

File With:  
City Clerk's Office  
City of Fort Bragg  
416 N. Franklin Street  
Fort Bragg, CA 95437

**CLAIM FOR MONEY OR  
DAMAGES AGAINST THE  
CITY OF FORT BRAGG**

RESERVE FOR FILING STAMP

CLAIM NO. \_\_\_\_\_

**RECEIVED**

APR 06 2015

CITY OF FORT BRAGG  
CITY CLERK

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

**If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.**

1. Name and Post Office address of the Claimant:

Name of Claimant: Julian Davis Murphy

Post Office Address: c/o Stephen A. Mason, Esq., 432 D Street, Davis, CA 95616

2. Post Office address to which the person presenting the claim desires notices to be sent:

Name of Addressee: Stephen A. Mason, Esq.

Telephone: 530-760-4070

Post Office Address: 432 D Street, Davis, CA 95616

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: 10/08/2014

Time of Occurrence: Approx. 11:40 p.m.

Location: Mendocino County Adult Detention Facility, 951 Low Gap Road, Ukiah, CA 95482

Circumstances giving rise to this claim: Decedent, Shane Allen Murphy, was found hanging in a cell by cell mates, after alleged suicide, while in custody of Mendocino County Jail, after being arrested by Fort Bragg Police. See attachment.

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim.

Wrongful death of Shane Allen Murphy, and associated personal injuries and damages arising from same.

See attachment.

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

Fort Bragg Police officers, all unknown at this time, except for arresting officer, Officer McLaughlin and Officer Brandon Lee.

6. **If amount claimed totals less than \$10,000:** The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Amount Claimed and basis for computation: Claimant's damages are in excess of \$10,000, and jurisdiction over the claim would be in Superior Court (over \$25,000)

**If amount claimed exceeds \$10,000:** If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney 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 CCP § 86.)

Limited Civil Case

Unlimited Civil Case

**You are required to provide the information requested above in order to comply with Government Code §910.**

7. Claimant(s) Date(s) of Birth:

May 28, 2000

8. Name, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

To date, claimant is only aware of the following: Arresting officer, Fort Bragg Police Officer McLaughlin, Fort Bragg police officer, Brandon Lee, Special Agent Wesley Rafanan, Mendocino County Major Crimes Task Force, Sgt. Scott Poma, Capt. Gregory Van Patten; See attachment.

9. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

*If applicable, please attach any medical bills or reports or similar documents supporting your claim.*

10. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.: Not applicable.

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Insurance Broker/Agent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Claimant's Veh. Lic. No.: \_\_\_\_\_

Vehicle Make/Year: \_\_\_\_\_

Claimant's Drivers Lic. No.: \_\_\_\_\_

Expiration: \_\_\_\_\_

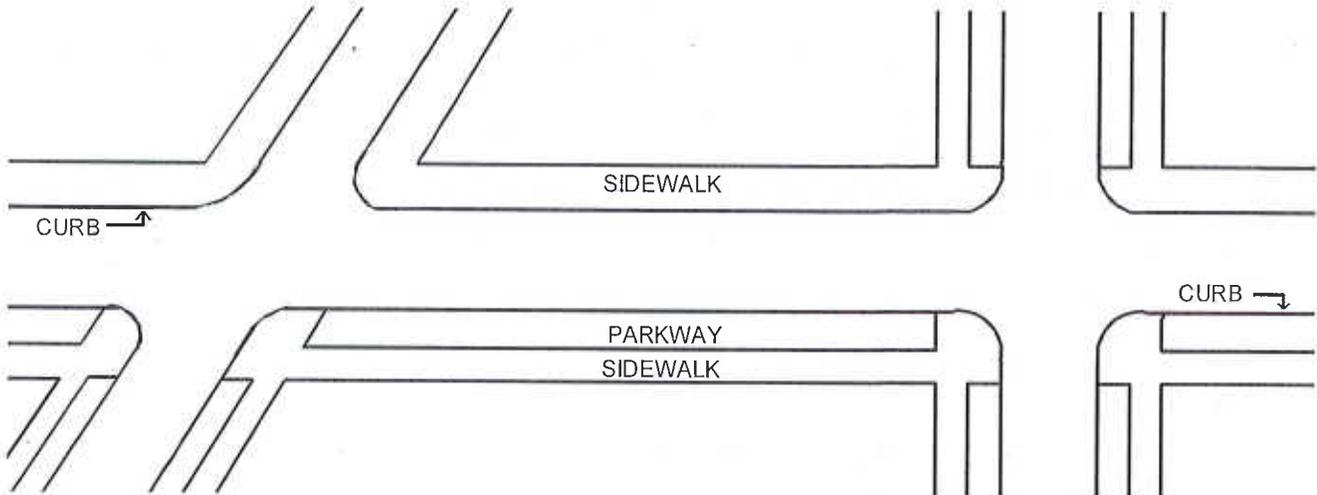
*If applicable, please attach any repair bills, estimates or similar documents supporting your claim.*

**READ CAREFULLY**

For all accident claims, place on following diagram name 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/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw

City/Agency Vehicle; location of City/Agency 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.



**Warning:** Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature: *Steph A. Mason*

Date: *4-2-15*

Steph A. Mason, Esq., Attorney for Claimant Julian Davis Murphy

# **CLAIM FOR MONEY OR DAMAGES AGAINST THE CITY OF FORT BRAGG**

## **ATTACHMENT A**

**Attachment to Paragraph 3:** At the time, unknown Mendocino County employees, Fort Bragg and Ukiah law enforcement personnel were negligent, in that they failed to provide medical evaluation and care; failed to provide mental health evaluation and care; failed to supervise while in custody; failed to summon medical care (Govt Code 845.6); failed to monitor the medical and/or health condition; failed to determine the medication needs while in custody and/or upon intake; failed to keep suicide watch; failed to use restraints as to Shane Allen Murphy, thereby causing his death. Furthermore, Mendocino County, Fort Bragg Police Department, City of Fort Bragg, and Ukiah Police, by and through its employees, as a result, failed to train its employees; failed to provide a non-life-threatening environment creating a dangerous condition; failed to provide for the reasonable safety of its inmates; failed to follow proper departmental policies and procedures, failed to follow proper arrest procedures, including suicide prevention procedures; and violated Shane Murphy's constitutional rights under the 8<sup>th</sup> and 14<sup>th</sup> Amendments; along with civil rights violations under Section 1983 of USC, which lead to his wrongful death. Claimant's investigation is ongoing.

**Attachment to Paragraph 4:** Claimant, a minor child, has suffered and continues to suffer both personal and emotional injuries, requiring hospitalization for severe depression, resulting from the aforementioned negligence on behalf of the County and wrongful death of his father, Shane Allen Murphy. Claimant's medical treatment is ongoing.

**Attachment to Paragraph 8:** Investigators Andrew Alvarado and Bryan Arrington, Mendocino County District Attorney; Derek Paoli; Michael Dygert; Sgt. Caudillo; Corrections Sgt. Richard Spurling; Corrections Deputy Stephen Purcell; Paramedic Eli Weaver, including other unknown law enforcement and corrections personell from City of Fort Bragg, Ukiah, and Mendocino County.

[end]