

FILE WITH:  
CITY CLERK'S OFFICE  
200 Lincoln Avenue  
Salinas, CA 93901

**City of  
Salinas**  
**CLAIM FOR DAMAGES  
TO PERSON OR PROPERTY**

CITY OF SALINAS  
CLAIM NO.  
(Assigned by City)

JUN 18 2015

CITY CLERKS OFFICE



**INSTRUCTIONS**

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2.)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim form before filing.
4. See page 2 for Diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Attach supporting documentation such as estimates or invoices.

**TO: CITY OF SALINAS**

Date of Birth of Claimant

Name of Claimant Jose Velasco

Occupation of Claimant

Home Address of Claimant City and State

Home Telephone Number

Business Address C/O ATTY. JOHN L. BURRIS  
Of Claimant 7677 OAKPORT STREET, #1120, OAKLAND, CA 94621

Business Telephone Number  
510-839-5200

Give address and telephone number to which you desire notices or communications to be sent regarding this claim: C/O ATTY. JOHN L. BURRIS  
7677 OAKPORT STREET, #1120, OAKLAND, CA 94621

When did DAMAGE or INJURY occur?  
Date 06/15/15 Time AFTERNOON

Names of any City employee involved in INJURY or DAMAGE:

UNKNOWN TO CLAIMANT

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names, addresses and measurements from landmarks:

SEE ATTACHED

Describe in detail how the DAMAGE or INJURY occurred:

SEE ATTACHED

Why do you claim the City is responsible?

SEE ATTACHED

Describe in detail each INJURY or DAMAGE (attach photographs if available):

SEE ATTACHED

SEE PAGE 2

THIS CLAIM MUST BE SIGNED ON PAGE 2

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

Damages incurred to date (exact):

Damage to property.....\$ \_\_\_\_\_  
Expenses for medical and hospital care.....\$ \_\_\_\_\_  
Loss of earnings.....\$ \_\_\_\_\_  
Other damages (please describe): \$ \_\_\_\_\_

SEE ATTACHED

Total damages incurred to date.....\$ \_\_\_\_\_

Total amount claimed as of date of presentation of this claim.....\$ \_\_\_\_\_

Was damage and/or injury investigated by police?  Yes  No If so, what city? SEE ATTACHED

Were paramedics or ambulance called?  Yes  No If so, name city or ambulance service: SEE ATTACHED

If injured, state date, time, name and address of doctor of your first visit: SEE ATTACHED

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

Name : SEE ATTACHED Address : \_\_\_\_\_ Phone : \_\_\_\_\_  
Name : \_\_\_\_\_ Address : \_\_\_\_\_ Phone : \_\_\_\_\_  
Name : \_\_\_\_\_ Address : \_\_\_\_\_ Phone : \_\_\_\_\_

DOCTORS and HOSPITALS :

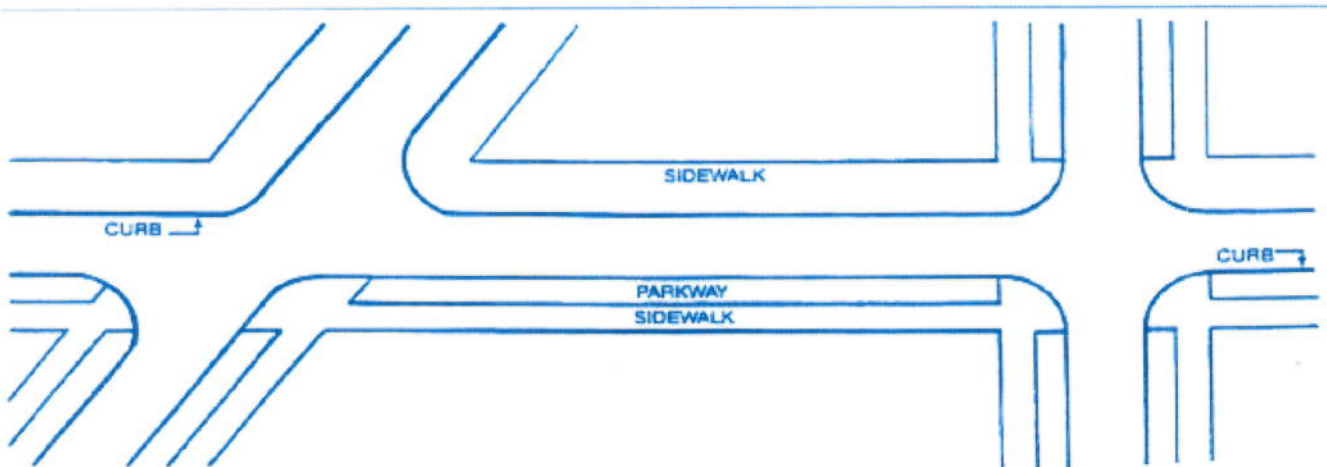
Hospital SEE ATTACHED Address : \_\_\_\_\_ Date Hospitalized : \_\_\_\_\_  
Doctor \_\_\_\_\_ Address : \_\_\_\_\_ Date of Treatment : \_\_\_\_\_  
Doctor \_\_\_\_\_ Address : \_\_\_\_\_ Date of Treatment : \_\_\_\_\_

