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6

7 Attorneys for Plaintiffs

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 COUNTY OF LOS ANGELES
10

11 HEIDI CARLON, an individual; JOSLYN)
CARLON, an individual; B.M. CARLON, a minor)
12 by and through her guardian ad litem HEIDI)
CARLON; B.N. CARLON, a minor, by and)
13 through her guardian ad litem HEIDI CARLON,)
14)
Plaintiffs,)

15)
16 vs.)

17 COUNTY OF LOS ANGELES; ESTATE OF)
JONATHAN P. TATONE; PRISCILLA)
18 GARZA-STEWART, ADMINISTRATOR OF)
THE ESTATE OF JONATHAN P. TATONE;)
19 and DOES 1 through 50, inclusive,)
20)
Defendants.)

CASE NO. 22STCV02526

COMPLAINT FOR DAMAGES

1. WRONGFUL DEATH

DEMAND FOR JURY TRIAL

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22
23
24 COMES NOW the wife and children of Deceased Los Angeles County Firefighter TORY CARLON,
25 Plaintiffs HEIDI CARLON, an individual; JOSLYN CARLON, an individual; B.M CARLON, a minor by
26 and through her guardian ad litem HEIDI CARLON; and B.N. CARLON, a minor, by and through her
27 guardian ad litem HEIDI CARLON, an individual, (collectively referred herein as PLAINTIFFS) who
28 allege of Defendants, and each of them, as follows:

1 1. TORY CARLON was an exemplary LOS ANGELES COUNTY Firefighter serving the
2 people of Los Angeles County from Los Angeles County Fire Department Station 81 located at 8710 Sierra
3 Highway, Agua Dulce, California.

4 2. At the time of his death, TORY CARLON was married to loving and supporting wife
5 HEIDI CARLON. Together they were raising three outstanding children JOSLYN CARLON, B.M.
6 CARLON, and B.N. CARLON.

7 3. On June 1, 2021 JONATHAN TATONE shot and killed TORY CARLON at Fire
8 Department Station 81.

9 4. JONATHAN TATONE committed suicide on June 1, 2021. Plaintiffs therefore name as
10 Defendants the ESTATE OF JONATHAN PATRICK TATONE, DECEASED, and PRISCILLA GARZA-
11 STEWART AS ADMINISTRATOR/PERSONAL REPRESENTATIVE OF THE ESTATE OF
12 JONATHAN P. TATONE. Within the time allowed by law, Plaintiffs filed their claims with the Clerk of
13 the above-entitled court and mailed a copy to the personal representative of the ESTATE OF JONATHAN
14 PATRICK TATONE, PRISCILLA GARZA-STEWART ADMINISTRATOR OF THE ESTATE OF
15 JONATHAN P. TATONE. On October 15, 2021, Plaintiffs' Creditor's Claims were filed. A copy of the
16 Claims are attached hereto as Exhibit 1 to this Complaint. On October 26, 2021, PRISCILLA GARZA-
17 STEWART as Administrator and Personal Representative of the Jonathan P. Tatone Estate gave notice that
18 Plaintiffs' Creditor's Claims were rejected. A copy of these notices of rejected claims are attached as
19 Exhibit 2 to this Complaint.
20

21 5. Defendant COUNTY OF LOS ANGELES is a California public entity that operates the Los
22 Angeles County Fire Department.

23 6. On November 19, 2021, within six months of the June 1, 2021 shooting incident,
24 PLAINTIFFS filed their Claims for Damages To Person or Property with the County of Los Angeles. A
25 copy of these Claims for Damages are attached hereto as Exhibit 3. On January 3, 2022, COUNTY OF
26 LOS ANGELES gave notice that Plaintiffs' Claims were rejected. A copy of these notices of rejected
27 claims are attached as Exhibit 4 to this Complaint.

28 7. At all times herein mentioned each Defendant was the agent, servant, partner, employee, and

1 joint-venturer of each of the remaining Defendants, and was at all times acting within the course and scope
2 of said agency, employment, and joint venture with the permission and consent of each co-Defendant.

3 8. At all times herein mentioned, each Defendant authorized and/or ratified the acts of all
4 employees, agents, and co-Defendants under their supervision and/or control.

5 9. Plaintiffs are currently unaware of the facts connecting the fictitiously designated
6 Defendants to the causes of action alleged in the complaint and/or the true names and capacities, whether
7 governmental, individual, corporate or otherwise of Defendants, DOES 1 through 50, so Plaintiffs therefore
8 sue said Defendants by such fictitious names and will seek to amend this Complaint to show their true
9 names and/or capacities when ascertained. These “Doe Defendants” are sued broadly, as principals and/or
10 agents, servants, and employees of said principals who were performing acts within the course and scope of
11 their authority and employment. Each and every Doe Defendant is legally responsible in some manner for
12 the events referred to herein which proximately caused the alleged damages.

13
14 **FIRST CAUSE OF ACTION**

15 **FOR WRONGFUL DEATH**

16 **(Against All Defendants)**

17 10. Plaintiffs complain and allege of Defendants COUNTY OF LOS ANGELES, ESTATE OF
18 JONATHAN P. TATONE, PRISCILLA GARZA-STEWART ADMINISTRATOR OF THE ESTATE OF
19 JONATHAN P. TATONE, and DOES 1 through 50, inclusive, and each of them, on information and
20 belief, as follows:

21 11. Plaintiff realleges and incorporates herein by this reference, as though fully set forth, each
22 and every allegation set forth in paragraphs 1 through 10 above.

23 12. JONATHAN TATONE worked as a Firefighter Engineer and for years had clearly
24 demonstrated to Fire Department leadership that he was unstable mentally and was a dangerous condition
25 to those around him. He was angry, unpredictable, violent, and eventually deadly. TATONE was an open
26 wound in Fire Station 81, left to fester and infect for years by Los Angeles County Fire Department
27 Leadership who chose to ignore, normalize, and ratify TATONE’s dangerous conduct. Decedent TORY
28 CARLON, and others, consistently warned the COUNTY OF LOS ANGELES that TATONE was

1 unhunged and dangerous, but the COUNTY OF LOS ANGELES chose to ignore, ratify and empower
2 TATONE's bad conduct up until the shift change on the morning of June 1, 2021, when TATONE shot and
3 killed TORY CARLON and badly wounded Fire Captain Sandoval. Although Tatone pulled the trigger, it
4 was Los Angeles County Fire Department Leadership's ratification of Tatone's years of dangerous conduct
5 that was the substantial factor in the death of TORY CARLON.

6 13. Defendant COUNTY OF LOS ANGELES and Does 1 through 50 breached their duty to
7 properly supervise its employees, including TATONE, so as to reasonably protect other employees from
8 the dangerous condition that was TATONE. COUNTY OF LOS ANGELES and Does 1 through 50 chose
9 to not take reasonable and appropriate preventative action to remove the dangerous condition that was
10 TATONE from Station 81 and the Fire Department, and their deliberate inaction became ratification and
11 enabled TATONE's to kill CARLON and badly wound Los Angeles County Fire Department Captain
12 Arnold Sandoval.

13 14. Defendant COUNTY OF LOS ANGELES and Does 1 through 50 are responsible for the
14 killing of TORY CARLON as joint participants because the COUNTY OF LOS ANGELES and Does 1
15 through 50 ratified TATONE's dangerous conduct by deliberately choosing not to address TATONE's
16 years long dangerous, combative and threatening behavior and by deliberately choosing to not remove the
17 dangerous condition that was TATONE from Station 81 and the Fire Department and far from other Los
18 Angeles Firefighters who could be foreseeably hurt or killed by TATONE. In other words, the COUNTY
19 OF LOS ANGELES and Does 1 through 50 not only knew or should have known this was going to happen,
20 they enabled and ratified the very conduct that caused it to happen.

21 15. As a result of the acts, omissions, and conduct of Defendants, Plaintiffs have suffered
22 economic loss and great non-economic loss from the loss of the love, care, comfort and companionship of
23 their loving husband and father.

24 **PRAYER**

25 WHEREFORE, Plaintiffs prays for judgment against the Defendants, and each of them, in an
26 amount within the jurisdiction of the above-entitled court as follows:

- 27 1. For all economic loss resulting from the death of Tory Carlon in an amount to be proven at
28 trial;
2. For all non-economic loss resulting from the death of Tory Carlon damages in an amount to

1 be proven at trial;

2 3. For punitive and/or exemplary damages (against Estate and Administrator of Estate
3 Defendants only);

4 4. For costs incurred herein;

5 5. For Attorneys fees and costs as allowable by law;

6 6. For such other and further relief as the Court deemed appropriate;

7 7. For any and all other remedies allowable by law.
8

9 Dated: January 20, 2022

JOHNSTON & HUTCHINSON LLP

10
11
12 By: _____
13 THOMAS J. JOHNSTON
14 Attorneys for Plaintiffs

15
16 **DEMAND FOR JURY TRIAL**

17 Plaintiffs hereby demands trial by jury on all causes of action.

18
19 Dated: January 20, 2022

JOHNSTON & HUTCHINSON LLP

20
21
22 By: _____
23 THOMAS J. JOHNSTON
24 Attorneys for Plaintiffs
25
26
27
28

EXHIBIT 1

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071 ATTORNEY FOR (<i>Name</i>): Heidi Carlon <i>tjj@johnstonhutchinson.com</i>	TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012-3014 BRANCH NAME: Stanley Mosk Courthouse		
ESTATE OF (<i>Name</i>): JONATHAN P. TATONE		
CREDITOR'S CLAIM		CASE NUMBER: 21STPB06115
DECEDENT		

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: \$ 20,000,000.00
2. Claimant (*name*): Heidi Carlon
 - a. an individual
 - b. an individual or entity doing business under the fictitious name of (*specify*):
 - c. a partnership. The person signing has authority to sign on behalf of the partnership.
 - d. a corporation. The person signing has authority to sign on behalf of the corporation.
 - e. other (*specify*):
3. Address of claimant (*specify*):
 23031 Willow View Circle, Valencia CA 91354
4. Claimant is the creditor a person acting on behalf of creditor (*state reason*):
5. Claimant is the personal representative the attorney for the personal representative.
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: October 14, 2021

Thomas J. Johnston, Esq.

(TYPE OR PRINT NAME AND TITLE)



(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- C. If the claim is secured by a note or other written instrument, the original or a copy must be attached (*state why original is unavailable*). If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (*See Prob. Code, § 9152.*)
- D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
 (Probate)

Date of item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Heidi Carlon's husband, Tory Carlon, on June 1, 2021. Mrs. Carlon has lost her husband's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify):
3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows (check either a or b below):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:
 - (c) Date of mailing:
 - (d) Place of mailing (city and state):
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME OF CLAIMANT)



 (SIGNATURE OF CLAIMANT)

1 **PROOF OF SERVICE**

2 *STATE OF CALIFORNIA, COUNTY OF LOS ANGELES*

3 I am employed in the County of Los Angeles, State of California. I am over the age of 18
4 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220,
5 Los Angeles, CA 90071.

6 On **October 15, 2021** I served the foregoing documents described as **CREDITOR’S CLAIM** on all interested parties in this action in the following manner:

7 **BY U.S. MAIL:** I am familiar with this firm’s practice of collection and
8 processing correspondence for mailing. Under that practice it would be deposited
9 with U.S. postal service on that same day with postage thereon fully prepaid at Los
10 Angeles, California in the ordinary course of business. I am aware that on motion
of the party, service is presumed invalid if postal cancellation date or postage meter
date is more than one day after date of deposit for mailing in affidavit.

11 **BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said
12 document(s) was also delivered by facsimile transmission to the addressee(s)
pursuant to Code of Civil Procedure §1013(e).

13 **BY OVERNIGHT MAIL:** I caused said document(s) to be picked up by an
14 overnight delivery service company for delivery to the addressee(s) on the next
15 business day.

16 **BY PERSONAL SERVICE:** By causing personal delivery by _____
17 of the document(s) listed above to the person(s) at the address(es) set forth on the
attached service list.

18 **BY ELECTRONIC SERVICE:** I caused the above document to be sent to the
19 listed addressee(s) in the attached service list via electronic service from the email
address of oac@johnstonhutchinson.com.

20 (STATE) I declare under penalty of perjury under the laws of the State of
21 California that the above is true and correct.

22 (FEDERAL) I declare that I am employed in the office of the member of the bar
23 of this court at whose direction the service was made.

24 Executed on **October 15, 2021**, at Los Angeles, California.

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26 Olga Carlton
27 Olga Carlton

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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071 ATTORNEY FOR <i>(Name):</i> Joslyn Carlon <i>tjj@johnstonhutchinson.com</i>	TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012-3014 BRANCH NAME: Stanley Mosk Courthouse		
ESTATE OF <i>(Name):</i> JONATHAN P. TATONE		
CREDITOR'S CLAIM		DECEDENT CASE NUMBER: 21STPB06115

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: \$ 20,000,000.00
2. Claimant *(name):* Joslyn Carlon
 - a. an individual
 - b. an individual or entity doing business under the fictitious name of *(specify):*
 - c. a partnership. The person signing has authority to sign on behalf of the partnership.
 - d. a corporation. The person signing has authority to sign on behalf of the corporation.
 - e. other *(specify):*
3. Address of claimant *(specify):*
 23031 Willow View Circle, Valencia CA 91354
4. Claimant is the creditor a person acting on behalf of creditor *(state reason):*
5. Claimant is the personal representative the attorney for the personal representative.
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: October 14, 2021

Thomas J. Johnston, Esq.

