

1 EUGENE G. IREDALE: SBN 75292  
2 JULIA YOO: SBN 231163  
3 IREDALE & YOO, APC  
4 105 West F Street, Fourth Floor  
5 San Diego, CA 92101-6036  
6 TEL: (619) 233-1525  
7 Attorneys for Plaintiffs

8  
9 **UNITED STATES DISTRICT COURT**  
10 **SOUTHERN DISTRICT OF CALIFORNIA**

11 THE ESTATE OF IRMA ESPINOZA  
12 by and through its successors-in-interest  
13 RAQUEL ESPINOZA, RAQUEL  
14 ESPINOZA, ADRIAN ESPINOZA  
15 AND Y.E. through her guardian ad litem  
16 JUAN ESPINOZA,

17 Plaintiffs,

18 v.

19 COUNTY OF SAN DIEGO, KELLY  
20 MARTINEZ and DOES 1-10,

21 Defendants.

CASE NO. '25CV3835 JLS BLM

**COMPLAINT**

- (1) **Fourteenth Amendment Due Process Violation (42 U.S.C. §1983)**
- (2) **Right of Association (42 U.S.C. §1983)**
- (3) **Failure to Properly Investigate, Supervise and Discipline (42 U.S.C. §1983)**
- (4) **Monell (42 U.S.C. §1983)**
- (5) **Wrongful Death (CCP §377.60)**
- (6) **Negligence**
- (7) **Violation of Cal. Civ. Code §52.1 (Bane Act)**

**JURY TRIAL DEMANDED**

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1 The ESTATE OF IRMA ESPINOZA by and through its successor-in-  
2 interest RAQUEL ESPINOZA, RAQUEL ESPINOZA, ADRIAN ESPINOZA and  
3 Y.E. through her guardian ad litem JUAN ESPINOZA allege as follows:

4 **I. INTRODUCTION**

5 On Sunday, July 27, 2025, Richard Quinones met Irma Espinoza while he  
6 was gardening at his home in Lemon Grove. She was neatly dressed and polite.  
7 Two days later, Mr. Quinones spotted Ms. Espinoza partway down the side of a  
8 nearby ditch and thought it was odd that a well-dressed woman was sitting on dirt  
9 with her legs partially submerged in muddy water. Mr. Quinones called the San  
10 Diego County Sheriff’s nonemergency line asking for a welfare check. Mr.  
11 Quinones reported that he was concerned because Ms. Espinoza had no food or  
12 water. Mr. Quinones then saw a Sheriff’s SUV stop momentarily by Ms.  
13 Espinoza’s location. But the vehicle backed up for a short period then drove off  
14 without anyone stepping outside. Mr. Quinones waited but no one came back.

15 Five minutes after the Sheriff’s SUV left, Mr. Quinones called the non-  
16 emergency line again to report that Ms. Espinoza remained near the ditch and that  
17 the deputy had left.. While Mr. Quinones was still on the call with Dispatch, he  
18 received a call directly from a deputy. “She’s a transient,” the deputy on the phone  
19 said about Ms. Quinones. “Get used to it.” The deputy sounded angry and irritated  
20 at Mr. Quinones for having called again. The deputy’s tone was threatening. Mr.  
21 Quinones felt intimidated by the call and believed he would get in trouble if he  
22 called for help again.

23 Three days later, Mr. Quinones heard a faint moan coming from the area of  
24 the reeds in the ditch. He saw a woman lying behind a wall of cattails. It was Ms.  
25 Espinoza, who was now half-naked and near death, covered in ants, her face almost  
26 below the water line. When they pulled Ms. Espinoza out of the ditch and placed  
27 her on a stretcher, she suffered cardiac arrest and CPR was performed. She was  
28

1 revived then transferred to Sharp Grossmont Hospital. When she arrived at the  
2 hospital, her body temperature was 24 degrees Celsius (about 75 degrees  
3 Fahrenheit), and she was suffering from severe hypothermia and aspiration  
4 pneumonia. She was covered in bruises and had contusions on her forehead, left  
5 eye, chin, under the chin, chest, inside of her leg and the entirety of her back. Her  
6 pants and underwear were missing.

