

Claim No. 1

**Claim for Damage or Injury**

Use Black or Blue Ink or Type  
Attach Additional Pages if Necessary

Mail Claim To:  
Clerk of the Board of Supervisors  
County of Ventura  
800 S. Victoria Ave., L#1920  
Ventura, CA 93009

Clerk of the Board Stamp

**CLAIMANT, NOTIFICATION AND GENERAL INFORMATION**

CLAIMANT FULL NAME

CLAIMANT ADDRESS (REQUIRED)

Michael Brian Powers

PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM

NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)

Anthony R. Strauss

215 E. Oak St., Unit B, Ojai, CA 93023

CLAIMANT DATE OF BIRTH

MEDICARE BENEFICIARY

2/6/1963

Yes  No

PHONE NUMBER(S)

805-641-9995

DATE OF ACCIDENT

ACCIDENT TIME AM/PM.

3/9/2022

Approx 10 am

EMAIL ADDRESS (OPTIONAL)

ars@strausslawgroup.com

PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP)

County Government Center, 800 S. Victoria Ave., Ventura, CA 93009

**PROPERTY DAMAGE**

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:

Deprived of Liberty Interest right to a name clearing hearing; loss of income, benefits, future earnings in an amount in excess of \$10,000 to be determined.

**PERSONAL INJURY**

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

Deprived of Liberty Interest right to a name clearing hearing; damage to reputation, mental suffering, emotional distress in excess of \$10,000 tbd.

**LIABILITY**

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):

See Attachment to Claim No. 1, Deprivation of Liberty Interest in Violation of California and United States Constitutions

**AMOUNT OF CLAIM**

PROPERTY DAMAGE:

Personal Injury \$:

TOTAL AMOUNT OF CLAIMS:

+ \$10,000 Unlimited Civil

**WITNESSES**

NAME(S)/ADDRESS(ES):

Tiffany North; Members Board of Supervisors, 800 S. Victoria Ave., Ventura, CA 93009

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS**

Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim is guilty of a felony. (See California Penal Code §72).

I DECLARE UNDER THE PENALTIES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED ABOVE.

X

*Michael B. Powers*

SIGNATURE OF CLAIMANT

DATE

## NOTICE TO CLAIMANT

In order for your claim to receive proper consideration you are requested to supply the information called for on both sides of this form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth below should be read carefully before the form is prepared.

### INSTRUCTIONS

Claims must be signed by the property owner, injured party, or the person representing the claimant. Unsigned claim forms cannot be honored. See Government Code §910.2.

The amount claimed must be substantiated by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

- (a) In support of a claim for personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the degree of permanent disability, and evidence of paid medical bills. It is recommended that medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.
- (b) In support of claims for damage to property which has been or can be repaired, submit at least two itemized signed repair estimates or statements of damages by reliable, disinterested concerns, or if payment has been made, the itemized signed receipts evidencing repaired and payment.
- (c) In support of claims for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after accident. The statements demonstrating the value of the property should be by disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the **Clerk of the Board of Supervisors** at the address on the prior page. Questions should be directed to the County of Ventura, CEO Risk Management Department at (805) 654-3197.

### INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by Risk Management or **your** insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

<b>DO YOU HAVE ANY INSURANCE COVERAGE FOR THE LOSS?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER</b>	
<b>HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>IF "YES", WHAT IS YOUR DEDUCTIBLE?</b>	<b>INSURANCE COMPANY'S CLAIM NO.?</b>

**IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)**

**PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER**

**NAME OF CLAIMANT**

Michael Brian Powers

## Attachment to Claim No. 1, Deprivation of Liberty Interest in Violation of California and United States Constitutions

### Liability

Michael Powers (Mr. Powers) was denied the opportunity to clear his name. It is well established law that “Where a person’s good name, reputation, honor, or integrity is at stake because of what the government is doing to him, notice and an opportunity to be heard are essential.” (*Board of Regents of State Colleges v. Roth* (1972) 408 U.S. 564, at p. 754 [92 S.Ct. 2701, 33 L.Ed.2d 548]; *Campanelli v. Bockrath* (9th Cir. 1996) 100 F.3d 1476; *Lubey v. City and County of San Francisco* (1979) 98 Cal App 3d 340.) He was never afforded any such notice or opportunity to be heard.