(TYPE OR PRINT NAME AND TITLE)


 (SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- C. If the claim is secured by a note or other written instrument, the original or a copy must be attached *(state why original is unavailable.)* If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. *(See Prob. Code, § 9152.)*
- D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)

Date of item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Joslyn Carlon's father, Tory Carlon, on June 1, 2021. Ms. Carlon has lost her father's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify):
3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows (check either a or b below):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:
 - (c) Date of mailing:
 - (d) Place of mailing (city and state):
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME OF CLAIMANT)



 (SIGNATURE OF CLAIMANT)

1 **PROOF OF SERVICE**

2 *STATE OF CALIFORNIA, COUNTY OF LOS ANGELES*

3 I am employed in the County of Los Angeles, State of California. I am over the age of 18
4 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220,
5 Los Angeles, CA 90071.

6 On **October 15, 2021** I served the foregoing documents described as **CREDITOR’S**
7 **CLAIM** on all interested parties in this action in the following manner:

8 **BY U.S. MAIL:** I am familiar with this firm’s practice of collection and
9 processing correspondence for mailing. Under that practice it would be deposited
10 with U.S. postal service on that same day with postage thereon fully prepaid at Los
11 Angeles, California in the ordinary course of business. I am aware that on motion
12 of the party, service is presumed invalid if postal cancellation date or postage meter
13 date is more than one day after date of deposit for mailing in affidavit.

14 **BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said
15 document(s) was also delivered by facsimile transmission to the addressee(s)
16 pursuant to Code of Civil Procedure §1013(e).

17 **BY OVERNIGHT MAIL:** I caused said document(s) to be picked up by an
18 overnight delivery service company for delivery to the addressee(s) on the next
19 business day.

20 **BY PERSONAL SERVICE:** By causing personal delivery by _____
21 of the document(s) listed above to the person(s) at the address(es) set forth on the
22 attached service list.

23 **BY ELECTRONIC SERVICE:** I caused the above document to be sent to the
24 listed addressee(s) in the attached service list via electronic service from the email
25 address of oac@johnstonhutchinson.com.

26 (STATE) I declare under penalty of perjury under the laws of the State of
27 California that the above is true and correct.

28 (FEDERAL) I declare that I am employed in the office of the member of the bar
of this court at whose direction the service was made.

Executed on **October 15, 2021**, at Los Angeles, California.

Olga Carlton

Olga Carlton

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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071 tjj@johnstonhutchinson.com	TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): Minor Child of Tory Carlon, B.M. Carlon		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012-3014 BRANCH NAME: Stanley Mosk Courthouse		
ESTATE OF (<i>Name</i>): JONATHAN P. TATONE		
DECEDENT		
CREDITOR'S CLAIM		CASE NUMBER: 21STPB06115

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: \$ 20,000,000.00
- Claimant (*name*): Minor Child of Tory Carlon, B.M. Carlon
 - an individual
 - an individual or entity doing business under the fictitious name of (*specify*):
 - a partnership. The person signing has authority to sign on behalf of the partnership.
 - a corporation. The person signing has authority to sign on behalf of the corporation.
 - other (*specify*):
- Address of claimant (*specify*): Care of Heidi Carlon
23031 Willow View Circle, Valencia CA 91354
- Claimant is the creditor a person acting on behalf of creditor (*state reason*):
- Claimant is the personal representative the attorney for the personal representative.
- I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: October 14, 2021

Thomas J. Johnston, Esq.

(TYPE OR PRINT NAME AND TITLE)



Thomas Johnston

(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (*state why original is unavailable*). If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (*See Prob. Code, § 9152.*)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)

Date of item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Tory Carlon, the father of minor child, B.M. Carlon on June 1, 2021. The minor child has lost her father's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify):
3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows (check either a or b below):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:
 - (c) Date of mailing:
 - (d) Place of mailing (city and state):
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME OF CLAIMANT)



 (SIGNATURE OF CLAIMANT)

1 **PROOF OF SERVICE**

2 *STATE OF CALIFORNIA, COUNTY OF LOS ANGELES*

3 I am employed in the County of Los Angeles, State of California. I am over the age of 18
4 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220,
5 Los Angeles, CA 90071.

6 On **October 15, 2021** I served the foregoing documents described as **CREDITOR’S CLAIM** on all interested parties in this action in the following manner:

7 **BY U.S. MAIL:** I am familiar with this firm’s practice of collection and
8 processing correspondence for mailing. Under that practice it would be deposited
9 with U.S. postal service on that same day with postage thereon fully prepaid at Los
10 Angeles, California in the ordinary course of business. I am aware that on motion
of the party, service is presumed invalid if postal cancellation date or postage meter
date is more than one day after date of deposit for mailing in affidavit.

11 **BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said
12 document(s) was also delivered by facsimile transmission to the addressee(s)
pursuant to Code of Civil Procedure §1013(e).

13 **BY OVERNIGHT MAIL:** I caused said document(s) to be picked up by an
14 overnight delivery service company for delivery to the addressee(s) on the next
15 business day.

16 **BY PERSONAL SERVICE:** By causing personal delivery by _____
17 of the document(s) listed above to the person(s) at the address(es) set forth on the
attached service list.

18 **BY ELECTRONIC SERVICE:** I caused the above document to be sent to the
19 listed addressee(s) in the attached service list via electronic service from the email
address of oac@johnstonhutchinson.com.

20 (STATE) I declare under penalty of perjury under the laws of the State of
21 California that the above is true and correct.

22 (FEDERAL) I declare that I am employed in the office of the member of the bar
23 of this court at whose direction the service was made.

24 Executed on **October 15, 2021**, at Los Angeles, California.

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26 Olga Carlton
27 Olga Carlton
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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071 tj@johnstonhutchinson.com ATTORNEY FOR (Name): Minor Child of Tory Carlton, B.N. Carlton	TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012-3014 BRANCH NAME: Stanley Mosk Courthouse		
ESTATE OF (Name): JONATHAN P. TATONE		
CREDITOR'S CLAIM		CASE NUMBER: 21STPB06115
DECEDENT		

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: \$ 20,000,000.00
2. Claimant (name): Minor Child of Tory Carlton, B.N. Carlton
 - a. an individual
 - b. an individual or entity doing business under the fictitious name of (specify):
 - c. a partnership. The person signing has authority to sign on behalf of the partnership.
 - d. a corporation. The person signing has authority to sign on behalf of the corporation.
 - e. other (specify):
3. Address of claimant (specify): Care of Heidi Carlton
23031 Willow View Circle, Valencia CA 91354
4. Claimant is the creditor a person acting on behalf of creditor (state reason):
5. Claimant is the personal representative the attorney for the personal representative.
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: October 14, 2021

Thomas J. Johnston, Esq.

(TYPE OR PRINT NAME AND TITLE)



(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- C. If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)

Date of item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Tory Carlon, the father of minor child, B.N. Carlon on June 1, 2021. The minor child has lost her father's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify):
3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows (check either a or b below):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:
 - (c) Date of mailing:
 - (d) Place of mailing (city and state):
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date:

.....
 (TYPE OR PRINT NAME OF CLAIMANT)

 (SIGNATURE OF CLAIMANT)

1 **PROOF OF SERVICE**

2 *STATE OF CALIFORNIA, COUNTY OF LOS ANGELES*

3 I am employed in the County of Los Angeles, State of California. I am over the age of 18
4 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220,
5 Los Angeles, CA 90071.

6 On **October 15, 2021** I served the foregoing documents described as **CREDITOR’S CLAIM** on all interested parties in this action in the following manner:

7 **BY U.S. MAIL:** I am familiar with this firm’s practice of collection and
8 processing correspondence for mailing. Under that practice it would be deposited
9 with U.S. postal service on that same day with postage thereon fully prepaid at Los
10 Angeles, California in the ordinary course of business. I am aware that on motion
of the party, service is presumed invalid if postal cancellation date or postage meter
date is more than one day after date of deposit for mailing in affidavit.

11 **BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said
12 document(s) was also delivered by facsimile transmission to the addressee(s)
pursuant to Code of Civil Procedure §1013(e).

13 **BY OVERNIGHT MAIL:** I caused said document(s) to be picked up by an
14 overnight delivery service company for delivery to the addressee(s) on the next
15 business day.

16 **BY PERSONAL SERVICE:** By causing personal delivery by _____
17 of the document(s) listed above to the person(s) at the address(es) set forth on the
attached service list.

18 **BY ELECTRONIC SERVICE:** I caused the above document to be sent to the
19 listed addressee(s) in the attached service list via electronic service from the email
address of oac@johnstonhutchinson.com.

20 (STATE) I declare under penalty of perjury under the laws of the State of
21 California that the above is true and correct.

22 (FEDERAL) I declare that I am employed in the office of the member of the bar
23 of this court at whose direction the service was made.

24 Executed on **October 15, 2021**, at Los Angeles, California.

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26 *Olga Carlton*
27 _____
Olga Carlton

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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

EXHIBIT 2

ESTATE OF (Name): JONATHAN P. TATONE DECEDENT	CASE NUMBER: 21STPB06115
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PROOF OF MAILING PERSONAL DELIVERY TO CREDITOR

1. At the time of mailing or personal delivery I was at least 18 years of age and **not a party** to this proceeding.
2. My residence or business address is (*specify*):
 300 E. Esplanade Drive, Suite 850
 Oxnard, CA 93036
3. I mailed or personally delivered a copy of the *Allowance or Rejection of Creditor's Claim* as follows (*complete either a or b*):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collecting and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of creditor served: Thomas J. Johnston
 - (b) Address on envelope: Johnston & Hutchinson LLP
 350 South Grand Avenue, Suite 2220
 Los Angeles, CA 90071
 - (c) Date of mailing: October 26, 2021
 - (d) Place of mailing (*city and state*): Oxnard, CA
 - b. **Personal delivery.** I personally delivered a copy to the creditor as follows:
 - (1) Name of creditor served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 26, 2021

Darlene Arias
 (TYPE OR PRINT NAME OF DECLARANT)


 (SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071	TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
ATTORNEY FOR (Name): Heidi Carlon tjj@johnstonthutchinson.com		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012-3014 BRANCH NAME: Stanley Mosk Courthouse		
ESTATE OF (Name): JONATHAN P. TATONE		
CREDITOR'S CLAIM		CASE NUMBER: 21STPB06115

You must file this claim with the court clerk at the court address above before the **LATER** of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.
WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: \$ 20,000,000.00
- Claimant (name): Heidi Carlon
 - an individual
 - an individual or entity doing business under the fictitious name of (specify):
 - a partnership. The person signing has authority to sign on behalf of the partnership.
 - a corporation. The person signing has authority to sign on behalf of the corporation.
 - other (specify):
- Address of claimant (specify):
23031 Willow View Circle, Valencia CA 91354
- Claimant is the creditor a person acting on behalf of creditor (state reason):
- Claimant is the personal representative the attorney for the personal representative.
- I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 14, 2021

Thomas J. Johnston, Esq.

(TYPE OR PRINT NAME AND TITLE)



(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (*state why original is unavailable*). If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (*See Prob. Code, § 9152.*)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)

ESTATE OF (Name): JONATHAN P. TATONE	CASE NUMBER: 21STPB06115
DECEDENT	

Date of Item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Heidi Carlon's husband, Tory Carlon, on June 1, 2021. Mrs. Carlon has lost her husband's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify):

3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows (check either a or b below):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:

 - (c) Date of mailing:
 - (d) Place of mailing (city and state):
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:

 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date:

..... (TYPE OR PRINT NAME OF CLAIMANT) ▶ (SIGNATURE OF CLAIMANT)

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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071.

On **October 15, 2021** I served the foregoing documents described as **CREDITOR'S CLAIM** on all interested parties in this action in the following manner:

- BY U.S. MAIL:** I am familiar with this firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at Los Angeles, California in the ordinary course of business. I am aware that on motion of the party, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.
- BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said document(s) was also delivered by facsimile transmission to the addressee(s) pursuant to Code of Civil Procedure §1013(e).
- BY OVERNIGHT MAIL:** I caused said document(s) to be picked up by an overnight delivery service company for delivery to the addressee(s) on the next business day.
- BY PERSONAL SERVICE:** By causing personal delivery by _____ of the document(s) listed above to the person(s) at the address(es) set forth on the attached service list.
- BY ELECTRONIC SERVICE:** I caused the above document to be sent to the listed addressee(s) in the attached service list via electronic service from the email address of oac@johnstonhutchinson.com.
- (STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.
- (FEDERAL) I declare that I am employed in the office of the member of the bar of this court at whose direction the service was made.

Executed on **October 15, 2021**, at Los Angeles, California.

Olga Carlton
Olga Carlton

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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): — Cristian R. Arrieta 236837 Lowthorp Richards et al. 300 E. Esplanade Drive, Suite 850 Oxnard, CA 93036 TELEPHONE NO: (805) 981-8555 FAX NO. (Optional): (805) 983-1967 E-MAIL ADDRESS (Optional): carrieta@lrmmt.com ATTORNEY FOR (Name): PRISCILLA GARZA-STEWART	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. HILL STREET MAILING ADDRESS: 111 N. HILL STREET CITY AND ZIP CODE: LOS ANGELES, CA 90012-3014 BRANCH NAME: STANLEY MOSK COURTHOUSE	
ESTATE OF (Name): JONATHAN P. TATONE	DECEDENT
ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM	CASE NUMBER: 21STPB06115

NOTE TO PERSONAL REPRESENTATIVE

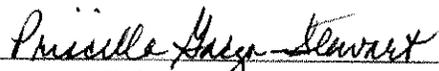
Attach a copy of the creditor's claim to this form. If approval or rejection by the court is not required, do not include any pages attached to the creditor's claim.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor (specify): Joslyn Carlon
2. The claim was filed on (date): October 15, 2021
3. Date of first issuance of letters: August 17, 2021
4. Date of Notice of Administration: August 24, 2021
5. Date of decedent's death: June 1, 2021
6. Estimated value of estate: \$ 720,000.00
7. Total amount of the claim: \$ 20,000,000.00
8. Claim is allowed for: \$ _____ (The court must approve certain claims before they are paid.)
9. Claim is rejected for: \$ 20,000,000.00 (A creditor has 90 days to act on a rejected claim.* See box below.)
10. Notice of allowance or rejection given on (date): October 26, 2021
11. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

Date: October 22, 2021

PRISCILLA GARZA-STEWART
 (TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE)

▶ 
 (SIGNATURE OF PERSONAL REPRESENTATIVE)

NOTICE TO CREDITOR ON REJECTED CLAIM

From the date that notice of rejection is given, you must act on the rejected claim (e.g., file a lawsuit) as follows:

1. **Claim due:** within 90 days* after the notice of rejection.
2. **Claim not due:** within 90 days* after the claim become due.

