OTHER
OFFICER OPENED THE DOOR ON THE OPPOSITE SIDE, AND
PULLED ME THROUGH ACROSS THE BACK SEAT WITH MY HANDS
BEHIND MY BACK. DUE TO LEFT BELOW THE KNEE AMPUT-
ATION, (5) EACH TIME HE TACKLED ME I WAS THROWN TO
THE GROUND EXTREMELY HARD OUT OF HIS HANDS AND AGGR-
ESSIVE MANNER. WHERE AS I'M NOT BALANCED THAT WELL.
(6) RATHER THAN TAKE ME TO THE HOSPITAL HE REFUSED.
HE TOOK ME TO THE ALACHUA COUNTY JAIL. AFTER ARRIVING
TO THE JAIL OFFICER HATCHER ASSISTED ME WHILE REMOVING
ME FROM HIS PATROL CAR. (7) UPON ENTERING THE JAIL
I WAS REVIEWED BY CALIZON HEALTH CARE SERVICES NURSE
ON DUTY. (8) IN WHICH SHE GAVE ME A WHEELCHAIR

And placed me into the Triage room pending X-Rays.)
While in the Triage room Horizon Health Care Nurses
GAVE ME MORPHINE AND TALEM FOR SEVERE PAIN IN THE
LOWER Rib SECTION. (9) ALSO ELBOW AND SHOULDER (LEFTSIDE.)
(10) UPON BEING X-RAYED THE RESULTS SHOWED - ~~2~~ -
2 FRACTURED Ribs NO# 6 and 7. AND AS WELL A SHOULDER
AND ELBOW INJURY (11) I SUFFERED WITH SEVERE PAIN
THROUGHOUT WITHOUT EVER GOING TO A HOSPITAL TO
BE ~~BE~~ EVALUATED IN CASE OF LUNG PUNCTURE ETC.)
X-RAYS WAS REQUESTED BY HORIZON HEALTH SERVICES
DOCTOR MS COHEN AT THE ALACHUA COUNTY Jail
3333 N. E 39th AVE GAINESVILLE FLA 32609 FOR X-RAYS
REVIEW ON FILE IN MEDICAL DEPARTMENT RECORDS

(12) RECORDS REFLECT PLAINTIFF WAS NEVER
SEEN OR TAKEN TO A HOSPITAL ON DECEMBER-
18, 2015 CASE# 2015-LF-004301A

VI. STATEMENT OF CLAIMS:

State what rights under the Constitution, laws, or treaties of the United States you claim have been violated. Be specific. Number each separate claim and relate it to the facts alleged in Section V. If claims are not related to the same basic incident or issue, they must be addressed in a separate civil rights complaint.

EXCESSIVE USE OF FORCE
Liability
PUNITIVE DAMAGES / PAIN AND SUFFERING
TORT

VII. RELIEF REQUESTED:

State briefly what relief you seek from the Court. Do not make legal arguments or cite to cases/ statutes.

1) 100,000 PER CLAIM
2) COST AND FEES FOR FILING CIVIL COMPLAINT USDC
3) 100,000 OUT OF COURT SETTLEMENT
4) AND IF OUT OF COURT SETTLEMENT IS APPROVED DROP CHARGES
OR SENTENCE REDUCTION

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS OF FACT, INCLUDING ALL CONTINUATION PAGES, ARE TRUE AND CORRECT.

5/4/16
(Date)

[Signature]
(Signature of Plaintiff)

IF MAILED BY PRISONER:

I declare (or certify, verify, or affirm) under penalty of perjury that this complaint was (check one):

delivered to prison officials for mailing or deposited in the prison's internal mail system on:

the 4 day of May, 2016

[Signature]
(Signature of Plaintiff)

Mr. A. Anderson 2B
333 NE 39th Ave
Gainesville FL 32609

Legal Mail

1 5 2 5 0 1 9 5 5 5 7 2 0 0 1



United States District Courts
Northern District of Florida
Office of the Clerk
401 SE 1st Ave, Suite # 243
Gainesville FL 32601-6805