EXECUTIVE OFFICER
JULIO ESTRADA

County of San Diego

CITIZENS' LAW ENFORCEMENT REVIEW BOARD

555 W BEECH STREET, SUITE 220, SAN DIEGO, CA 92101-2938
TELEPHONE: (619) 238-6776 FAX: (619) 238-6775
www.sdcounty.ca.gov/clerb

The Citizens' Law Enforcement Review Board made the following findings in the closed session portion of its February 11, 2020, meeting held at the San Diego County Operations Center, 5520 Overland Avenue, Campus Center Chambers, San Diego, CA 92123. Minutes of the open session portion of this meeting will be available following the Review Board's review and adoption of the minutes at its next meeting. Meeting agendas, minutes, and other information about the Review Board are available upon request or at www.sdcounty.ca.gov/clerb.

CLOSED SESSION

a) PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE
Discussion & Consideration of Complaints & Reports: Pursuant to Government Code Section 54957 to hear complaints or charges brought against Sheriff or Probation employees by a citizen (unless the employee requests a public session). Notice pursuant to Government Code Section 54957 for deliberations regarding consideration of subject officer discipline recommendation (if applicable).

DEFINITION OF FINDINGS	
Sustained	The evidence supports the allegation and the act or conduct was not justified.
Not Sustained	There was insufficient evidence to either prove or disprove the allegation.
Action Justified	The evidence shows the alleged act or conduct did occur but was lawful, justified and proper.
Unfounded	The evidence shows that the alleged act or conduct did not occur.
Summary Dismissal	The Review Board lacks jurisdiction or the complaint clearly lacks merit.

CASES FOR SUMMARY HEARING (9)

ALLEGATIONS, RECOMMENDED FINDINGS & RATIONALE

17-150

1. Death Investigation/Natural – While in the custody of the Sheriff's Department at the San Diego Central Jail, Inmate Joseph Carroll Horsey was found unresponsive in his bed on 12-24-17.

   Board Finding: Action Justified
   Rationale: Per CLERB Rules and Regulations Section 17, In cases involving death arising out of or in connection with activities of peace officers or custodial officers employed by the County in the Sheriff's Department or the Probation Department, and in such other matters where CLERB is authorized to act pursuant to the Ordinance, CLERB shall review, investigate, and report regardless of whether a Complaint has been filed. Joseph Carroll Horsey was being treated at Patton State Hospital after he was found mentally incompetent to stand trial. While at Patton State Hospital, Horsey experienced a seizure and this medical event was added to his medical history. The evidence supported that Horsey was properly classified upon his transfer from Patton State Hospital to the SDSD jail system on 11-17-17. His medical history justified him being housed in the Psychiatric Security Unit (PSU). During his incarceration, Horsey continued to receive the medications he was prescribed at Patton State Hospital. He did not show any decline in his health and there were no new symptoms, complaints, or recent injuries. Jail Surveillance video footage on 12-23-17, showed he retired to bed after using the restroom at 7:45 p.m., and never woke up. On 12-23-17 at 11:59 p.m., his cellmate noted that Horsey showed labored breathing and movements that appeared to be consistent with a seizure event. The cellmate thought that Horsey was "throwing a tantrum." On 12-24-17, at 3:50

-continued on next page-

a.m., Horsey was found unresponsive in his bed. Jail nurses and responding paramedic personnel provided resuscitative efforts, but when Horsey failed to respond, his death was pronounced at 4:24 a.m. An autopsy revealed a bite on his tongue. According to the autopsy report, "the activity described as 'heavy breathing' and 'convulsing' may have been agonal respirations and nonspecific terminal movements. However, "it is also possible that this truly represented seizure activity, despite the lack of an established and documented ongoing seizure disorder. The apparent bite mark on the tongue could support this." Policy M.6, Life Threatening Emergencies, Code Blue states, "Upon discovery of a victim, sworn staff shall, assess the victim's condition without leaving the victim, immediately call for help." During the course of CLERB's investigation, Deputy #2 provided information that was considered in arriving at the recommended finding. While policy stipulated a deputy was not to leave the victim, the deputy's actions did not impact or cause Horsey's death and were reasonable given he was the only deputy present with unsecured psychiatric patients. According to the Medical Examiner's Office reports, during the initial body examination at the scene, the decedent's body had undergone postmortem changes that suggested that Horsey had been dead hours before he was discovered. Resuscitative efforts were impractical as rigor mortis and livor mortis had already set in. The autopsy determined that the cause of death was arteriosclerotic cardiovascular disease and the manner of death was classified as natural. The evidence showed that the alleged act or conduct did occur but was lawful, justified and proper.

