

DEPARTMENT: County Counsel BY: Jeffrey G. Green PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No__)

Pass and adopt this Resolution authorizing the Chairman to sign an order of the Board to reject Claim No. C94-15 for an undetermined amount. Review of the investigative report by the Sheriff's Department indicates that the County is not responsible for claimant's actions and, therefore, the County does not have any liability in this matter.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board usually follows Counsel's recommendation in matters of this nature.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Claim would automatically be denied if no action is taken.

COSTS: (X) Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required additional funding \$ _____
D. Internal transfers \$ _____

SOURCE: () 4/5ths Vote Required
A. Unanticipated revenues \$ _____
B. Reserve for contingencies \$ _____
C. Source description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

Claim No. C94-15.
Notice of Rejection.

CLERK'S USE ONLY:
Res. No.: 94-389
Vote - Ayes: 3
Absent: _____
Approved _____
() Minute Order Attached () No Action Necessary
Ord. No. _____
Noes: _____
Abstained: _____
() Denied

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.
Date: _____
ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: _____
Deputy

Comment: _____

A.O. Initials: JD

1 JEFFREY G. GREEN
2 County Counsel
3 P. O. Box 189
4 5100 Bullion St.
5 Mariposa, CA 95338

6 BEFORE THE BOARD OF SUPERVISORS

7 OF

8 MARIPOSA COUNTY, STA

*Processing
complete on
attached
claim
JA*

9 In the Matter of:)

10 CLAIM FOR DAMAGES PURSUANT)
11 TO GOVERNMENT CODE § 911.6)
12 Claim No. C94-15)

13 David Aguirre, Jr.
14 c/o Watson G. Thoms

15 Attorney at Law

16 1411 5th St., Suite 200

17 Santa Monica, CA 90401

18 having filed with this Board on August 26, 1994 a claim for damages in the amount of
19 \$undetermined;

20 NOW, THEREFORE, it is ordered by the Board of Supervisors that the claim is
21 hereby REJECTED.

22 The foregoing order was passed by the following vote of the Board:

23 AYES: BAGGETT, BALMAIN, ERICKSON, PARKER, TABER

24 NOES: NONE

25 ABSENT: NONE

26 ABSTAINED: NONE

27 Dated this 13th day of September, 1994.

Arthur G. Baggett, Jr.
28 ARTHUR G. BAGGETT, JR., Chairman
Board of Supervisors

29 ATTEST:

Margie Williams
30 MARGIE WILLIAMS, Clerk of the Board

TO: David Aguirre, Jr.
c/o Watson G. Thoms
Attorney at Law
1411 5th St., Suite 200
Santa Monica, CA 90401

RE: CLAIM FOR DAMAGES AMOUNT OF CLAIM \$ Undetermined
NOTICE OF REJECTION

NOTICE IS HEREBY GIVEN that the claim which you presented to the Board of Supervisors of Mariposa County on August 26, 1994 was rejected by action of the Board on September 13, 1994.

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)

"NOTE: This six-month filing period applies only to State Court actions. If your action is based on federal law and/or you intend to file it in Federal Court, a shorter or longer period within which to file the action may apply."

"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."

JEFFREY G. GREEN
Mariposa County Counsel

PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)

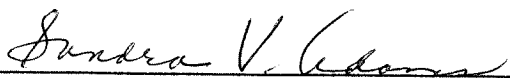
STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

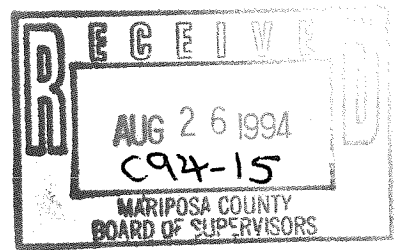
I am a citizen of the United States and a resident of the County aforesaid. I am over the age of eighteen years and not a party to the within entitled action; my business address is 5100 Bullion Street (P. O. Box 189), Mariposa, CA 95338. On September 28, 1994 I served the within Notice of Rejection of Claim No. C94-15 on the claimant in said action by placing a true copy in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope in the U.S. Mail, or by placing a copy into an inter-office delivery receptacle located in Counsel's office:

David Aguirre, Jr.
c/o Watson G. Thoms
Attorney at Law
1411 5th St., Suite 200, Santa Monica, CA 90401

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

Executed on September 28, 1994 at Mariposa, California.


Sandra V. Adams



NAME, ADDRESS AND PHONE NUMBER OF CLAIMANT:

DAVID AGUIRRE, JR.
655 W. 19th STREET
MERCED, CA. 95340

NAME AND ADDRESS OF PERSON TO WHOM ANY NOTICES CONCERNING CLAIM SHOULD BE SENT:

LAW OFFICES OF WATSON G. THOMS
1411 5th STREET, SUITE 200
SANTA MONICA, CA. 90401

DATE AND TIME WHEN DAMAGE OR INJURY OCCURRED.

APPROXIMATELY 1984 AND CONTINUING TO PRESENT AT MERCED CALIFORNIA

LOCATION OF OCCURRENCE:

MERCED COUNTY AND MARIPOSA COUNTY

CIRCUMSTANCES OF OCCURRENCE: (Attach additional sheet, if necessary)

SEE ATTACHED DECLARATION REGARDING ASSAULT, DEPRIVATION OF CIVIL RIGHTS
EMOTIONAL DISTRESS, PHYSICAL SHOCK, LOSS OF SLEEP, ANXIETY.

DESCRIPTION OF LOSS, DAMAGE OR INJURY: HARRASSMENT OF CLAIMANT, DEPRIVATION
OF CIVIL RIGHTS (4245 (c), 1983) VIOLATION OF UNRULE ACT RICO, ASSAULT
AND EMOTIONAL DISTRESS, PHYSICAL SHOCK, LOSS OF SLEEP, ANXIETY.
SEE ATTACHMENT.

NAME(S) OF PUBLIC ENTITY EMPLOYEE(S) CAUSING INJURY, DAMAGE OR LOSS, IF KNOWN:
MARIPOSA COUNTY NARCOTIC TASK FORCE, MERCED COUNTY NARCOTIC TASK FORCE
IN ASSOCIATION WITH THE MARIPOSA NARCOTIC TASK FORCE, CITY OF MERCED
NARCOTIC TASK FORCE AND OFFICER JAMES SLATE, MERCED CITY POLICE, does 1 thru
20 inclusive
AMOUNT CLAIMED AT PRESENT, INCLUDING ESTIMATED AMOUNT OF ANY PROSPECTIVE LOSS:
AMOUNT NOT YET ASCERTAINED, BUT IN THE JURISDICTION OF THE SUPERIOR COURT.

NAMES AND ADDRESSES OF WITNESSES, DOCTORS AND/OR HOSPITALS:

UNKNOWN AT THIS TIME, INVESTIGATION IS STILL PENDING

Claim must be signed and dated by claimant or person acting on claimant's behalf.

Watson G. Thoms
x Authorized Representative

Signature of claimant or person acting on his behalf.

8-17-94
Date

CLAIMANT, WATSON G. THOMS,
ATTORNEY AT LAW

CLAIM TO BE DELIVERED OR MAILED TO:

MARIPOSA COUNTY BOARD OF SUPERVISORS
5100 BULLION STREET
MARIPOSA, CA. 95338

1 ATTACHMENT TO DAVID AGUIRRE JR.
2 (CLAIM AGAINST THE COUNTY OF MARIPOSA
3 MARIPOSA COUNTY NARCOTICS TASK FORCE)
4 "CIRCUMSTANCES OF OCCURRENCE"

5 Claimant was coerced, threatened and eventually addicted to
6 heroin as a result of the County of Merced, The Merced /Mariposa
7 County Narcotic Task Force and Officer James Slate requiring
8 claimant to distribute illicit drugs provided by Officer Slate.

9 The County of Merced and the Mariposa County Narcotic Task
10 Force which failed to supervise, train, control and monitor the
11 activities of it's department and Officer Slate. Further claimant
12 was repeatedly threatened with violence, arrest, and death if
13 claimant did not continue to provide information to investigating
14 officer and act as a government informant.

15 Office Slate consistently threatened claimant, provided
16 drugs to claimant, caused claimant to become deeply addicted to
17 drugs, and when claimants addiction became increasingly severe
18 facilitated and allowed claimant to commit crimes to raise money
19 for his addiction. Claimant became a virtual slave as a result.

20 Dated: August 18, 1994

Respectfully submitted

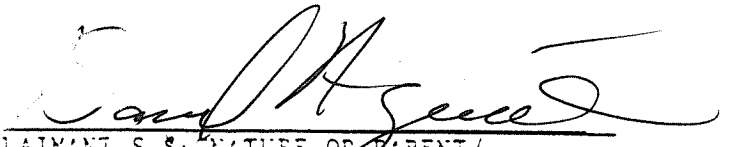
21 

22 Authorized Representative for
23 Claimant, Watson G. Thoms,
24 Attorney at Law
25
26
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28

VERIFICATION OF CLAIM

I, David Aguirre Jr., am the claimant above named.
(claimant's name)

I have read the foregoing claim and know the contents thereof. I duly swear under penalty of perjury that this claim and the contents thereof are true except to those matters stated therein on information and belief and as to those matters I believe to be true.


CLAIMANT'S SIGNATURE OR PARENT/
GUARDIAN'S SIGNATURE IF CLAIMANT IS A
MINOR

NOTICE

Penal Code Section 72 provides:

Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer or to any county, town, city, district, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony.

PROOF OF SERVICE

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STATE OF CALIFORNIA)
) ss.
COUNTY OF MERCED)

I declare that:

I am a employed by the office of a member of the bar of the Court in this action at whose direction the within service was made. My business address is 655 W. 19th Street Merced, California 95340-4702.

I am over the age of eighteen years and not a party to the within cause, On the below executed document date, I served upon the interested party(ies) in this action the following described documents(s):

CLAIM AGAISNT THE COUNTY OF MARIPOSA

on the below named people in said action,

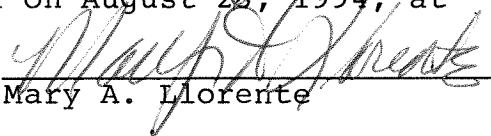
 MAIL: By placing a true copy thereof enclosed in a sealed envelope(s) with First Class pre-paid postage thereon in the United States mail at Merced, California, addressed as set forth below:

 XX BY PERSONAL DELIVERY: By delivering a true copy thereof to the person or office or court box, as indicated, at the address as set forth below:

MARIPOSA COUNTY
BOARD OF SUPERVISORS
5100 BULLION STREET
MARIPOSA, CA. 95338

I declare under penalty of perjury that the foregoing is true and correct. Executed on August 26, 1994, at Merced, California.

DATED: August 26, 1994



Mary A. Llorente