

PM 2/20/25

Azizi

# LIABILITY CLAIM FORM



EDC BOS RCVD  
FEB 24 '25 AM 10:25

## RETURN SIGNED CLAIM FORM TO:

Clerk of the Board  
County of El Dorado  
330 Fair Lane  
Placerville, CA 95667

DO NOT WRITE IN THIS SPACE  
(BOARD OF SUPERVISOR'S DATE STAMP)

<b>Name of Claimant:</b> AHMAD JAHESH AZIZI	<b>Claimant's Mailing Address:</b> [REDACTED]
<b>Email:</b> [REDACTED]	
<b>Telephone (Home):</b> [REDACTED]	
<b>Telephone (Work/Cell):</b> [REDACTED]	
<b>*Social Security Number:</b> [REDACTED]	<b>Claimant's Physical Address:</b> (If different than mailing) [REDACTED]
<b>*Claimant's Date of Birth:</b> [REDACTED] <b>*Gender:</b> X M      F	
<b>Driver's License Number:</b> [REDACTED]	

\*If any portion of your claim is for bodily injury, this information is required to comply with Federal Medicare Reporting Requirements. Settlement will be delayed or prevented without this information.

**Where would you like notices sent? (Include name and address if Attorney, Insurance Company or Other)**

Claimant  
 Attorney [REDACTED]  
 Insurance  
 Other

**When did Damage or Injury occur?**

**DATE:** December 21, 2024      **TIME:** 3:00am      X AM      PM

**Where did Damage or Injury occur?**

6505 El Dorado Rd. El Dorado Hills, El Dorado County

**How did Damage or Injury occur? (Give full details – use extra sheet if necessary)**

Claimant, while lawfully performing his duties as a security guard and seated in his vehicle at his place of employment, was unlawfully approached by law enforcement officers in an aggressive manner. Despite being in full uniform and on duty, Claimant was subjected to harassment, intimidation, and verbal abuse by the officers. The officers proceeded to threaten and physically assault Claimant for no valid legal reason. They then discharged non-lethal weapons at him and deployed K-9 units, placing him in fear for his life. As a result of the officers' actions, Claimant was forced to take cover within his vehicle. The impact of the non-lethal rounds caused the vehicle's glass to shatter, leading to Claimant sustaining injuries, including head trauma from striking objects inside the vehicle and lacerations from shrapnel. The incident occurred at Alpha Eagle Security, a secured facility with restricted access, requiring security clearance for entry. The premises house valuable equipment necessitating protection. After they arrested the claimant, the officers realized they had the wrong person and apologized. Police Case #24-9966.

**What particular act or omission on the part of El Dorado County employees caused the Injury or Damage?**

Omission of professional responsibilities and duties, the act of support of allied law enforcement agencies on the day of this happening in a manner that is not responsive to the needs of the community and wholly against the Constitution of the United States and Constitution of California. The total enforcement on crime and criminals applied against an innocent recent immigrant on his nightshift as a security guard, thereby singling out, discriminating, treating inhumanly, physically abusing and abusing professional training and experience without any justice or justification, treating a victim and potential witness in the community as a criminal grouping up against one poor immigrant trying to make a living in this new to him country, without any justice or fairness to him, without following any and all policies and procedures, even failing establishing an identity or to request a form of personal identity, causing substantial harm, damage and loss to the member of your community, who didn't commit any crime and not a criminal, yet suspected and treated as such.

The County will report any payment made on this claim on an IRS form 1099-MISC. No payment will be made without the information furnished on the attached Payee Data Record. Disposition of the claim will rely solely on its merits and the furnishing of any form or other information will not ensure payment.

25,000.14  
CLAIM NUMBER (For Clerk's Use Only)

**What is the name of the El Dorado County employee who caused the Injury or Damage?**

The County of El Dorado, El Dorado County Sheriff's Office and John Does TBA

**What Damage or Injury do you claim resulted?**

Substantial bodily injuries, emergency hospitalization, present intensive health care, in-home care services, necessary medical attention, including a variety of medical specialist to avoid the permanent damage to health and to avoid death. Emotional distress, disbelief, insomnia, depression and related, leading to permanent phycological damage and post-traumatic stress disorder. Damage to immigration status and immigration related matter, permanent injury to immigration status and inability for future employment, loss of income and permanent loss of enjoyment of life, thereby contributing to the above physical, psychological and damages and injuries TBA, pending the thorough medical exemption post the emergency hospitalization, during the present medical attention and care, under a supervision of medical providers and specialists. Damages to the head, hand, and body.

**Amount of this claim is:**

**Under \$10,000**

**\$10,000-\$25,000**

**Over \$25,000**

**If the amount you are claiming is under \$10,000, state the amount of the claim, including the estimated amount of any prospective injury, damage, or loss, as it may be known at this time. (Explain your calculation and attach bills or documents.)**

N/A

**Other Details?**

Claimant left the scene in the ambulance to Marshall Hospital in Placer County after the officers realized that claimant was the wrong person in their investigation. Claimant was placed in handcuffs even after the injuries he sustained from the wrongful conduct of the officers. Claimant believes other law enforcement agencies besides El Dorado were involved but cannot identify them at this time due to limited information.