2. Misconduct/Procedure – Deputies 1, 2, and 3 violated Detentions Policies I.43 Inmate Count Procedure and I.64 Security Checks of Housing Units and Holding Cells.

   Board Finding: Sustained
   Rationale: Inmate Joseph Carroll Horsey was found unresponsive in his bed inside the San Diego Central Jail Psychiatric Security Unit. DSB P&P Section I.43, mandates a hard count be conducted. A Hard Count is a count which verifies each inmate's well-being, and uses a Bar Code Reader, an Emergency Evacuation List, Face Cards or Floor Sheets to confirm the identity of the inmate. Likewise, DSB P&P Section I.64, mandates that sworn staff will observe each inmate for any obvious signs of medical distress, trauma, or criminal activity. During safety checks in cell style housing modules, sworn staff will physically enter each module and look in each cell; sworn staff are required to stop at, or enter a cell/holding area, to properly observe the inmate(s). Additionally, the policy states, "During safety checks in dorm style housing, sworn staff will walk by each bunk in a manner that permits them to observe each inmate for any obvious signs of medical distress, trauma, or criminal activity. This may require sworn staff to stop at a bunk to properly observe the inmate(s)." A review of the Jail Information Management Systems Area Activities Reports indicated that on 12-23-17 and 12-24-17, Deputy 1 documented that all safety/security checks were logged. However, the jail surveillance video recordings showed sworn staff and nursing personnel walking by the module, versus physically entering the unit to observe each inmate for obvious signs of medical distress. The jail surveillance video recordings did not reveal any deputy entering the module to conduct a Hard Count; counting inmates with the use of a Bar Code Reader, an Emergency Evacuation List, Face Cards or Floor Sheets to confirm the identity. Deployment logs confirmed that Deputies 1, 2, and 3 were assigned/responsible for performing and logging in all security and safety checks. The video evidence supported the allegation and the act or conduct was not justified.

3. False Reporting – Deputies 1, 2, and 3 falsified Jail Information Management System entries.

   Board Finding: Sustained
   Rationale: Inmate Horsey was found unresponsive in his bed in the San Diego Central Jail Psychiatric Security Unit. According to the JIMS Area Activities Report all security/safety checks were documented as being conducted in accordance with DSB P&P. However, a review of jail documents and in reviewing jail surveillance video recordings, the investigation revealed that the security/safety checks were not performed in accordance with DSB P&P 1.43 and I.64. The deputies' actions were in violation of SDSD P&P Section 2.41 entitled, "Departmental Reports," which states employees shall submit all necessary reports on time and in accordance with established Departmental procedures. The policy mandates that all San Diego Sheriff's Department Employees shall be truthful and complete; no employee shall knowingly enter or cause to be entered any inaccurate, false, or improper information, nor omit pertinent information reasonably expected to be included. The evidence supports the allegation and the act or conduct was not justified.

18-052

1. Death Investigation/Restraint Related – Deputies 1-7 utilized force for compliance on Inmate Paul Silva on 02-21-18; Silva later died on 03-28-18.

