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County of Ventura

February 23, 2023

FEB 28 2023

Clerk of the Board

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

RE: Casey Proud v. County of Ventura (Foster Residence Campground)  
Transmittal of Government Claim

Dear Sir/Madam:

Please find enclosed our client's Claim for Damages ("Government Tort Claim") and Attachment A for filing with your office. Please also find enclosed an additional copy of the Government Claim. Please mark this additional copy with a date-received stamp and return it to our office in the enclosed self-addressed stamped envelope (SASE).

✓ 2/28/2023

Sincerely,



Emily O'Donohoe

Encl: Government Claim (2 copies) and SASE

FEB 28 2023

Clerk of the Board

1000 4th Floor

**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

**CLAIMANT, NOTIFICATION AND GENERAL INFORMATION**

CLAIMANT FULL NAME Casey Proud		CLAIMANT ADDRESS (REQUIRED) 4036 Pala Road Oceanside CA 92057
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM Aaron Clefton, Esq		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE) Rein & Clefton 200 Lakeside Drive, Suite A, Oakland CA 94612
CLAIMANT DATE OF BIRTH	MEDICARE BENEFICIARY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PHONE NUMBER(S) (510) 832-5001
DATE OF ACCIDENT 9/16/2022	ACCIDENT TIME AM/PM	EMAIL ADDRESS (OPTIONAL) aclefton@reincleftonlaw.com
PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP) Foster Residence Park Campground located at 438A Castas Vista Road, Ventura, California		

**PROPERTY DAMAGE**

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED.  
See Attachment A.

Received  
MAR - 2 2023

**PERSONAL INJURY**

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

Risk Management

**LIABILITY**

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

**AMOUNT OF CLAIM**

PROPERTY DAMAGE:	Personal Injury(s):	TOTAL AMOUNT OF CLAIMS: More than \$25,000
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**WITNESSES**

NAME(S)/ADDRESS(ES):  
Thera Barnett, 4038 Pala Road Oceanside CA 92057

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

Every person who, with intent to defraud, presents for another person payment, any form of fraudulent claim, or judgment of a court, (See California Penal Code §72.)

I declare under the penalty of perjury that the above information is true and correct to the best of my knowledge and belief, and I am not providing this information for any other purpose.

X 

2/23/23

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 §9101.2.

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 repair 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) 654-2107.

### 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	
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 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



## FILING A CLAIM FOR DAMAGES WITH THE GOVERNMENT ENTITY

Dear Claimant

These instructions apply to County of Ventura and its separate districts. The requirements and procedure for recovering damages are outlined in the California Government Code commencing with §9000. Subject to a few exceptions, you are required to file a timely claim with the **Board of Supervisors**. In most cases, as further discussed below, to be timely, the claim must be filed within six (6) months of the date of accrual. For your convenience, the County of Ventura provides a claim form you may elect to use to assist you in presenting your claim for consideration. Instructions for use of the claim form are outlined below.

### INSTRUCTIONS FOR COMPLETING THE COUNTY'S CLAIM FORM

Please type or print clearly, using black or blue ink, all of the information requested on Claim Form.

- 1. Claimant, Notification and General Information** – In the top section of the claim form, state full legal name, address and date of birth for the claimant. Also provide the name and mailing address where claims information should be sent if other than the claimant. Provide the telephone number where additional information can be obtained.
- 2. Date of Accident** - It is critical that you provide the date of the accident or event that caused the damage for which you seek compensation. Failure to provide this information will cause your claim to be returned as insufficient. (See discussion below).
- 3. Place of Accident** – Describe the location of the accident or event with sufficient particularity to be able to identify the location on a map and visit the scene. Be sure to indicate if it is within a city or unincorporated area of the County.
- 4. Property Damage** – If the claim seeks recovery of property damage, describe the nature and extent of the damage and the method used to calculate the claimed amount. If someone else owns the property, provide their name, address and telephone number. Attach copies of repair bills or at least two damage estimates that support your claim. In the case of lost property, evidence of ownership and replacement costs will exceed to the handling of your claim.
- 5. Personal Injury** – If the claim seeks recovery for personal injury or wrongful death, describe the nature and extent of the injuries, medical treatment received, and any other information relevant to assist in consideration of your claim.
- 6. Liability** – Describe how the event occurred and the facts and circumstances why you believe the County of Ventura or its special districts are liable for your damage.
- 7. Amount of Claim** - State the total amount you are claiming as a result of the alleged damage injury. Indicate if costs or damage is continuing and describe the basis for this assertion. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim. If available, attach copies of all bills, payment receipts, and cost estimates. Provide an itemization and total of all damages.

