


CLAIM AGAINST THE CITY OF PALO ALTO

Please Submit form to the City Clerk's Office.
(Attach additional Pages as Necessary)

1. Claimant's Name and Home Address* (Please Print Clearly) Joel Alejo, 1847 Elsie Avenue City: Moutain View, California 94043 Telephone (Primary)* (253) 287-7902 (Email)*		2. Send Official Correspondence to: (If different from Claimant) Law Offices of Eslamboly Hakim 8730 Wilshire Boulevard, Suite 500 City: Beverly Hills, California 90211 Telephone (Primary) (310) 289-9100 (Email) sharona@sehlawfirm.com													
3. Date of Birth (optional) 06/29/1983	4. Date of Incident* 06/25/2020	5. Time of Incident (AM or PM)* 2:30 p.m.													
6. Location of Incident or Accident* 1847 Elsie Avenue, Mountain View, California 94043		7. Claimant Vehicle License Plate #, Type and Year (if applicable)* Not applicable.													
8. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.* See attachment.															
Name and Department of city employee who allegedly caused injury or loss (if known) City of Palo Alto and Palo Alto Police Department (See Case No.: 20-2390).															
Type of City Vehicle Not applicable.		Vehicle License Number Not applicable.													
9. Description of Claimant's injury, property damage or loss* Multiple dog bites right lower extremity, assault, battery wrongful detention, false imprisonment/detention excessive force, extreme physical injury, emotional distress, fear, terror, anxiety, humiliation, loss of sense of security, dignity, and pride, punitive damages, extreme pain, bleeding, bruising, past/future medical expense, past/future loss of earnings/earnings capacity, inconvenience, suffering, disfigurement, scarring and past/future general damages.		10. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.* <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">ITEMS</th> </tr> <tr> <td>Past/Future Medical</td> <td style="text-align: right;">\$ 500,000;</td> </tr> <tr> <td>Past/Future Loss Earnings</td> <td style="text-align: right;">\$ 500,000;</td> </tr> <tr> <td>Past/Future General Damages</td> <td style="text-align: right;">\$ 4,000,000;</td> </tr> <tr> <td>Punitive/Exemplary Damages</td> <td style="text-align: right;">\$ 15,000,000;</td> </tr> <tr> <td>TOTAL AMOUNT</td> <td style="text-align: right;">\$ 20,000,000.</td> </tr> </table> Court Jurisdiction: (Check one) Limited Civil <input type="checkbox"/> Unlimited Civil <input checked="" type="checkbox"/>		ITEMS		Past/Future Medical	\$ 500,000;	Past/Future Loss Earnings	\$ 500,000;	Past/Future General Damages	\$ 4,000,000;	Punitive/Exemplary Damages	\$ 15,000,000;	TOTAL AMOUNT	\$ 20,000,000.
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TOTAL AMOUNT	\$ 20,000,000.														
11. Witnesses Name (if any)		Address													
1. _____ 2. _____		Telephone													
12.  Signature of Claimant or Representative*		Do Not Write In This Space (Clerk Stamp)													
12/07/2020 Date*		20 DEC 18 AM 10:31 CITY CLERK'S OFFICE CITY OF PALO ALTO, CA													
Sharona Eslamboly Hakim, Esq. Print Name*		Attorney for Claimant Relationship to Claimant*													

This claim form, and all attached documents are a public record and shall be provided upon request in conformance with the Public Records Act, Government Code Sec. 6250 et seq.

Criminal penalty for presenting a false or fraudulent claim is imprisonment or fine or both (Penal Code §72).

RE: ALEJO, JOEL
ATTACHMENT TO CITY OF PALO ALTO CLAIM FORM

8. BASIS OF CLAIM. STATE IN DETAIL ALL FACTS AND CIRCUMSTANCES OF THE INCIDENT. IDENTIFY ALL PERSONS, ENTITIES, PROPERTY AND CITY DEPARTMENTS INVOLVED. STATE WHY YOU BELIEVE THE CITY IS RESPONSIBLE FOR THE ALLEGED INJURY, PROPERTY DAMAGE OR LOSS.

