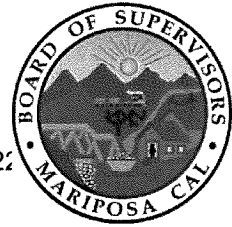


# MARIPOSA COUNTY

Human Resources/Risk Management • (209) 966-3222



## RESOLUTION - ACTION REQUESTED 2018-206

MEETING: May 8, 2018  
TO: The Board of Supervisors  
FROM: Steve Dahlem, County Counsel - Interim Human Resources Director  
RE: Rejection of Claim No. C17-11 Claimant: Jeffrey Brown

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### RECOMMENDATION AND JUSTIFICATION:

Reject Claim No. C17-11 presented by Jeffrey Brown in the Amount of \$2,500,000.00; and authorize the Board of Supervisors Chair to sign the Notice of Rejection.

The claimant alleges personal injury while in custody at the Mariposa County Detention Facility. The claimant failed to meet the burden of proof of liability; therefore, it is recommended that this claim be rejected.

### BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has previously rejected unsubstantiated claims.

### ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

### ATTACHMENTS:

Claim No. C17-11 Jeffrey Brown (PDF)  
Notice of Rejection - Brown (DOC)

**RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]**

**MOVER:** Merlin Jones, District II Supervisor

**SECONDER:** Kevin Cann, District IV Supervisor

**AYES:** Smallcombe, Jones, Long, Cann, Menetrey



Jeffrey Brown  
7071 Snyder Ridge Road  
Mariposa, CA 95338

**NOTICE OF REJECTION OF CLAIM NO. C17-11/JEFFREY BROWN**

Notice is hereby given that the claim which you presented to the Board of Supervisors on December 29, 2017 for \$2,500,000.00 was rejected by operation of law on February 12, 2018.

The foregoing was passed by the following vote of the Board on the 8<sup>th</sup> day of May 2018:

AYES: SMALLCOMBE, JONES, LONG, CANN, MENETREY  
NOES: NONE  
ABSENT: NONE  
ABSTAINED: NONE

ROSEMARIE SMALLCOMBE, Chair  
Board of Supervisors

ATTEST:

RENE' LA ROCHE  
Clerk of the Board

APPROVED AS TO FORM:

STEVEN W. DAHLEM  
County Counsel

**Warning**

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

**Proof of Service by Mail**  
(1013a, 2015.5 CCP)

STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

I am a citizen of the United States and a resident of the aforesaid County. I am over the age of eighteen years and not a party to the within entitled action; my business address is 4988 11<sup>th</sup> Street (P.O. Box 1917), Mariposa, CA 95338. On May 16, 2018 I served the within Notice of Rejection of Claim No. C17-11/Jeffrey Brown on the claimant in said action by placing a true copy in a postage-paid envelope addressed to the person(s) hereinafter listed, in California, addressed as follows:

Jeffrey Brown  
7071 Snyder Ridge Road  
Mariposa, CA 95338

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed on May 16, 2018 at Mariposa, California.

  
\_\_\_\_\_  
Donna Wass

**COUNTY OF MARIPOSA CLAIM FORM**

CLAIM OF Jeffrey Brown  
(Claimant)  
v.  
COUNTY OF MARIPOSA

CLAIM FOR PERSONAL INJURY  
AND/OR PROPERTY DAMAGE  
(Government Code § 910)

C17-11 RECEIVED

DEC 29 2017

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

BOARD OF SUPERVISORS

YOU ARE HEREBY NOTIFIED that: (Please type or print)

Claimant: Jeffrey Brown  
Whose address is: 7071 Snyder Ridge Road  
City and State: Mariposa, CA Zip: 95338

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of \$ 2,500,000.00

This claim is based on: (CHECK APPROPRIATE BOX OR BOXES)

- Property Damage
- Personal Injury
- Contract
- Other (Please List) \_\_\_\_\_

which occurred on 07/02, 20 17 in the vicinity of (place where incident occurred):  
(MONTH/DAY)

Mariposa County Jail

(PLACE WHERE INCIDENT OCCURRED)

Describe generally the facts and circumstances that give rise to the claim: (Please provide another page if more space is needed.)

On the day of July 2nd, 2017, I was injured while in custody of the Mariposa County Jail. I suffered multiple broken bones, a dislocated shoulder, torn muscles, torn tendons and nerve damage. Breaks included: right rotator cuff, right hand, jaw, right cheek bone, right eye socket. I was seen by a Dr. Donald Peara on July 11, 2017, in Merced for Maxillofacial Surgery. Due to the extensive damage of my face, I was referred by Dr. Donald Peara to UCSF OMS Unit in Fresno. Ten and a half weeks later, I Jeffrey Brown was finally seen at UCSF OMS Unit in Fresno. At this time Dr. Julian (Surgeon) stated that I needed surgery immediately, waiting would cause more damage to the already incurred injuries. If surgery is delayed there would be more

The name(s) of the public employee(s) causing claimant's injuries or damages under the above-described circumstances is/are:

Mariposa County Jail; Lieutenant Cody Hart

Pg. 1

Continue: Jeffrey Brown

Extensive work to be done, which would lead to more pain, suffering, and more surgeries. The county jail staff (lieutenant) denied my surgery at that time and said they would schedule it in 60 to 90 days; it was already 10 ½ weeks at this point. I was also denied pain prescriptions the entire 4 ½ months I was incarcerated, with the above injuries. The pain was and still is horrendous. Dr. Julian fought for me to have the surgeries and was denied by the Mariposa County Jail Staff.

