

Assigned for all purposes to: Spring Street Courthouse, Judicial Officer: Michael Whitaker

1 GEORGE CHAKMAKIS, ESQ. (SBN 162634)  
2 **CHAKMAKIS LAW**  
3 301 North Canon Drive  
4 Suite 315  
5 Beverly Hills, California 90210  
6 Telephone: 310.550.1555  
7 Facsimile: 310.550.1151

8 Attorneys for Plaintiff  
9 LEON HENRY GIBSON III

10  
11 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
12 **FOR THE COUNTY OF LOS ANGELES - CENTRAL DISTRICT**

13 LEON HENRY GIBSON III, an individual;

14 Plaintiff,

15 vs.

16 LOS ANGELES COUNTY FIRE  
17 DEPARTMENT, a government entity;  
18 HARBOR-UCLA MEDICAL CENTER, a  
19 government entity; and DOES 1-20 inclusive;

20 Defendants.

CASE NO.: 21STCV21576

**COMPLAINT FOR NEGLIGENCE**

- 1. Professional Negligence  
Govt. code Section 820 (a)
- 2. Respondeat Superior

AMOUNT EXCEEDS \$25,000.00  
JURY TRIAL DEMANDED

FIRST CAUSE OF ACTION - PROFESSIONAL NEGLIGENCE

GOVT. CODE SECTIONS: 820(a), 815.2(a)

By Plaintiff, LEON HENRY GIBSON III and Against Defendants LOS ANGELES COUNTY FIRE  
DEPARTMENT, a Government Entity; and HARBOR-UCLA MEDICAL CENTER, a government  
entity; and DOES 1-20 inclusive

Plaintiff, LEON HENRY GIBSON III, (Plaintiff’), complains and alleges as follows:

1. The true names and capacities, whether individual, corporate, associate, or otherwise, of  
defendants, and each of them, named as DOE herein, are unknown to plaintiff who therefore sues said  
defendants, and each of them, by such fictitious names and will ask leave of Court to amend this  
complaint to show their true names and capacities when the same have been ascertained.

CHAKMAKIS LAW

1           2. Plaintiff is informed and believes and thereon alleges that the defendants, and each of them,  
2 designated as DOE herein, is and was negligently responsible in some manner for the events and  
3 happenings herein referred to and negligently caused injuries and damages directly to plaintiff.

4           3. Plaintiff is informed and believes and thereon alleges that at least one of the defendants was a  
5 resident of the County of Los Angeles, State of California, and/or that the injuries and damages  
6 complained of herein occurred within the above judicial district.

7           4. The true names and capacities, whether individual, plural, corporate, partnership, associate, or  
8 otherwise, of the defendants named herein as DOES 1 through 20, inclusive, are unknown to plaintiff  
9 who therefore sue such defendants by such fictitious names. Plaintiff is informed and believes, and  
10 based upon such information and belief alleges, that each of the defendants designated herein as DOES  
11 1 through 20 is legally responsible in some manner for the events and happenings herein referred to, and  
12 negligently, tortiously, and unlawfully, proximately caused injury and damages to plaintiff as alleged  
13 herein. Plaintiff will seek leave of Court to amend this complaint to show defendants' true names and  
14 capacities after the same have been ascertained.

15           5. Plaintiff is informed and believes and thereon alleges that at all times herein mentioned, each  
16 of the defendants was the agent, servant, and employee of each of the other defendants; that each  
17 defendant was acting within the course and scope of their said agency, service, and employment; and  
18 that each defendant did so with the knowledge, permission, consent, and ratification of each of their said  
19 respective principals and employers.

20           6. The events giving rise to the causes of action alleged herein occurred in the State of  
21 California, County of Los Angeles, as that is where plaintiff resides, and where defendants do business,  
22 and where the relevant incident occurred. At all times mentioned, defendants, and each of them, were  
23 licensed to practice medicine under the laws of the State of California, and were engaged in the practice  
24 of medicine in Los Angeles, California.