   Board Finding: Action Justified

Rationale: On 02-20-18, Paul Silva was arrested by the San Diego Police Department for a violation of 11550(a) H&S, being under the influence of a controlled substance. Silva was booked into the San Diego Central Jail as a Book and Release inmate, to be freed when able to care for himself. During medical screening Silva indicated that he had used "Meth" (Methamphetamine), was schizophrenic and diabetic. On 02-21-18, at approximately 7:51pm, a deputy checked on Silva's sobriety for release. Silva still appeared to be under the influence of a controlled substance as he was sweaty and agitated, making nonsensical statements, running from one side of the cell to the other side, and would drop to the floor. After assessment by medical staff, it was determined that Silva appeared to be in a state of "excited delirium" (*also known as agitated delirium, a condition that presents with psychomotor agitation, delirium, and sweating. It may include attempts at violence, unexpected strength, and very high body temperature)* and needed to go to a hospital. Command staff responded and attempted to compel Silva to submit to handcuffing, but he refused. Oleoresin Capsicum (OC) was deployed, but had no effect. Silva closed his hand in the food flap, but did not appear to experience and/or respond to any pain. A Tactical Team was assembled and the threat of force still did not compel Silva to submit to handcuffing. Water rounds were deployed and struck Silva, but were ineffective. A taser was then deployed twice by the tactical team. During the first taser activation, Silva fell and hit his head, but recovered and attempted to take the taser from the deputy. The second taser deployment caused Silva to fall to the ground; the tactical team entered the cell and attempted to gain control with the use of control holds, two closed fist strikes to Silva's face and shoulder, and a Nova Shield upon which deputies placed their body weight. After approximately four to five minutes, Silva was handcuffed and placed in leg chains. Silva stopped resisting and when assessed, was found not breathing. Fire personnel entered the cell and began CPR (Cardio Pulmonary Resuscitation) and continued life saving measures with the assistance of paramedics. Silva was transported to a hospital where he was unable to breathe on his own; a scan showed there was no brain injury/head trauma. While at the hospital, Silva progressively developed complications until his condition deteriorated into death on 03-28-18. The evidence indicated that following his arrest, Silva was assessed, booked, and properly classified. As his behavior escalated, it was determined Silva needed to go to a hospital and force was utilized when the inmate refused to comply with commands and exhibited assaultive behavior. The force used was reasonable and necessary based upon Silva's continued non-compliance. During placement of leg and waist chains it was noted Silva became unresponsive. The Medical Examiner determined Silva's struggle and his restraint with the use of OC spray, taser, and a body shield may have contributed to cardiorespiratory compromise. The cause of death was complications of anoxic/ischemic encephalopathy due to resuscitated cardiopulmonary arrest during law enforcement restraint due to bizarre behavior associated with schizophrenia and diabetes mellitus with hypoglycemia, with hypertensive and atherosclerotic cardiovascular disease and obesity listed as contributing conditions. Given that his arrest occurred during restraint by law enforcement, at the hand of another, the manner of death was classified as homicide. The District Attorney concluded the deputies acted reasonably under the circumstances and bore no criminal liability for their actions. There was no evidence to support an allegation of procedural violation, misconduct, or negligence on the part of Sheriff's Department sworn personnel.

18-077

1. Death Investigation/In-Custody Homicide – Michael Sugar was incarcerated at the San Diego Central Jail (SDCJ) when he was assaulted by his cellmate on 05-12-18. He was transported to a local hospital where he succumbed to his injuries and died on 05-25-18.

   Board Finding: Action Justified
   Rationale: The evidence supported that both Sugar and his cellmate, the aggressor/suspect, were properly classified upon their placement into the SDCJ psychiatric unit, and was in accordance SDSD DSB P&P Sections R.1, entitled, "Inmate Classification" and Section R.11 entitled, "Inmate Facility Assignment," as well as SDSD SDCJ Green Sheet, Section R.1.C.1 entitled, "Inmate Classification." During his medical intake screening and subsequent interactions with SDSD medical personnel and sworn staff, the aggressor/suspect never expressed his homicidal ideations or intent and did not report a homicidal history. Likewise, there was no documentation that Sugar expressed any concerns about his mental or physical wellbeing to any member of the SDSD, sworn or professional. There was no documentation that the cellmates were incompatible. Upon being advised that Sugar was found down and unresponsive in his jail cell, sworn personnel responded and immediately assessed Sugar in accordance with Detentions Policy & Procedures Sections M.5 and M.6 entitled, "Medical Emergencies" and "Life Threatening Emergencies: Code Blue." According to jail documents, coupled with review of jail surveillance video recordings, all safety/security checks were performed and documented in accordance with DSB P&P Section I.64 entitled, "Security Checks of Housing Units and Holding Cells." According to reports from the Medical Examiner's Office, an autopsy was conducted, and the cause of death was blunt force head injury and the manner of death was homicide. There was no evidence to support an allegation of procedural violation, misconduct, or negligence on the part of Sheriff's Department sworn personnel.

