

THE LAW OFFICES OF JAMES C. EGAN PLLC

September 28, 2011

City Hall
600 Fourth Avenue, 3rd Floor
Seattle, WA 98104

FILED
CITY OF SEATTLE
2011 SEP 28 PM 4:40
CITY CLERK

HAND DELIVERED

RE: **Miguel Oregon and Hugo Perez v. Seattle Police Department**

Dear City of Seattle Claims Department:

I represent both Miguel Oregon and Hugo Perez. On March 11, 2010, Mr. Oregon was driving and Mr. Perez was a passenger when they were stopped by Seattle Police Officers Brett L. Schoenberg, Casey Steiger, Corey Williams and Officer Daniel Auderer.

Miguel Oregon was asked about drinking and was ultimately dragged out of the car forcefully by a number of these officers. There was no indication he was resisting. His arm was twisted by one of the officers as his face was pressed against the patrol car. He was told to "shut the fuck up," was called a "shithead" (among other things) and was threatened with serious acts of violence by these officers. He was ultimately jailed and then a criminal charge against him of Negligent Driving was dismissed.

Hugo Perez was a passenger, and as such should not have been detained whatsoever as there was no "specific and articulable suspicion" that Perez was engaged in criminal history Washington v. Hills et al No. 57822-7-I, Court of Appeals (2007). Mr. Perez did not want to remain at the scene, but was also hauled out of the car. He was also told to "shut the fuck up," and was also called a "shithead" and a "criminal," repeatedly. The detaining officer Corey Williams told him that they were "doing 50 fucking miles down the fucking road, driving like assholes," ignoring the fact that Hugo Perez was not driving the vehicle and had no control over its movements, even if true. Officer Schoenberg said "you don't have to suck my dick," to Mr. Perez.

Officer Williams informed Hugo Perez that his "badge was the only thing preventing me from skull fucking you and dragging you down the street." This was interpreted by Mr. Perez as a threat to either kill him or seriously maim him. Another officer said something like, "I will fuck you up." These officers stood around apparently egging the two of them on. Officers also searched the car without a warrant, consent or probable cause to do so. Both clients were manhandled and caused pain by these officers, causing substantial fear for their well-being.

Officer Williams determined that the two were visiting from Yakima, and said "Fuck Yakima, who gives a shit." When Perez then complained that he and Oregon were being harassed, Officer Williams aggressively challenged Perez how that language was "harassing you?" Hugo Perez

asked if he could be let go (as was his right), and he was instead detained, searched, and antagonized by the officers. After a lengthy, unlawful detention where he was demeaned and goaded to fight officers, Hugo Perez was eventually released and told to leave the area.

Days later, Miguel Oregon was charged with Negligent Driving in Seattle Municipal Court. His case was entirely dismissed due to these proof problems. No BAC, Field Tests, or PBT was ever done and Mr. Oregon did not exhibit signs of impairment. Miguel Oregon filed a claim with the Internal Investigation Department (OPA) regarding the mistreatment. Two videos were pulled from the officers' patrol cars which confirmed all of the above.

Officers Schoenberg, Steiger and Williams were ultimately given 20 days off as consequence for "professionalism – profanity." They are still employed by the Seattle Police Department.

My clients, Miguel Oregon and Hugo Perez, hereby make this claim as is required by statute. Among other things, Miguel Oregon and Hugo Perez expect the following resolutions:

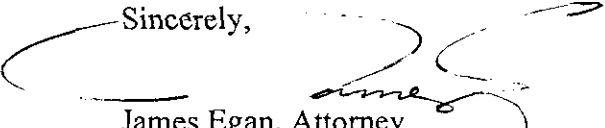
1. Officers Schoenberg, Steiger and Williams should be terminated from employment with the Seattle Police Department, immediately. Officer Auderer should be terminated for failure to report the misconduct of fellow officers after it occurred.
2. Patrol officers who do not have video cameras in their cars should be required to wear body cameras as has been discussed recently in the media.
3. Superior officers should be authorized to review those videos for performance review of their officers, despite any policy and procedure manual to the contrary.
4. All officers should undergo mandatory racial sensitivity training, as well as training in encountering civilians and refraining from threats and coercion as existed here.

The City should comply with these requests above within 60 days, or suit will be filed.

Because I represent Miguel Oregon and Hugo Perez, and because they do not want further harassment from any police agency, they need not provide home phone numbers or addresses, as mine is the only contact information you need. Their dates of birth are readily available in the City's OPA file. OPA investigation 10-0385 and the video from the in-car video camera that was retained will establish the sequence of events and threats made for your details. The witnesses are all known to the OPA investigation. The injuries include mental distress and anguish for both Miguel Oregon and Hugo Perez, and a larger injury that occurred to the citizens of Seattle, who expect officers to behave professionally and without threats and profane, threatening gutter language. As the lawyer for Oregon and Perez, I will sign on their behalf below. They will be available for further interview as needed, but their experiences are well-established through video already available to the City through other sources.

