

COUNTY OF SAN LUIS OBISPO ADMINISTRATIVE OFFICE

MEMORANDUM

To:

Risk Management and County Counsel

From:

Maria Brown

Date:

January 19, 2021

Subject:

Claim Against the County

Name of Claimant:

Sam J Grocott

Type of Service: (check one) ☑ Received over the counter on: 1/19/2021

☐ Received by mail on: N/A

Attachment

05:145/ D-10 DMH;ALM

CLAIM AGAINST THE COUNTY OF SAN LUIS OBISPO

You may file in person or mail completed form to:

County Administration Office County Government Center 1055 Monterey Street, Room D430, San Luis Obispo, CA 93408

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JAN 1 9 2021

WADE HORTON, CLERK OF THE BOAR

Do Not Write in This Space
DEPUTY CLERK

Claimant Name: Grocott	Sam	J	
Date of Birth: 01/09/1995	First .	Middle Initial	.<
Claimant Address: 763 San Street/P.O. B	ox City	State/Zip Code SSINSOBIST 201	1
Address Where Hothes Are to	be sent (ii different from abo	SAM JAM	
Phone Numbers: Home	Work	805-423-0175 Other	
Amount of Claim: \$ Exceed	\$10,000 - unlimited civ	vil case	
Date and Time of Accident/Incident/Loss: 7/21/	2020 - continuing		
Location of Accident/Incident/	CLOSS: Grocott was charge	ed by DA Dow on 10/16/2020 based	
on bias and racial discrim	nination. Malicious prose	cution charges are warranted.	
Describe How This Accident/In	cident/Loss Occurred: Supe	erior Court Judge Guerrero found	
unparalled bias and di	scrimination in the DA'	's office and prosecution of Grocott.	
Violations of his civil ri	ghts under federal and	l state laws are alleged.	
DA Dow has defamed	Grocott and prosecute	ed him in an unlawful manner.	
		ed loss of income, defamation unlawful prosecution by	•
		hts under 42 U.S.C. Sec 1983	
		lonell Claim); Cal. Civ. Code Sec 52.1	
			
	motional distress. Detam	nation and other applicable torts	
and claims.		•	
	700000000000000000000000000000000000000		

11. Name(s) of Public Employee(s) Allegedly Causing Damage/Injury/Loss (if known): **Employee Name** County Dept./Board-Governed District Dan Dow County District Attorney Does 1-10 12. Itemized List of Expenses/Damages (should equal line 6): * Amount £xcess of \$10,000 Total *For property damage claims-- please attach 2 estimates for repair and photographs of damage. Every person who, with intent to defraud, presents for allowance or payment to any county authorized to allow or pay same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable by either imprisonment in the County jail for a period of not more than one year, by a fine of not exceeding one-thousand dollars (\$1,000.00), or both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten-thousand dollars (\$10,000.00), or both such imprisonment and fine. (California Penal Code § 72.) 13. Signature of Claimant/Representative: 1/14/2021 Name Date

LOCATION DIAGRAM

Please indicate Compass directional points (N, S, E, W)



- > Identify streets
- ➤ If vehicles are involved, indicate your own Vehicle as #1; County vehicle as #2, etc.
- If your claim is based on the condition of the condition of the road, please identify the precise location of the problem.

