## Claim No. 1

### Claim for Damage or Injury Use Black or Blue Ink or Type

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

allowance or payment any false of fraudulent daim is guilty of a felony. (See California Penal Code §72).

X

SIGNATURE OF CLAIMANT

DATE

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

,,	Clerk of the Board Stamp
CLAIMANT, F	VOTIFICATION AND GENERAL INFORMATION   CLAIMANT ADDRESS (REQUIRED)
Michael Brian Powers	
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CL	AIM NOTEFICATION ADDRESS (IF DIFFERENT THAN ABOVE)
Anthony R. Strauss CLAIMANT DATE OF BIRTH MEDICARE BENEFICIARY 2/6/1963	90E 644 000E
DATE OF ACCIDENT ACCIDENT TIME AM/PM.	production and the state of the
3/9/2022 Approx 10 am	ars@strausslawgroup.com
County Government Center,	800 S. Victoria Ave., Ventura, CA 93009
	PROPERTY DAMAGE
	OCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:
	right to a name clearing hearing; loss of income, an amount in excess of \$10,000 to be determined.
STATE THE NATURE AND EXTENT OF CLAIMANT'S INJUI	PERSONAL INJURY RY WHICH FORMS THE BASIS OF THIS CLAIM:
	right to a name clearing hearing; damage to emotional distress in excess of \$10,000 tbd.
	LIABILITY
	EEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):
See Attachment to Claim No California and United States	<ul> <li>Deprivation of Liberty Interest in Violation of Constitutions</li> </ul>
	AMOUNT OF CLAIM
PROPERTY DAMAGE: Personal Xnjury \$:	TOTAL AMOUNT OF CLAIMS:
	WITNESSES WILLIAM COLL
NAME(S)/ADDRESS(ES):	W.H. W. I. Approximation
Tiffany North; Members Boa	ard of Supervisors, 800 S. Victoria Ave., Ventura,
CRIMINAL PENALITY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS	I DECLARE UNDER THE PENDALITIES 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 DESCRIBITATIONE.
Every person who with intent to defraud presents for	1

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.

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- (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 <b>your</b> 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		
HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?  Yes No	IF "YES", WHAT IS YOUR DEDUCTABLE? INSURANCE COMPANY'S CLAIM NO.?	
Yes  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. 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. Piphus (1978) 435 US 247 (98 S. Ct 1042).

Clam No. Z

Claim for Damage or Injury
Use Black or Blue Ink or Type
Attach Additional Pages if Necessary

guilty of a felony. (See California Penal Code §72).

X

SIGNATURE OF CLAIMANT

DATE

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

Attach Additional Paç	jes ii Necessary		
	CLAIMANT,	NOTIFICATION AND GENERAL INF	Clerk of the Board Stamp
CLAIMANT FULL NAME		CLAYMANT ADDRESS (REQUIRED)	240.114.1 10.14
Michael Brian Po	owers		
PERSON TO BE NOTIFIED OF AN		LAIM NOTIFICATION ADDRESS (IF DIFFE	REW THAN ABOVE)
Anthony R. Stra	USS JEDICARE BEWEFICIARY	215 E Oak St. Uni	t B. Oiai. CA 93023
2/6/1963	Yes Ross N	005 014 0555	
The state of the s	ECIDENT TIME AM/PM	(01 1201010)	
	INK. E ADDRESS AND DESCR	ars@strausslawgroup.co	m
County Governm	nent Center	, 800 S Victoria Ave., Ver	ntura, CA 93009
DESCRIBE PROPERTY DAMAGE	LAIMED, INCLUDING	PROPERTY DAMAGE LOCATION, NATURE OF DAMAGE, CAUSE AND HOW	V VALUE IS CALCULATED:
See Attachment excess of \$10,00	to Claim No 00 to be det	o. 2, Invasion of Personal ermined.	Privacy, Damages in
STATE THE NATURE AND EXTEN	FOF CLAIMANT'S INJU	PERSONAL INJURY RY WHICH FORMS THE BASIS OF THIS CLAIM:	
See Attachment excess of \$10,00	to Claim No 00 to be dete	o. 2, Invasion of Personal ermined.	Privacy. Damages in
INDICATE HOW THE ACCIDENT I	IAPPENED, WHY YOU F	LIABILITY FEEL THE COUNTY IS LIABLE AND NAME OF INVOL	VED COUNTY EMBLOVERYS).
		o. 2, Invasion of Personal	
		AMOUNT OF CLAIM	
PROPERTY DAMAGE:	Personal Injury S:	TOTAL AMOUNT OF CLAIMS:	1 4
The state of the same of the s		1+\$10,000 ; volumi	led civil
NAME(S)/ADDRESS(ES):		WATNESSES	1018 100 100 100 100 100 100 100 100 100
See Attachment	to Claim No	o. 2, Invasion of Personal	Privacy.
CRIMINAL PENALITY FO FRAUDULENT CLAIMS OF STATEMEN	R MAKING FALSE	I DECLARE UNDER THE PENDALITIES OF PERJURY OF THE AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY D ABOVE.	ESTATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT MMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBER
Every person who, with intent to de allowance or payment any false of i	draud, presents for fraudulent claim is	Medral 7.	Tolera.