* The 90-day period mentioned above may not apply to your claim because some claims are not treated as creditors' claims or are subject to special statutes of limitations, or for other legal reasons. You should consult with an attorney if you have any questions about or are unsure of your rights and obligations concerning your claim.

COURT'S APPROVAL OR REJECTION

12. Approved for: \$ _____
13. Rejected for: \$ _____

Date: _____

14. Number of pages attached: _____

SIGNATURE OF JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

(Proof of Mailing or Personal Delivery on reverse)

ESTATE OF (Name): JONATHAN P. TATONE DECEDENT	CASE NUMBER: 21STPB06115
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PROOF OF MAILING PERSONAL DELIVERY TO CREDITOR

- At the time of mailing or personal delivery I was at least 18 years of age and not a party to this proceeding.
- My residence or business address is (specify):
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
- I mailed or personally delivered a copy of the Allowance or Rejection of Creditor's Claim as follows (complete either a or b):

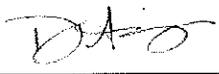
- a. Mail. I am a resident of or employed in the county where the mailing occurred.
- I enclosed a copy in an envelope AND
 - deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collecting and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - The envelope was addressed and mailed first-class as follows:
 - Name of creditor served: Thomas J. Johnston
 - Address on envelope: Johnston & Hutchinson LLP
350 South Grand Avenue, Suite 2220
Los Angeles, CA 90071
 - Date of mailing: October 26, 2021
 - Place of mailing (city and state): Oxnard, CA

- b. Personal delivery. I personally delivered a copy to the creditor as follows:
- Name of creditor served:
 - Address where delivered:
 - Date delivered:
 - Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 26, 2021

Darlene Arias
(TYPE OR PRINT NAME OF DECLARANT)

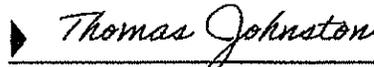

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071		TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
ATTORNEY FOR (Name): Joslyn Carlon tj@johnstonhutchinson.com			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012-3014 BRANCH NAME: Stanley Mosk Courthouse			
ESTATE OF (Name): JONATHAN P. TATONE		DECEDENT	
CREDITOR'S CLAIM			CASE NUMBER: 21STPB06115

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.
WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: \$ 20,000,000.00
 - Claimant (name): Joslyn Carlon
 - an individual
 - an individual or entity doing business under the fictitious name of (specify):
 - a partnership. The person signing has authority to sign on behalf of the partnership.
 - a corporation. The person signing has authority to sign on behalf of the corporation.
 - other (specify):
 - Address of claimant (specify):
23031 Willow View Circle, Valencia CA 91354
 - Claimant is the creditor a person acting on behalf of creditor (state reason):
 - Claimant is the personal representative the attorney for the personal representative.
 - I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Date: October 14, 2021

Thomas J. Johnston, Esq.
.....
(TYPE OR PRINT NAME AND TITLE)


.....
(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (*state why original is unavailable*). If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (*See Prob. Code, § 9152.*)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

ESTATE OF (Name): JONATHAN P. TATONE	CASE NUMBER: 21STPB06115
DECEDENT	

Date of item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Joslyn Carlon's father, Tory Carlon, on June 1, 2021. Ms. Carlon has lost her father's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is *(specify)*:

3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows *(check either a or b below)*:
 - a. **Mall.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:

 - (c) Date of mailing:
 - (d) Place of mailing *(city and state)*:
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:

 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date:

..... (TYPE OR PRINT NAME OF CLAIMANT) ▶ (SIGNATURE OF CLAIMANT)

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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071.

On **October 15, 2021** I served the foregoing documents described as **CREDITOR'S CLAIM** on all interested parties in this action in the following manner:

BY U.S. MAIL: I am familiar with this firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at Los Angeles, California in the ordinary course of business. I am aware that on motion of the party, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

BY FACSIMILE: In addition to service by mail as set forth above, a copy of said document(s) was also delivered by facsimile transmission to the addressee(s) pursuant to Code of Civil Procedure §1013(e).

BY OVERNIGHT MAIL: I caused said document(s) to be picked up by an overnight delivery service company for delivery to the addressee(s) on the next business day.

BY PERSONAL SERVICE: By causing personal delivery by _____ of the document(s) listed above to the person(s) at the address(es) set forth on the attached service list.

BY ELECTRONIC SERVICE: I caused the above document to be sent to the listed addressee(s) in the attached service list via electronic service from the email address of oac@johnstonhutchinson.com.

(STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

(FEDERAL) I declare that I am employed in the office of the member of the bar of this court at whose direction the service was made.

Executed on **October 15, 2021**, at Los Angeles, California.

Olga Carlton
Olga Carlton

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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): — Cristian R. Arrieta 236837 Lowthorp Richards et al. 300 E. Esplanade Drive, Suite 850 Oxnard, CA 93036 TELEPHONE NO.: (805) 981-8555 FAX NO. (Optional): (805) 983-1967 E-MAIL ADDRESS (Optional): carrieta@lrmt.com ATTORNEY FOR (Name): PRISCILLA GARZA-STEWART	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. HILL STREET MAILING ADDRESS: 111 N. HILL STREET CITY AND ZIP CODE: LOS ANGELES, CA 90012-3014 BRANCH NAME: STANLEY MOSK COURTHOUSE	
ESTATE OF (Name): JONATHAN P. TATONE	DECEDENT
ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM	CASE NUMBER: 21STPB06115

NOTE TO PERSONAL REPRESENTATIVE

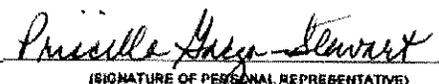
Attach a copy of the creditor's claim to this form. If approval or rejection by the court is not required, do not include any pages attached to the creditor's claim.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor (specify): Minor Child of Tory Carlon, B.M. Carlon
2. The claim was filed on (date): October 15, 2021
3. Date of first issuance of letters: August 17, 2021
4. Date of Notice of Administration: August 24, 2021
5. Date of decedent's death: June 1, 2021
6. Estimated value of estate: \$ 720,000.00
7. Total amount of the claim: \$ 20,000,000.00
8. Claim is allowed for: \$ _____ (The court must approve certain claims before they are paid.)
9. Claim is rejected for: \$ 20,000,000.00 (A creditor has 90 days to act on a rejected claim.* See box below.)
10. Notice of allowance or rejection given on (date): October 26, 2021
11. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

Date: October 22, 2021

PRISCILLA GARZA-STEWART
 (TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE)


 (SIGNATURE OF PERSONAL REPRESENTATIVE)

NOTICE TO CREDITOR ON REJECTED CLAIM

From the date that notice of rejection is given, you must act on the rejected claim (e.g., file a lawsuit) as follows:

1. Claim due: within 90 days* after the notice of rejection.
2. Claim not due: within 90 days* after the claim become due.

* The 90-day period mentioned above may not apply to your claim because some claims are not treated as creditors' claims or are subject to special statutes of limitations, or for other legal reasons. You should consult with an attorney if you have any questions about or are unsure of your rights and obligations concerning your claim.

COURT'S APPROVAL OR REJECTION

12. Approved for: \$ _____
13. Rejected for: \$ _____

Date: _____

14. Number of pages attached: _____

 SIGNATURE OF JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

(Proof of Mailing or Personal Delivery on reverse)

ESTATE OF (Name): JONATHAN P. TATONE DECEDENT	CASE NUMBER: 21STPB06115
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PROOF OF MAILING PERSONAL DELIVERY TO CREDITOR

1. At the time of mailing or personal delivery I was at least 18 years of age and **not a party** to this proceeding.
2. My residence or business address is (*specify*):
 300 E. Esplanade Drive, Suite 850
 Oxnard, CA 93036
3. I mailed or personally delivered a copy of the *Allowance or Rejection of Creditor's Claim* as follows (*complete either a or b*):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collecting and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of creditor served: Thomas J. Johnston
 - (b) Address on envelope: Johnston & Hutchinson LLP
 350 South Grand Avenue, Suite 2220
 Los Angeles, CA 90071
 - (c) Date of mailing: October 26, 2021
 - (d) Place of mailing (*city and state*): Oxnard, CA
 - b. **Personal delivery.** I personally delivered a copy to the creditor as follows:
 - (1) Name of creditor served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 26, 2021

Darlene Arias
(TYPE OR PRINT NAME OF DECLARANT)


(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071 tj@johnstonhutchinson.com	TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
ATTORNEY FOR (Name): Minor Child of Tory Carlon, B.M. Carlon		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles		
STREET ADDRESS: 111 N. Hill Street		
MAILING ADDRESS: 111 N. Hill Street		
CITY AND ZIP CODE: Los Angeles, 90012-3014		
BRANCH NAME: Stanley Mosk Courthouse		
ESTATE OF (Name): JONATHAN P. TATONE		DECEDENT
CREDITOR'S CLAIM		CASE NUMBER: 21STPB06115

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: \$ 20,000,000.00
- Claimant (name): Minor Child of Tory Carlon, B.M. Carlon
 - an individual
 - an individual or entity doing business under the fictitious name of (specify):
 - a partnership. The person signing has authority to sign on behalf of the partnership.
 - a corporation. The person signing has authority to sign on behalf of the corporation.
 - other (specify):
- Address of claimant (specify): Care of Heidi Carlon
23031 Willow View Circle, Valencia CA 91354
- Claimant is the creditor a person acting on behalf of creditor (state reason):
- Claimant is the personal representative the attorney for the personal representative.
- I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 14, 2021

Thomas J. Johnston, Esq.

(TYPE OR PRINT NAME AND TITLE)

Thomas Johnston

(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)

Probate Code, §§ 9000 et seq., 9163

ESTATE OF (Name): JONATHAN P. TATONE	CASE NUMBER: 21STPB06115
DECEDENT	

Date of Item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Tory Carlon, the father of minor child, B.M. Carlon on June 1, 2021. The minor child has lost her father's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is *(specify)*:
3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows *(check either a or b below)*:
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:
 - (c) Date of mailing:
 - (d) Place of mailing *(city and state)*:
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date:

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(TYPE OR PRINT NAME OF CLAIMANT)
(SIGNATURE OF CLAIMANT)

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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071.

On **October 15, 2021** I served the foregoing documents described as **CREDITOR'S CLAIM** on all interested parties in this action in the following manner:

- BY U.S. MAIL:** I am familiar with this firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at Los Angeles, California in the ordinary course of business. I am aware that on motion of the party, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.
- BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said document(s) was also delivered by facsimile transmission to the addressee(s) pursuant to Code of Civil Procedure §1013(e).
- BY OVERNIGHT MAIL:** I caused said document(s) to be picked up by an overnight delivery service company for delivery to the addressee(s) on the next business day.
- BY PERSONAL SERVICE:** By causing personal delivery by _____ of the document(s) listed above to the person(s) at the address(es) set forth on the attached service list.
- BY ELECTRONIC SERVICE:** I caused the above document to be sent to the listed addressee(s) in the attached service list via electronic service from the email address of oac@johnstonhutchinson.com.
- (STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.
- (FEDERAL) I declare that I am employed in the office of the member of the bar of this court at whose direction the service was made.

Executed on **October 15, 2021**, at Los Angeles, California.

Olga Carlton
Olga Carlton

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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Cristian R. Arrieta 236837 Lowthorp Richards et al. 300 E. Esplanade Drive, Suite 850 Oxnard, CA 93036 TELEPHONE NO.: (805) 981-8555 FAX NO. (Optional): (805) 983-1967 E-MAIL ADDRESS (Optional): carrieta@lrmmt.com ATTORNEY FOR (Name): PRISCILLA GARZA-STEWART	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. HILL STREET MAILING ADDRESS: 111 N. HILL STREET CITY AND ZIP CODE: LOS ANGELES, CA 90012-3014 BRANCH NAME: STANLEY MOSK COURTHOUSE	
ESTATE OF (Name): JONATHAN P. TATONE	
DECEDENT	
ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM	CASE NUMBER: 21STPB06115

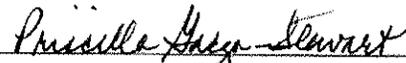
NOTE TO PERSONAL REPRESENTATIVE
 Attach a copy of the creditor's claim to this form. If approval or rejection by the court is not required, do not include any pages attached to the creditor's claim.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor (specify): Minor Child of Tory Carlon, B.N. Carlon
2. The claim was filed on (date): October 15, 2021
3. Date of first issuance of letters: August 17, 2021
4. Date of Notice of Administration: August 24, 2021
5. Date of decedent's death: June 1, 2021
6. Estimated value of estate: \$ 720,000.00
7. Total amount of the claim: \$ 20,000,000.00
8. Claim is allowed for: \$ (The court must approve certain claims before they are paid.)
9. Claim is rejected for: \$ 20,000,000.00 (A creditor has 90 days to act on a rejected claim.* See box below.)
10. Notice of allowance or rejection given on (date): October 26, 2021
11. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

Date: October 22, 2021

PRISCILLA GARZA-STEWART
 (TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE)


 (SIGNATURE OF PERSONAL REPRESENTATIVE)

NOTICE TO CREDITOR ON REJECTED CLAIM

From the date that notice of rejection is given, you must act on the rejected claim (e.g., file a lawsuit) as follows:

1. Claim due: within 90 days* after the notice of rejection.
2. Claim not due: within 90 days* after the claim become due.