7 On August 3, 3025, Irma Espinoza died from environmental exposure and  
8 the consequences of hypothermia. She was 43 years old.

9 **II. GENERAL ALLEGATIONS**

10 1. Jurisdiction is proper in the United States District Court for the  
11 Southern District of California pursuant to 28 U.S.C. § 1331 and 28 U.S.C.  
12 § 1343(3) and (4), *et. seq.*

13 2. Venue is proper in the Southern District of California because the acts  
14 or omissions which form the basis of the Plaintiffs' claims occurred in San Diego,  
15 California, within the Southern District.

16 3. At all times relevant to this complaint, decedent Irma Espinoza was  
17 an individual residing in San Diego County, California.

18 4. Irma Espinoza is survived by three children, Raquel Espinoza, Adrian  
19 Espinoza and Y.E. She died intestate.

20 5. Y.E. is a minor child and brings this action through her biological  
21 father, Juan Espinoza.

22 6. Adrian Espinoza and Y.E., who are heirs to the Estate, have chosen  
23 Raquel Espinoza to act as the successor in interest in this case.

24 7. No proceeding for the administration of the estate is pending and the  
25 successors in interest under California law succeed to the decedent's interests,  
26 claims, and causes of action. There is no other person with a superior right to  
27 Raquel Espinoza (the child of decedent Irma Espinoza) to commence the action.  
28

1 8. Plaintiffs have properly complied with the Government Claim Act.  
2 Their claims were submitted to the County of San Diego on November 5, 2025

3 9. The County of San Diego never responded to the claims. It has now  
4 been more than 45 days since the submission of the claims and they are deemed  
5 denied.

6 10. Defendant County of San Diego is a public entity, duly organized and  
7 existing under the laws of the State of California. Under its authority, Defendant  
8 County of San Diego is, and was at all relevant times, responsible for the actions  
9 and/or inactions and the policies, procedures and practices/customs of the San  
10 Diego Sheriff's Office, and its respective employees, contractors and/or agents.

11 11. Defendant Kelly Martinez was, at all relevant times, the Sheriff of the  
12 County of San Diego, the highest position in the San Diego County Sheriff's Office  
13 (hereinafter "SDSO"). As Sheriff, Defendant Martinez was responsible for the  
14 hiring, screening, training, retention, supervision, discipline, counseling, and  
15 control of all SDSO's custodial employees and/or agents, medical staff, contractors  
16 and Doe Defendants.

17 12. At all times relevant to this complaint, Martinez was a policy-maker  
18 for SDSO and responsible for promulgation of the policies and procedures to  
19 comply with the California state mandates and the state and federal Constitutions.  
20 Martinez was responsible for the supervision and control of officers who are or  
21 were employed by SDSO, who are under her command and/or who report to her,  
22 including the Defendants to be named.

23 13. Defendant Martinez is sued in her individual capacity for her own  
24 personal actions or inaction, and for supervisory liability.

25 14. At all times relevant to this complaint, all individual defendants and  
26 Does were SDSO deputies or agents of Defendant County of San Diego.

27 15. Plaintiffs are ignorant of the true names and capacities of Does 1  
28 through 10, inclusive, and/or are ignorant of the facts giving rise to their liability

1 and will amend this complaint once their identities have been ascertained as well  
2 as the facts giving rise to their liability.