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.

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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 IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER THE LOSS? Yes No HAVE YOU FILED A CLAIM ON YOUR INSURANCE COMPANY'S CLAIM NO.? IF "YES", WHAT IS YOUR DEDUCTABLE? **INSURANCE CARRIER IN THIS INSTANCE?** No Ves 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

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

Attaon Additional Fagi	23 II 14GCGGGGGGT y	Clerk of the Board Stamp
	CLAIMANT, N	OTIFICATION AND GENERAL INFORMATION
CLAIMANT FULL NAME		CLAIMANT ADDRESS (REQUIRED)
Michael Brian Powers PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM		IM NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)
Anthony R. Strau	uss	215 E. Oak St. Unit B. Oiai, CA 93023
Parameter Contract Co	EDICARE BENEFICIARY	PHONE NUMBER(S)
2/6/1963	Yes W No	805-641-9995
CONTROL MANAGEMENT AND THE PROPERTY OF THE PRO	CCIDENT TIME AM/PM.	EMAIL ADDRESS (OPTIONAL)
3/9/2022 A	Approx 9 am E Address and descrip	ars@strausslawgroup.com TION TO LOCATE ON A MAP
County Governm	ent Center,	800 S. Victoria Ave., Ventura, CA 93009
DESCRIBE PRODERTY DAMAGE	CLAYMED INCLUDING LO	PROPERTY DAMAGE CATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:
Wrongful Termin determined.	ation; loss o	f income and benefits in excess of \$10,000, to be
		PERSONAL INJURY
STATE THE NATURE AND EXTEN	FOF CLAIMANT'S INJURY	WHICH FORMS THE BASIS OF THIS CLAIM:
-		ge to reputation, mental suffering and emotional ), to be determined.
		LIABILITY
	,	EL 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 CLASMS:
	-	WITNESSES
NAME(S)/ADDRESS(ES):		
Tiffany North; Sh	nawn Atin; B	oard of Supervisors; 800 S. Victoria Ave., Ventura,
CRIMINAL PENALITY F FRAUDULENT CLAIMS ( STATEME	OR MAKING FALSE	I DECLARE UNDER THE PENDALITIES 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.
Every person who, with Intent to	defraud, presents for	Medal F. Town
allowance or payment any false o guilty of a felony. (See California	f fraudulent claim is	Medal + House

SIGNATURE OF CLAIMANT

DATE

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# 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 14th 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; <u>Campanelli v. Bockrath</u> (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
Use Black or Blue link 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