* The 90-day period mentioned above may not apply to your claim because some claims are not treated as creditors' claims or are subject to special statutes of limitations, or for other legal reasons. You should consult with an attorney if you have any questions about or are unsure of your rights and obligations concerning your claim.

COURT'S APPROVAL OR REJECTION

12. Approved for: \$
13. Rejected for: \$

Date:

14. Number of pages attached: _____

SIGNATURE OF JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

(Proof of Mailing or Personal Delivery on reverse)

ESTATE OF (Name): JONATHAN P. TATONE DECEDENT	CASE NUMBER: 21STPB06115
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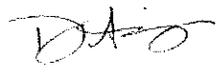
PROOF OF MAILING PERSONAL DELIVERY TO CREDITOR

1. At the time of mailing or personal delivery I was at least 18 years of age and not a party to this proceeding.
2. My residence or business address is (specify):
 300 E. Esplanade Drive, Suite 850
 Oxnard, CA 93036
3. I mailed or personally delivered a copy of the Allowance or Rejection of Creditor's Claim as follows (complete either a or b):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collecting and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of creditor served: Thomas J. Johnston
 - (b) Address on envelope: Johnston & Hutchinson LLP
 350 South Grand Avenue, Suite 2220
 Los Angeles, CA 90071
 - (c) Date of mailing: October 26, 2021
 - (d) Place of mailing (city and state): Oxnard, CA
 - b. **Personal delivery.** I personally delivered a copy to the creditor as follows:
 - (1) Name of creditor served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 26, 2021

Darlene Arias
(TYPE OR PRINT NAME OF DECLARANT)


(SIGNATURE OF DECLARANT)

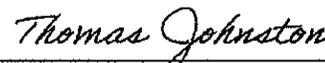
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Thomas J. Johnston, SBN 210506 Johnston & Hutchinson LLP 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071 tj@johnstonhutchinson.com ATTORNEY FOR (Name): Minor Child of Tory Carlton, B.N. Carlton	TELEPHONE AND FAX NOS.: T: (213)542-1978 F: (213)542-1977	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012-3014 BRANCH NAME: Stanley Mosk Courthouse		
ESTATE OF (Name): JONATHAN P. TATONE		DECEDENT
CREDITOR'S CLAIM		CASE NUMBER: 21STPB06115

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

1. Total amount of the claim: \$ 20,000,000.00
 2. Claimant (name): Minor Child of Tory Carlton, B.N. Carlton
 - a. an individual
 - b. an individual or entity doing business under the fictitious name of (specify):
 - c. a partnership. The person signing has authority to sign on behalf of the partnership.
 - d. a corporation. The person signing has authority to sign on behalf of the corporation.
 - e. other (specify):
 3. Address of claimant (specify): Care of Heidi Carlton
23031 Willow View Circle, Valencia CA 91354
 4. Claimant is the creditor a person acting on behalf of creditor (state reason):
 5. Claimant is the personal representative the attorney for the personal representative.
 6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Date: October 14, 2021

Thomas J. Johnston, Esq.
 (TYPE OR PRINT NAME AND TITLE)


 (SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- C. If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)

ESTATE OF (Name): JONATHAN P. TATONE	CASE NUMBER: 21STPB06115
DECEDENT	

Date of Item	FACTS SUPPORTING THE CREDITOR'S CLAIM <input type="checkbox"/> See attachment (if space is insufficient) Item and supporting facts	Amount claimed
June 1, 2021	Decedent, Jonathan P. Tatone, without provocation, shot and killed Tory Carlon, the father of minor child, B.N. Carlon on June 1, 2021. The minor child has lost her father's love, companionship, and support.	20,000,000
TOTAL:		\$ 0

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE
(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify):
3. I mailed or personally delivered a copy of this *Creditor's Claim* to the personal representative as follows (check either a or b below):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of personal representative served:
 - (b) Address on envelope:
 - (c) Date of mailing:
 - (d) Place of mailing (city and state):
 - b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
 - (1) Name of personal representative served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date:

..... (TYPE OR PRINT NAME OF CLAIMANT)	(SIGNATURE OF CLAIMANT)
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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 350 South Grand Ave., Suite 2220, Los Angeles, CA 90071.

On **October 15, 2021** I served the foregoing documents described as **CREDITOR'S CLAIM** on all interested parties in this action in the following manner:

- BY U.S. MAIL:** I am familiar with this firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at Los Angeles, California in the ordinary course of business. I am aware that on motion of the party, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.
- BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said document(s) was also delivered by facsimile transmission to the addressee(s) pursuant to Code of Civil Procedure §1013(e).
- BY OVERNIGHT MAIL:** I caused said document(s) to be picked up by an overnight delivery service company for delivery to the addressee(s) on the next business day.
- BY PERSONAL SERVICE:** By causing personal delivery by _____ of the document(s) listed above to the person(s) at the address(es) set forth on the attached service list.
- BY ELECTRONIC SERVICE:** I caused the above document to be sent to the listed addressee(s) in the attached service list via electronic service from the email address of oac@johnstonhutchinson.com.
- (STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.
- (FEDERAL) I declare that I am employed in the office of the member of the bar of this court at whose direction the service was made.

Executed on **October 15, 2021**, at Los Angeles, California.

Olga Carlton
Olga Carlton

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SERVICE LIST

Priscilla Garza-Stewart c/o Cristian R. Arrieta
Lowthorp Richards McMillan Miller & Templeman
300 E. Esplanade Drive, Suite 850
Oxnard, CA 93036
Telephone: (805)981-8555

Personal Representative of the Estate of JONATHAN P. TATONE

EXHIBIT 3

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

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:59

<p>1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mrs. LAST NAME FIRST NAME M.I. Carlton Heidi</p> <p>2. ADDRESS OF CLAIMANT 23031 Willow View Circle</p> <p>CITY STATE ZIP CODE Valencia CA 91354</p> <p>HOME PHONE ALTERNATE PHONE (213) 542-1978</p> <p>3. CLAIMANT'S BIRTHDATE: 05/05/1980 4. CLAIMANT'S SOCIAL SECURITY NUMBER: XXX-XX-8313</p> <p>5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Johnston & Hutchinson LLP, 350 S. Grand Ave., Ste. 2220</p> <p>STREET CITY STATE ZIP CODE Los Angeles CA 90071</p> <p>6. DATE AND TIME OF INCIDENT 6/1/2021 10:58 am</p> <p>7. WHERE DID DAMAGE OR INJURY OCCUR? 8710 Sierra Hwy, Los Angeles County, Fire Station 81</p> <p>STREET CITY STATE ZIP CODE Agua Dulce CA 91350</p> <p>8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): See Attachment 1</p> <p>9. WERE POLICE OR PARAMEDICS CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>(IF YES) AGENCY'S NAME <u>LA County Fire Dept.</u> REPORT # <u>Unknown</u> <u>Los Angeles County Sheriff's Department, CHP</u></p> <p>CHECK IF LIMITED CIVIL CASE <input type="checkbox"/></p> <p>TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES \$ _____ \$ _____</p>	<p>10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? See Attachment 1</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>DEPARTMENT</td> </tr> <tr> <td>NAME</td> <td>DEPARTMENT</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td>NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</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 style="width: 25%;">DATE OF FIRST VISIT</td> <td style="width: 50%;">PHYSICIAN'S NAME</td> <td style="width: 25%;">PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> <tr> <td>DATE OF FIRST VISIT</td> <td>PHYSICIAN'S NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> </table>	NAME See Attachment 1 & 2	DEPARTMENT	NAME	DEPARTMENT	NAME See Attachment 1 & 2	PHONE	ADDRESS		NAME	PHONE	ADDRESS		DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE			DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE		
NAME See Attachment 1 & 2	DEPARTMENT																								
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STREET CITY STATE ZIP CODE																									
DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE																							
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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 Thomas J. Johnston, Esq.	DATE 11/18/21	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT <i>Thomas Johnston</i> , Attorney	DATE 11/18/21
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**Attachment 1 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

Response to No. 8.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees, in turn, ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death on June 1, 2021.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far more than the general jurisdiction threshold of the Superior Court of the State of California.

Response to No. 10.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees in turn ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far in excess of the jurisdictional limits of the Superior Court of the State of California.

Response to No. 11. Names of County Employees Involved in Injury / Death

Jonathan Tatone, and currently unknown employees of Los Angeles County Fire. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

Response to No. 12. Names of Witnesses to Damages or Injury

Claimants – available through counsel. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

**Attachment 2 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

See Attached Shooting Incident Detail.

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 210601LA01382
 Case Numbers:
 Incident Date: 6/1/2021 11:26:49
 Report Generated: 7/13/2021 08:44:30

Incident Information

Incident Type:	1 CHP Unit Incident	Alarm Level:	
Priority:	4	Problem:	FIRE-Report of Fire
Determinant:		Agency:	CHP
Base Response#:		Jurisdiction:	LA
Confirmation#:		Division:	89-Antelope Valley
Taken By:	[REDACTED]	Battalion:	89-Antelope Valley
Response Area:	89-003	Response Plan:	83-003 1 Unit Resp Plan
Disposition:	DUP-Duplicate Call	Command Ch:	
Cancel Reason:	UX-Cancel	Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	118174526	Latitude:	34461973

Incident Location

Location Name:	
Address:	2652 Bent Spur Dr
Apartment:	
Building:	
City, State, Zip:	Unincorporated CA 93510
County:	Los Angeles
Location Type:	
Cross Street:	Briar Glen Rd/No Cross Street
Map Reference:	

Call Receipt

Caller Name:
 Method Received:
 Caller Type:

Call Back Phone:
 Caller Location: 35660 N VISTA VIEW TERRACE
 TENHI MTN

Caller Address:
 Caller Building:
 Caller City, State, Zip:

Caller Location Phone:
 Caller Apartment:
 Caller County:

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47			
In Walking Queue	6/1/2021	11:27:31		Received to In Queue	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	Call Taking	00:00:42
			[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned			[REDACTED]		
1st Unit Enroute			[REDACTED]	Call Received to 1st Assign	
1st Unit Arrived			[REDACTED]	Assigned to 1st Enroute	
Closed	6/1/2021	11:27:31	[REDACTED]	Enroute to 1st Arrived	
			[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
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6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
6/1/2021	11:34:29	A12016	Response	[3] Multi-Jurisdiction CHP Incident #: 210601BF00195
6/1/2021	11:55:56	A15445	Response	[4] [Notification] [CHP]-PER PMDL SO ADV SUSP. BELIEVED TO BE DECEASED AT STRUCTURE FIRE [Shared]
6/1/2021	11:58:08	A15445	Response	[5] [Notification] [CHP]-PMDLSO ADV LINE47 HAS MULTIPLE WEAPONS REGISTERED, PMDL SO REQ CHP 1184 NO ACCESS IN AREA OF STRUCTURE FIRE [Shared]
6/1/2021	12:30:49	A16829	Response	[6] [Notification] [CHP]-1039 LACORDS - CPY WARD / SIERRA [Shared]
6/1/2021	12:33:27	A14210	Response	[7] [Notification] [CHP]-78-S4 REQ 78-502 HOLD PARENTS OF SUSP TELL SO GOES 97 [Shared]
6/1/2021	14:44:03	A12728	Response	[8] [CHP] has closed their incident [210601BF00195]
6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	WorkstationUser
6/1/2021	11:26:47	Call_Back_Phone	(Blank)	(Blank)	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN LA	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN LA	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	City	0	Unincorporated	Updated City Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Latitude	0	34529982	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Longitude	0	118145400	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Dispatch_Level		Default	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Number		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445

6/1/2021 11:27:26	Address	(Blank)	Incident	2652 BENT	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Address	2652 BENT	2652 Bent Spur Dr	Entry	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Latitude	34529982	34461973	Entry	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Longitude	118145400	118174526	Entry	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	City		Unincorporated	Updated City	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Jurisdiction		LA	(Response Viewer)	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Division		89-Antelope Valley	(Response Viewer)	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Battalion		89-Antelope Valley	(Response Viewer)	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Area		89-003	(Response Viewer)	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Plan		83-003 1 Unit	(Response Viewer)	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	ResponsePlanType0		Resp Plan	1	(Response Viewer)	Response_Master_IncidentLA036	A15445

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields
Description

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
EMS	PMDLSO	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
	PMDLSO	A15445

Attachments
No Attachment

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

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:58

<p>1. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. Mrs. LAST NAME FIRST NAME M.I. Carlton Joslyn</p> <p>2. ADDRESS OF CLAIMANT 23031 Willow View Circle CITY STATE ZIP CODE Valencia CA 91354</p> <p>HOME PHONE ALTERNATE PHONE (213) 542-1978</p> <p>3. CLAIMANT'S BIRTHDATE: 4. CLAIMANT'S SOCIAL SECURITY NUMBER 09/29/2003 XXX-XX-5942</p> <p>5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Johnston & Hutchinson LLP, 350 S. Grand Ave., Ste. 2220 STREET CITY STATE ZIP CODE Los Angeles CA 90071</p> <p>6. DATE AND TIME OF INCIDENT 6/1/2021 10:58 am</p> <p>7. WHERE DID DAMAGE OR INJURY OCCUR? 8710 Sierra Hwy, Los Angeles County, Fire Station 81 STREET CITY STATE ZIP CODE Agua Dulce CA 91350</p> <p>8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): See Attachment 1</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 Dept. REPORT # Unknown Los Angeles County Sheriff's Department, CHP CHECK IF LIMITED CIVIL CASE <input type="checkbox"/> TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES \$ \$</p>	<p>10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? See Attachment 1</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> <th style="width: 70%;">NAME</th> <th>DEPARTMENT</th> </tr> <tr> <td>See Attachment 1 & 2</td> <td></td> </tr> <tr> <th>NAME</th> <th>DEPARTMENT</th> </tr> <tr> <td></td> <td></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> <th style="width: 70%;">NAME</th> <th>PHONE</th> </tr> <tr> <td>See Attachment 1 & 2</td> <td></td> </tr> <tr> <th colspan="2">ADDRESS</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th>NAME</th> <th>PHONE</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th colspan="2">ADDRESS</th> </tr> <tr> <td></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> <th style="width: 25%;">DATE OF FIRST VISIT</th> <th style="width: 50%;">PHYSICIAN'S NAME</th> <th style="width: 25%;">PHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="3">STREET CITY STATE ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>DATE OF FIRST VISIT</th> <th>PHYSICIAN'S NAME</th> <th>PHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="3">STREET CITY STATE ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	NAME	DEPARTMENT	See Attachment 1 & 2		NAME	DEPARTMENT			NAME	PHONE	See Attachment 1 & 2		ADDRESS				NAME	PHONE			ADDRESS				DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE				STREET CITY STATE ZIP CODE						DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE				STREET CITY STATE ZIP CODE					
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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 Thomas J. Johnston, Esq.	DATE 11/18/21	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT <i>Thomas Johnston</i> , Attorney	DATE 11/18/21
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**Attachment 1 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

Response to No. 8.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees, in turn, ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death on June 1, 2021.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far more than the general jurisdiction threshold of the Superior Court of the State of California.

