

Sua Law Group APC

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April 22, 2024

County of Ventura

APR 24 2024

Clerk of the Board

SENT VIA CERTIFIED U.S. MAIL

Receipt No.: 9589 0710 5270 0945 3094 49

Clerk of the Board of Supervisors
County of Ventura
800 S. Victoria Ave., #L1920
Ventura, CA 93009

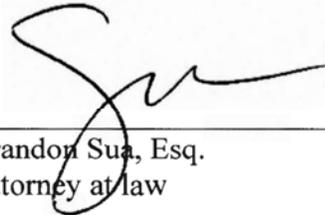
Our Client: Tony Garcia (Inmate No. 2165242)
Date of Incident: 04/11/2024
Location: Todd Road Jail Facility

Dear Clerk of the Board of Supervisors:

Attached for your review is a Claim for Damage or Injury Form along with corresponding attachments in reference to an incident that took place at the Todd Road Jail Facility involving our client, Mr. Tony Garcia, on April 11, 2024. Please review the attached documents and respond in writing within 45 days of the date of this letter.

Please direct all future communications and correspondence to our office. Should you have any questions, we can be reached by Phone: (805) 842-2000, Fax (805) 842-2001, or Email at sua@lawyer.com and cc: criminal@sualawgroup.com

Respectfully yours,



Brandon Sua, Esq.
Attorney at law

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

County of Ventura

APR 24 2024

Clerk of the Board
Clerk of the Board Stamp

CLAIMANT, NOTIFICATION AND GENERAL INFORMATION

CLAIMANT FULL NAME		CLAIMANT ADDRESS (REQUIRED)	
TONY GARCIA C/O BRANDON SUA, ESQ.		1445 E. LOS ANGELES AVE. SUITE 303 SIMI VALLEY, CA 93065	
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)	
BRANDON SUA, ESQ.		SAME AS ABOVE	
CLAIMANT DATE OF BIRTH	MEDICARE BENEFICIARY	PHONE NUMBER(S)	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	805-842-2000	
DATE OF ACCIDENT	ACCIDENT TIME AM/PM.	EMAIL ADDRESS (OPTIONAL)	
4-11-2024	Unk	SUA@LAWYER.COM	
PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP)			
TODD ROAD JAIL - 600 S. TODD ROAD SANTA PAULA, CA 93060			

PROPERTY DAMAGE

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

N/A

PERSONAL INJURY

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

SEE ATTACHED

LIABILITY

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

SEE ATTACHED

AMOUNT OF CLAIM

PROPERTY DAMAGE:	Personal Injury \$:	TOTAL AMOUNT OF CLAIMS:
N/A	75,000,000.00	TBD within jurisdiction of Superior Court to include punitive and non-economic damages (loss of earnings, pain & suffering, etc.)

WITNESSES

NAME(S)/ADDRESS(ES):

SEE ATTACHED

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

SIGNATURE OF CLAIMANT

DATE

4-22-24

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

ATTACHMENT TO CLAIM FOR DAMAGE OR INJURY FORM

The circumstances summarized below directly led to the injuries and damages to the claimant and were a direct result of the intentional or negligent, dangerous and unsafe conditions/situation(s) which claimant Tony Garcia was subjected to by the acts or failure to act by Defendant(s), and each of them. Correctional facilities are required to classify and house inmates in a manner that maximizes security and safety. Mr. Garcia presents a unique risk due to the nature of the charges against him. As a result, Mr. Garcia requires more segregation, monitoring and supervision than inmates in the general population, and inmates incarcerated for non-violent crimes.

Mr. Garcia has a serious need to be segregated away from other inmates at all times for security reasons and to protect him from harm. However, the Ventura County Sheriff has failed to protect Mr. Garcia who is now the victim of a fourth attack which took place on Thursday, April 11, 2024. It is clear that jail officials are aware that inmates and cellmates pose a serious threat against Mr. Garcia's safety as evidenced by the first three attacks that were described in our previous notice sent on March 5, 2024. Clearly, this need to prevent re-occurrence of violent attacks against Mr. Garcia has not been met as facility personnel have unreasonably failed to protect Mr. Garcia in a minimally adequate manner and away from harm. The lack of adequate inmate supervision and failure to properly segregate Mr. Garcia from other inmates is compelling evidence of Todd Road Jail's inability to keep its inmates safe.

Defendants, and each of them, knew, or should have known, that the consequences of their conduct were substantially certain to result in significant injury and/or possible death to Mr. Garcia. Despite the Ventura County Sheriff Department having knowledge of said risk, Defendants, and each of them, conducted themselves in such a negligent, illegal and irresponsible manner that was consistent with said conscious disregard for the basic safety and rights of others, in full awareness at all times of the probable dangerous consequences of their actions as they willfully and deliberately failed to protect Tony Garcia from these avoidable horrific consequences.

It is evident that jail officials were deliberately indifferent to their affirmative duty to protect the physical safety of Mr. Garcia as they had actual knowledge of impending harm that was easily preventable, which is a direct violation of Mr. Garcia's Eighth Amendment rights. The lack of concern for Mr. Garcia's safety has caused him serious harm and a continuous disregard for the obvious and significant risks within jail officials' power to address has now led to Mr. Garcia's imminent demise.

SUMMARY OF FACTS

Assault #4:

On Thursday, April 11, 2024, while Mr. Garcia was being transported, shackled at the hands and feet and guarded by at least 1 correctional officer, back to his cell after visiting with his wife. During the transport, Mr. Garcia was attacked (for the fourth time), by at least 1 other inmate. Mr. Garcia suffered near fatal injuries and was transported to VCMC where he is located

currently, on life support. Injuries include TBI and multiple fractures to the face and skull. Mr. Garcia has been unconscious since his arrival at VCMC where he remains currently.

SUA LAW GROUP
1445 E. Los Angeles Ave.
Corte Madera, CA 94928

County of Ventura
To: Clerk Of The Board

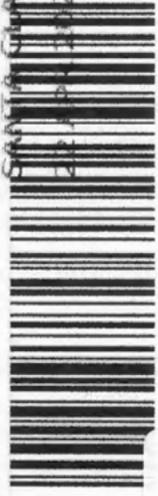
City: Ventura
Brown mail: 1920
Subsort: HOA Route
Route: HOA Route



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CERTIFIED MAIL

COUNTY CLERK OF VENTURA CA 913



APR 24 11:24 PM '24

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APR 22 2024



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APR 24 2024

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