READ CAREFULLY

For all accident claims, place on following diagram names of streets including North, South, East and West. Indicate place of accident by "X" and by showing house numbers or distances to street corners. If a City vehicle was involved, designate by letter "A" the location of City vehicle when you first saw it, and by "B" the location of yourself or your vehicle when you first saw the City Vehicle.

Designate location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of Claimant or person filing on his/her behalf (provide relationship to Claimant):

*John L. Burris*

Typed Name:

JOHN L. BURRIS

Date:

06/18/15

NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**ATTACHMENT "A"**

Claimants object to your Claim Form because it requires information that constitutes an invasion of the Claimants' privacy. Moreover, the information is not required to be provided by the Claimants under California Government Code Section 910. For example, California Government Code Section 910 does not require that the Claimants provide their home and work numbers, driver's license number, date of birth, auto insurance name and policy number, a diagram of the location of the incident, any statements by the Claimants as to their reasons "for believing the City is liable for your damages, "or a description" of all damages which you believe you have incurred as a result of the incident." For the purposes of this document "CLAIMANTS" means the individual claimants, claimants plural, and all plaintiffs and parties in interest represented by the LAW OFFICES OF JOHN BURRIS. Therefore, Claimants submit the following information in support of his/her Claim pursuant to Government Code Section 910:

CLAIMANTS' NAMES: Jose Velasco and Rita Acosta

ADDRESS TO WHICH ALL NOTICES ARE TO BE SENT: LAW OFFICES OF JOHN L. BURRIS, Airport Corporate Centre, 7677 Oakport Street, Suite 1120, Oakland, CA 94621

CLAIMANTS' TELEPHONE NUMBER: C/O LAW OFFICES OF JOHN L. BURRIS, ESQ. (510) 839-5200

PLEASE NOTE: COUNSEL REPRESENTS CLAIMANTS AND ALL CONTACT SHOULD BE MADE WITH ATTORNEY ONLY.

DATE AND TIME OF INCIDENT: 06/05/2015 at 3:30 p.m.

LOCATION OF INCIDENT: North Main Street, Salinas, California.

THE FOLLOWING PROVIDES A GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGES OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM" AND "THE NAME OR NAMES OF THE PUBLIC EMPLOYEE OR EMPLOYEES CAUSING THE INJURY, DAMAGES, OR LOSS, IF KNOWN: [Per Government Code Section 910].

**DESCRIPTION OF INCIDENT:**

On June 5, 2015, Jose Velasco was walking down North Main Street in Salinas, California. Salinas Police Department officers were dispatched to North Main Street in response to a disturbance call regarding Mr. Velasco walking through traffic.

Mr. Velasco has struggled with mental illness for years. Earlier in the day on June 5, 2015, He told his mother Rita Acosta that he had been seeing demons, and that he believed someone was chasing him. When Ms. Acosta saw her son Jose walking into traffic on North Main Street she

became worried and called 911 in hopes that emergency personnel would be sent out to help her son.

Ms. Acosta then ran to her son, Jose Velasco and began attempting to remove him from the path of oncoming traffic. While Ms. Acosta was trying to get her son out of traffic, two Salinas Police officers arrived at the scene and the officers immediately began striking Mr. Velasco repeatedly with their batons instead of making sure they understood what was happening between Ms. Acosta and her son, Jose Velasco. Mr. Velasco was not posing a threat to anyone.

The two officers continued to beat Mr. Velasco repeatedly with their batons even after he had fallen to the ground. While Mr. Velasco was on the ground a third officer showed up at the scene in order to help put Mr. Velasco in handcuffs. Once the officers began placing Mr. Velasco in handcuffs a fourth officer ran into the street with his baton out, and began to beat Mr. Velasco with his baton as two of the other officers held Mr. Velasco on the ground. The officers hit Mr. Velasco constantly with their batons for more than 90 seconds before finally placing a spit bag over his head and hauling him away from the scene.