On September 22, 2021, Mr. Powers was informed by Linda Parks, then Chair of the Board of Supervisors, that she had authorized the County Counsel’s Office to investigate claims made against him of “inappropriate conduct towards a County employee.” No information regarding the specific charges was provided but Mr. Powers learned subsequently that an employee had alleged sexual harassment and discrimination. Mr. Powers cooperated with the outside investigator the County engaged and was interviewed on two occasions. During those interviews, the investigator verbally provided only portions of the complaint. Mr. Powers was never given written charges and, except for one incident, the allegations were vague in respect to both substance and time. Mr. Powers answered truthfully to the best of his ability at all times.

In Mr. Powers’ second interview, he was told by the investigator that she was going to interview the complainant again and that he would then be contacted for what would likely be his final interview. There was no further contact from the investigator. Instead, on Friday, March 4, 2022, Mr. Powers was told by Tiffany North, the County Counsel and Shawn Atin, the Assistant CEO/HR Director, that the Board of Supervisors would hold a closed session on the following Tuesday to discuss the “findings of the investigator”. This was the first time that Mr. Powers learned that the investigation was considered complete or that the investigator had rendered any “findings”. He was not provided with any information about the findings or given a copy of the “report”. Mr. Powers was not invited to the closed session.

On Tuesday night, March 8, 2022, following the closed session, Mr. Powers was told by Ms. North and Mr. Atin that he had been placed on administrative leave and that they would schedule a call with him and his attorney the next day. On Wednesday, March 9, 2022, Mr. Powers and his attorney had a telephone call with Ms. North and Mr. Atin during which they were told that there would be another closed session that Friday – in two days – to discuss his performance, including possible discipline and termination. Mr. Powers had still not been provided with the report or a summary of the conclusions. During that call, Mr. Powers and his attorney again asked the County Counsel for a copy of the investigator's report so that Mr. Powers could prepare for the closed session to be able to defend himself. They were told that the County would not release a copy to them. The County Counsel said that it was a "draft" report and not subject to disclosure. Mr. Powers and his attorney then asked if a summary of the draft conclusions or at least a verbal summary would be provided prior to the closed session and were told "no." Upon asking if they would be allowed to read the draft report, or a summary of the conclusions or receive a verbal summary of the report and conclusions, at the time of the closed session, the County Counsel said that she would ask the Board, but could "not promise" what would happen.

The process was unfair to Mr. Powers. It did not afford him due process or the ability to protect his "good name, reputation, honor, or integrity" because there was no way to respond specifically to allegations made against him or present his side to the Board of Supervisors. It was clear to Mr. Powers from the discussions with Ms. North and Mr. Atin on Wednesday, March 9, that he would not be afforded any opportunity to respond to the investigation or defend himself at the closed session on Friday, March 11, and would be terminated at that time. Without being allowed to give input or defense, Mr. Powers opted to resign and retire therefore saving his good name from the damage of an unfair and incomplete process and spare his family the ordeal.

However, the "draft report" was made available to the press. This was clearly done by a County employee or elected official as the report had not been publicly disseminated. Mr. Powers learned about this when he was contacted by a reporter from "The Acorn" newspaper in Thousand Oaks who had a copy of the report and read to him some of the conclusions. Other newspapers have published articles containing some of the same information.

To date neither Mr. Powers nor his attorney have seen the investigation report even after it was released to the press. However, from what Mr.

Powers learned through the reporter, the information contained in that document seriously damages his reputation and standing in the community and significantly forecloses his freedom to take advantage of other potential employment or other opportunities. The County has made no public effort to control or contain the damage caused by the release of the report signaling clearly that County leadership may be satisfied with the outcome.

Mr. Powers was deprived of the ability to defend himself and his professional and personal reputation have been left to be determined by the court of public opinion. This is a clear denial of his "constitutional liberty interests" guaranteed by the 14<sup>th</sup> Amendment to the United States Constitution (enforceable under 42 USC 1983), and Article 1, section 7 of the California Constitution as he was entitled to notice and a hearing to clear his name. (*Board of Regents of State Colleges v. Roth* (1972) 408 U.S. 564, at p. 754 [92 S.Ct. 2701, 33 L.Ed.2d 548]; *Campanelli v. Bockrath* (9th Cir. 1996) 100 F.3d 1476; *Lubey v. City and County of San Francisco* (1979) 98 Cal App 3d 340.)