I was also seen by Dr. Ward for my shoulder at Yosemite Bone and Joint Incorporated. He also recommended surgery sooner rather than later. The surgery was for the broken rotator cuff, torn muscles and tendons. He was also denied by Mariposa County Jail Staff. He was told, along with Dr. Julian, that my court dates were more important, so until they were done there would be no surgeries.

I'm at almost 6 months and due to insurance problems, my shoulder surgery still hasn't happened. I just had my first facial surgery on December 15, 2017, by Dr. Julian. Dr. Julian stated that because the surgery was delayed so long after the injury had occurred that there was more damage (he had to saw bones that had healed wrong), thus resulting in more extensive surgery and pain and the need for further surgeries.

*I was denied my basic medical and human rights. I had to suffer these injuries while being lied to about appointments, medical care and treatment, prescriptions, and denied surgeries. All the surgeons and doctors, past and current, agree my medical rights were violated. My healing and recovery would have been far less extensive and painful if Mariposa County Jail Staff would have responded to the Doctors and Surgeons recommendations for treatment. I have letters from the doctors and surgeons stating these facts.*

Due to the injuries and the lack of treatment that I should have received, I am currently out of work and will be for quite some time, this is due to the fact that I am recovering from my first facial surgery, and still waiting for the shoulder surgery. I also lost my rental because of my inability to work at this time.

Signed,



Jeffrey Brown  
December 29, 2017

The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of:  
(Describe generally claimant's injuries or damages)

Broken right hand, broken right shoulder, dislocated right shoulder, torn tendons and muscles in right arm,  
broken right eye socket, broken right cheek bone, broken jaw. Permanent severe (85 - 95%) nerve damage to  
right side of face.

The amount claimed, as of the date of presentation of this claim is computed as follows:

**Damages incurred to date:**

Expenses for medical and hospital care \$ 50,000.00 - *estimated - no bills rec'd*  
Loss of earnings \$ 4,800.00

Specific damages (ITEMIZE & PROVIDE 3 REPAIR ESTIMATES)

Facial Surgeries (1 done more needed) \$ *See above - contact dr. Julian*  
Shoulder Surgery (needed) \$ *Waiting for insurance*

Other damages (ITEMIZE)

Personal Pain & Suffering \$ 1,750,000.00  
\$ \_\_\_\_\_

**TOTAL DAMAGES INCURRED TO DATE: \$ 1,804,800.00**

**Estimated future damages as far as known from this incident:**

Total estimated prospective damages: \$ 695,200.00

**TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ 2,500,000.00**

All notices or other communications with regard to this claim should be sent to claimant at:

7071 Snyder Ridge Road, Mariposa, CA 95338

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Please return the completed form to: Clerk of the Board, 5100 Bullion St, PO Box 784, Mariposa, CA 95338

**\*\*PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.**

Dated: 12/29/2017

Signed: \_\_\_\_\_

(CLAIMANT/AGENT FOR CLAIMANT)

Government Code § 911.2 Time of or presentation of claims

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than one year after the accrual of the cause of action.

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

**INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

Mariposa County Sheriff's Dept. (County Jail)  
5099 Old Hwy N  
Mariposa, CA 95338

2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State and Zip code.

Jeffrey Brown  
7071 Snyder Ridge Road  
Mariposa, CA 95338

3. TYPE OF EMPLOYMENT

MILITARY  CIVILIAN

4. DATE OF BIRTH

06/30/1977

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

07/02/2017 Sunday

7. TIME (A.M. OR P.M.)

Est. 5:00 A.M.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

On the day of July 2, 2017, I was injured while in custody at the Mariposa County Jail. I suffered multiple broken bones, dislocated shoulder, torn muscles, torn tendons and nerve damage. Breaks included: right rotator cuff, right hand, jaw, right cheek bone, right eye socket. I was seen by Dr. Donald Pearsa on July 11, 2017, in Merced for Maxillofacial Surgery. Dr. Donald Pearsa recommended surgery and referred to UCSF OMS Unit in Fresno. 10 1/2 weeks later, I Jeffrey Brown was finally seen at UCSF OMS Unit in Fresno. At this time Dr. Julian stated that I needed surgery immediately, otherwise it would be more

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Broken Right Hand, Torn Right Bicep and Tendons, Broken Right Rotator Cuff, Dislocated Right Shoulder, Multiple Fracture Jaw, Broken Right Cheek Bone, Broken Right Eye Socket

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

County Jail Staff  
JCF Fremont Medical

5379 Hwy 49, Mariposa, CA 95338  
5189 Hospital Road, Mariposa CA 95338

12. (See instructions on reverse).

**AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

2,500,000

2,500,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

209-966-5479

12/28/2017

**CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM**

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

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287 1001.)

Continued:

Extensive surgery and damages. The county jail staff denied my surgery at that time and said they would schedule it in 60 to 90 days; and it was already 10 ½ weeks out at this point. Dr. Julian fought for me to have the surgeries and was denied. Also, Dr. Ward, at Yosemite Bone and Joint, fought the county jail for shoulder surgery to repair my broken rotator cuff and torn muscles and tendons. He was also denied by the county jail staff. He was told that until my court dates were done, I couldn't have my surgery. I'm at almost 6 months out and still haven't had my surgery to my shoulder due to insurance problems. I just had my facial surgery on 12/15/17 by Dr. Julian and he stated that because the surgery was scheduled so long after the injury occurred there was more damage thus resulting in more extensive surgery.

I was denied my basic medical rights. All the surgeons and doctors all agree with me and have letter stating this.



**INSURANCE COVERAGE**

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance?  Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number.  No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible?  Yes  No 17. If deductible, state amount

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance?  Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code).  No

**INSTRUCTIONS**

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority** The requested information is solicited pursuant to one or more of the following 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose** The information requested is to be used in evaluating claims.
- C. **Routine Use** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.