Investigation and discovery are ongoing into the facts and circumstances of the incident. Subject to said limitation, without waiving Claimant's right to amend and/or supplement this claim form at a later time, Claimant provides the following information: On or about June 25, 2020, at approximately 2:30 p.m., the City of Palo Alto and Palo Alto Police Department by and through their employees, agents, contractors, subcontractors acting within the course and scope of their employment entered the backyard of Claimant's residence and instructed, directed or otherwise commanded a K-9 police dog to attack and bite Claimant. Claimant at all times was lawfully in the backyard of his residence and sleeping at the time of the incident. Claimant was not involved in criminal activity at the time of the attack. Claimant did not have a warrant for his arrest. The attack did not occur in defense of a peace officer or another person. Nonetheless, the Police K-9 dog was instructed to and commanded to viciously attack and maul claimant causing severe and permanent injuries. (See photographs depicting claimant's injuries attached hereto).

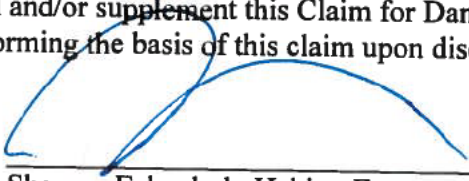
Claimant believes the involved persons/entities and city departments include the City of Palo Alto, Palo Alto Police Department and officer D. Green. Additional information regarding responsible parties should be contained in Palo Alto Police Department Case No. 20-2390 which Claimant's attorneys have requested but has not been provided at the time of filing this claim.

The City of Palo Alto, Palo Alto Police Department, Officer D. Green, involved supervisors so negligently or recklessly hired, supervised, investigated, disciplined, trained, retrained its employees as to be a moving force in the violation of Claimant's civil and common law rights. Claimant claims damages for, inter alia, negligence, negligence per se, violations of statutes, assault, battery, use of force, negligent intentional infliction of emotional distress and other losses in an amount to be shown according to proof, in addition to his federal civil rights for violations of the United States Constitution and for associated intentional tort claims and other state claims arising from a common set of operative facts.

RESERVATION OF RIGHT TO AMEND AND/OR SUPPLEMENT THIS CLAIM:

Claimant reserves the right to amend and/or supplement this Claim for Damages, including asserting additional information forming the basis of this claim upon discovery of new or additional information or facts.