Mr. Powers has been damaged by the reckless acts of the County. In addition to losing his job, he has been stigmatized through various reporting in the press. This has impacted his ability to find comparable employment, has limited his ability to engage in community service, and has caused him to suffer emotional distress and anxiety. As the result, Mr. Powers is entitled to compensatory damages under 42 USC 1983. (*Carey v. Phipus* (1978) 435 US 247 (98 S. Ct 1042).

Claim No. 2

**Claim for Damage or Injury**

Use Black or Blue Ink or Type  
Attach Additional Pages if Necessary

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Ventura, CA 93009

Clerk of the Board Stamp

**CLAIMANT, NOTIFICATION AND GENERAL INFORMATION**

CLAIMANT FULL NAME

Michael Brian Powers

CLAIMANT ADDRESS (REQUIRED)

[REDACTED]

PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM

Anthony R. Strauss

NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)

215 E Oak St. Unit B, Ojai, CA 93023

CLAIMANT DATE OF BIRTH

2/6/1963

MEDICARE BENEFICIARY

Yes  No

PHONE NUMBER(S)

805-641-9995

DATE OF ACCIDENT

3/10/2022

ACCIDENT TIME AM/PM.

unk.

EMAIL ADDRESS (OPTIONAL)

ars@strausslawgroup.com

PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP)

County Government Center, 800 S Victoria Ave., Ventura, CA 93009

**PROPERTY DAMAGE**

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:

See Attachment to Claim No. 2, Invasion of Personal Privacy. Damages in excess of \$10,000 to be determined.

**PERSONAL INJURY**

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

See Attachment to Claim No. 2, Invasion of Personal Privacy. Damages in excess of \$10,000 to be determined.

**LIABILITY**

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYER(S):

See Attachment to Claim No. 2, Invasion of Personal Privacy.

**AMOUNT OF CLAIM**

PROPERTY DAMAGE:

Personal Injury \$:

TOTAL AMOUNT OF CLAIMS:

+ \$10,000 ; unlimited civil

**WITNESSES**

NAME(S)/ADDRESS(ES):

See Attachment to Claim No. 2, Invasion of Personal Privacy.

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS**

Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim is guilty of a felony. (See California Penal Code §72).

I DECLARE UNDER THE PENALTIES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED ABOVE.

*Michael R. Strauss*

X

SIGNATURE OF CLAIMANT

DATE

## NOTICE TO CLAIMANT

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The amount claimed must be substantiated by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

- (a) In support of a claim for personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the degree of permanent disability, and evidence of paid medical bills. It is recommended that medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.
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- (c) In support of claims for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after accident. The statements demonstrating the value of the property should be by disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the **Clerk of the Board of Supervisors** at the address on the prior page. Questions should be directed to the County of Ventura, CEO Risk Management Department at (805) 654-3197.

### INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by Risk Management or **your** insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

<b>DO YOU HAVE ANY INSURANCE COVERAGE FOR THE LOSS?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER</b>	
<b>HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>IF "YES", WHAT IS YOUR DEDUCTIBLE?</b>	<b>INSURANCE COMPANY'S CLAIM NO.?</b>

**IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)**

PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER

NAME OF CLAIMANT

Michael Brian Powers

## **Attachment to Claim No. 2, Invasion of Personal Privacy**

### **Property Damage**

Loss of income and benefits and future earnings in excess of \$10,000 in an amount to be determined.

### **Personal Injury**

Damage to reputation, mental suffering and emotional distress in excess of \$10,000 in an amount to be determined.

### **Liability**

The County had a duty to maintain the confidentiality of the confidential investigative report prepared relative to the investigation concerning allegations against Michael Powers. The County breached that duty when an employee or elected official provided a copy of the confidential report to the press knowing that it would be published and otherwise disseminated and would thereby cause injury to Mr. Powers. This constitutes an unwarranted invasion of his personal privacy and a violation of Article 1, section 1 of the California Constitution and the Public Records Act, including Government Code section 6254(c).