18-131

1. Death Investigation/In-Custody Suicide – Manuel de Jesus Cruz Gomez self-asphyxiated with food while in the custody of San Diego Sheriff's Department on 10-02-18.

   Board Finding: Action Justified
   Rationale: The evidence supported that Manuel Cruz was properly classified upon his entry into the SDSD jail system after his 10-02-18 arrest. During his medical intake screening, Cruz expressed suicidal intent, and per SDSD DSB Policy and Procedure J.4, entitled, "Enhanced Observation Housing," he was housed in the Enhanced Observation Unit. Per SDSD DSB Policy and Procedure, inmates in Enhanced Observation Housing shall be closely monitored and directly observed by sworn staff at least once within every 15-minute period. Jail documents and surveillance videos showed that the safety checks were conducted timely and properly. Nine minutes after the last safety check, surveillance video showed Cruz repeatedly forcing food, provided to him during the booking process, into his mouth. Cruz laid in bed afterwards and remained motionless until he was found by deputies four minutes later. Upon being found unresponsive in his cell, per SDSD DSB P&P Section M.6 entitled, "Life Threatening Emergencies: Code Blue," sworn personnel expeditiously responded and immediately initiated life-saving measures. Nursing staff and fire department paramedics provided advanced cardiac life support measures, but when Cruz failed to respond, he was pronounced dead via radio by a physician from a local hospital. The cause of death was food asphyxia and the manner of death was suicide. There was no evidence to support an allegation of procedural violation, misconduct, or negligence on the part of Sheriff's Department sworn personnel.

19-038

1. Misconduct/Procedure – Deputy 1 failed to investigate a complaint of animal cruelty.

   Board Finding: Unfounded
   Rationale: The complainant alleged that Deputy 1 failed to investigate the animal abuse incident he reported to the Sheriff's Department on 01-12-19. Prior to Deputy 1 arriving on scene, the complainant placed two phone calls to the Sheriff's Communication Center Dispatch, stating, "that he heard the dog was getting the shit beat out of him, kicked around and sounded like the owner was throwing him against the wall." Deputy 1's Body Worn Camera (BWC) depicted the events when he arrived on scene to investigate and evaluate the situation. In the BWC footage, Deputy 1 was able to approach the dog and interact with him without incident. The BWC footage did not show any signs that the dog was in distress, neglected or hurt. Deputy 1 talked with the dog's owners and informed them of the complaint that had been filed, alleging they were "beating" the dog. According to Deputy 1's Daily Patrol Log, he did not observe any signs of neglect or abuse of the dog. SDSD Patrol Procedures Manual Policy 14 entitled, "Deputy's Daily Patrol Log," reads in part, deputies must enter all pertinent information regarding actions taken while at the scene of a call or observed activity. This information should include, but not be limited to, the person(s) contacted, where contacted and why. This is especially necessary to those instances where no report, citation, or field interview card (FIC) is written. Deputy 1 logged the following in the Action Taken/Disposition Section: "Dog is unregistered but is not abused or neglected. It is up to Animal Control Officer if they want to continue. Contacted Animal Services Officer who believes the complainant filed a separate complaint earlier in the month. Contacted owner of dog. Dog did not appear abused or neglected. Owner admitted the dog was not registered." SDSD Patrol Services Manual Policy 1 entitled, "Use of Discretion," states, when deputies are faced with a situation where discretion can be exercised, they must evaluate the circumstances, consider the available resources, and rely on their training, Sheriff's Department policies and procedures, statutory law, information-led policing, and supervision in making the appropriate decision. Deputy 1 provided information during the course of CLERB's investigation that was considered in arriving at the recommended finding, however it cannot be publicly disclosed due to confidentiality statutes per the Peace Officer Bill of Rights. The complainant made several phone calls to the Sheriff Communication Center Dispatch expressing his dissatisfaction with the lack of investigation, however, the documents and video received and reviewed during CLERB's investigation do not support the complainant's allegation of failure on the part of Deputy 1 to investigate. The documentation provides a preponderance of evidence to support that Deputy 1 did conduct an investigation and did so per policy, therefore, the alleged failure to investigate did not occur.

