

FILE WITH:
City of Culver City
City Clerk's Office
P. O. Box 507

CITY OF CULVER CITY CLAIM FOR DAMAGES

RESERVED FOR FILING STAMP

2020 JUL 22 PM 3:32

CITY CLERK
CITY OF CULVER CITY

9770 Culver Boulevard
CULVER CITY, CA 90232-0507

TO PERSON OR PROPERTY

INSTRUCTIONS

1. Claims for death, injury to person or damage to personal property must be delivered personally to the City Clerk's Office or postmarked and addressed to the City Clerk's Office not later than six months after the date of the occurrence. (Gov. Code Sec. 911.2.).
2. Claims for damages to real property must be delivered personally to the City Clerk's Office or postmarked and addressed to the City Clerk's Office not later than 1 year after the date of 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.

***SSN Is Required
By Federal
Government In
All Claims For
Personal Injury.**

PLEASE SIGN EACH SHEET

Name of Claimant:

Lawrence Perez

Date of Birth of Claimant:

[REDACTED]

Home Address of Claimant (City, State and Zip Code):

[REDACTED]

Home Telephone Number:

[REDACTED]

Business Address of Claimant (City State and Zip Code):

Business Telephone Number:

Give address and telephone number you desire notices sent regarding claim. Include City, State and Zip Code:

Law Office of Annette Morasch, 5701 W. Slauson Ave #210, Culver City, CA 90230

*Claimant's Social Security Number

[REDACTED]

When did DAMAGE or INJURY Occur?

Names of any City employees involved:

Date: 2/20/2020

Time: _____

Officer John Tropeano and DOE Culver City Police Officer

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

Alleyway between Barman Ave. and Sepulveda Blvd., West of Sepulveda, and behind Lifestyle Outdoor hot tub store

Describe in detail how the DAMAGE or INJURY occurred:

Tropeano and DOE Officer unlawfully stopped and searched Perez, used unauthorized handcuffing, racially targeted Perez, unlawfully detained Perez, issued a fraudulent citation

Why do you claim the City is responsible? Give name of City employee(s), (if any) you consider to be responsible for damage or injury.

Officer John Tropeano and DOE Culver City Police Officer violated Perez's Constitutional rights and caused physical injury to Perez, within the course and scope of their employment.

Describe in detail each INJURY or DAMAGE.

Violation of civil and Constitutional rights; racially targeted, physical injury as a result of handcuffs being too tight and having his arms pinned behind his back

You are required by law to provide the information requested to comply with Government Code § 910 and § 910.2:

If amount claimed exceeds \$10,000: No dollar amount shall be included in this claim. However, indicate below whether the claim would be limited civil case. A limited civil case is one where the recovery sought, not including attorney's fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See Code of Civil Procedure §86.)

☐ Limited Civil Case (\$10,000 - \$25,000)

☒ Unlimited Civil Case (More than \$25,000)

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

Damages incurred to date (exact):

Damages to property \$ _____
Expenses for medical care (if any) \$ _____

General damages \$ _____
Total damages incurred to date \$ _____

Estimated future damages, (if any):

Future expenses for medical and hospital care \$ _____
Future general damages \$ _____
Total estimate future damages: \$ _____

Total amount claimed as of the date of presentation of this claim \$ _____

Was damage and/or injury investigated by police? no If so, what city? _____ Police Report # (if any) _____

Were paramedics or ambulance called? no If so, name city or ambulance _____

If injured, state date, time, name and address of doctor of your first visit none

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

Name Ralph Williamson Address _____ Phone 310-349-7699

Name Jimmy Lugo Address _____ Phone 323-497-3579

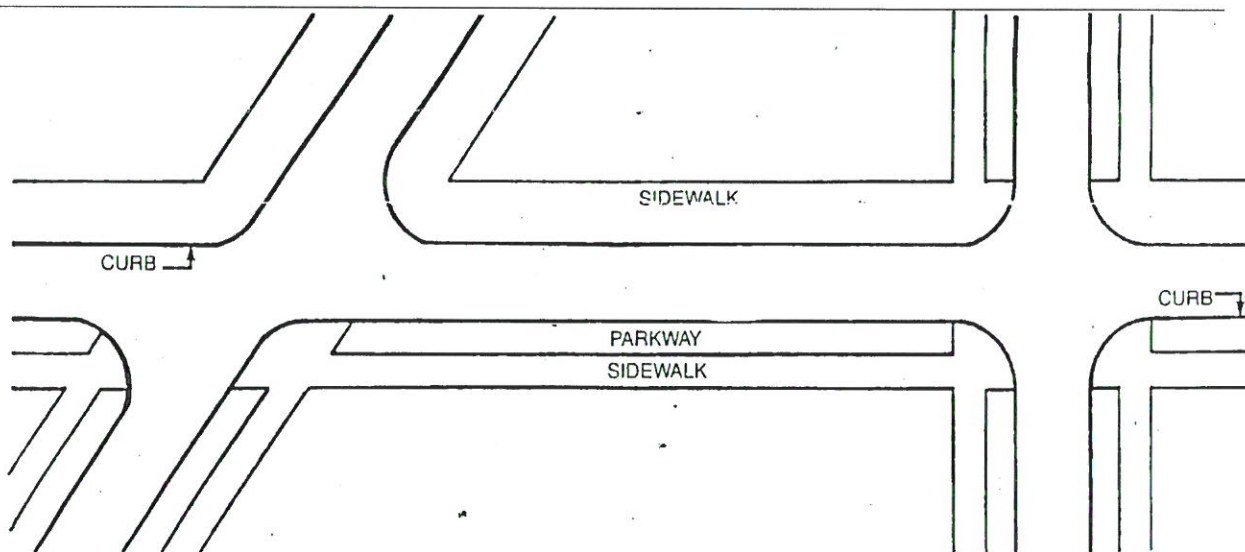
DOCTORS and HOSPITALS:

Hospital _____ Address _____ Date Hospitalized _____

Doctor _____ Address _____ Date of Treatment _____

READ CAREFULLY

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



Signature of Claimant or person filing on his behalf giving relationship to Claimant:

Typed Name:
Annette Morasch
Attorney for Lawrence Perez

Date:
7/18/2020

Annette Morasch
Law Office of Annette Morasch, APC
5701 W. Slauson Ave. Ste. 210
Culver City, CA 90230

SANTA CLARITA
CA 913
18 JUL '20
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