### **Witnesses**

Kyle Jorrey, Editor, Thousand Oaks Acorn, 30423 Canwood Street, Suite 108, Agoura Hills, CA 91301; (818) 523-1341 (805) 367-8232 x 401

As yet unknown County employee(s) and/or elected official(s).

Claim No. 3

**Claim for Damage or Injury**

Use Black or Blue Ink or Type  
Attach Additional Pages if Necessary

Mail Claim To:  
Clerk of the Board of Supervisors  
County of Ventura  
800 S. Victoria Ave., L#1920  
Ventura, CA 93009

Clerk of the Board Stamp

**CLAIMANT, NOTIFICATION AND GENERAL INFORMATION**

CLAIMANT FULL NAME

CLAIMANT ADDRESS (REQUIRED)

Michael Brian Powers

[Redacted Address]

PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM

NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)

Anthony R. Strauss

215 E. Oak St. Unit B. Ojai. CA 93023

CLAIMANT DATE OF BIRTH

MEDICARE BENEFICIARY

PHONE NUMBER(S)

2/6/1963

Yes  No

805-641-9995

DATE OF ACCIDENT

ACCIDENT TIME AM/PM.

EMAIL ADDRESS (OPTIONAL)

3/9/2022

Approx 9 am

ars@strausslawgroup.com

PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP)

County Government Center, 800 S. Victoria Ave., Ventura, CA 93009

**PROPERTY DAMAGE**

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:

Wrongful Termination; loss of income and benefits in excess of \$10,000, to be determined.

**PERSONAL INJURY**

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

Wrongful Termination; damage to reputation, mental suffering and emotional distress in excess of \$10,000, to be determined.

**LIABILITY**

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):

See Attachment to Claim No. 3, Wrongful Termination

**AMOUNT OF CLAIM**

PROPERTY DAMAGE:

Personal Injury \$:

TOTAL AMOUNT OF CLAIMS:

\$10,000; Unlimited

**WITNESSES**

NAME(S)/ADDRESS(ES):

Tiffany North; Shawn Atin; Board of Supervisors; 800 S. Victoria Ave., Ventura, CA 93009

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS**

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I DECLARE UNDER THE PENALTIES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED ABOVE.

*Michael B. Powers*

X

SIGNATURE OF CLAIMANT

DATE

# NOTICE TO CLAIMANT

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- (b) In support of claims for damage to property which has been or can be repaired, submit at least two itemized signed repair estimates or statements of damages by reliable, disinterested concerns, or if payment has been made, the itemized signed receipts evidencing repaired and payment.
- (c) In support of claims for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after accident. The statements demonstrating the value of the property should be by disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, or advertisements for the same or similar property.

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## INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by Risk Management or **your** insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

DO YOU HAVE ANY INSURANCE COVERAGE FOR THE LOSS?

Yes  No

IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER

HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?

Yes  No

IF "YES", WHAT IS YOUR DEDUCTIBLE?

INSURANCE COMPANY'S CLAIM NO.?

IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER

NAME OF CLAIMANT

Michael Brian Powers

## Attachment to Claim No. 3, Wrongful Termination in Violation of Public Policy

### Liability

Michael Powers (Mr. Powers) was forced to resign from his position as County Executive Officer and was constructively terminated on March 9, 2022. He had requested a copy, or at a minimum that he be told the findings, of the investigative report prepared by Marilou Mirkovich of the law firm Atkinson, Andelson, Loya, Ruud & Romo concerning allegations made by another County employee against him in order to defend himself and protect his reputation and standing in the community in the closed session of the Board of Supervisors scheduled for Friday, March 11, 2022. Mr. Powers was informed that the Board of Supervisors had the report and that this meeting was solely to determine his continued employment with the County. His requests were denied.

The allegations made against Mr. Powers, which were the subject of the report, were such that they would seriously damage his reputation and standing in the community and significantly foreclose his freedom to take advantage of other employment and community service opportunities. As such, it was his right, as guaranteed by the 14<sup>th</sup> Amendment to the United States Constitution and Article 1, section 7 of the California Constitution, to notice and a hearing to clear his name. (*Board of Regents of State Colleges v. Roth* (1972) 408 U.S. 564, at p. 754; *Campanelli v. Bockrath* (9th Cir. 1996) 100 F.3d 1476; *Lubey v. City and County of San Francisco* (1979) 98 Cal App 3d 340.) By denying Mr. Powers' requests for a copy of the report or even a summary of the findings before the closed session, he was deprived of the ability to defend himself or protect his reputation and standing in the community in the closed session when his employment status would be determined. Without the ability to defend himself, Mr. Powers would certainly have been terminated. He therefore resigned in lieu of that termination.