8. **Witnesses** – Provide the names and contact information of any witnesses to the accident, including public employees involved in the incident.
9. **Signature** - Government Code §910.2 provides: "The Claim shall be signed by the Claimant or by some person on his/her behalf." Failure to sign the claim will result in return of the claim as insufficient.
10. **Additional Space** – If additional space is needed feel free to attach additional pages.

The date of the incident must be provided on the claim form. Pursuant to Government Code §911.2, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented no later than six (6) months after the incident date.

Government Code §911.4 provides for an Application for Leave to Present a Late Claim for these types of claims presented beyond the six months, and within one year. All other types of claims must be presented within one year.

Once you have completed the claim form, mail or deliver it with all supporting documents to the:

**CLERK OF THE BOARD OF SUPERVISORS  
COUNTY OF VENTURA  
HALL OF ADMINISTRATION BUILDING, 4TH FLOOR  
800 SOUTH VICTORIA AVENUE, L#1920  
VENTURA, CALIFORNIA 93009**

A clear postmark date on an envelope or the received stamp by the Clerk of the Board of Supervisors for claims made by personal service will be deemed the date of presentation to the Board of Supervisors.

**WHAT HAPPENS NEXT?**

Your claim will be reviewed and investigated by the Risk Management Department. You should hear back on the status of your claim within 45 days of the presentation of your claim.

Medicare recipients seeking compensation for personal injuries or medical expenses may be required to provide their Medicare Identification Number pursuant to 42 USC §1395y.

Claims submitted are public records and must be disclosed upon request.

1 PAUL L. REIN, Esq. (SBN 43053)  
2 AARON M. CLEFTON, Esq. (SBN 318680)  
3 REIN & CLEFTON, Attorneys at Law  
4 200 Lakeside Drive, Suite A  
5 Oakland, CA 94612  
6 Telephone: 510/832-5001  
7 Facsimile: 510/832-4787  
8 info@reincleftonlaw.com

County of Ventura  
FEB 28 2023  
Clerk of the Board

9 Attorneys for Claimant  
10 CASEY PROUD

11 In the Matter of the Claim of  
12 CASEY PROUD  
13 Claimant,  
14 v.  
15 COUNTY OF VENTURA  
16 Respondent.

**ATTACHMENT A: CLAIM AGAINST  
PUBLIC ENTITY,  
COUNTY OF VENTURA**

17 To COUNTY OF VENTURA ("Respondent"), CASEY PROUD ("Claimant") hereby  
18 presents this claim pursuant to California Government Code § 910.

19 1. Name, Address, and Phone Number of Claimant: The name and address of  
20 Claimant is Casey Proud, c/o Rein & Clefton, Attorneys at Law, 200 Lakeside Dr., Suite A,  
21 Oakland, CA 94612, (510) 832-5001.

22 2. The address for contact with Claimant Casey Proud for any and all notices  
23 regarding this claim is: c/o Aaron Clefton, Esq.; Rein & Clefton, Attorneys at Law; 200 Lakeside  
24 Dr., Suite A, Oakland, CA 94612.

25 3. Date, time, and location of Incident: The initial incident occurred on or about  
26 September 16, 2022, when Claimant Casey Proud was denied full and equal access to the Foster  
27 Residence Park Campground located at 438A Casitas Vista Road, Ventura, California. On  
28 information and belief, the Foster Residence Park Campground is owned and operated by the  
County of Ventura.