Ms. Acosta was sitting less than five feet away from the officers and her son during this violent beating. She yelled for the officers to stop beating her son and tried to tell them he suffers from mental illness. Despite hearing Ms. Acosta pleading for them to stop, the officers continued to hit a defenseless Jose Velasco with their batons while he was on the ground.

Mr. Velasco suffered a broken leg, multiple stitches in his head, bruises on his torso, arms, legs, and face. The Salinas Police Department provided a conflicting version of this outrageous police beating. A video of the incident can be found by following the link provided below:

<https://www.youtube.com/watch?v=bYlcAkv5Sx8>

DESCRIPTION OF CLAIM: Claimants allege that the conduct of individual employees, agents, and/or servants of the CITY OF SALINAS constitute State statutory violations, which might include but are not limited to assault, battery, false imprisonment, negligence, negligent hiring, and intentional infliction of emotional distress, and negligent infliction of emotional distress.

Claimants allege those individual employees, agents and/or servants of the CITY OF SALINAS are responsible for Claimants' injuries, and acts and/or omissions committed within the course or scope of employment under the theory of respondeat superior. Respondeat superior liability includes but is not limited to, negligent training, supervision, control and/or discipline.

Individual employees, agents, and/or servants of the CITY OF SALINAS, include but are not limited to, the chief of police, sheriff, or an individual of comparable title, in charge of law enforcement for the CITY OF SALINAS, and DOES 1-100, and/or each of them, individually and/or while acting in concert with one another.

Claimants allege the appropriate offenses listed below:

Claimant Jose Velasco alleges that the officers conduct violated his state and federal civil rights to be free from violence, intimidation, illegal arrest and excessive force.

Claimant alleges that assault included, but was not limited to, conduct causing claimant to reasonably fear a harmful offensive touching upon claimant's person.

Claimant alleges that battery included, but was not limited to, conduct resulting in a harmful offensive touching upon claimant's person in a manner foreseeable likely to cause injury.

Claimant alleges that false imprisonment included, but was not limited to, acts or omissions causing claimant to be confined or restricted to an area without means of escape while claimant was aware of the confinement.

Claimant alleges that negligence included, but was not limited to, breach of duty upon failing to exercise due care by placing claimant at risk of serious physical injury.

Claimants allege that negligent hiring included, but was not limited to, breach of duty upon failing to exercise due care by hiring individuals likely to cause physical injury to citizens while acting under color of law in an official capacity.

Claimants allege that negligent infliction of emotional distress included, but was not limited to, the failure to use reasonable care to avoid causing emotional distress to another individual. The negligent conduct resulted in Claimant's physical injuries.

Claimants allege that intentional infliction of emotional distress included, but was not limited to, outrageous acts or omissions with the intent to causing emotional distress to another individual. The intentional conduct resulted in Claimant's physical injuries.

Claimants will allege other causes of action subject to continuing discovery.

**DESCRIBE INJURY OR DAMAGE:** Claimants have, or may have in the future, claims for general damages, including, but not limited to, claims for pain, suffering and emotional distress in amounts to be determined according to proof.

Claimants may have and/or may continue to have in the future, claims for special damages, including, but not limited to, claims for medical and related expenses, lost wages, damage to career, damage to educational pursuits, damage to property and/or other special damages in amounts to be determined according to proof.

Claimants may have, and/or may continue to have in the future, damages for permanent mental injuries, permanent mental scarring and/or other psychological disabilities in an amount according to proof.

NAME OF PUBLIC EMPLOYEE (S) BELIEVED TO HAVE CAUSED INJURY OR DAMAGE:

See description of the incident, above.

DEMAND FOR PRESERVATION OF EVIDENCE:

Claimants hereby demand that SALINAS POLICE DEPARTMENT including, but not limited to, the CITY OF SALINAS, its employees, servants and/or attorneys, maintain and preserve all evidence, documents and tangible materials which relate in any manner whatsoever to the subject matter of this Claim, including until the completion of any and all civil and/or criminal litigation arising from the events which are the subject matter of this Claim. This demand for preservation of evidence includes, but is not limited to, a demand that all public safety entities preserve all tapes, logs and/or other tangible materials of any kind until the completion of any and all civil and criminal litigation arising from the subject matter of this claim.

AMOUNT OF CLAIM:

This claim is in excess of \$25,000. Jurisdiction is designated, as "unlimited" and jurisdiction would be in the United States District Court and/or Superior Court of the State of California.

DATED: 6/18/2015 9:59 AM

THE LAW OFFICES OF JOHN L. BURRIS



John L. Burris

JLB:adb