

DATE SUBMITTED 02/26/2026
 SUBMITTED BY Human Resources
 DATE ACTION REQUIRED 03/04/2026

COUNCIL ACTION (X)
 PUBLIC HEARING REQUIRED ()
 RESOLUTION ()
 ORDINANCE 1ST READING ()
 ORDINANCE 2ND READING ()
 CITY CLERK'S INITIALS ()

**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT:	DISCUSSION/ACTION: 1. Authorization to reject claim Athens File Number CJP-3055077 as recommended by Athens.
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: Recommendation from Athens to reject claim Athens File Number CJP-3055077 submitted by Ruben Fernandez on October 7, 2025.	
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact associated with this action.	FINANCE INITIALS <u>VMS</u>
STAFF RECOMMENDATION: Staff recommends approval to reject claim.	DEPT. INITIALS <u>KWS</u>
MANAGER'S RECOMMENDATION: Approve Staff Recommendation	CITY MANAGER'S INITIALS <u>ATM</u>
MOTION:	
SECONDED: AYES: NAYES: ABSENT:	APPROVED () DISAPPROVED () REJECTED () DEFERRED () REFERRED TO:

CLAIM FOR DAMAGE OR INJURY AGAINST THE CITY OF IMPERIAL, CALIFORNIA

Claims for death, injury to person, or to personal property must be filed not later than six months after the occurrence. (Gov. Code, Sec. 911.2)

Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code, Sec. 911.2)

TO: City of Imperial
420 So. Imperial Ave.
Imperial, CA 92251

Ruben Alon Fernandez

Name of Claimant _____ Address _____ Zip _____ Phone _____ Age _____
IMPERIAL, CA

Address to which Claimant wishes notices sent _____

WHEN did damage or injury occur? *9-30-25*

WHERE did damage or injury occur? *406 BUTTERFIELD TR, 92251 IMPERIAL, CA*

HOW and under what circumstances did damage or injury occur? *POLICE BRUTALITY, I WAS DIAGNOSED WITH R#ABDOMYOSIS after BEING TASED and RESTRAINED UNLAWFULLY.*

LUIS LIZZARRA #419

WHAT particular action by the City, or its employees, caused the alleged damage or injury? (Include Names of Employees, if known)

THEIR KNEES PRESSED AGAINST SPINE, FACE SMOTHERED INTO ground. TASED MULTIPLE TIMES. EXCESSIVE FORCE BY ALL POLICE PRESENT. MISCONDUCT, FAILURE TO UNDERSTAND I WAS COMPLYING.

WHAT sum do you claim? Include the estimated amount of any prospective loss, insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed: (Attach estimates or bills, if possible)

LOST WAGES
\$ *800* * MONTH
PROPERTY DAMAGE
\$ *75.00*
PAIN AND SUFFERING
\$ *17,500*

Total Amount Claimed \$ *18,375*

NAMES and addresses of witnesses, Doctors and Hospitals:

ELIA FERNANDEZ, Ruben Fernandez, CESAR Mendez, OLAMIYI FADEYE, MARC DAO, VICTORIA BARRON, NENE RAHUL VMD

[Signature]

Signature of Claimant

10-7-25

Date

RECEIVED
OCT 07 2025
BY: *[Signature]*