25           7. On July 4, 2020, at approximately 11:07 p.m., Mr. Gibson was transported by the County of  
26  
27  
28

1 Los Angeles Fire Department to Harbor-UCLA Medical Center Emergency Room and Hospital for  
2 partial traumatic amputation of his right hand. Defendant County of Los Angeles Fire Department's  
3 paramedics and defendant HARBOR-UCLA's emergency room staff negligently misplaced and lost  
4 plaintiff LEON HENRY GIBSON III's severed finger. Accordingly, the finger could not be re-attached.  
5 Mr. Gibson has experienced a loss of earnings and earnings capacity, and pain and suffering. Govt.  
6 Code Sections 835, 815.2, 815.6

7  
8 8. Mr. Gibson employed defendants and defendants rendered professional services in the  
9 diagnosis, treatment, and care of plaintiff for his condition.

10 9. From and after the time of employment, defendants, and each of them, negligently failed to  
11 exercise the proper degree of knowledge and skill in examining, diagnosing, treating, and caring for  
12 plaintiff and caused plaintiff to suffer the injuries and damages hereinafter alleged, including but not  
13 limited to the permanent loss of his finger. Defendants and each of them breached their duty to plaintiff  
14 LEON HENRY GIBSON III to provide skillful management of his body, health condition and injury,  
15 including but not limited to observation, examination, testing, diagnosis, care and treatment. From and  
16 after the time of employment, defendants, and each of them, negligently failed to exercise the proper  
17 degree of knowledge and skill in examining, diagnosing, treating, and caring for plaintiff.  
18

19 10. Plaintiff is informed and believes and therefore alleges that said injuries would not have  
20 occurred if not for the negligence of defendants.

21 11. As a proximate result of the negligence of defendants, and each of them, plaintiff suffered  
22 serious and permanent injuries to his hand, and as a result suffered great physical and emotional pain  
23 and suffering.  
24

25 12. As a proximate result of the negligence of defendants, and each of them, plaintiff was  
26 injured in his health, strength and activity, sustaining injury to his body and injury to his nervous system  
27 and person, all of which injuries have caused and continue to cause plaintiff great mental, physical, and  
28 nervous pain and suffering. These injuries will result in some permanent disability to plaintiff, all to his

1 general damage in a sum to be proven at time of trial.

2 13. As a further proximate result of the negligence of defendants, and each of them, and of the  
3 injuries, plaintiff was required to and did employ physicians and surgeons to examine, treat, and care for  
4 him, and incurred other medical expenses in an amount to be proven at time of trial.

5 14. Plaintiff is informed and believes, and on such information and belief alleges, that he will  
6 incur some additional medical and incidental expenses, the exact amount of which is unknown at the  
7 present time.  
8

9 15. As a further proximate result of the negligence of defendants as aforesaid and of the  
10 aforementioned injuries, plaintiff has suffered a loss of income and earnings, and his earning ability is,  
11 and will remain, impaired and diminished by reason thereof, and he will continue to suffer a further loss  
12 of earnings and income for an indefinite period of time.

13 16. As a further proximate result of the negligence of defendants as aforesaid and of the  
14 aforementioned injuries, plaintiff has been damaged by a loss in his general and specific earnings  
15 capacity in an amount to be proven at time of trial.  
16

17 17. As a further, direct and legal result of said negligence, carelessness and unskillfulness of the  
18 defendants, and each of them, Mr. Gibson is entitled to recover prejudgment interest under California  
19 Civil Code §3291.

20 SECOND CAUSE OF ACTION - RESPONDEAT SUPERIOR

21 By Plaintiff, LEON HENRY GIBSON III and Against Defendants LOS ANGELES COUNTY  
22 FIRE DEPARTMENT, a Government Entity; and HARBOR-UCLA MEDICAL CENTER, a  
23 government entity; and DOES 1-20 inclusive  
24

25 18. Plaintiff restates and incorporates by reference each and every allegation contained in  
26 paragraphs 1 through 23 hereof as though fully set forth herein.

27 19. At all times herein mentioned, unknown defendant employees and staff of defendant LOS  
28 ANGELES COUNT FIRE DEPARTMENT and HARBOR-UCLA MEDICAL CENTER were the

CHAKMAKIS LAW

agents and employees of defendants and, in doing the acts herein described and referred to, were acting in the course and within the scope of his/her authority as agent and employee, and the transaction of the business of the employment or agency.