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Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death.

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Response to No. 11. Names of County Employees Involved in Injury / Death

Jonathan Tatone, and currently unknown employees of Los Angeles County Fire. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

Response to No. 12. Names of Witnesses to Damages or Injury

Claimants – available through counsel. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

**Attachment 2 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

See Attached Shooting Incident Detail.

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 210601LA01382
 Case Numbers:
 Incident Date: 6/1/2021 11:26:49
 Report Generated: 7/13/2021 08:44:30

Incident Information

Incident Type:	1 CHP Unit Incident	Alarm Level:	
Priority:	4	Problem:	FIRE-Report of Fire
Determinant:		Agency:	CHP
Base Response#:		Jurisdiction:	LA
Confirmation#:		Division:	89-Antelope Valley
Taken By:	[REDACTED]	Battalion:	89-Antelope Valley
Response Area:	89-003	Response Plan:	83-003 1 Unit Resp Plan
Disposition:	DUP-Duplicate Call	Command Ch:	
Cancel Reason:	UX-Cancel	Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	118174526	Latitude:	34461973

Incident Location

Location Name:	
Address:	2652 Bent Spur Dr
Apartment:	
Building:	
City, State, Zip:	Unincorporated CA 93510
County:	Los Angeles
Location Type:	
Cross Street:	Briar Glen Rd/No Cross Street
Map Reference:	

Call Receipt

Caller Name:	
Method Received:	
Caller Type:	
Call Back Phone:	[REDACTED]
Caller Location:	35660 N VISTA VIEW TERRACE TENHI MTN
Caller Address:	
Caller Building:	
Caller City, State, Zip:	
Caller Location Phone:	
Caller Apartment:	
Caller County:	

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47		Received to In Queue	00:00:42
In Waiting Queue	6/1/2021	11:27:31		Call Taking	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned			[REDACTED]	Call Received to 1st Assign	
1st Unit Enroute				Assigned to 1st Enroute	
1st Unit Arrived				Enroute to 1st Arrived	
Closed	6/1/2021	11:27:31	[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
------	------	------	------	-------	----------

6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
6/1/2021	11:34:29	A12016	Response	[3] Multi-Jurisdiction CHP Incident #: 210601BF00195
6/1/2021	11:55:56	A15445	Response	[4] [Notification] [CHP]-PER PMDLSO ADV SUSP. BELIEVED TO BE DECEASED AT STRUCTURE FIRE [Shared]
6/1/2021	11:58:08	A15445	Response	[5] [Notification] [CHP]-PMDLSO ADV LINE47 HAS MULTIPLE WEAPONS REGISTERED, PMDLSO REQ CHP 1184 NO ACCESS IN AREA OF STRUCTURE FIRE [Shared]
6/1/2021	12:30:49	A16829	Response	[6] [Notification] [CHP]-1039 LACORDS - CPY WARD / SIERRA [Shared]
6/1/2021	12:33:27	A14210	Response	[7] [Notification] [CHP]-78-S4 REQ 78-502 HOLD PARENTS OF SUSP TELL SO GOES 97 [Shared]
6/1/2021	14:44:03	A12728	Response	[8] [CHP] has closed their incident [210601BF00195]
6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	Workstation	User
6/1/2021	11:26:47	Call_Back_Phone			(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Address	(Blank)	(Blank)	New Entry	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN	New Entry	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	City		Unincorporated	Updated City	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Latitude	0	34529982	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Longitude	0	118145400	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	DispatchLevel		Default	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Priority_Number	0	4		Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036		A15445

		Incident				
6/1/2021 11:27:26	Address	(Blank)	2652 BENT	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Address	2652 BENT	2652 Bent Spur Dr	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Latitude	34529982	34461973	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Longitude	118145400	118174526	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	City		Unincorporated	Updated City	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Area		89-003	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Plan		83-003 1 Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	ResponsePlanType0		Resp Plan	1	(Response Viewer)	Response_Master_IncidentLA036
						A15445

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445

Attachments
No Attachment

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

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:59

<p>1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Mrs. LAST NAME FIRST NAME M.I. Carlton Minor Child B.M.</p> <p>2. ADDRESS OF CLAIMANT 23031 Willow View Circle</p> <p>CITY STATE ZIP CODE Valencia CA 91354</p> <p>HOME PHONE ALTERNATE PHONE (213) 542-1978</p> <p>3. CLAIMANT'S BIRTHDATE: 07/04/2007</p> <p>4. CLAIMANT'S SOCIAL SECURITY NUMBER: XXX-XX-7890</p> <p>5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Johnston & Hutchinson LLP, 350 S. Grand Ave., Ste. 2220</p> <p>STREET CITY STATE ZIP CODE Los Angeles CA 90071</p> <p>6. DATE AND TIME OF INCIDENT 6/1/2021 10:58 am</p> <p>7. WHERE DID DAMAGE OR INJURY OCCUR? 8710 Sierra Hwy, Los Angeles County, Fire Station 81</p> <p>STREET CITY STATE ZIP CODE Agua Dulce CA 91350</p> <p>8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): See Attachment 1</p> <p>9. WERE POLICE OR PARAMEDICS CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>(IF YES) AGENCY'S NAME <u>LA County Fire Dept.</u> REPORT # <u>Unknown</u> <u>Los Angeles County Sheriff's Department, CHP</u></p> <p>CHECK IF LIMITED CIVIL CASE <input type="checkbox"/></p> <p>TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES \$ _____ \$ _____</p>	<p>10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? See Attachment 1</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>DEPARTMENT</td> </tr> <tr> <td>NAME</td> <td>DEPARTMENT</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td>NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</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 style="width: 25%;">DATE OF FIRST VISIT</td> <td style="width: 50%;">PHYSICIAN'S NAME</td> <td style="width: 25%;">PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> <tr> <td>DATE OF FIRST VISIT</td> <td>PHYSICIAN'S NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> </table>	NAME See Attachment 1 & 2	DEPARTMENT	NAME	DEPARTMENT	NAME See Attachment 1 & 2	PHONE	ADDRESS		NAME	PHONE	ADDRESS		DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE			DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE		
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**Attachment 1 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

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As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far more than the general jurisdiction threshold of the Superior Court of the State of California.

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See Attached Shooting Incident Detail.

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 210601LA01382
 Case Numbers:
 Incident Date: 6/1/2021 11:26:49
 Report Generated: 7/13/2021 08:44:30

Incident Information

Incident Type: Priority: Determinant: Base Response#: Confirmation#: Taken By: Response Area: Disposition: Cancel Reason: Incident Status: Certification: Longitude:	1 CHP Unit Incident 4 [REDACTED] 89-003 DUP-Duplicate Call UX-Cancel Closed 118174526	Alarm Level: Problem: Agency: Jurisdiction: Division: Battalion: Response Plan: Command Ch: Primary TAC: Secondary TAC: Delay Reason (if any): Latitude:	FIRE-Report of Fire CHP LA 89-Antelope Valley 89-Antelope Valley 83-003 1 Unit Resp Plan 34461973
---	--	---	---

Incident Location

Location Name: Address: Apartment: Building: City, State, Zip:	2652 Bent Spur Dr Unincorporated CA 93510	County: Location Type: Cross Street: Map Reference:	Los Angeles Briar Glen Rd/No Cross Street
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Call Receipt

Caller Name: Method Received: Caller Type: Caller Address: Caller Building: Caller City, State, Zip:	Call Back Phone: Caller Location: Caller Location Phone: Caller Apartment: Caller County:	[REDACTED] 35660 N VISTA VIEW TERRACE TENHI MTN
---	---	---

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47		Received to In Queue	00:00:42
In Waiting Queue	6/1/2021	11:27:31		Call Taking	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned				Call Received to 1st Assign	
1st Unit Enroute				Assigned to 1st Enroute	
1st Unit Arrived				Enroute to 1st Arrived	
Closed	6/1/2021	11:27:31	[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
------	------	------	------	-------	----------

6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
6/1/2021	11:34:29	A12016	Response	[3] Multi-Jurisdiction CHP Incident #: 210601BF00195
6/1/2021	11:55:56	A15445	Response	[4] [Notification] [CHP]-PER PMDLSO ADV SUSP, BELIEVED TO BE DECEASED AT STRUCTURE FIRE [Shared]
6/1/2021	11:58:08	A15445	Response	[5] [Notification] [CHP]-PMDLSO ADV LINE47 HAS MULTIPLE WEAPONS REGISTERED, PMDLSO REQ CHP 1184 NO ACCESS IN AREA OF STRUCTURE FIRE [Shared]
6/1/2021	12:30:49	A16829	Response	[6] [Notification] [CHP]-1039 LACORDS - CPY WARD / SIERRA [Shared]
6/1/2021	12:33:27	A14210	Response	[7] [Notification] [CHP]-78-S4 REQ 78-502 HOLD PARENTS OF SUSP TELL SO GOES 97 [Shared]
6/1/2021	14:44:03	A12728	Response	[8] [CHP] has closed their incident [210601BF00195]
6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	WorkstationUser
6/1/2021	11:26:47	Call_Back_Phone			(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	(Blank)	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN LA	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	City		Unincorporated	Updated City Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Latitude	0	34529982	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Longitude	0	118145400	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	DispatchLevel		Default	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Number	0	4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445

Timestamp	Field	Value	Action	Response	User
6/1/2021 11:27:26	Address	(Blank)	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Address	2652 BENT 2652 Bent Spur Dr	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Latitude	34529982 34461973	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Longitude	118145400 118174526	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	City	Unincorporated	Updated City	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Jurisdiction	LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Division	89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Battalion	89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Area	89-003	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Plan	83-003 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	ResponsePlanType0	1	(Response Viewer)	Response_Master_IncidentLA036	A15445

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields
Description

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
EMS	PMDLSO	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
	PMDLSO	A15445

Attachments
No Attachment

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

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:59

1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Mrs. LAST NAME Carlton		FIRST NAME Minor Child B.N.	M.I.	10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? See Attachment 1	
2. ADDRESS OF CLAIMANT 23031 Willow View Circle					
CITY Valencia		STATE CA	ZIP CODE 91354		
HOME PHONE (213) 542-1978			ALTERNATE PHONE		
3. CLAIMANT'S BIRTHDATE: 12/31/2014			4. CLAIMANT'S SOCIAL SECURITY NUMBER XXX-XX-8713		
5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Johnston & Hutchinson LLP, 350 S. Grand Ave., Ste. 2220					
STREET Los Angeles		CITY CA	STATE 90071	ZIP CODE	
6. DATE AND TIME OF INCIDENT 6/1/2021 10:58 am				11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):	
7. WHERE DID DAMAGE OR INJURY OCCUR? 8710 Sierra Hwy, Los Angeles County, Fire Station 81				NAME See Attachment 1 & 2	
STREET Agua Dulce		CITY CA	STATE 91350	DEPARTMENT	
8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): See Attachment 1				12. WITNESS(ES) TO DAMAGES OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:	
				NAME See Attachment 1 & 2	
				PHONE	
				ADDRESS	
				NAME	
				PHONE	
				ADDRESS	
9. WERE POLICE OR PARAMEDICS CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				13. IF PHYSICIAN(S) WERE VISITED DUE TO INJURY, PROVIDE NAME, ADDRESS, PHONE NUMBER, AND DATE OF FIRST VISIT FOR EACH:	
(IF YES) AGENCY'S NAME LA County Fire Dept. REPORT # Unknown				DATE OF FIRST VISIT	
Los Angeles County Sheriff's Department, CHP				PHYSICIAN'S NAME	
CHECK IF LIMITED CIVIL CASE <input type="checkbox"/>				PHONE	
TOTAL DAMAGES TO DATE		TOTAL ESTIMATED PROSPECTIVE DAMAGES			
\$ _____		\$ _____			
				STREET	
				CITY	
				STATE	
				ZIP CODE	
				DATE OF FIRST VISIT	
				PHYSICIAN'S NAME	
				PHONE	
				STREET	
				CITY	
				STATE	
				ZIP CODE	

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 Thomas J. Johnston, Esq.		DATE 11/18/21	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT <i>Thomas Johnston</i> , Attorney		DATE 11/18/21
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**Attachment 1 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

Response to No. 8.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees, in turn, ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death on June 1, 2021.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far more than the general jurisdiction threshold of the Superior Court of the State of California.