Mr. Powers' resignation was a constructive termination or discharge. As stated in *St. Meyers v. Dignity Health* (2019) 44 Cal .App. 4<sup>th</sup>, 301, at p. 315, "Constructive discharge occurs when the employer's conduct effectively forces an employee to resign." .... "In order to establish a constructive discharge, an employee must plead and prove... That the employer either intentionally

created or knowingly permitted working conditions that were so intolerable or aggravated that at the time of the employee's resignation that a reasonable employer would realize that a reasonable person in the employee's position would be compelled to resign."

In Mr. Powers' situation, the County "intentionally created" *and* "knowingly permitted working conditions" which denied him the right to exercise his constitutional rights. Any "reasonable person" in his position would have resigned under these circumstances. This constitutes a constructive termination or discharge.

Mr. Powers' termination was in violation of public policy. In *Tameny v. Atlantic Richfield Co.* (1980) 27 Cal.3d 167, at p. 178, the Supreme Court "recognized that although employers have the power to terminate employees at will, they may not terminate an employee for a reason that is contrary to public policy." (*Little v. Auto Stiegler, Inc.* (2003) 29 Cal.4th 1064, at p. 1076.) "[The] public policy exception to the at-will employment rule must be based on policies "carefully tethered to fundamental policies that are delineated in constitutional or statutory provisions...." [Citation.] Moreover, the public policy that is the basis for such a claim must be 'public' in that it 'affects society at large' rather than the individual, must have been articulated at the time of discharge, and must be ' "fundamental" ' and ' "substantial." ' ' ' [Citation.] Thus, a legitimate *Tameny* claim is designed to protect a public interest and therefore ' "cannot be contravened by a private agreement." ' [Citation.]" (*Little, supra*, 29 Cal.4th at p. 1077, at p. 130.)

Mr. Powers' employment contract with the County was at will. However, it did not abrogate his right to be provided an opportunity to clear his name and protect his reputation as provided for in both the California and United States Constitutions and expressly recognized by the United States Supreme Court. These provisions affect society as a whole and clearly were not adopted into these Constitutions solely for his benefit. By not providing Mr. Powers with the report or even a summary of its findings that he had requested, he was denied the ability to exercise his constitutional rights. Inasmuch as his inability to exercise his rights would result in his termination, he was constructively terminated as "no reasonable person" would suffer continued employment under those circumstances.

Claim No. 4  
Claim for Damage or Injury  
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Mail Claim To:  
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County of Ventura  
800 S. Victoria Ave., L#1920  
Ventura, CA 93009

Clerk of the Board Stamp

**CLAIMANT, NOTIFICATION AND GENERAL INFORMATION**

CLAIMANT FULL NAME <b>Michael Brian Powers</b>		CLAIMANT ADDRESS (REQUIRED) [REDACTED]
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM <b>Anthony R. Strauss</b>		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE) <b>215 E Oak St. Unit B. Ojai. CA 93023</b>
CLAIMANT DATE OF BIRTH <b>2/6/1963</b>	MEDICARE BENEFICIARY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PHONE NUMBER(S) <b>805-641-9995</b>
DATE OF ACCIDENT <b>3/10/2022</b>	ACCIDENT TIME AM/PM. <b>unk.</b>	EMAIL ADDRESS (OPTIONAL) <b>ars@strausslawgroup.com</b>
PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP) <b>County Government Center, 800 S Victoria Ave., Ventura, CA 93009</b>		

**PROPERTY DAMAGE**

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:  
**Loss of income and benefits and future earnings in excess of \$10,000 in an amount to be determined.**

**PERSONAL INJURY**

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:  
**Intentional Infliction of Emotional Distress, causing anxiety, mental suffering and other related injuries with actual and consequential damages in excess of \$10,000 to be determined.**