, madit radial ragos ir rvodaskiry	Clerk of the Board Stamp	
CLAIMANT FULL NAME CLAIMANT, NO	TIFICATION AND GENERAL INFORMATION	
Production towards assessment	CLAYMANT ADDRESS (REQUIRED)	
Michael Brian Powers PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM	M NOTIFICATION ADDRESS (1F DIFFERENT THAN ABOVE)	
Anthony R. Strauss		
CLAIMANT DATE OF BIRTH   MEDICARE BENEFICIARY	215 E Oak St. Unit B. Ojai. CA 93023	
2/6/1963 Yes Wes	805-641-9995	
DATE OF ACCIDENT ACCIDENT TIME AM/PM.	EMAIL ADDRESS (OPTIONAL)	
3/10/2022 unk. PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPT	ars@strausslawgroup.com	
County Government Center, o	300 S Victoria Ave., Ventura, CA 93009	
DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOC	PROPERTY DAMAGE ATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:	
	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		
Intentional Infliction of Emotion	nal Distress, causing anxiety, mental suffering ar	
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 c	copy of the "draft" investigative report concerning	
	Mr. Powers, the County violated his right to	
	e intent to cause him emotional distress, anxiety,	
mental suffering and other rela		
mental suffering and other rela	ated injuries.	
	AMOUNT OF CLAIM	
PROPERTY DAMAGE: Personal Xnjury \$:	TOTAL AMOUNT OF CLAXMS:	
	WITNESSES	
NAME(s)/ADDRESS(ES);		
As yet unknown County emplo	oyee(s) and/or elected official(s).	
CRIMINAL PENALITY FOR PRESENTING	DECLARE UNDER THE PENDALTHES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT	
FRAUDULENT CLATMS OR MAKING FALSE	AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIB ABOVE.	
	1- 05	
Every person who, with Intent to defraud, presents for allowance or payment any false of fraudulent claim is	Richard R. Form	
guilty of a felony. (See California Penal Code §72).	X	

SIGNATURE OF CLAYMANT

DATE

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INSTRUCTIONS REGARDING INSURANCE COVERAGE		
In order that claims may be properly adjusted by Risk Management or <b>your</b> 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?	IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER	
Yes No		
HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?  Yes No	IF "YES", WHAT IS YOUR DEDUCTABLE?	INSURANCE COMPANY'S CLAIM NO.?
IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS CLAIM? (It is necessary that you ascertain these		ES IT PURPOSE TO TAKE WITH REFERENCE TO YOUR
PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER		
NAME OF CLAIMANT  MULAGE BEACH PRINCES		

## Claim No. 5

## Claim for Damage or Injury Use Black or Blue lnk 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

DATE

CLAIMANT, NOTIF	ICATION AND GENERAL INFORMATION	
	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. Oiai. CA 93023	
2/6/1963 Yes No	805-641-9995	
DAYE OF ACCIDENT ACCIDENT TIME AM/PM.	EMAIL ADDRESS (OPTIONAL)	
3/10/2022 unk. PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION		
County Government Center, 800 S Victoria Ave., Ventura, CA 93009		
DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATIO	PROPERTY DAMAGE  N, 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.		
STATE THE NATURE AND EXTENT OF CLAIMANT'S XNJURY WHICH	PERSONAL INJURY	
	Distress, causing anxiety, mental suffering and	
	and consequential damages in excess of	
	LIABILITY	
	COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):	
	y of the "draft" investigative report concerning.  Powers, the County violated his right to	
privacy and caused him emotion related injuries.	al distress, anxiety, mental suffering and other	
	AMOUNT OF CLAIM	
	AL AMOUNT OF CLAIMS:  - \$ 10, 800', Unlimated Civil.	
NAME(S)/ADDRESS(ES):	WITNESSES	
As yet unknown County employe	ee(s) and/or elected official(s).	
CRIMINAL PENALITY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS		
Every person who, with Intent to defraud, presents for allowance or payment any false of fraudulent daim is guilty of a felony. (See California Penal Code §72).	burles B. Farm	

SIGNATURE OF 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 daim 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 <b>your</b> 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?	IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER		
Yes No			
HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE?  Yes No	IF "YES", WHAT IS YOUR DEDUCTABLE?	INSURANCE COMPANY'S CLAIM NO.7	
Yes  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 WICHARD BYIGH POWERS			