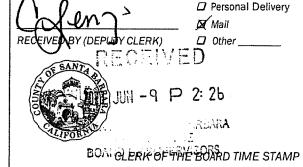
CLAIM COUNTY OF SANTA BARBARA

PLEASE RETURN ORIGINAL AND ONE COPY TO:

COUNTY OF SANTA BARBARA CLERK OF THE BOARD OF SUPERVISORS 105 EAST ANAPAMU STREET, SUITE 407 SANTA BARBARA. CA 93101

- * READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING *
- * IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE PIECES OF PAPER *



A. NAME AND ADDRESS OF THE CLAIMANT:

Bradley Crable 613 South C Street Lompoc, CA 93436

TELEPHONE: 805-708-9727

EMAIL (optional): bbcdane@aol.com

B. ADDRESS TO WHICH THE PERSON PRESENTING
THE CLAIM DESIRES NOTICES TO BE SENT:
Hadsell Stormer Renick & Dai LLP
128 N. Fair Oaks Ave.
Pasadena, CA 91103

TELEPHONE: 626-585-9600

EMAIL (optional): scayer@hadsellstormer.com

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE: Ongoing

TIME:

PLACE: 315 Camino Del Remedio Santa Barbara, CA 93110

CIRCUMSTANCES:

County employees have invaded Mr. Crable's privacy, placed Mr. Crable in a false light, and have caused significant emotional distress by disclosing Mr. Crable's private health information to his coworkers. Both the disclosures and the impact to Mr. Crable's reputation and work environment have been continually causing harm since approximately October 19, 2022. On or around March 15, 2023, Mr. Crable learned that a colleague attempted to enter his property to perform an evaluation for an involuntary psychiatric hold based on the disclosures made by county employees. Mr. Crable has reported this matter to his employer, the County of Santa Barbara, as required by Gov't Code sections 910. 8 and 911, by means of the attached letter, and submits this Claim out of an abundance of caution. The County has already initiated an investigation.

D. GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:

Mr. Crable has suffered professional and reputational harm as well as emotional distress because of the invasion of his privacy.

E. NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS:
John Winckler, Cherylynn Lee, Michael Allen

F IS THE AMOUNT CURRENTLY CLAIMED LESS THAN \$10,000? YES ____ NO X

IF "YES": STATE THE AMOUNT CLAIMED, AND THE BASIS OF COMPUTATION:

IF "NO": <u>DO NOT</u> STATE A DOLLAR AMOUNT, AND INSTEAD STATE WHETHER THE CLAIM WOULD BE A "LIMITED CIVIL CASE": The claim would be an unlimited civil case.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

Sarah Cayer SIGNATURE OF CLAIMANT OR REPRESENTATIVE

June 5, 2023

DATE SIGNED