**LIABILITY**

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):  
**In providing the press with a copy of the "draft" investigative report concerning the allegations made against Mr. Powers, the County violated his right to privacy and was done with the intent to cause him emotional distress, anxiety, mental suffering and other related injuries.**

**AMOUNT OF CLAIM**

PROPERTY DAMAGE:	Personal Injury \$:	TOTAL AMOUNT OF CLAIMS: <b>+ \$10,000 ; unlimited civil.</b>
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**WITNESSES**

NAME(S)/ ADDRESS(ES):  
**As yet unknown County employee(s) and/or elected official(s).**

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS**

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*Michael B. Powers*

X

SIGNATURE OF CLAIMANT

DATE

## NOTICE TO CLAIMANT

In order for your claim to receive proper consideration you are requested to supply the information called for on both sides of this form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth below should be read carefully before the form is prepared.

### INSTRUCTIONS

Claims must be signed by the property owner, injured party, or the person representing the claimant. Unsigned claim forms cannot be honored. See Government Code §910.2.

The amount claimed must be substantiated by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

- (a) In support of a claim for personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the degree of permanent disability, and evidence of paid medical bills. It is recommended that medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.
- (b) In support of claims for damage to property which has been or can be repaired, submit at least two itemized signed repair estimates or statements of damages by reliable, disinterested concerns, or if payment has been made, the itemized signed receipts evidencing repaired and payment.
- (c) In support of claims for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after accident. The statements demonstrating the value of the property should be by disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the **Clerk of the Board of Supervisors** at the address on the prior page. Questions should be directed to the County of Ventura, CEO Risk Management Department at (805) 654-3197.

### INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by Risk Management or **your** insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

DO YOU HAVE ANY INSURANCE COVERAGE FOR THE LOSS?

Yes  No

IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER

HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?

Yes  No

IF "YES", WHAT IS YOUR DEDUCTIBLE?

INSURANCE COMPANY'S CLAIM NO.?

IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER

NAME OF CLAIMANT

Michael Brian Powers

Claim No. 5

**Claim for Damage or Injury**

Use Black or Blue Ink or Type  
Attach Additional Pages if Necessary

Mail Claim To:  
Clerk of the Board of Supervisors  
County of Ventura  
800 S. Victoria Ave., L.#1920  
Ventura, CA 93009

Clerk of the Board Stamp

**CLAIMANT, NOTIFICATION AND GENERAL INFORMATION**

CLAIMANT FULL NAME

Michael Brian Powers

CLAIMANT ADDRESS (REQUIRED)

NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)

PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM

Anthony R. Strauss

215 E Oak St. Unit B, Ojai. CA 93023

CLAIMANT DATE OF BIRTH

2/6/1963

MEDICARE BENEFICIARY

Yes  No

PHONE NUMBER(S)

805-641-9995

DATE OF ACCIDENT

3/10/2022

ACCIDENT TIME AM/PM.

unk.

EMAIL ADDRESS (OPTIONAL)

ars@strausslawgroup.com

PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP)

County Government Center, 800 S Victoria Ave., Ventura, CA 93009

**PROPERTY DAMAGE**

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:

Loss of income and benefits and future earnings in excess of \$10,000 in an amount to be determined.

**PERSONAL INJURY**

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

Negligent Infliction of Emotional Distress, causing anxiety, mental suffering and other related injuries with actual and consequential damages in excess of \$10,000 to be determined.

**LIABILITY**

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):

In providing the press with a copy of the "draft" investigative report concerning the allegations made against Mr. Powers, the County violated his right to privacy and caused him emotional distress, anxiety, mental suffering and other related injuries.

**AMOUNT OF CLAIM**

PROPERTY DAMAGE:

Personal Injury \$:

TOTAL AMOUNT OF CLAIMS:

+ \$10,000; unlimited civil.

**WITNESSES**

NAME(S)/ADDRESS(ES):

As yet unknown County employee(s) and/or elected official(s).

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS**

Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim is guilty of a felony. (See California Penal Code §72).

I DECLARE UNDER THE PENALTIES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED ABOVE.

X

*Michael B. Powers*

SIGNATURE OF CLAIMANT

DATE

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NAME OF CLAIMANT

*Michael Brian Powers*