I would appreciate contact via mail or email regarding this claim: james@eganattorney.com

Sincerely,


James Egan, Attorney
For Miguel Oregon and Hugo Perez

THE LAW OFFICES OF JAMES C. EGAN PLLC
605 FIRST AVENUE SUITE 400, SEATTLE, WA 98104 / WWW.EGANATTORNEY.COM / info@eganattorney.com
TEL: (206) 749-0333/0353 Fax: (206) 749-5888 / Cell: (206) 795-3292 (J. Egan)



City of Seattle
CLAIM FOR DAMAGES

CITY USE ONLY	
CLAIM NUMBER	
DATE FILED	

Note:
Type or Print Legibly.
See instructions on back.

CLAIMANT	NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME) <i>Miguel Angel Oregon</i>	DATE OF BIRTH <i>3/12/1986</i>	HOME PHONE <i>206-749-0333</i>
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP) <i>8822 Emerson Place, Everett WA 98208</i>		BUS. PHONE <i>(lawyer only)</i>	
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP) <i>1208 Swan Ave, Yakima WA 98902</i>		CELL PHONE <i>n/a</i>	E-MAIL ADDRESS
ACCIDENT/LOSS	DATE <i>March 10 2010</i>	TIME <i>evening hours.</i>	DIAGRAM Use if this will help you locate or describe what happened
LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc. <i>Boylston Ave & E. Pine St.</i>		
WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed) <i>Please see attached letter</i>		
NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT			CITY DEPT?
1) <i>Officers Williams, Steyer, Schoenberg and Anderson</i>			CITY EMPLOYEE
2) <i>Hugo Perez</i>			CITY VEHICLE NUMBER, LICENSE, etc.
3) _____			
Ph: _____			
WAS YOUR PROPERTY DAMAGED? (i.e. Home, Auto, Personal Property) <input type="checkbox"/> YES IF SO, THEN FULLY DESCRIBE - SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE <input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed) <i>see attached</i>			
WERE YOU INJURED? <input type="checkbox"/> YES IF YES, THEN COMPLETE THE FOLLOWING: <input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)			
DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S)) <i>see attached</i>			
WAGE LOSS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THEN RATE OF PAY: _____			
KIND OF WORK _____ EMPLOYER _____			
AMOUNT CLAIMED \$ <i>see attached.</i>			
SIGNATURE OF CLAIMANT (AND TITLE, IF A BUSINESS)		I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct	
This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant.		EXECUTED this <i>28th</i> day of <i>Sept</i> , 20 <i>11</i> .	
		At <i>Miguel Oregon</i> County, Washington <i>Hugo Perez</i>	

COPY

Hugo Perez



City of Seattle CLAIM FOR DAMAGES

CITY USE ONLY	
CLAIM NUMBER	
DATE FILED	

Note:
Type or Print Legibly.
See instructions on back.

CLAIMANT	NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME) <u>Hugo Alberto Perez</u>	DATE OF BIRTH <u>1/25/1988</u>	HOME PHONE <u>206-749-0333</u>
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP) <u>716 N. 24th Avenue, Yakima WA 98902</u>			BUS. PHONE (lawyer only)
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP) <u>716 N. 24th Avenue, Yakima WA 98902</u>		CELL PHONE	E-MAIL ADDRESS
ACCIDENT/LOSS	DATE <u>March 10, 2010</u>	TIME <u>evening hrs</u>	DIAGRAM Use if this will help you locate or describe what happened
LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc. <u>Boylston Ave & E. Pike St.</u>		
WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed)		
<u>Please see attached letter</u>			
NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT			CITY DEPT?
1) <u>officers Williams,</u> 2) <u>Miguel Oregon</u> 3) _____ <u>Steiger, Schoenbers</u> <u>and Anderer</u>			CITY EMPLOYEE
Ph: _____ Ph: _____ Ph: _____			CITY VEHICLE NUMBER, LICENSE, etc.
WAS YOUR PROPERTY DAMAGED? (i.e. Home, Auto, Personal Property)			
<input type="checkbox"/> YES IF SO, THEN FULLY DESCRIBE - SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE			
<input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)			
<u>see attached</u>			
WERE YOU INJURED?		<input type="checkbox"/> YES IF YES, THEN COMPLETE THE FOLLOWING: <input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)	
DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S))			
<u>see attached</u>			
WAGE LOSS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THEN RATE OF PAY: _____			
KIND OF WORK _____ EMPLOYER _____			
AMOUNT CLAIMED		\$ <u>see attached.</u>	
SIGNATURE OF CLAIMANT (AND TITLE, IF A BUSINESS)		I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct	
<div style="border: 1px solid black; padding: 5px; font-size: small;"> This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant. </div>		EXECUTED this <u>28th</u> day of <u>Sept</u> , 20 <u>11</u> .	
		At _____ County, Washington <u>X Hugo Perez</u>	