20. On or about December 30, 2020, Plaintiff presented to Defendants a Claim For Damages for the injuries, disability, losses and damages suffered and incurred by him by reason of the above-described conduct of Defendants, all in compliance with the requirements of Section 905 of the Government Code. A copy of the Claim For Damages is attached hereto as Exhibit "A" and made a part hereof. Plaintiff therein gave defendants written notice of his intention to commence this action.

WHEREFORE, Plaintiff prays for judgment against defendants, and each of them, in each Cause of Action as follows:

- a) General damages in an amount in accordance with California Civil Code §§ 425.10 and 425.11;
- b) Medical expenses incurred in an amount according to proof;
- c) Loss of earnings and loss of earnings capacity in an amount according to proof;
- d) Property damage in an amount according to proof;
- e) For costs of suit incurred herein;
- f) Pre-judgment interest of ten percent (10%) per annum pursuant to California Civil Code § 3288, 3291 or any other applicable code section providing for pre-judgment interest; and;
- g) For such other and further relief as the Court may deem just and proper.

Dated: June 9, 2021

By CHAKMAKIS LAW  
GEORGE CHAKMAKIS, ESQ.  
Attorneys for Plaintiff  
LEON HENRY GIBSON III

# EXHIBIT "A"

# CLAIMS FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES



**INSTRUCTIONS:**

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Please use one claim form for each claimant.
4. Return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S. MAIL TO:  
EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS  
500 WEST TEMPLE STREET, ROOM 383,  
KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012  
(213) 974-1440