4. Description of Incident: Claimant Casey Proud (hereinafter also "Mr. Proud" or  
"Claimant") is a disabled individual who uses the assistance of a wheelchair for mobility. Mr.

1 Proud is a complete paraplegic at T11 and T12. His injury is the result of a snowboarding  
2 accident that occurred in February 2017.

3 5. Prior to his snowboarding accident, Claimant was an active participant in many  
4 sports including snowboarding and surfing. Claimant has not let his disability slow him down.  
5 He continues to surf, and he competes in the International World Surfing Games in adaptive  
6 surfing. In order for Claimant to practice and compete in surfing competitions, Claimant and his  
7 wife often take trips from their home down the coast to Southern California stopping at beaches  
8 along the way to surf. In order to make the trips fun and cost-effective Claimant and his wife  
9 have outfitted a van to camp in, and they reserve campsites along the coast as they travel down.

10 6. Claimant was registered to compete in a surfing competition on September 17,  
11 2022. Claimant and his wife began looking online for a campground close to Ventura which had  
12 a campsite available for September 16-18, 2022. Ultimately, on September 8, 2022, Claimant's  
13 wife reserved a campsite for two nights at Foster Residence Campground. The campground was  
14 conveniently located about a 15-minute drive from Claimant's surfing competition, and the  
15 booking website indicated that the campground had accessible restroom facilities. It is very  
16 important to Claimant to stay close to the competition site because he usually has to arrive at the  
17 beach early in the morning on the day of the competition.

18 7. On September 16, 2022, Claimant and his wife drove their campervan to the  
19 Ventura area. They arrived at the campground around 7 pm. There was no camp host or park  
20 ranger on duty when they arrived, so they found their campsite and set up for the night. Claimant  
21 did not use the restroom facilities at the campground when he arrived.

22 8. Claimant and his wife woke early in the morning on September 17, 2022, to get  
23 ready for the surfing competition. Claimant's wife went to use the restroom facilities, and she  
24 saw that neither woman's nor the men's restrooms were accessible despite the fact that each had a  
25 sign on them indicating that they were handicapped accessible restrooms. She searched around  
26 the campground to see if she could find another restroom that might be accessible, but she did not  
27 find one nor did she see any signs indicating where she might find an accessible restroom.

28 9. Claimant's wife returned to the campervan and informed claimant about the lack

1 of accessible restroom. Claimant considered trying to drive somewhere else to find an accessible  
2 restroom. However, he decided that he did not have time to do so both because he needed to use  
3 the restroom and due to the need to get to the competition site. Due to claimant's disability, using  
4 the restroom is generally a source of stress for him. Claimant must use the restroom on a regular  
5 schedule to avoid infections and other complications. Additionally, the difficulty he has in using  
6 the restroom reminds him of his disability more than any other aspect of his life. The stress of  
7 using the restroom is exponentially compounded when does not have access to an accessible  
8 restroom.

9 10. Claimant decided that out necessity he would have to use the inaccessible restroom  
10 at the Foster Residence Campground. He wheeled himself to the men's restroom carrying his  
11 backpack of supplies necessary for him to use the restroom. Claimant observed that the restroom  
12 itself was actually fairly large, but the toilet stall was not large enough to accommodate his  
13 wheelchair. There were also no grab bars surrounding the toilet to assist him with transferring  
14 from his wheelchair to the toilet. Claimant asked his wife if she would lift him from his  
15 wheelchair, carry him to the toilet because he could not transfer independently. Claimant's wife  
16 agreed to assist him transferring to the toilet. Claimant pulled his wheelchair as close to the toilet  
17 stall as possible, and his wife lifted him out of his chair and transferred him to the toilet. The  
18 maneuver is risky and scary for both Claimant and his wife, but Claimant did make it to the toilet  
19 safely. Claimant's wife then removed his wheelchair from the toilet stall area so that she could  
20 close the door. There was no way for Claimant's wheelchair to be left inside the stall due to the  
21 small size.