Dated: December 7, 2020

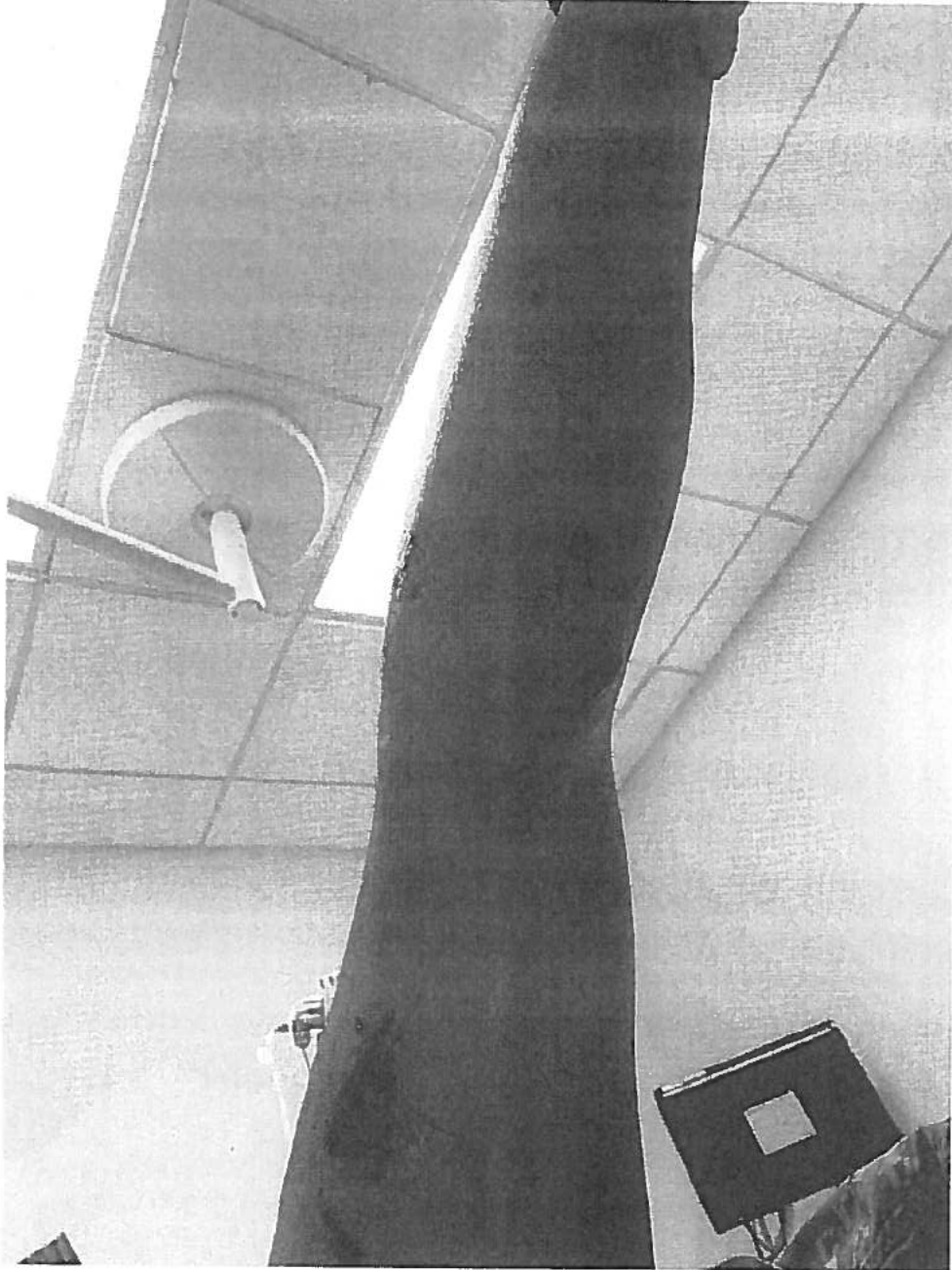


Sharona Eslamboly Hakim, Esq.

Scan on 6/25/2020 3:45 AM by Do. Tin Minh, MD (below)



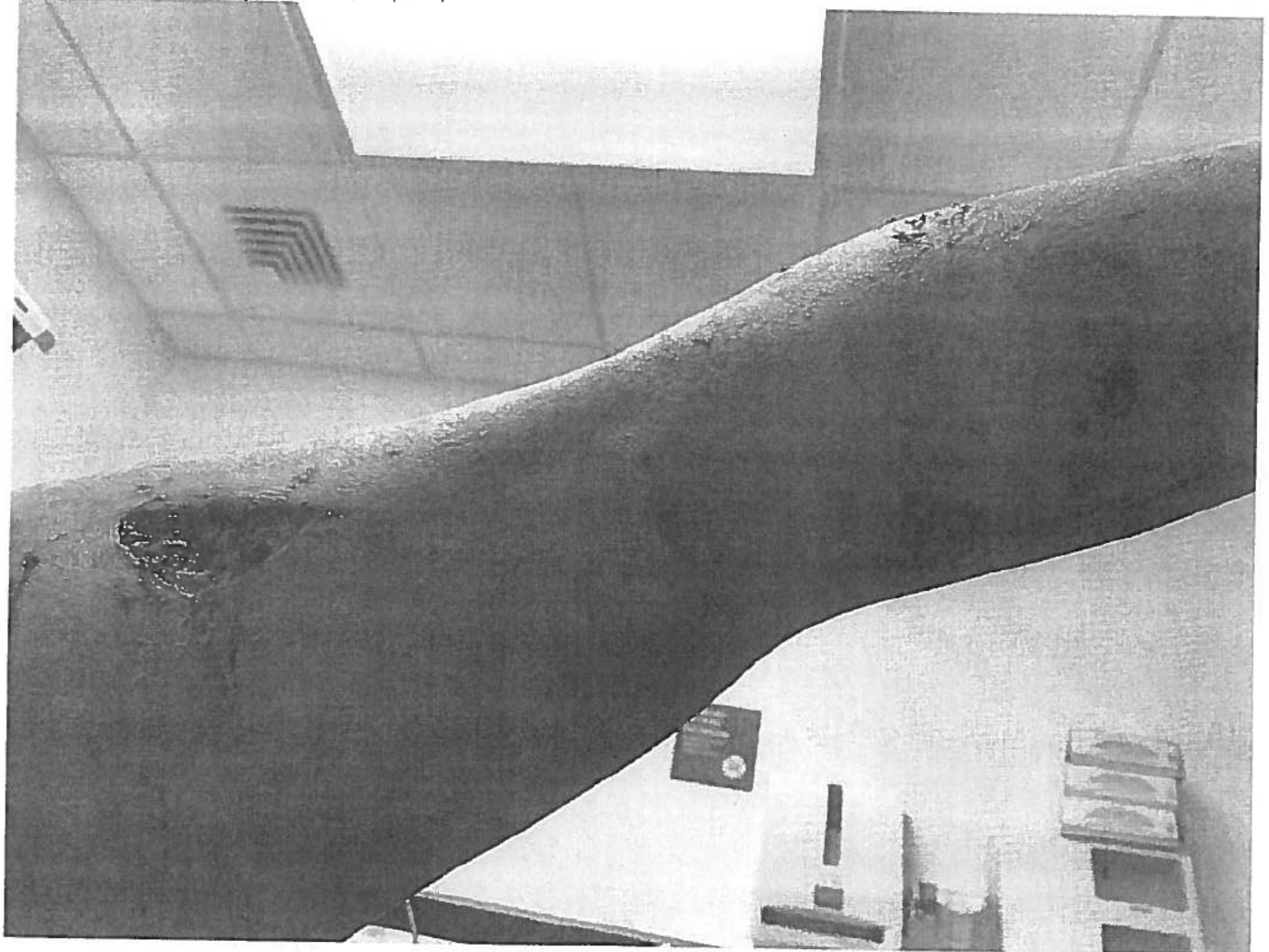
Scan on 6/25/2020 3:44 AM by Do, Tin Minh, MD (below)