Response to No. 10.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees in turn ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far in excess of the jurisdictional limits of the Superior Court of the State of California.

Response to No. 11. Names of County Employees Involved in Injury / Death

Jonathan Tatone, and currently unknown employees of Los Angeles County Fire. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

Response to No. 12. Names of Witnesses to Damages or Injury

Claimants – available through counsel. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

**Attachment 2 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

See Attached Shooting Incident Detail.

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 210601LA01382
 Case Numbers:
 Incident Date: 6/1/2021 11:26:49
 Report Generated: 7/13/2021 08:44:30

Incident Information

Incident Type:	1 CHP Unit Incident	Alarm Level:	
Priority:	4	Problem:	FIRE-Report of Fire
Determinant:		Agency:	CHP
Base Response#:		Jurisdiction:	LA
Confirmation#:		Division:	89-Antelope Valley
Taken By:	[REDACTED]	Battalion:	89-Antelope Valley
Response Area:	89-003	Response Plan:	83-003 1 Unit Resp Plan
Disposition:	DUP-Duplicate Call	Command Ch:	
Cancel Reason:	UX-Cancel	Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	118174526	Latitude:	34461973

Incident Location

Location Name:	
Address:	2652 Bent Spur Dr
Apartment:	
Building:	
City, State, Zip:	Unincorporated CA 93510
County:	Los Angeles
Location Type:	
Cross Street:	Briar Glen Rd/No Cross Street
Map Reference:	

Call Receipt

Caller Name:	
Method Received:	
Caller Type:	
Call Back Phone:	[REDACTED]
Caller Location:	35660 N VISTA VIEW TERRACE TENHI MTN
Caller Address:	
Caller Building:	
Caller City, State, Zip:	
Caller Location Phone:	
Caller Apartment:	
Caller County:	

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47		Received to In Queue	00:00:42
In Waiting Queue	6/1/2021	11:27:31		Call Taking	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned				Call Received to 1st Assign	
1st Unit Enroute				Assigned to 1st Enroute	
1st Unit Arrived				Enroute to 1st Arrived	
Closed	6/1/2021	11:27:31	[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
------	------	------	------	-------	----------

6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
6/1/2021	11:34:29	A12016	Response	[3] Multi-Jurisdiction CHP Incident #: 210601BF00195
6/1/2021	11:55:56	A15445	Response	[4] [Notification] [CHP]-PER PMDL SO ADV SUSP, BELIEVED TO BE DECEASED AT STRUCTURE FIRE [Shared]
6/1/2021	11:58:08	A15445	Response	[5] [Notification] [CHP]-PMDLSO ADV LINE47 HAS MULTIPLE WEAPONS REGISTERED, PMDL SO REQ CHP 1184 NO ACCESS IN AREA OF STRUCTURE FIRE [Shared]
6/1/2021	12:30:49	A16829	Response	[6] [Notification] [CHP]-1039 LACORDS - CPY WARD / SIERRA [Shared]
6/1/2021	12:33:27	A14210	Response	[7] [Notification] [CHP]-78-S4 REQ 78-502 HOLD PARENTS OF SUSP TELL SO GOES 97 [Shared]
6/1/2021	14:44:03	A12728	Response	[8] [CHP] has closed their incident [210601BF00195]
6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	WorkstationUser
6/1/2021	11:26:47	Call_Back_Phone			(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	(Blank)	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	City		Unincorporated	Updated City	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Latitude	0	34529982	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Longitude	0	118145400	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan Default	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	DispatchLevel			(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Number	0	4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445

6/1/2021 11:27:26 Address	(Blank)	Incident				
6/1/2021 11:27:27 Address	2652 BENT	2652 BENT	New Entry	Response_Master_IncidentLA036	A15445	
		2652 Bent Spur Dr	Entry	Response_Master_IncidentLA036	A15445	
			Selected/Returned from GeoLocator			
6/1/2021 11:27:27 Latitude	34529982	34461973	Entry	Response_Master_IncidentLA036	A15445	
			Selected/Returned from GeoLocator			
6/1/2021 11:27:27 Longitude	118145400	118174528	Entry	Response_Master_IncidentLA036	A15445	
			Selected/Returned from GeoLocator			
6/1/2021 11:27:28 City		Unincorporated	Updated City	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Response_Area		89-003	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Response_Plan		83-003 1 Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445	
		Resp Plan				
6/1/2021 11:27:28 ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445	

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
EMS	PMDLSO	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
	PMDLSO	A15445

Attachments
No Attachment

CLAIMS FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES



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1. Read claim thoroughly.
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KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012
(213) 974-1440

TIME STAMP
OFFICE USE ONLY

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:59

<p>1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mrs. LAST NAME FIRST NAME M.I. Carlton Heidi</p> <p>2. ADDRESS OF CLAIMANT 23031 Willow View Circle</p> <p>CITY STATE ZIP CODE Valencia CA 91354</p> <p>HOME PHONE ALTERNATE PHONE (213) 542-1978</p> <p>3. CLAIMANT'S BIRTHDATE: 05/05/1980 4. CLAIMANT'S SOCIAL SECURITY NUMBER: XXX-XX-8313</p> <p>5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Johnston & Hutchinson LLP, 350 S. Grand Ave., Ste. 2220</p> <p>STREET CITY STATE ZIP CODE Los Angeles CA 90071</p> <p>6. DATE AND TIME OF INCIDENT 6/1/2021 10:58 am</p> <p>7. WHERE DID DAMAGE OR INJURY OCCUR? 8710 Sierra Hwy, Los Angeles County, Fire Station 81</p> <p>STREET CITY STATE ZIP CODE Agua Dulce CA 91350</p> <p>8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): See Attachment 1</p> <p>9. WERE POLICE OR PARAMEDICS CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (IF YES) AGENCY'S NAME <u>LA County Fire Dept.</u> REPORT # <u>Unknown</u> <u>Los Angeles County Sheriff's Department, CHP</u></p> <p>CHECK IF LIMITED CIVIL CASE <input type="checkbox"/></p> <p>TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES \$ _____ \$ _____</p>	<p>10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? See Attachment 1</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>DEPARTMENT</td> </tr> <tr> <td>NAME</td> <td>DEPARTMENT</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td>NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</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 style="width: 25%;">DATE OF FIRST VISIT</td> <td style="width: 50%;">PHYSICIAN'S NAME</td> <td style="width: 25%;">PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> <tr> <td>DATE OF FIRST VISIT</td> <td>PHYSICIAN'S NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> </table>	NAME See Attachment 1 & 2	DEPARTMENT	NAME	DEPARTMENT	NAME See Attachment 1 & 2	PHONE	ADDRESS		NAME	PHONE	ADDRESS		DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE			DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE		
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NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

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14. PRINT OR TYPE NAME Thomas J. Johnston, Esq.	DATE 11/18/21	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT <i>Thomas Johnston</i> , Attorney	DATE 11/18/21
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**Attachment 1 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

Response to No. 8.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees, in turn, ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death on June 1, 2021.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far more than the general jurisdiction threshold of the Superior Court of the State of California.

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Response to No. 11. Names of County Employees Involved in Injury / Death

Jonathan Tatone, and currently unknown employees of Los Angeles County Fire. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

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Claimants – available through counsel. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

**Attachment 2 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

See Attached Shooting Incident Detail.

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 210601LA01382
 Case Numbers:
 Incident Date: 6/1/2021 11:26:49
 Report Generated: 7/13/2021 08:44:30

Incident Information

Incident Type:	1 CHP Unit Incident	Alarm Level:	
Priority:	4	Problem:	FIRE-Report of Fire
Determinant:		Agency:	CHP
Base Response#:		Jurisdiction:	LA
Confirmation#:		Division:	89-Antelope Valley
Taken By:	[REDACTED]	Battalion:	89-Antelope Valley
Response Area:	89-003	Response Plan:	83-003 1 Unit Resp Plan
Disposition:	DUP-Duplicate Call	Command Ch:	
Cancel Reason:	UX-Cancel	Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	118174526	Latitude:	34461973

Incident Location

Location Name:		County:	Los Angeles
Address:	2652 Bent Spur Dr	Location Type:	
Apartment:		Cross Street:	Briar Glen Rd/No Cross Street
Building:		Map Reference:	
City, State, Zip:	Unincorporated CA 93510		

Call Receipt

Caller Name:		Call Back Phone:	[REDACTED]
Method Received:		Caller Location:	35660 N VISTA VIEW TERRACE
Caller Type:			TENHI MTN
Caller Address:		Caller Location Phone:	
Caller Building:		Caller Apartment:	
Caller City, State, Zip:		Caller County:	

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47		Received to In Queue	00:00:42
In Walking Queue	6/1/2021	11:27:31		Call Taking	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned			[REDACTED]	Call Received to 1st Assign	
1st Unit Enroute			[REDACTED]	Assigned to 1st Enroute	
1st Unit Arrived			[REDACTED]	Enroute to 1st Arrived	
Closed	6/1/2021	11:27:31	[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
------	------	------	------	-------	----------

6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
6/1/2021	11:34:29	A12016	Response	[3] Multi-Jurisdiction CHP Incident #: 210601BF00195
6/1/2021	11:55:56	A15445	Response	[4] [Notification] [CHP]-PER PMDL SO ADV SUSP. BELIEVED TO BE DECEASED AT STRUCTURE FIRE [Shared]
6/1/2021	11:58:08	A15445	Response	[5] [Notification] [CHP]-PMDLSO ADV LINE47 HAS MULTIPLE WEAPONS REGISTERED, PMDL SO REQ CHP 1184 NO ACCESS IN AREA OF STRUCTURE FIRE [Shared]
6/1/2021	12:30:49	A16829	Response	[6] [Notification] [CHP]-1039 LACORDS - CPY WARD / SIERRA [Shared]
6/1/2021	12:33:27	A14210	Response	[7] [Notification] [CHP]-78-S4 REQ 78-502 HOLD PARENTS OF SUSP TELL SO GOES 97 [Shared]
6/1/2021	14:44:03	A12728	Response	[8] [CHP] has closed their incident [210601BF00195]
6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	WorkstationUser
6/1/2021	11:26:47	Call_Back_Phone	(Blank)	(Blank)	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN LA	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN LA	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	City	0	Unincorporated	Updated City Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Latitude	0	34529982	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Longitude	0	118145400	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Dispatch_Level		Default	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Number		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445

Field	Value	Incident	Action	Response Master	User
6/1/2021 11:27:26 Address	(Blank)	2652 BENT	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27 Address	2652 BENT	2652 Bent Spur Dr	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27 Latitude	34529982	34461973	Selected/Returned from GeoLocator		
6/1/2021 11:27:27 Longitude	118145400	118174526	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28 City		Unincorporated	Selected/Returned from GeoLocator		
6/1/2021 11:27:28 Jurisdiction		LA	Updated City	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28 Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28 Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28 Response_Area		89-003	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28 Response_Plan		83-003 1 Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28 ResponsePlanType0		Resp Plan	1	(Response Viewer)	Response_Master_IncidentLA036

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields
Description

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
EMS	PMDLSO	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
	PMDLSO	A15445

Attachments
No Attachment

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

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:58

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Incident Type:	1 CHP Unit Incident	Alarm Level:	
Priority:	4	Problem:	FIRE-Report of Fire
Determinant:		Agency:	CHP
Base Response#:		Jurisdiction:	LA
Confirmation#:		Division:	89-Antelope Valley
Taken By:	[REDACTED]	Battalion:	89-Antelope Valley
Response Area:	89-003	Response Plan:	83-003 1 Unit Resp Plan
Disposition:	DUP-Duplicate Call	Command Ch:	
Cancel Reason:	UX-Cancel	Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	118174526	Latitude:	34461973

Incident Location

Location Name:		County:	Los Angeles
Address:	2652 Bent Spur Dr	Location Type:	
Apartment:		Cross Street:	Briar Glen Rd/No Cross Street
Building:		Map Reference:	
City, State, Zip:	Unincorporated CA 93510		

Call Receipt

Caller Name:		Call Back Phone:	[REDACTED]
Method Received:		Caller Location:	35660 N VISTA VIEW TERRACE
Caller Type:			TENHI MTN
Caller Address:		Caller Location Phone:	
Caller Building:		Caller Apartment:	
Caller City, State, Zip:		Caller County:	

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47		Received to In Queue	00:00:42
In Waiting Queue	6/1/2021	11:27:31		Call Taking	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned			[REDACTED]	Call Received to 1st Assign	
1st Unit Enroute				Assigned to 1st Enroute	
1st Unit Arrived				Enroute to 1st Arrived	
Closed	6/1/2021	11:27:31	[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments	Date	Time	User	Type	Conf.	Comments
----------	------	------	------	------	-------	----------

6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
6/1/2021	11:34:29	A12016	Response	[3] Multi-Jurisdiction CHP Incident #: 210601BF00195
6/1/2021	11:55:56	A15445	Response	[4] [Notification] [CHP]-PER PMDLSO ADV SUSP. BELIEVED TO BE DECEASED AT STRUCTURE FIRE [Shared]
6/1/2021	11:58:08	A15445	Response	[5] [Notification] [CHP]-PMDLSO ADV LINE47 HAS MULTIPLE WEAPONS REGISTERED, PMDLSO REQ CHP 1184 NO ACCESS IN AREA OF STRUCTURE FIRE [Shared]
6/1/2021	12:30:49	A16829	Response	[6] [Notification] [CHP]-1039 LACORDS - CPY WARD / SIERRA [Shared]
6/1/2021	12:33:27	A14210	Response	[7] [Notification] [CHP]-78-S4 REQ 78-502 HOLD PARENTS OF SUSP TELL SO GOES 97 [Shared]
6/1/2021	14:44:03	A12728	Response	[8] [CHP] has closed their incident [210601BF00195]
6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	Workstation	User
6/1/2021	11:26:47	Call_Back_Phone			(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Address	(Blank)	(Blank)	New Entry	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN	New Entry	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	City		Unincorporated	Updated City	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Latitude	0	34529982	Entry	Response_Master_IncidentLA036		A15445
6/1/2021	11:26:58	Longitude	0	118145400	Selected/Returned from GeoLocator	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	DispatchLevel		Default	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Priority_Number	0	4		Response_Master_IncidentLA036		A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036		A15445