2. Misconduct/Truthfulness – Deputy 1 accused the complainant of having a warrant for his arrest.

   Board Finding: Not Sustained

Rationale: The complainant alleged that Deputy 1 accused him of having a warrant for his arrest and made a comment to him about letting him off on a trolley warrant. The complainant alleged that was a false allegation toward him, and that Deputy 1 had him mixed up with someone else. The complainant reported he had only lived out in the desert for four months and hadn't even been in the city and only had a warrant, several years ago that was for traffic. SDSD P&P Section 2.46, entitled "Truthfulness," states, in part, all written and verbal reports shall be truthful and complete. Deputy 1 provided information during the course of CLERB's investigation that was considered in arriving at the recommended finding, however it cannot be publicly disclosed due to confidentiality statutes per the Peace Officer Bill of Rights. In the absence of video and/or audio of the alleged incident, the evidence is insufficient to either prove or disprove the allegation.

3. Misconduct/Discourtesy – Deputy 1 was "harsh" toward the complainant.

   Board Finding: Not Sustained
   Rationale: The complainant alleged that Deputy 1 was harsh with him during a phone conversation they had when Deputy 1 contacted him after investigating the animal abuse complaint he reported. The complainant contacted the Sheriff's Communication Center Dispatch and requested a lieutenant contact him, stating, "I just wanted to report one of your own, can I get a deputy's badge number, he was a real asshole to me on the phone. He said, how do you know the dog was getting beat up. I'm going to write a letter to Sacramento with a witness signature on it against this San Diego Sheriff Deputy named 1." SDSD P&P Section 2.22 entitled, "Courtesy," states, in part, employees shall be courteous to the public and fellow employees. They shall be tactful in the performance of their duties, shall control their tempers, exercise patience and discretion even in the face of extreme provocation. Deputy 1 provided information during the course of CLERB's investigation that was considered in arriving at the recommended finding, however it cannot be publicly disclosed due to confidentiality statutes per the Peace Officer Bill of Rights. In the absence of video and/or audio of the alleged incident, the evidence is insufficient to either prove or disprove the allegation.

19-114

1. Misconduct/Procedure – Unidentified staff failed to provide "a balanced diet" to the complainants.

   Board Finding: Summary Dismissal
   Rationale: Per the complainants' written statement, they stated, that unidentified staff failed to provide "balanced diet" to them. The complainants reported, "Myself and several other inmates at this facility have had many issues with the religious diet program for example not receiving a balanced diet." Additionally, the complainant alleged that kitchen staff repeatedly served them the same meals, that they were not given their full meals, that staff failed to serve them their Kosher meals, and that their diet restrictions for the Sabbath were not observed, and that they were served "old food" or under cooked food. According to the SDSD DSB P&P Section K.8 titled, "Religious Diets," the religious diet arrangements are provided by the Sheriff's Department for inmates of the Jewish faith, Muslim faith and/or any proclaimed faith that require special meals. Kosher diets are purchased through a vendor, pre-packaged and prepared. All meals conform to kosher standards for content, preparation and presentation. The person responsible for determining the content and presentation of all religious diets is the Sheriff's Food Service Manager (per C.C.R. Title 15). According to the SDSD DSB P&P Section K.15 entitled, "Serving Times and Distribution of Meals," the Food Service Division (FSD) staff will serve meals three times in any 24 hour period with a maximum of 14 hours between the evening meal and the breakfast meal. At least one of these meals shall include hot food. FSD staff will provide three nutritionally adequate meals to all inmates of the facilities at the times designated. A review of the complainant's statement, signed under penalty of perjury, revealed no apparent deputy misconduct. However, a request for records was made to the Sheriff's Department for any associated grievances. At the conclusion of the investigation, there was no prima facie showing of misconduct against sworn personnel. The allegations against the food service staff are summarily dismissed, as food service staff members are not sworn staff, CLERB lacks jurisdiction as it cannot take any action in respect to complaint against non-sworn SDSD employees, per CLERB Rules and Regulations 4.1.2.