Scan on 6/25/2020 3:43 AM by Do, Tin Minh, MD (below)

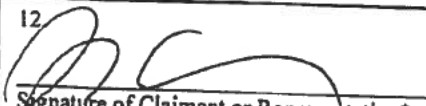


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11. Witnesses Name (if any) Address Telephone 1. _____ 2. _____			
12. Signature of Claimant or Representative*  Sharona Eslamboly Hakim, Esq. Attorney for Claimant Print Name* Relationship to Claimant*		Do Not Write In This Space (Clerk Stamp) <div style="text-align: right; font-size: small;"> 20 DEC 18 AM 10:32 CITY OF PALO ALTO, CA CITY CLERK'S OFFICE </div>	

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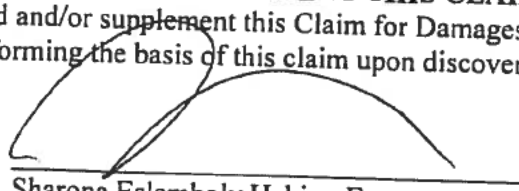
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Dated: December 7, 2020


Sharona Eslamboly Hakim, Esq.



LAW OFFICES OF ESLAMBOLY HAKIM

8730 Wilshire Boulevard, Suite 500
Beverly Hills, California 90211



Law Offices of Sharona Eslamboly Hakim
8730 Wilshire Blvd., Suite 500
Beverly Hills, CA 90211

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ORIGIN ID: BABA (310) 289-9100
SHARONA ESLAMBOLY HAKIM
LAW OFFICES OF ESLAMBOLY HAKIM
8730 WILSHIRE BLVD., SUITE 500

SHIP DATE: 09DEC20
ACTWGT: 1.00 LB
CAD: 100312081/NET4280

BEVERLY HILLS, CA 90211
UNITED STATES US

BILL SENDER

TO CITY CLERK'S OFFICE
CITY OF PALO ALTO
250 HAMILTON AVENUE

PALO ALTO CA 94301

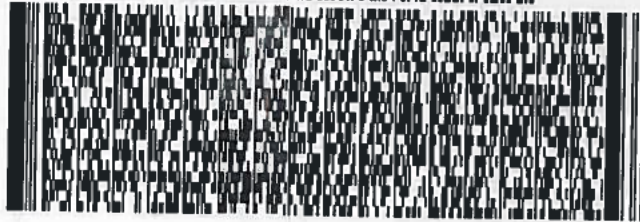
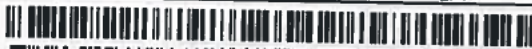
(650) 329-2571

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