		Incident				
6/1/2021 11:27:26	Address	(Blank)	2652 BENT	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Address	2652 BENT	2652 Bent Spur Dr	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Latitude	34529982	34461973	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Longitude	118145400	118174526	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	City		Unincorporated	Updated City	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Area		89-003	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Plan		83-003 1 Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	ResponsePlanType0		Resp Plan	1	(Response Viewer)	Response_Master_IncidentLA036
						A15445

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445

Attachments
No Attachment

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

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:59

<p>1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Mrs. LAST NAME FIRST NAME M.I. Carlton Minor Child B.M.</p> <p>2. ADDRESS OF CLAIMANT 23031 Willow View Circle</p> <p>CITY STATE ZIP CODE Valencia CA 91354</p> <p>HOME PHONE ALTERNATE PHONE (213) 542-1978</p> <p>3. CLAIMANT'S BIRTHDATE: 07/04/2007</p> <p>4. CLAIMANT'S SOCIAL SECURITY NUMBER XXX-XX-7890</p> <p>5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Johnston & Hutchinson LLP, 350 S. Grand Ave., Ste. 2220</p> <p>STREET CITY STATE ZIP CODE Los Angeles CA 90071</p> <p>6. DATE AND TIME OF INCIDENT 6/1/2021 10:58 am</p> <p>7. WHERE DID DAMAGE OR INJURY OCCUR? 8710 Sierra Hwy, Los Angeles County, Fire Station 81</p> <p>STREET CITY STATE ZIP CODE Agua Dulce CA 91350</p> <p>8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): See Attachment 1</p> <p>9. WERE POLICE OR PARAMEDICS CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>(IF YES) AGENCY'S NAME <u>LA County Fire Dept.</u> REPORT # <u>Unknown</u> <u>Los Angeles County Sheriff's Department, CHP</u></p> <p>CHECK IF LIMITED CIVIL CASE <input type="checkbox"/></p> <p>TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES \$ _____ \$ _____</p>	<p>10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? See Attachment 1</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>DEPARTMENT</td> </tr> <tr> <td>NAME</td> <td>DEPARTMENT</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 style="width: 70%;">NAME See Attachment 1 & 2</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</td> </tr> <tr> <td>NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="2">ADDRESS</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 style="width: 25%;">DATE OF FIRST VISIT</td> <td style="width: 50%;">PHYSICIAN'S NAME</td> <td style="width: 25%;">PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> <tr> <td>DATE OF FIRST VISIT</td> <td>PHYSICIAN'S NAME</td> <td>PHONE</td> </tr> <tr> <td colspan="3">STREET CITY STATE ZIP CODE</td> </tr> </table>	NAME See Attachment 1 & 2	DEPARTMENT	NAME	DEPARTMENT	NAME See Attachment 1 & 2	PHONE	ADDRESS		NAME	PHONE	ADDRESS		DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE			DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE	STREET CITY STATE ZIP CODE		
NAME See Attachment 1 & 2	DEPARTMENT																								
NAME	DEPARTMENT																								
NAME See Attachment 1 & 2	PHONE																								
ADDRESS																									
NAME	PHONE																								
ADDRESS																									
DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE																							
STREET CITY STATE ZIP CODE																									
DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE																							
STREET CITY STATE ZIP CODE																									

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 Thomas J. Johnston, Esq.	DATE 11/18/21	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT <i>Thomas Johnston</i> , Attorney	DATE 11/18/21
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**Attachment 1 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

Response to No. 8.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees, in turn, ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death on June 1, 2021.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far more than the general jurisdiction threshold of the Superior Court of the State of California.

Response to No. 10.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees in turn ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far in excess of the jurisdictional limits of the Superior Court of the State of California.

Response to No. 11. Names of County Employees Involved in Injury / Death

Jonathan Tatone, and currently unknown employees of Los Angeles County Fire. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

Response to No. 12. Names of Witnesses to Damages or Injury

Claimants – available through counsel. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

**Attachment 2 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

See Attached Shooting Incident Detail.

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 210601LA01382
 Case Numbers:
 Incident Date: 6/1/2021 11:26:49
 Report Generated: 7/13/2021 08:44:30

Incident Information

Incident Type:	1 CHP Unit Incident	Alarm Level:	
Priority:	4	Problem:	FIRE-Report of Fire
Determinant:		Agency:	CHP
Base Response#:		Jurisdiction:	LA
Confirmation#:		Division:	89-Antelope Valley
Taken By:	[REDACTED]	Battalion:	89-Antelope Valley
Response Area:	89-003	Response Plan:	83-003 1 Unit Resp Plan
Disposition:	DUP-Duplicate Call	Command Ch:	
Cancel Reason:	UX-Cancel	Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	118174526	Latitude:	34461973

Incident Location

Location Name:	
Address:	2652 Bent Spur Dr
Apartment:	
Building:	
City, State, Zip:	Unincorporated CA 93510
County:	Los Angeles
Location Type:	
Cross Street:	Briar Glen Rd/No Cross Street
Map Reference:	

Call Receipt

Caller Name:	
Method Received:	
Caller Type:	
Call Back Phone:	[REDACTED]
Caller Location:	35660 N VISTA VIEW TERRACE TENHI MTN
Caller Address:	
Caller Building:	
Caller City, State, Zip:	
Caller Location Phone:	
Caller Apartment:	
Caller County:	

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47		Received to In Queue	00:00:42
In Waiting Queue	6/1/2021	11:27:31		Call Taking	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned				Call Received to 1st Assign	
1st Unit Enroute				Assigned to 1st Enroute	
1st Unit Arrived				Enroute to 1st Arrived	
Closed	6/1/2021	11:27:31	[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
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6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
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6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	WorkstationUser
6/1/2021	11:26:47	Call_Back_Phone			(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	(Blank)	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN LA	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	City		Unincorporated	Updated City Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Latitude	0	34529982	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Longitude	0	118145400	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	DispatchLevel		Default	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Number	0	4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445

Timestamp	Field	Value	Action	Response	User
6/1/2021 11:27:26	Address	(Blank)	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Address	2652 BENT 2652 Bent Spur Dr	Entry	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:27	Latitude	34529982 34461973	Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
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6/1/2021 11:27:28	Battalion	89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Area	89-003	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	Response_Plan	83-003 1 Unit Resp Plan	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021 11:27:28	ResponsePlanType0	1	(Response Viewer)	Response_Master_IncidentLA036	A15445

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields
Description

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
EMS	PMDLSO	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
	PMDLSO	A15445

Attachments
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CLAIMS FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES



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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

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED

2021 NOV 19 A 11:59

<p>1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Mrs. LAST NAME FIRST NAME M.I. Carlton Minor Child B.N.</p> <p>2. ADDRESS OF CLAIMANT 23031 Willow View Circle</p> <p>CITY STATE ZIP CODE Valencia CA 91354</p> <p>HOME PHONE ALTERNATE PHONE (213) 542-1978</p> <p>3. CLAIMANT'S BIRTHDATE: 12/31/2014</p> <p>4. CLAIMANT'S SOCIAL SECURITY NUMBER XXX-XX-8713</p> <p>5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT Johnston & Hutchinson LLP, 350 S. Grand Ave., Ste. 2220</p> <p>STREET CITY STATE ZIP CODE Los Angeles CA 90071</p> <p>6. DATE AND TIME OF INCIDENT 6/1/2021 10:58 am</p> <p>7. WHERE DID DAMAGE OR INJURY OCCUR? 8710 Sierra Hwy, Los Angeles County, Fire Station 81</p> <p>STREET CITY STATE ZIP CODE Agua Dulce CA 91350</p> <p>8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates): See Attachment 1</p> <p>9. WERE POLICE OR PARAMEDICS CALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>(IF YES) AGENCY'S NAME LA County Fire Dept. REPORT # Unknown Los Angeles County Sheriff's Department, CHP</p> <p>CHECK IF LIMITED CIVIL CASE <input type="checkbox"/></p> <p>TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES \$ _____ \$ _____</p>	<p>10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE? See Attachment 1</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> <th style="width: 70%;">NAME</th> <th>DEPARTMENT</th> </tr> <tr> <td>See Attachment 1 & 2</td> <td></td> </tr> <tr> <th>NAME</th> <th>DEPARTMENT</th> </tr> <tr> <td></td> <td></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> <th style="width: 70%;">NAME</th> <th>PHONE</th> </tr> <tr> <td>See Attachment 1 & 2</td> <td></td> </tr> <tr> <th colspan="2">ADDRESS</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th>NAME</th> <th>PHONE</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th colspan="2">ADDRESS</th> </tr> <tr> <td></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> <th style="width: 25%;">DATE OF FIRST VISIT</th> <th style="width: 50%;">PHYSICIAN'S NAME</th> <th style="width: 25%;">PHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="3">STREET CITY STATE ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>DATE OF FIRST VISIT</th> <th>PHYSICIAN'S NAME</th> <th>PHONE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="3">STREET CITY STATE ZIP CODE</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	NAME	DEPARTMENT	See Attachment 1 & 2		NAME	DEPARTMENT			NAME	PHONE	See Attachment 1 & 2		ADDRESS				NAME	PHONE			ADDRESS				DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE				STREET CITY STATE ZIP CODE						DATE OF FIRST VISIT	PHYSICIAN'S NAME	PHONE				STREET CITY STATE ZIP CODE					
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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 Thomas J. Johnston, Esq.	DATE 11/18/21	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT <i>Thomas Johnston</i> , Attorney	DATE 11/18/21
--	------------------	---	------------------

**Attachment 1 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

Response to No. 8.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees, in turn, ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death on June 1, 2021.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far more than the general jurisdiction threshold of the Superior Court of the State of California.

Response to No. 10.

Los Angeles County Fire employee Jonathan P. Tatone had a long history of threatening and bullying behavior to co-workers including Los Angeles County Firefighter Specialist Tory Carlon that spanned years prior to June 1, 2021.

Tatone's threatening behavior was reported frequently to Los Angeles County employees who therefore had actual or constructive knowledge of Tatone's behavior. Los Angeles County Fire employees also had actual or constructive knowledge of Tatone's animus towards Firefighter Specialist Carlon.

Los Angeles County employees in turn ignored, accepted, or condoned the Tatone's dangerous, abusive and threatening behavior to such an extent that Los Angeles County approved and ratified the conduct.

Further, Los Angeles County knew or should have known that Tatone was a danger to Firefighter Specialist Carlon but concealed this knowledge from Firefighter Specialist Carlon and others and as a result aggravated the ongoing injury, i.e. persistent bullying and all that comes with it, being suffered by Firefighter Specialist Carlon by the conduct of Tatone and resulted in Firefighter Specialist Carlon's death.

LA County's conduct was a substantial factor in causing Tory Carlon's death.

As a result of Carlon's death, Claimant suffered, and will continue to suffer, from the loss of the love, care, and companionship of Tory Carlon. This loss will result in economic and non-economic loss far in excess of the jurisdictional limits of the Superior Court of the State of California.

Response to No. 11. Names of County Employees Involved in Injury / Death

Jonathan Tatone, and currently unknown employees of Los Angeles County Fire. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

Response to No. 12. Names of Witnesses to Damages or Injury

Claimants – available through counsel. Claimant directs Los Angeles County to the Death Investigation being currently conducted by the Los Angeles County Sheriff's Department. See Attachment 2: Incident Detail Report.

**Attachment 2 to Claim against Los Angeles County arising from Death of
Firefighter Specialist Tory Carlon**

See Attached Shooting Incident Detail.

