

**CITY OF SEBASTOPOL
CITY COUNCIL
STAFF REPORT**

Meeting Date: June 7, 2016
To: Honorable Mayor and City Councilmembers
From: City Manager-City Attorney Larry McLaughlin
City Clerk Mary Gourley
Subject: Rejection of Claim for Money or Damages Against the City of Sebastopol Filed by Justine Valentin Robles on May 18, 2016
Recommendation : That the City Council Approve the Rejection of the Claim Filed and Forward to Redwood Empire Municipal Insurance Fund (REMIF) for Processing
Funding: Currently Budgeted: _____ Yes _____ No XX N/A
Net General Fund Cost:
Amount: \$

INTRODUCTION: This item is to request that the City Council Approve the Rejection of the Claim Filed and Forward to Redwood Empire Municipal Insurance Fund (REMIF) for Processing

BACKGROUND:
A claim was filed against the City of Sebastopol on May 18, 2016 for an Unlimited Civil Case.

The applicant's claim is attached for your information.

DISCUSSION:
City staff and REMIF have reviewed the claim submitted and believe the claim is without merit. City Staff has been directed by REMIF to reject the claim and forward it to REMIF for processing.

RECOMMENDATION:
Staff recommends that the City Council Approve the Rejection of the Claim Filed and Forward to Redwood Empire Municipal Insurance Fund (REMIF) for Processing

Attachment:
Claim Filed May 18, 2016 (Justine Valentin Robles)

File with:
Office of the City Manager/City Clerk
City of Sebastopol
7120 Bodega Avenue
Sebastopol, CA 95472

Received
Date Received:
MAY 18 2016
City of Sebastopol

**CLAIM FOR MONEY OR
DAMAGES AGAINST THE
CITY OF SEBASTOPOL**

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.

1. Name and Address of the Claimant:

Name of Claimant: Justine Valentin Robles
Address: 6913 Redwood Ave., Sebastopol, CA 95472
Mailing Address (if different than above): _____
Telephone Number: (707) 696-5213

2. Address to which the person presenting the claim desires notices to be sent:

Name of Addressee: Same as above.
Mailing Address (if different than above): _____
Telephone Number: _____

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: November 20, 2015 Time of Occurrence: 11:50 p.m.
Location: Sebastopol Police Department, 6850 Laguna Park Way, Sebastopol, CA 95472

Circumstances giving rise to this claim:

While Claimant was handcuffed and in the custody of Officer Aguilar, he forced her to the ground by kicking her legs out from under her, thrust her head and body aggressively into the concrete, slammed her head into a metal doorway with significant force, and otherwise used excessive physical force against Claimant, causing her serious injuries. The use of force in this instance was unreasonable, excessive, negligent, and intentional, constituted assault and battery, and violated Claimant's Constitutional rights, as well as other applicable legal rights of Claimant.

4. General Description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim.

Claimant suffered serious personal injuries and emotional distress, including a closed head injury with concussion, lasting cognitive, neurological, emotional, and visual impairments with headaches and dizziness, and multiple contusions, cuts, abrasions, and injuries to her head, eye, both wrists, shoulders, and knees.

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

The City of Sebastopol, the Sebastopol Police Department, and Sebastopol Police Officer Victor Aguilar, as well as those individuals and entities responsible for the negligent hiring, training, and retention, and failure to train, supervise, and discipline Officer Aguilar, or who are otherwise vicariously responsible for his conduct.

6. a. If the amount claimed totals less than \$10,000: The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of the presentation of this claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Amount Claimed and basis for computation:

b. If the amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86)

LIMITED CIVIL CASE

UNLIMITED CIVIL CASE

You are required to provide the information requested above, plus your signature on page 3 of this form, in order to comply with Government Code §910. In addition, in order to conduct a timely investigation and possible resolution of your claim, the City requests that you answer the following questions.

7. Claimant(s) Date(s) of Birth:

[REDACTED]

8. Name, address and telephone number of any witness(es) to the occurrence or transaction which gave rise to the claim asserted:

Claimant Justine Valentin Robles and Sebastopol Police Officer Victor Aguilar

9. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment.

Claimant continues to receive ongoing medical care for her injuries. Claimant's medical care has been primarily provided by multiple providers and specialists at Sutter Health. Claimant's primary care physician is Tabitha Donjach, MD.

If applicable, please attach any medical bills or reports or similar documents supporting your claim.

10. If the claim relates to an automobile accident:

Claimant (s) Auto Insurance Company: Not applicable. Telephone: _____

Address: _____

Insurance Policy Number: _____

Insurance Broker/Agent: _____ Telephone: _____

Address: _____

Claimant's Vehicle License Number: _____ Vehicle Make/Year: _____

Claimant's Driver License Number: _____ Expiration: _____

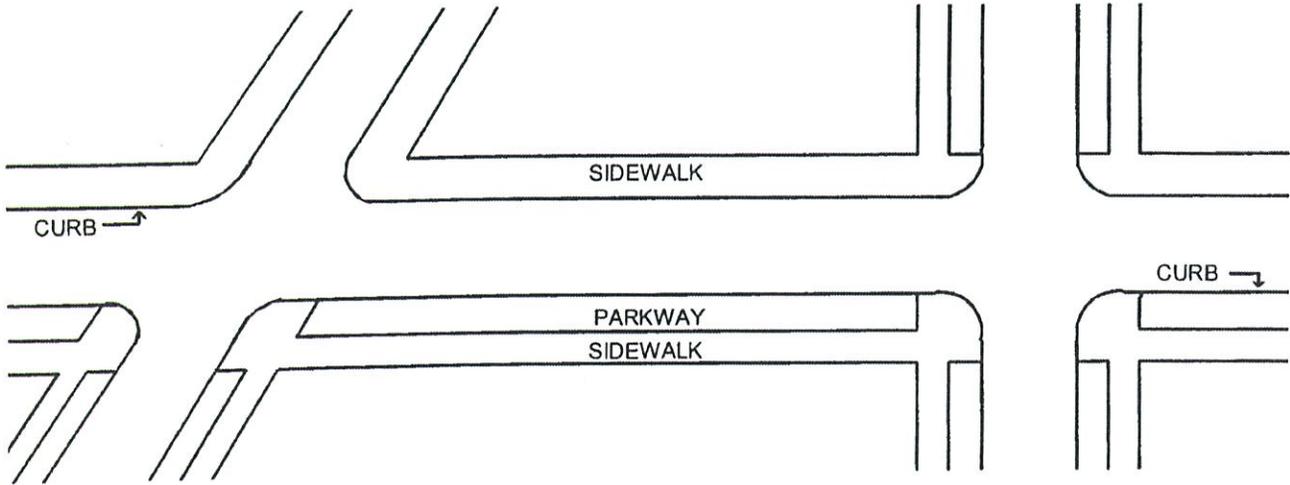
If applicable, please attach any repair bills, estimates, or similar documents supporting your claim.

READ CAREFULLY

For all accident claims, place on following diagram name of streets, including North, East, South and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Agency Vehicle; location of City/Agency vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.

Not applicable.



WARNING: Presentation of a false claim with the intent to defraud is a felony (Penal Code § Pursuant to CCP § 1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature: Justine Valentin Robles Date: 05/17/2016

Printed Name: Justine Valentin Robles