2. Misconduct/Procedure – Unidentified staff repeatedly serve the same meals to the complainants.

   Board Finding: Summary Dismissal
   Rationale: See Rationale #1

3. Misconduct/Procedure – Unidentified staff did not give the complainants their full meals

   Board Finding: Summary Dismissal

Rationale: See Rationale #1

4. Discrimination (Religion) – Unidentified staff failed to serve the complainants their Kosher meals and did not observe the diet restrictions for the Sabbath.

   Board Finding: Summary Dismissal
   Rationale: See Rationale #1

5. Misconduct/Procedure – Unidentified staff served the complainants "old food" or under cooked food.

   Board Finding: Summary Dismissal
   Rationale: See Rationale #1

6. Discrimination/Religious – The Sheriff's Department failed to provide a Rabbi to oversee Kosher meals at a detention facility.

   Board Finding: Action Justified
   Rationale: Complainant #1 reported that the Sheriff's Department failed to provide a Rabbi to oversee Kosher meals at a detention facility. In complainant #1's written statement, he stated, "There is no Rabbi in the facility to look over how the meal is distributed." According to the SDSD DSB P&P Section K.8 entitled, "Religious Diets," the religious diet arrangements are provided by the Sheriff's Department for inmates of the Jewish faith, Muslim faith and/or any proclaimed faith that require special meals. Kosher diets are purchased through a vendor, pre-packaged and prepared. All meals conform to Kosher standards for content, preparation and presentation. During the course of this investigation, a SDSD Department Information Source, advised that inmates had access to a Rabbi, via the Inmate Chaplain Services within the detention facilities; however, there was a lengthy interview process, coordinated by the counseling services, to confirm their religious beliefs. Additionally, it was advised that Kosher diets are purchased through a vendor, pre-packaged and prepared. All meals conformed to Kosher standards for content, preparation and presentation. This was true during the time of the complainant's complaint, July-Nov 2019, and is the current practice. The evidence showed that the alleged act or conduct did occur but was lawful, justified and proper.

19-119

1. Discrimination/Religious – The San Diego Sheriff's Department violated the complainant's religious rights.

   Board Finding: Summary Dismissal
   Rationale: The complainant stated, "I've been housed in sheriff custody going on fourteen month's I've just as recently converted to Judism where I've required a kosher religious meal. Since I've been on the diet the Sheriff department food service staff have violated my civil and religious right by how the meal served to the people who practice the Jewish religion I've been given old food, cold food, food that is not kosher and that has not been prayed over. The food service staff has went so far as to give us hot food on the sabbath which is known we are not supposed to eat any hot food's." A review of the complainant's statement revealed no apparent deputy misconduct, however, a request for documents was made to the Sheriff's Department for associated records. The Department of Inspectional Services (DIS) informed CLERB that the complainant was prescribed a medical "cardiac" diet that surpassed his request for a kosher diet and was in compliance with DSB P&P K.8, Religious Diets, in that medical diets shall take precedence over religious diets. The evidence confirmed that the Sheriff's department was in compliance with Title 15 requirements for inmate meals and there was no prima facie showing of misconduct against sworn personnel. CLERB Rules & Regulations 4.1 Complaints: Authority, mandated that this complaint be Summarily Dismissed because the Review Board lacks jurisdiction.

