

County of Los Angeles

September 16, 2025

Dawyn R. Harrison County Counsel

TO: EDWARD YEN

Executive Officer

Board of Supervisors

Attention: Agenda Preparation

FROM: ADRIENNE M. BYERS

Litigation Cost Manager

RE: Item for the Board of Supervisors' Agenda

County Claims Board Recommendation

Kimberly Lamb, et al. v. County of Los Angeles, et al. United States District Court Case No. 2:23-cy-03479

Attached is the Agenda entry for the Los Angeles County Claims Board's recommendation regarding the above-referenced matter. Also attached are the Case Summary and Summary Corrective Action Plan to be made available to the public.

It is requested that this recommendation, Case Summary, and Summary Corrective Action Plan be placed on the Board of Supervisors' agenda.

AMB:lzs

Attachments



Supervisor, First District

Holly Mitchell

Supervisor, Second District

Lindsey P. Horvath Supervisor, Third District

Janice Hahn

Supervisor, Fourth District

Kathryn Barger

Supervisor, Fifth District



Board Agenda

MISCELLANEOUS COMMUNICATIONS

Los Angeles County Claims Board's recommendation: Authorize settlement of the matter entitled <u>Kimberly Lamb</u>, et al. v. County of Los Angeles, et al., United States District Court Case No. 2:23-cv-03479, in the amount of \$850,000, and instruct the Auditor-Controller to draw a warrant to implement this settlement from the Sheriff's Department's budget.

This lawsuit alleges wrongful death and civil rights violations arising out of the death of Plaintiffs' son while in custody at the Pico Rivera Sheriff's station jail.

CASE SUMMARY

INFORMATION ON PROPOSED SETTLEMENT OF LITIGATION

CASE NAME Kimberly Lamb, et al. v. County of Los Angeles, et

al.

CASE NUMBER 2:23-CV-03479

COURT United States District Court

DATE FILED April 4, 2023

COUNTY DEPARTMENT Sheriff's Department

PROPOSED SETTLEMENT AMOUNT \$ 850,000

ATTORNEY FOR PLAINTIFF Michael S. Carrillo

COUNTY COUNSEL ATTORNEY Minas Samuelian

Senior Deputy County Counsel

NATURE OF CASE

This is a recommendation to settle for \$850,000

inclusive of attorneys' fees and costs, a lawsuit filed by the parents of decedent Leland Wiliam Barnett against the County alleging civil rights violations and wrongful death following the in-custody death of

Mr. Barnett.

Given the high risks and uncertainties of litigation, a reasonable settlement at this time will avoid further litigation costs. The full and final settlement of the case in the amount of \$850,000 is recommended.

PAID ATTORNEY FEES, TO DATE \$ 65,187

PAID COSTS, TO DATE \$ 9,954

Case Name: Kimberly Lamb v. County of Los Angeles, et al.

Summary Corrective Action Plan



The intent of this form is to assist departments in writing a corrective action plan summary for attachment to the settlement documents developed for the Board of Supervisors and/or the County of Los Angeles Claims Board. The summary should be a specific overview of the claims/lawsuits' identified root causes and corrective actions (status, time frame, and responsible party). This summary does not replace the Corrective Action Plan form. If there is a question related to <u>confidentiality</u>, please consult County Counsel.

Date of incident/event:	July 5, 2022, approximately 5:00 p.m.
Briefly provide a description of the incident/event:	Summary Corrective Action Plan 2024-191
	Details in this document summarize the incident. The information provided is a culmination of various sources to provide an abstract of the incident.
	Multiple investigative reports indicate, on July 5, 2022, at approximately 5:00 p.m., two on-duty Los Angeles County Sheriff's Department Deputy Sheriffs, assigned to Pico Rivera Sheriff Station, responded to a "McDonalds" parking lot regarding a physical altercation between the Decedent and his boyfriend (Victim). The Deputies detained the Decedent pending their investigation. Upon the conclusion of their investigation, they placed the Decedent under arrest in violation of California Penal Code Section 273.5(a) - Corporal Injury to a Cohabitant.
	Deputy One placed the Decedent in the backseat of his patrol vehicle. As the Decedent sat down in the backseat of the patrol vehicle, he kicked over a plastic baggie which was located on the rear floorboard on the driver's side. The Decedent stated to Deputy One, "that's not mine." Deputy One retrieved the baggie and placed it on the front passenger seat of the patrol vehicle. Deputy One later evaluated the plastic baggie; there was nothing inside the baggie and Deputy One determined it was trash.
	Deputy Two did not pursue further investigation into the Decedent's claim of drugs in the back seat of the patrol vehicle because Deputy One had already informed and physically showed him he had removed a plastic baggie from the back seat of the vehicle.
	The Decedent was transported to a local hospital for a medical clearance, in preparation of the booking process. The Decedent was cleared for booking. The Decedent indicated his head hurt, but head trauma was not noted in the medical documents. The Decedent was transported and booked by Deputy One at the Pico Rivera Station jail at 7:01 p.m. and placed alone in Cell #6 due to his classification.