**Names and Addresses of Witnesses, Doctors and/or Hospitals:**

100 Marshall Way, Placerville, CA 95667

In-house, outpatient, specialist and related medical records post this traumatic event TBA

**Claimant's Signature:**



**Date:**

2/18/2025

**Take Notice:**

**Section 72 of the Penal Code provides:**

**"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable... as a felony."**



9920 PACIFIC HEIGHTS BLVD., SUITE 150  
SAN DIEGO, CALIFORNIA 92121  
TELEPHONE (619) 535-0009  
FACSIMILE (619) 535-0115  
SAM@ALEMILAWS.COM

February 20, 2025

### **Liability Claim Against the County of El Dorado, El Dorado County Sheriff's Office Cover Letter**

Mr. Ahmad Jahesh Azizi, a member of the community and a victim in the County of El Dorado, suffered indescribable mistreatment at the hands of El Dorado County Sheriff's Office personnel on December 21, 2024. Seeking justice and fairness, he has retained Alemi Law to litigate on his behalf.

This undisputed liability claim briefly outlines the suffering of Mr. Azizi, who has since that traumatic day been searching for answers—why he had to endure such inhumane treatment and why he continues to live in fear of those who are supposed to protect him. Instead of upholding their duty to serve and protect, *law enforcement personnel from this office, in coordination with allied agencies, abused their power and authority, taking advantage of a recent immigrant, singling him out, and violating his rights.*

Despite Mr. Azizi's clear compliance, his pain, suffering, and cries for help were ignored. Those involved blatantly disregarded established policies, procedures, and basic human decency. On that day, while in uniform and performing his professional duties as a security guard, working his night shift, Mr. Azizi was willing and ready to cooperate. However, instead of being heard, he was attacked, subjected to excessive force, and treated as a criminal, even though he had done nothing wrong.

Mr. Azizi has been working hard to become a self-sufficient member of his community, but this incident has left him with lasting physical injuries, emotional distress, and psychological trauma.

**Name of Claimant (per the attached Liability Claim Form):** Ahmad Jahesh Azizi

**Date of Incident:** December 21, 2024

**Liability Claim Filed Against:** County of El Dorado, El Dorado County Sheriff's Office

#### **Contact Information for Notices and Communications**

All communications regarding this matter should be directed exclusively to:

**Alemi Law**

Attn: **Sam Alemi, Esq.**

9920 Pacific Heights Blvd, Suite 150

San Diego, CA 92121

#### **Circumstances of the Incident:**

As detailed further in the attached Liability Claim Form, the incident that occurred on December 21, 2024, remains an intolerable experience for Mr. Azizi. What should have been a routine law enforcement response escalated into a violent attack, leaving him in urgent need of emergency medical treatment, ongoing care, and emotional support.

The severe physical and emotional harm inflicted upon him has left him hopeless, ashamed, and unable to trust those he once believed were there to protect him. This is a case where an immigrant was unjustly treated as a criminal, without due process, fairness, or justice.



P: (916) 837-2041  
F: (619) 535-0115



sam@alemilaws.com  
www.alemilaws.com



9920 Pacific Heights Blvd, Suite 150  
San Diego, CA 92121

26-0892 A 3 of 5

Now, Mr. Azizi seeks answers. The individuals responsible for these acts and omissions must be held accountable, and their conduct must be addressed in a court of law.

**Liable Parties and Damages**

- Law enforcement agencies, leadership, and personnel involved (specific names remain unknown and will be identified as "John Doe" defendants until established at trial).
- Claim Amount: Over \$10,000 and exceeding \$25,000 (Unlimited Civil Case).

**Government Claim** is filed pursuant to **California Government Code § 910 et seq.** and is submitted along with the **attached Liability Claim Form**. The submission consists of:

1. Liability Claim Form (2 pages)
2. Government Claim Letter (2 pages)

**Total:** Five (4) pages.

This claim meets all legal requirements, has been properly prepared, signed, and is being delivered via Certified Mail to the liable parties in preparation for litigation.

**Demand for Response and Cease-and-Desist Request:**

A formal written response is required within the legally mandated timeframe. If no timely or appropriate response is received, we will proceed accordingly.

Furthermore, this letter serves as an immediate request that the El Dorado County Sheriff's Office and all associated agencies cease and desist from any further direct, unsolicited communication, physical contact, or retaliatory actions against Mr. Azizi. He is now represented by counsel, and any future interactions must occur only with my written consent and legal presence.

We look forward to your timely response and cooperation in resolving this serious matter.

Sincerely,



Samander Alemi  
*Attorney At Law*  
9920 Pacific Heights Blvd. #150  
San Diego, CA 92121  
(916) 837-2041  
sam@alemilaws.com