2. Misconduct/Procedure – The San Diego Sheriff's Department failed to act on the complainant's Inmate Requests/Grievances.

   Board Finding: Summary Dismissal
   Rationale: The complainant stated, "Also I've written numerous inmate request and grievances which the sheriff department has done nothing to correct this serious misjustice and has caused me to be severely ill because the food service staff total disregard for the Jewish religious meal. The past three days we've been given peanut butter and jelly sandwiches for breakfast, lunch and dinner I've lost almost 40 Lbs in the past 3 months due to this situation. One incident on the 25th of Oct. 2019 my Kosher tray was cold and I told the Deputy that was on duty his reply was "okay" And I was like how are we supposed to eat food that's ice cold and his response was easy just eat it and he turned and walked away. Not caring at all. I just stated we've been getting all cold trays with no hots for the past few

days. I've eaten three sandwiches in the past 24 hours and that's it. We finally got a hot lunch today which is the 12th of November 2019. Our kosher meal has been messed up for the past 3-4 months and the Deputies say there's nothing they can do about it. Today's dinner was a sandwich, meat, muffin and fruit cup with no Bread? Breakfast is literally 12-14 hours away from now. And like I said it's been this way for months. The kitchen staff said this is all we're getting period." Food Service Supervisors responded to the complainant's grievances that were filed on 09-13-19 and 09-27-19. DSB P&P K.15, Serving Times and Distribution of Meals, states that the Food Service Division (FSD) staff will serve meals three times in any 24 hour period with a maximum of 14 hours between the evening meal and the breakfast meal. At least one of these meals shall include hot food. The use of the disciplinary separation diet shall constitute an exception to the three-meal-a-day standard. The evidence confirmed that the Sheriff's department forwarded the complainant's grievances to the Food Service Division and there was no prima facie showing of misconduct against sworn personnel. CLERB Rules & Regulations 4.1 Complaints: Authority, mandated that this complaint be Summarily Dismissed because the Review Board lacks jurisdiction.

19-132

1. Excessive Force – SDPD officers arrested and beat the handcuffed complainant.

   Board Finding: Summary Dismissal
   Rationale: The complainant stated, "On April 24, 2019 around 9:30-10:00 am I was brutally beaten by the San Diego Police Department while in handcuffs I was tased multiple times., kicked in my buttocks, punched in my face and torso with closed fists numerous times at least 20-30 times I can't recall I was in shock. I remember being bit by a police dog my hair being pulled and face slammed to the concrete/dirt punched and kicked in my back and left shoulder being pulled out of the socket all while being faced down trying my best to cooperate handcuffed I was forced to get dirt in my mouth I believe I went unconscious because all I could remember is being pulled out a police car and going to the hospital were I was given a sling told I had a broken/dislocated shoulder then I was takened somewhere downtown and spoke to a lady, I believe she said she was with eternal affairs and she took pictures of my injuries and then I was booked into the county jail on charges I was not aware of. During this incident I was told the body cameras of a lot of the officers that attacked me were on a off. my attorney told me these things but did not show me; she was my 3rd attorney givened to me. I asked her several times for my discovery and to come see me and she never did I felt I was pressured and force to take this deal or face 30 something years. I have scars from what happened to me on my face, elbows, arms, knees and hands that are never going away a shoulder that won't be the same nor my mind. Please I'm asking that you help me seek justice. God bless CLERB." This complaint was forwarded to the San Diego Police Departments, Internal Affairs division, as well as the, Community Review Board on Police Practices, for follow-up as CLERB has no jurisdiction per CLERB Rules & Regulations 4.1 Complaints: Authority. Pursuant to the Ordinance, CLERB shall only have authority to receive, review, investigate, and report on Complaints filed against peace officers or custodial officers employed by the County in the Sheriff's Department.

End of Report

NOTICE

In accordance with Penal Code Section 832.7, this notification shall not be conclusive or binding or admissible as evidence in any separate or subsequent action or proceeding brought before an arbitrator, court or judge of California or the United States.