TIME STAMP  
OFFICE USE ONLY

<p>1. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. LAST NAME FIRST NAME M.I. Gibson Leon</p> <p>2. ADDRESS OF CLAIMANT 8533 Cheyenne Street CITY STATE ZIP CODE Downey CA 90242</p> <p>HOME PHONE ALTERNATE PHONE (323) 354-7760</p> <p>3. CLAIMANT'S BIRTHDATE 4. CLAIMANT'S SOCIAL SECURITY NUMBER 10/08/1991 607-50-3320</p> <p>5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Chakmakis Law, 301 N. Canon Drive, Suite 315 STREET CITY STATE ZIP CODE Beverly Hills CA 90210</p> <p>6. DATE AND TIME OF INCIDENT 7/4/2020 11:07 pm</p> <p>7. WHERE DID DAMAGE OR INJURY OCCUR? UCLA Harbor, 1000 W. Carson Street STREET CITY STATE ZIP CODE Torrance CA 90502</p> <p>8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): On July 4, 2020, at approximately 11:07p.m., Mr. Gibson was transported by the County of Los Angeles Fire Department to Harbor UCLA Emergency Room and Hospital for partial traumatic amputation of his right hand. The County of Los Angeles paramedics and emergency room staff negligently misplaced and lost Mr. Gibson's severed finger. Accordingly, the finger could not be re-attached. Mr. Leon has experienced a loss of earnings and earnings capacity, and pain and suffering. Govt. Code Sections 835, 815.2, 815.6</p> <p>9. WERE POLICE OR PARAMEDICS CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (IF YES) AGENCY'S NAME LA County Fire Department REPORT #</p>	<p>10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? On July 4, 2020 the County of Los Angeles Fire Department and Harbor UCLA Emergency Room and Hospital negligently lost Leon Gibson's severed finger. The unknown County employees' actions and inaction were negligence below the standard of care, and caused damages including permanent loss of finger. Also, the County of Los Angeles Fire Department and Harbor UCLA negligently trained the unknown employees that treated Mr. Gibson. Govt. Code Sections 835, 815.2, 815.6</p> <p>11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NAME</td> <td>DEPARTMENT</td> </tr> <tr> <td>Unknown Paramedic</td> <td>Los Angeles Fire Department</td> </tr> <tr> <td>NAME</td> <td>DEPARTMENT</td> </tr> <tr> <td>Unknown Nurse and Doctor</td> <td>Harbor UCLA ER</td> </tr> </table> <p>12. WITNESS(ES) TO DAMAGES OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NAME</td> <td>PHONE</td> </tr> <tr> <td>Vanessa Butler</td> <td>(323) 548-2366</td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>NAME</td> <td>PHONE</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> </table> <p>13. IF PHYSICIAN(S) WERE VISITED DUE TO INJURY, PROVIDE NAME, ADDRESS, PHONE NUMBER, AND DATE OF FIRST VISIT FOR EACH:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>DATE OF FIRST VISIT</td> <td>PHYSICIAN'S NAME</td> <td>PHONE</td> </tr> <tr> <td>07/04/2020</td> <td>UCLA Harbor</td> <td>(424) 306-4000</td> </tr> <tr> <td>STREET</td> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td>1000 W. Carson Street</td> <td>Torrance</td> <td>CA 90502</td> </tr> <tr> <td>DATE OF FIRST VISIT</td> <td>PHYSICIAN'S NAME</td> <td>PHONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET</td> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	NAME	DEPARTMENT	Unknown Paramedic	Los Angeles Fire Department	NAME	DEPARTMENT	Unknown Nurse and Doctor	Harbor UCLA ER	NAME	PHONE	Vanessa Butler	(323) 548-2366	ADDRESS		NAME	PHONE			ADDRESS		DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	07/04/2020	UCLA Harbor	(424) 306-4000	STREET	CITY	STATE ZIP CODE	1000 W. Carson Street	Torrance	CA 90502	DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE				STREET	CITY	STATE ZIP CODE			
NAME	DEPARTMENT																																												
Unknown Paramedic	Los Angeles Fire Department																																												
NAME	DEPARTMENT																																												
Unknown Nurse and Doctor	Harbor UCLA ER																																												
NAME	PHONE																																												
Vanessa Butler	(323) 548-2366																																												
ADDRESS																																													
NAME	PHONE																																												
ADDRESS																																													
DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE																																											
07/04/2020	UCLA Harbor	(424) 306-4000																																											
STREET	CITY	STATE ZIP CODE																																											
1000 W. Carson Street	Torrance	CA 90502																																											
DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE																																											
STREET	CITY	STATE ZIP CODE																																											
<p>Unlimited Jurisdiction over \$25,000.00</p> <table style="width: 100%;"> <tr> <td>TOTAL DAMAGES TO DATE</td> <td>TOTAL ESTIMATED PROSPECTIVE DAMAGES</td> </tr> <tr> <td>\$ 2,000,000.00</td> <td>\$ 2,000,000.00</td> </tr> </table>		TOTAL DAMAGES TO DATE	TOTAL ESTIMATED PROSPECTIVE DAMAGES	\$ 2,000,000.00	\$ 2,000,000.00																																								
TOTAL DAMAGES TO DATE	TOTAL ESTIMATED PROSPECTIVE DAMAGES																																												
\$ 2,000,000.00	\$ 2,000,000.00																																												

**THIS CLAIM MUST BE SIGNED**

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

14. PRINT OR TYPE NAME George Chakmakis, Esq.	DATE 12/30/2020	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT  Attorney for Leon Gibson	DATE 12/30/2020
--	--------------------	--	--------------------

Executive Officer  
 Board of Supervisors  
 County of Los Angeles  
 Attention: Claims  
 500 W. Temple Street, Room 383  
 Los Angeles, California 90012

neopost®  
 01/05/2021  
 US POSTAGE \$000.35<sup>00</sup>  
 ZIP 90012  
 041L12264037

Claim of: GIBSON, LEON - Claim

File Number: 21-1164566\*001  
 Board Number: 21-7  
 Reference Num:  
 Filed on: 1/4/2021

CHAKMAKIS LAW  
 ATTN: GEORGE CHAKMAKIS, ESQ.  
 301 N CANON DRIVE, SUITE 315  
 BEVERLY HILLS, CA 90210

The above claim has been referred to County Counsel for investigation. You will not receive a response for at least 60 days. After that period, please direct any questions to County Counsel at (213) 974-1913.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Executive Officer          County of Los Angeles          500 W. Temple St., Rm 383          Los Angeles, CA 90012</i></p> <p>9590 9402 5012 9063 6364 07</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input checked="" type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 6439 4040</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt