

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



INSTRUCTIONS:

1. Read claim *thoroughly*.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the *original* completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form *must* be signed.

OFFICE USE ONLY

RECEIVED

CLAIM# 455-70 SUM#

NOV 13 2020

CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

BY: *[Signature]*
Deputy

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS
ATTN: CLAIMS DIVISION
P.O. BOX 1147, 4080 LEMON ST., 1ST FL.
RIVERSIDE, CA. 92502-1147 (951) 955-1060

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|--|--|---|-------------------------------------|
| 1. FULL NAME OF CLAIMANT Nasim Nicole Hamrang, MFTA | | 8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? Negligent hiring/supervision/retention of its Employee Jeff Hewitt | |
| 2. MAILING ADDRESS (STREET / PO BOX) 3281 East Guasti Road, Suite 100 | | | |
| CITY Ontario | STATE CA | ZIP CODE 91761 | |
| HOME TELEPHONE () 909-557-1250 | BUSINESS TELEPHONE () 909-557-1250 | | |
| 3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT) 05/15/2020 | | 9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE). Jeff Hewitt, Department: County Board of Supervisors | |
| 4. WHERE DID DAMAGE OR INJURY OCCUR? Cherry Valley, CA | | 10. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION: | |
| STREET | CITY | STATE | ZIP CODE |
| 5. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: The County employed, hired, retained, or otherwise permitted County supervisor, Jeff Hewitt, while on the SOS Team at a skilled nursing facility in Cherry Valley, to sexually harass claimant causing claimant to suffer damages including ongoing emotional trauma/harassment/fear of retaliation arising from the sexual harassment and negligent and intentional infliction of emotional distress as a result of the County Supervisor's conduct. | | NAME: Danielle Sinclair DEPARTMENT: County Board of Supervisors | |
| | | ADDRESS: Riverside Behavioral Health | |
| | | NAME: Kim H., EMT PHONE: | |
| | | ADDRESS: | |
| | | NAME: Ivan Camarillo, EMT PHONE: | |
| | | ADDRESS: | |
| 6. WERE POLICE OR PARAMEDICS CALLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 11. LIST DAMAGES INCURRED TO DATE (attach copies of receipts or repair estimates) | |
| 7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER: | | Ongoing emotional trauma/harassment/fear of retaliation, which exceed \$25,000. | |
| DATE OF FIRST VISIT | PHYSICIAN'S/HOSPITAL'S NAME | | |
| PHYSICIAN'S/HOSPITAL'S ADDRESS | PHONE: | | |
| | TOTAL DAMAGES TO DATE | | TOTAL ESTIMATED PROSPECTIVE DAMAGES |
| | Exceeds \$25,000 | | Exceeds \$25,000 |

THIS CLAIM MUST BE SIGNED TO BE VALID. NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)

WARNING :

- CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- SUBJECT TO CERTAIN EXCEPTIONS. YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

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|---|--|--|---------------------------|
| 12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF <i>[Signature]</i> Attorney | | 13. PRINT OR TYPE NAME Brynna D. Popka | DATE 11/13/2020 |
| SIGNATURE | | RELATIONSHIP TO CLAIMANT | |

12/28/20