



CLAIM FOR DAMAGES

NOTE: A claim relating to a cause of action for death or for injury to person or to personal property or grown crops shall be presented not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one (1) year after the accrual of the cause of action. (Refer to California Government Code Section 911.2)

INSTRUCTIONS: Deliver or mail the completed claim form to City of Fresno, Risk Management, 2600 Fresno Street, Room 1030, Fresno, CA 93721-3612.

OFFICIAL USE ONLY

Sign and date all attachments to the claim form

Name of Claimant (Injured or Damaged Party) Ignacio Ruiz Jr.		Birthdate of Claimant
		Home Telephone Number n/a
Business Address of Claimant Fresno Police Department, 2323 Mariposa St, Fresno, CA 93721	City/State/Zip Code CA 93721	Business Telephone Number 559-621-7000
		CA Drivers License Number n/a
Name of Person to whom any Notices concerning Claim should be sent (If different from above) Kevin G. Little		Relationship to Claimant Attorney
Address of Person to whom any Notices concerning Claim should be sent (If different from above) P.O. Box 8656, Fresno CA 93747		Telephone Number 559-342-5800
When did Injury, Damage or Loss occur? (Date and Time) January 26, 2023 and ongoing		Police Report Number n/a
Where did Injury, Damage or Loss occur? (Location Name, Street Address, Intersecting Streets, etc.) 2323 Mariposa St, Fresno, CA 93721		
How did Injury, Damage or Loss occur? (Provide full details - Use separate sheets, if necessary) Supervising members of the Fresno Police Department reopened a closed investigation into complainant resulting in a suspension and threatened termination in retaliation for complainant's refusal to engage in illegal activity and reporting said activity.		
What did City or City Employee(s) do to cause the Injury, Damage or Loss? What are the name(s) of City Employee(s) who caused the Injury, Damage or Loss (If known)? Supervising members of the Fresno Police Department reopened a closed investigation resulting in a suspension and threatened termination in retaliation for complainants refusal to engage in illegal activity. Fresno Police Deputy Chief Mindy Casto, Lieutenant Anthony Dewall, Captain Joe Alvarez, and Captain Tom Rowe.		
Describe the Injury, Damage or Loss claimed. (Provide full details - Attach any medical records and use separate sheets, if necessary.) Complainant has endured stress and anxiety related to his suspension, threatened termination, and release of confidential personnel information disclosed department-wide.		
What is the amount of Injury, Damage or Loss claimed, including the estimated amount of any future Injury, Damage or Loss. (Itemize and attach medical bills, property damage estimates, etc.-Use separate sheets, if necessary). If the amount claimed exceeds \$10,000.00, no dollar amount shall be included. However, you shall indicate whether the claim would be a limited civil case. (Refer to California Government Code Section 910(f)) This case would be within the jurisdiction of the superior court, unlimited, or of the federal court.		
Name, Address & Telephone Number of Witness(es), Doctor(s) and/or Hospital(s). (Use separate sheets, if necessary). Fresno Police Deputy Chief Mindy Casto, Lieutenant Anthony Dewall, Captain Joe Alvarez, and Captain Tom Rowe.		
Signature of Claimant or Person acting on Claimant's behalf 		Date 7/21/2023