22 11. Once Claimant was on the toilet, he went through his standard process of using the  
23 restroom which took about an hour. When he was finished, Claimant used his hand-held sprayer,  
24 which uses a bucket for a water source, to clean himself. In order to complete this process,  
25 Claimant must lean his torso over his legs. Usually, Claimant uses the grab bars in the restroom  
26 for support when he leans over to minimize the risk of falling. Since there were no grab bars in  
27 the restroom at Foster Residence Campground, Claimant was worried about the risk of falling.

28 12. After Claimant had finished using the restroom, he had to text his wife so that she

1 could assist him in getting back off the toilet and back into his wheelchair. Claimant's wife came  
2 back into the restroom and situated Claimant's wheelchair as close as possible to the toilet. She  
3 then lifted Claimant from the toilet back into his wheelchair. Claimant and his wife returned to  
4 their campsite, and they discussed whether or not they should stay at the Campground for the  
5 second night which they had already reserved and paid for. Claimant decided that he did not  
6 want to risk using the inaccessible restroom again, so Claimant and his wife had to completely  
7 pack up their campervan before heading to the surfing competition.

8 13. Claimant competed in the adaptive surfing competition. He had planned to stay at  
9 the beach for a while after the competition to celebrate, connect with friends and teammates, and  
10 network with sponsors, but Claimant and his wife had to leave relatively soon after the  
11 competition ended so that they could make the long drive home.

12 14. Having to rely on his wife to assist him in using the campground's inaccessible  
13 restroom deprived Claimant of the independence he deserves. Claimant is fully capable of using  
14 the restroom independently, but he can only do so if accessible facilities are provided by public  
15 accommodations. The lack of accessible restroom facilities at the Campground were a source of  
16 serious anxiety for Claimant, and the situation was a distraction him from his surfing competition.

17 15. Description of Damages: Claimant suffered a denial of his civil rights under  
18 federal and state law which caused him physical, mental and emotional damages; statutory and  
19 treble damages. Claimant seeks monetary damages from Respondent for his discriminatory  
20 experiences and resulting physical discomfort, difficulties and embarrassment caused by  
21 Respondent's inaccessible conditions. Claimant suffered physical, mental and emotional  
22 damages, and statutory damages per California Civil Code sections 51, 51.7, 52, 54 and 54.3.  
23 Respondent's policies and actions, directly and through their agents, also constituted intentional  
24 discrimination and/or deliberate indifference, justifying damages per Title II of the Americans  
25 with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, 29 USC section 794,  
26 and Cal. Gov. Code section 11135, and the regulations promulgated thereunder, and entitling him  
27 to an award of damages for each denial of rights. As a result of this incidents, Claimant has also  
28 been deterred from accessing Foster Residence Park Campground due to the barriers that exist.

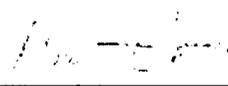
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Claimant seeks a remediation of all the barriers to access he encountered at the Campground so that disabled individuals may use and enjoy the facilities and services offered by the Campground as required by state and federal law.

- 16. Name(s) of Employees Causing the Damages: N/A or unknown.
- 17. Dollar amount of damages if litigated: In excess of \$25,000.
- 18. Jurisdiction: Unlimited Civil Case.

Dated: February 23, 2023

REIN & CLEFTON

  
 \_\_\_\_\_  
 By: AARON M. CLEFTON  
 Attorneys for Claimant  
 CASEY PROUD

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**PROOF OF SERVICE BY OVERNIGHT MAIL**

I, the undersigned, declare that I am a citizen of the United States, over the age of eighteen (18) years and not a party to the within action. My business address is Rein & Clefton, 200 Lakeside Dr., Suite A, Oakland, CA 94612.

On February 23, 2023, I served the within:

**CLAIM AGAINST PUBLIC ENTITY**

on the RESPONDENTS in said cause, by personally depositing said documents in a U.S. mailbox with all required address and postage properly affixed, for delivery to:

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

I declare the above statement to be true and correct to the best of my knowledge, and so declare under penalty of perjury and under the laws of the State of California, on February 23, 2023, in the City of Alameda, California.



Emily O'Donohoe