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Custody Assistant One was responsible for the Decedent's supervision in the station jail and to manually log inmate safety checks after the Decedent was booked and housed.

On July 6, 2022, Custody Assistant One performed a safety check at 4:27 a.m. At 5:01 a.m., while distributing breakfast to inmates, Custody Assistant One discovered the Decedent was lying on his right side (facing the wall) on a lower bunk in the cell unresponsive, and appeared to not be breathing. Custody Assistant One entered the cell and tapped the Decedent on the shoulder to wake him; he observed blood on the Decedent's mattress and blanket which prompted him to activate the jail's panic alarm for assistance.

Deputies One and Five responded to the station jail. The Decedent was placed on his back, and foam was observed coming from his mouth. Deputies started Cardiopulmonary Resuscitation (CPR) and Custody Assistant One retrieved the Automated External Defibrillator (AED) device; the AED instructed the cadence for the CPR. Deputies One and Five performed CPR until medical personnel arrived and took over. Medical personnel pronounced the Decedent deceased at 5:35 a.m.

Nearby inmates at the station jail were interviewed, but no one reported seeing or hearing anything.

LASD Homicide Bureau Detectives responded and investigated the death of the Decedent.

The coroner's report later indicated the autopsy report did not list any evidence of acute trauma and concluded the manner of death was accidental and identified the cause of death as drug use.

1. Briefly describe the **root cause(s)** of the claim/lawsuit:

A **Department** root cause in this incident was Custody Assistant One's overdue safety checks, in violation of Department policy.

A **Department** root cause in this incident was the lack of jail cameras in the cell corridors, which may have allowed personnel to notice the Decedent in distress and administer prompt life-saving measures.

A **Department** root cause in this incident was the failure to deploy Narcan during the emergency response for the Decedent.

A **non-Department** root cause was the Decedent's ingestion of illegal narcotics, leading to an accidental overdose of fentanyl and methamphetamine.

2. Briefly describe recommended corrective actions: (Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)

Administrative Investigation

An Administrative Investigation was conducted regarding the poor quality of the inmate safety checks. Appropriate administrative action was taken.

Station Training - NARCAN

All station personnel have been re-briefed on Emergency Medical Procedures. NARCAN has been issued to each station jailer with a holster in addition to the NARCAN located near the "Livescan Machine" inside the jail.

<u>Jail Cameras - Upgrade</u>

The station is currently awaiting funding approval to complete this project.

- 3. Are the corrective actions addressing Department-wide system issues?
 - ☐ Yes The corrective actions address Department-wide system issues.
 - No − The corrective actions are only applicable to the affected parties.

Los Angeles County Sheriff's Department

Name: (Risk Management Coordinator)	
Julia M. Valdes, Acting Captain Risk Management Bureau	
Signature:	Date:
An alder	04/24/2025

Name: (Department Head)	
Myron Johnson, Assistant Sheriff Patrol Operations	
Signature:	Date:
	-1/3/25

Chief Executive Office Risk Management Inspector General USE ONLY			
Are the corrective actions applicable to other departments within the County?			
☐ Yes, the corrective actions potentially have County-wide applicability.			
🛛 No, the corrective actions are applicable only to this Department.			
Name: Betty Karmirlian (Risk Management Inspector General)			
Signature:	Date:		
Betty Karmirlian	7/7/2025		