## **Complaint Report (CCRB)**

Complaint Type :CCRBInvestigator :Mac MuirComplaint Made At :IABRef. No18-18437

**Received Date (CCRB):** Wed, 05/16/2018 11:07 AM **Mode:** Phone

Incident Date(s): Tue, 05/08/2018 8:20 PM

Place of Occurence: Precinct: 40

Location: Street/highway Boro: Bronx

**Reason for Initial Contact:** CV already in custody

**Charges:** Arrest - other violation/crime

## **Complainant/Victim Details**

Name:
Address:
Contacts:

Gender:
Person Assisting:
Injury Details:
Type of Injury

Type:
Comp/Victim

Comp/Victim

Comp/Victim

Comp/Victim

Comp/Victim

Comp/Victim

Comp/Victim

Date of Birth:
Date of Birth:
Description

head pain

## Officer(s) Named in Complaint

Other Injury

Rank	Officer	S/W Officer	Tax No	Race	Cmd	Allegations/Board Dispositions
DT3	Robert Jaquez	Subject Officer		Hispanic	730	Physical force - (Unspecified) - (F)  Complainant Uncooperative
DT3	Abdiel Anderson	Subject Officer		Hispanic	730	Physical force - (Unspecified) - (F)  Complainant Uncooperative
DT3	Joseph Marquez	Subject Officer		Hispanic	730	Physical force - (Unspecified) - (F)  Complainant Uncooperative
SGT	Joseph Faello	Subject Officer		White	730	Physical force - (Unspecified) - (F)  Complainant Uncooperative
DT3	Jodi Brown	Subject Officer		Black	730	Physical force - (Unspecified) - (F)  Complainant Uncooperative

## **Initial Complaint Narrative**

of pain in regards to force used by officers. The two pr p.m., when they complained of injuries to Department as an FI-201. This is a spin-off to the CCRB via IAB L forehead from being tackled by officers where he was a taken down by officers in the cells at the 40th Precinct officers who tackled were Det. Jaquez, D forcible takedown on to gain compliance	complained of head pain after he was forcibly stationhouse (when he attempted to headbutt Det. Jaquez). The Det. Anderson, Det. Marquez and Sergeant Faello. They used a were waiting to be transported to w was notified and was going to complete an ISAR in regards. At were both attached. At 1:00 a.m. DI Mainolfi was notified. At
Witness	
Name of Witness:	
Address:	
Contacts:	
Gender:	Ethnicity:
Date of Birth :	
Name of Witness:	
Address:	
Contacts:	
Gender:	Ethnicity:
Date of Birth :	
Name of Witness:	
Address:	
Contacts:	
Gender:	Ethnicity:
Date of Birth :	
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Address:	
Contacts:	
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Date of Birth :	