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 210601LA01382
 Case Numbers:
 Incident Date: 6/1/2021 11:26:49
 Report Generated: 7/13/2021 08:44:30

Incident Information

Incident Type:	1 CHP Unit Incident	Alarm Level:	
Priority:	4	Problem:	FIRE-Report of Fire
Determinant:		Agency:	CHP
Base Response#:		Jurisdiction:	LA
Confirmation#:		Division:	89-Antelope Valley
Taken By:	[REDACTED]	Battalion:	89-Antelope Valley
Response Area:	89-003	Response Plan:	83-003 1 Unit Resp Plan
Disposition:	DUP-Duplicate Call	Command Ch:	
Cancel Reason:	UX-Cancel	Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	118174526	Latitude:	34461973

Incident Location

Location Name:		County:	Los Angeles
Address:	2652 Bent Spur Dr	Location Type:	
Apartment:		Cross Street:	Briar Glen Rd/No Cross Street
Building:		Map Reference:	
City, State, Zip:	Unincorporated CA 93510		

Call Receipt

Caller Name:		Call Back Phone:	[REDACTED]
Method Received:		Caller Location:	35660 N VISTA VIEW TERRACE
Caller Type:			TENHI MTN

Caller Address:
 Caller Building:
 Caller City, State, Zip:

Caller Location Phone:
 Caller Apartment:
 Caller County:

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	6/1/2021	11:26:47			
1st Key Stroke	6/1/2021	11:26:47		Received to In Queue	00:00:42
In Waiting Queue	6/1/2021	11:27:31		Call Taking	00:00:42
Call Taking Complete	6/1/2021	11:27:31	[REDACTED]	In Queue to 1st Assign	
1st Unit Assigned				Call Received to 1st Assign	
1st Unit Enroute				Assigned to 1st Enroute	
1st Unit Arrived				Enroute to 1st Arrived	
Closed	6/1/2021	11:27:31	[REDACTED]	Incident Duration	00:00:44

Resources Assigned
 No Resources Assigned

Personnel Assigned
 No Personnel Assigned

Caution Notes
 No Caution Notes found

Pre-Scheduled Information
 No Pre-Scheduled Information

Transports
 No Transports Information

Transport Legs
 No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
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6/1/2021	11:27:31	A15445	Response	[1] Call Appended to Incident number 210601LA01374
6/1/2021	11:33:01	A16829	Response	[2] [Notification] [CHP]-1039 LACORDS / CPY ALL - UNK ETA [Shared]
6/1/2021	11:34:29	A12016	Response	[3] Multi-Jurisdiction CHP Incident #: 210601BF00195
6/1/2021	11:55:56	A15445	Response	[4] [Notification] [CHP]-PER PMDL SO ADV SUSP, BELIEVED TO BE DECEASED AT STRUCTURE FIRE [Shared]
6/1/2021	11:58:08	A15445	Response	[5] [Notification] [CHP]-PMDLSO ADV LINE47 HAS MULTIPLE WEAPONS REGISTERED, PMDL SO REQ CHP 1184 NO ACCESS IN AREA OF STRUCTURE FIRE [Shared]
6/1/2021	12:30:49	A16829	Response	[6] [Notification] [CHP]-1039 LACORDS - CPY WARD / SIERRA [Shared]
6/1/2021	12:33:27	A14210	Response	[7] [Notification] [CHP]-78-S4 REQ 78-502 HOLD PARENTS OF SUSP TELL SO GOES 97 [Shared]
6/1/2021	14:44:03	A12728	Response	[8] [CHP] has closed their incident [210601BF00195]
6/1/2021	20:13:40	A15603	Response	[9] [Notification] [CHP]-PTY WHO LIVES IN ARERA BACK LL - ADVSD HE HAS ANIMALS THAT NEED TO BE FED AND WANTS TO KNOW WHEN THEY CAN RETURN HOME OR ASKING FOR A SUPERVISOR IF NO ETA GIVEN [Shared]
6/2/2021	02:47:07	A13109	Response	[10] [Notification] [CHP]-1039 LACORDS [Shared]
6/2/2021	04:33:14	A14275	Response	[11] [CHP] has closed their incident [210601LA01300]

Address Changes
No Address Changes

Priority Changes
No Priority Changes

Alarm Level Changes
No Alarm Level Changes

Activity Log

Date	Time	Radio	Activity	Location	Log Entry
6/1/2021	11:27:31		Cancel Response	2652 Bent Spur Dr	Cancellation Reason: UX-Cancel, Response Disposition: DUP-Duplicate Call

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	WorkstationUser
6/1/2021	11:26:47	Call_Back_Phone			(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	(Blank)	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	(Blank)	35660 N VISTA VIEW TERRACE TENHI MTN	New Entry	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Response_Area		89-002	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	ResponsePlanType0		0	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Address	35660 N VISTA VIEW TERRACE TENHI MTN	35594-35637 Vista View Ter	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	City		Unincorporated	Updated City	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Latitude	0	34529982	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:26:58	Longitude	0	118145400	Entry Selected/Returned from GeoLocator	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Problem		FIRE-Report of Fire	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Response_Plan		89-002 1 Unit Resp Plan Default	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	DispatchLevel			(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Description		4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Priority_Number	0	4		Response_Master_IncidentLA036	A15445
6/1/2021	11:27:17	Incident_Type		1 CHP Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445

6/1/2021 11:27:26 Address	(Blank)	Incident				
6/1/2021 11:27:27 Address	2652 BENT	2652 BENT	New Entry	Response_Master_IncidentLA036	A15445	
		2652 Bent Spur Dr	Entry	Response_Master_IncidentLA036	A15445	
			Selected/Returned from GeoLocator			
6/1/2021 11:27:27 Latitude	34529982	34461973	Entry	Response_Master_IncidentLA036	A15445	
			Selected/Returned from GeoLocator			
6/1/2021 11:27:27 Longitude	118145400	118174528	Entry	Response_Master_IncidentLA036	A15445	
			Selected/Returned from GeoLocator			
6/1/2021 11:27:28 City		Unincorporated	Updated City	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Jurisdiction		LA	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Division		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Battalion		89-Antelope Valley	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Response_Area		89-003	(Response Viewer)	Response_Master_IncidentLA036	A15445	
6/1/2021 11:27:28 Response_Plan		83-003 1 Unit	(Response Viewer)	Response_Master_IncidentLA036	A15445	
		Resp Plan				
6/1/2021 11:27:28 ResponsePlanType0		1	(Response Viewer)	Response_Master_IncidentLA036	A15445	

Custom Time Stamps
No Custom Time Stamps

Custom Data Fields
Description

Description	Data	User
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	PMDLSO	A15445
EMS	LACOFD	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
EMS	PMDLSO	A15445
FIRE	LACOFD	A15445
LAW	LACOFD	A15445
	PMDLSO	A15445

Attachments
No Attachment

EXHIBIT 4



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

RODRIGO A. CASTRO-SILVA
County Counsel

January 3, 2022

TELEPHONE
(213) 974-1913
FACSIMILE
(213) 687-8822
TDD
(213) 633-0901

Thomas J. Johnston, Esq.
JOHNSTON & HUTCHINSON LLP,
350 South Grand Avenue, Suite 2220
Los Angeles, California 90071

Re: Claim Presented: November 19, 2021
File Number: 21-4388768*001
Your Client: Heidi Carlon

Dear Counselor:

Notice is hereby given that the claim that you presented to the County of Los Angeles, Board of Supervisors on **November 19, 2021**, was rejected by operation of law on **January 3, 2022**. No further action will be taken on his matter.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

This time limitation applies only to causes of action for which Government Code Sections 900 - 915.4 require you to present a claim. Other causes of action, including those arising under federal law, may have different time limitations.

Thomas J. Johnston, Esq.
January 3, 2022
Page 2

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

RODRIGO A. CASTRO-SILVA
County Counsel

By 
FOR MARK W. LOMAX
Deputy County Counsel
Litigation Monitoring Team

MWL:ce

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PROOF OF SERVICE

File No. 21-4388768*001

STATE OF CALIFORNIA, County of Los Angeles:

I am employed in the County of Los Angeles, State of California, over the age of eighteen years and not a party to the within action. My business address is 648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, California 90012-2713.

That on **January 3**, 2022, I served the attached

NOTICE OF DENIAL LETTER

upon Interested Party(ies) by placing the original a true copy thereof enclosed in a sealed envelope addressed as follows as stated on the attached service list:

Thomas J. Johnston, Esq.
JOHNSTON & HUTCHINSON LLP,
350 South Grand Avenue, Suite 2220
Los Angeles, California 90071

By United States mail. I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses on the attached service list (specify one):

(1) deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.

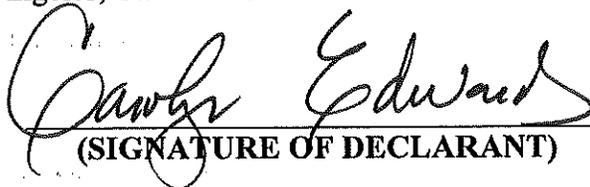
(2) placed the envelope for collection and mailing, following ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at Los Angeles, California:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on **January 3**, 2022, at Los Angeles, California.

Carolyn Edwards
(NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

RODRIGO A. CASTRO-SILVA
County Counsel

January 3, 2022

TELEPHONE
(213) 974-1913
FACSIMILE
(213) 687-8822
TDD
(213) 633-0901

Thomas J. Johnston, Esq.
JOHNSTON & HUTCHINSON LLP,
350 South Grand Avenue, Suite 2220
Los Angeles, California 90071

Re:	Claim Presented:	November 19, 2021
	File Number:	21-4388768*002
	Previous File Number:	21-4388772*001
	Your Client:	Joslyn Carlon

Dear Counselor:

Notice is hereby given that the claim that you presented to the County of Los Angeles, Board of Supervisors on **November 19, 2021**, was rejected by operation of law on **January 3, 2022**. No further action will be taken on his matter.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

This time limitation applies only to causes of action for which Government Code Sections 900 - 915.4 require you to present a claim. Other causes of action, including those arising under federal law, may have different time limitations.

Thomas J. Johnston, Esq.
January 3, 2022
Page 2

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

RODRIGO A. CASTRO-SILVA
County Counsel



By
for MARK W. LOMAX
Deputy County Counsel
Litigation Monitoring Team

MWL:ce

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PROOF OF SERVICE

File No. 21-4388768*002

STATE OF CALIFORNIA, County of Los Angeles:

I am employed in the County of Los Angeles, State of California, over the age of eighteen years and not a party to the within action. My business address is 648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, California 90012-2713.

That on **January 3**, 2022, I served the attached

NOTICE OF DENIAL LETTER

upon Interested Party(ies) by placing the original a true copy thereof enclosed in a sealed envelope addressed as follows as stated on the attached service list:

Thomas J. Johnston, Esq.
JOHNSTON & HUTCHINSON LLP,
350 South Grand Avenue, Suite 2220
Los Angeles, California 90071

By United States mail. I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses on the attached service list (specify one):

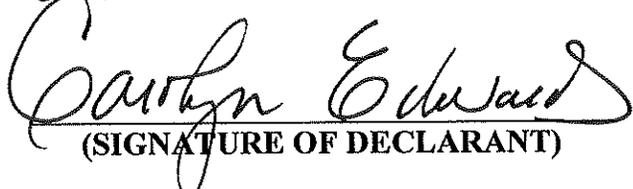
- (1) deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.
- (2) placed the envelope for collection and mailing, following ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at Los Angeles, California:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on **January 3**, 2022, at Los Angeles, California.

Carolyn Edwards
(NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

RODRIGO A. CASTRO-SILVA
County Counsel

January 3, 2022

TELEPHONE
(213) 974-1913
FACSIMILE
(213) 687-8822
TDD
(213) 633-0901

Thomas J. Johnston, Esq.
JOHNSTON & HUTCHINSON LLP,
350 South Grand Avenue, Suite 2220
Los Angeles, California 90071

Re:	Claim Presented:	November 19, 2021
	File Number:	21-4388768*003
	Previous File Number:	21-4388774*001
	Your Client:	B.M. Carlon

Dear Counselor:

Notice is hereby given that the claim that you presented to the County of Los Angeles, Board of Supervisors on **November 19, 2021**, was rejected by operation of law on **January 3, 2022**. No further action will be taken on his matter.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

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Thomas J. Johnston, Esq.
January 3, 2022
Page 2

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

RODRIGO A. CASTRO-SILVA
County Counsel



By
 MARK W. LOMAX
Deputy County Counsel
Litigation Monitoring Team

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PROOF OF SERVICE

File No. 21-4388768*003

STATE OF CALIFORNIA, County of Los Angeles:

I am employed in the County of Los Angeles, State of California, over the age of eighteen years and not a party to the within action. My business address is 648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, California 90012-2713.

That on **January 3**, 2022, I served the attached

NOTICE OF DENIAL LETTER

upon Interested Party(ies) by placing the original a true copy thereof enclosed in a sealed envelope addressed as follows as stated on the attached service list:

Thomas J. Johnston, Esq.
JOHNSTON & HUTCHINSON LLP,
350 South Grand Avenue, Suite 2220
Los Angeles, California 90071

By United States mail. I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses on the attached service list (specify one):

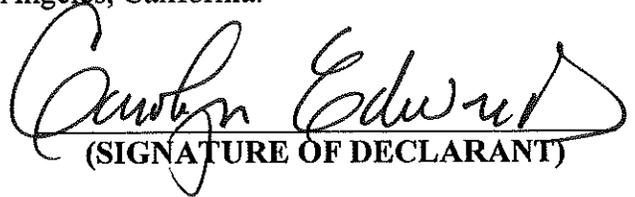
- (1) deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.
- (2) placed the envelope for collection and mailing, following ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at Los Angeles, California:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on **January 3**, 2022, at Los Angeles, California.

Carolyn Edwards
(NAME OF DECLARANT)


(SIGNATURE OF DECLARANT)



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

TELEPHONE
(213) 974-1913
FACSIMILE
(213) 687-8822
TDD
(213) 633-0901

RODRIGO A. CASTRO-SILVA
County Counsel

January 3, 2022

Thomas J. Johnston, Esq.
JOHNSTON & HUTCHINSON LLP,
350 South Grand Avenue, Suite 2220
Los Angeles, California 90071

Re:	Claim Presented:	November 19, 2021
	File Number:	21-4388768*004
	Previous File Number:	21-4388776*001
	Your Client:	B.N. Carlon

Dear Counselor:

Notice is hereby given that the claim that you presented to the County of Los Angeles, Board of Supervisors on **November 19, 2021**, was rejected by operation of law on **January 3, 2022**. No further action will be taken on his matter.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6.

This time limitation applies only to causes of action for which Government Code Sections 900 - 915.4 require you to present a claim. Other causes of action, including those arising under federal law, may have different time limitations.

Thomas J. Johnston, Esq.
January 3, 2022
Page 2

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Very truly yours,

RODRIGO A. CASTRO-SILVA
County Counsel



By
 MARK W. LOMAX
Deputy County Counsel
Litigation Monitoring Team

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PROOF OF SERVICE

File No. 21-4388768*004

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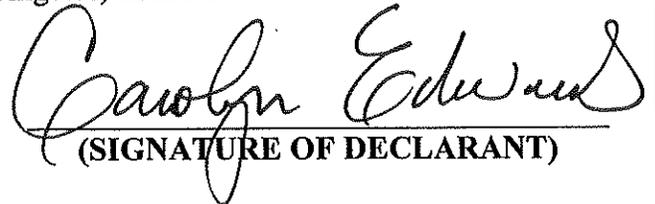
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Executed on **January 3**, 2022, at Los Angeles, California.

Carolyn Edwards
(NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)