

Sua Law Group APC

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January 22, 2025

County of Ventura

SENT VIA CERTIFIED U.S. MAIL

Receipt No.: 9589 0710 5270 0945 3033 48

JAN 27 2025

Clerk of the Board

Clerk of the Board of Supervisors
County of Ventura
Hall of Administration Building, 4th Floor
800 South Victoria Avenue, L#1920
Ventura, CA 93009

Received

JAN 27 2025

Our Client: Tony Garcia (Inmate No. 2165242)
Date of Incident: 11/09/2024
Location: Todd Road Jail Facility

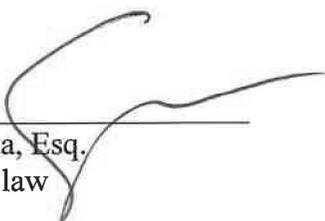
Risk Management

Dear County of Ventura:

Attached for your review is a Claim for Damage or Injury form along with corresponding attachments in reference to Mr. Garcia's death on November 9, 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: ag@sualawgroup.com

Respectfully yours,



Brandon Sua, Esq.
Attorney at law

<p style="text-align: center;">Claim for Damage or Injury Use Black or Blue Ink or Type Attach Additional Pages if Necessary</p>	<p>Mail Claim To: Clerk of the Board of Supervisors County of Ventura 800 S. Victoria Ave., L#1920 Ventura, CA 93009</p>	<p>County of Ventura</p> <p style="font-size: 1.2em;">JAN 27 2025</p> <p>Clerk of the Board <small>Clerk of the Board Stamp</small></p>
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CLAIMANT, NOTIFICATION AND GENERAL INFORMATION

CLAIMANT FULL NAME TONY GARCIA		CLAIMANT ADDRESS (REQUIRED) 1445 E. LOS ANGELES AVE. SUITE 303 SIMI VALLEY, CA 93065
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM BRANDON SUA, ESQ.		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE) SAME
CLAIMANT DATE OF BIRTH N/A	MEDICARE BENEFICIARY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PHONE NUMBER(S) (805) 428-5952
DATE OF ACCIDENT 11-09-2024	ACCIDENT TIME AM/PM. 3:38 P.M.	EMAIL ADDRESS (OPTIONAL) SUA@SUALAWGROUP.COM
PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP) TODD ROAD JAIL		
		Received JAN 27 2025 Risk Management

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
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AMOUNT OF CLAIM

PROPERTY DAMAGE: N/A	Personal Injury \$: \$75,000,000.00	TOTAL AMOUNT OF CLAIMS: \$75,000,000.00
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WITNESSES

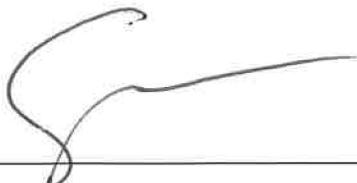
NAME(S)/ADDRESS(ES): VARIOUS

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 1/22/25

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

N/A

PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER

N/A

NAME OF CLAIMANT

N/A

ATTACHMENT TO CLAIM FORM

The circumstances summarized below that directly led to Mr. Tony Garcia's injuries and ultimate death on November 9, 2024, were the direct result of the intentional and/or negligent, dangerous and unsafe conditions/situation(s) which Mr. Garcia was subjected to by the acts or failure to act by jail staff. Correctional facilities are required to classify and house inmates in a manner that maximizes security and safety. Mr. Garcia presented a unique risk due to the nature of the charges against him. As a result, Mr. Garcia required more segregation, monitoring and supervision than inmates in the general population, and inmates incarcerated for non-violent crimes.

Mr. Garcia had a serious need to be segregated away from other inmates at all times for security reasons and to protect him from harm. The Ventura County Sheriff failed to protect Mr. Garcia as he was housed with cellmates, each of whom violently attacked Mr. Garcia while he slept. Jail officials were aware that inmates and cellmates posed a serious threat to Mr. Garcia's safety as evidenced by the first attack that took place on or about April 15, 2023. This need to prevent the re-occurrence of violent attacks against Mr. Garcia was not met and Mr. Garcia was attacked for a second time on or about May 2, 2023. Once again, facility personnel unreasonably failed to protect Mr. Garcia in a minimally adequate manner and away from harm repeatedly.

On November 19, 2023, Mr. Garcia was attacked for the third time by a cellmate while he was asleep in his cell. Mr. Garcia was transferred to Ventura County Medical Center for severe and life-threatening injuries, including but not limited to, traumatic brain injury, left orbital fracture, nose fracture, right clavicle fracture, subdural hematoma, two brain bleeds and severe upper lip cuts. The lack of concern for Mr. Garcia's safety caused him serious harm yet again.

On March 18, 2024, Judge Nancy Ayers contacted Todd Road Jail and gave direct orders that Mr. Garcia was to be segregated from all other inmates at all times to ensure his safety and prevent further attacks. Unfortunately, these orders were ignored, and Mr. Garcia was attacked for the fourth and final time on April 12, 2024. This final attack was so severe that it left Mr. Garcia in a coma for the next six months to follow. Ventura County Sheriff's continuous disregard for the obvious and significant risks within jail officials' power to address ultimately led to Mr. Garcia's untimely demise on November 9, 2024.

Jailhouse staff 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, jail staff 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 Mr. 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 was a direct violation of Mr. Garcia's Eighth Amendment rights. 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 inmates safe, and the direct and proximate cause of Mr. Garcia's death on November 9, 2024. Mr. Garcia's wife now seeks punitive and non-economic damages in the amount of \$75,000,000.00.

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Suite 303
Simi Valley, CA 93065

County of Ventura
To: 1920 - Clerk Of The
Board

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PITNEY BOWES
\$9.64 9
US POSTAGE
FIRST CLASS
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217 19625
JAN 22 2025



County of Ventura

JAN 27 2025

Clerk of the Board

*Clerk
CO
Hall
SO
VE*

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



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CRS

*4th Floor
320*

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