3 16. The County of San Diego has not disclosed to the public any body  
4 camera footage, calls for help to 911 or the nonemergency line related to Ms.  
5 Espinoza or unredacted printouts of the activities of the deputies who were involved  
6 in this incident. Plaintiffs have limited information gleaned only from redacted  
7 Background Event Chronology documents which are in the sole custody and  
8 control of the County of San Diego. The County has redacted critical information  
9 about the conduct of its employees:

10 07/29/25 09:09:00 \$61P1A [REDACTED] Agency= SHERIFF Dispatch Group: LGVD Beat: LGWEST, Status= A Priority: 40,  
11 Hold Type= 0 Primary Unit: 61P1A Primary ID: [REDACTED], Current= F, Open Current= F  
Event: WELCK - WELFARE CHECK [4]  
12 Agency= SHERIFF Dispatch Group: LGVD Beat: LGWEST, Status= A Priority: 40,  
Hold Type= 0 Primary Unit: 61P1A Primary ID: [REDACTED], Current= T, Open Current= F  
Event: WELCK - WELFARE CHECK [4]  
[UNIT] 61P1A AM, [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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13 [REDACTED]  
14 [REDACTED]  
15 [DISPO] IO [REDACTED]  
COMMENT ADDED: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
16 [REDACTED]  
17 [REDACTED]

18 17. As a result of this concealment, Plaintiffs are ignorant of the identities  
19 of the deputies or the full extent of their involvement.

20 18. Doe Defendants 2-10 are believed to be deputies or supervisors who  
21 were involved in the decision making in the action or inaction from July 29, 2025  
22 to August 1, 2025 which resulted in the denial of care and emergency services to  
23 Irma Espinoza. Some of Doe Defendants 2-10 are believed to be supervisors who  
24 failed to properly train, supervise and discipline SDSO deputies, including Doe 1.

25 19. These defendants were agents, servants and employees acting at all  
26 times within the full course and scope of their agency and employment, with the  
27 full knowledge and consent, either expressed or implied, of their principal and/or  
28 employer and each of the defendants had approved or ratified the actions of the

1 other defendants thereby making the currently named defendants herein liable for  
2 the acts and/or omissions of their agents, servants and/or employees.

3 **III. FACTS REGARDING THE DEATH OF IRMA ESPINOZA**

4 20. On Sunday, July 27, 2025, Richard Quinones encountered Irma  
5 Espinoza near his home in Lemon Grove.

6 21. Ms. Espinoza was neatly dressed, wearing a hat, black pants, and a  
7 blouse. She was carrying a small backpack.

8 22. According to Mr. Quinones, her clothes appeared to be new. She was  
9 well groomed and polite.

10 23. Ms. Espinoza was fanning her face with her hand and saying, "It's hot,  
11 it's hot."

12 24. Mr. Quinones gave her two water bottles.

13 25. On the morning of Tuesday, July 29, 2025, while walking his two dogs,  
14 Mr. Quinones spotted Ms. Espinoza partway down the side of a nearby ditch across  
15 the street from his home.

16 26. It did not seem right to him because Ms. Espinoza was neatly dressed  
17 but she was sitting on dirt near the trolley tracks, her legs partially submerged in  
18 muddy water.

19 27. Mr. Quinones asked Ms. Espinoza if she needed help. She said yes.

20 28. Mr. Quinones called the San Diego Sheriff's Office nonemergency  
21 line at approximately 8:35 a.m. asking for a welfare check, notifying Dispatch that  
22 a woman was sitting in a ditch.

23 29. Mr. Quinones gave the location, which was next to the stop sign at the  
24 intersection of Main Street and Buena Vista Avenue. He reported that he was  
25 concerned because Ms. Espinoza had not had food or water.

26 30. While waiting for the Sheriffs to respond, Mr. Quinones walked  
27 across the street to the RV where he resides to take his dogs in.  
28

1 31. From the window of his RV, he saw Doe 1, a female Sheriff's deputy,  
2 arrive in an SUV at approximately 8:57 a.m.

3 32. The SUV stopped momentarily by Ms. Espinoza's location.

4 33. The Deputy backed up to the stop sign next to Ms. Espinoza for only  
5 a moment and then drove off without even stepping outside.

6 34. At 8:59 a.m., Doe 1 logged in "GA" into the SDSO computer system  
7 which means "gone on arrival."

8 35. But Ms. Espinoza was not gone. She was still sitting partway down  
9 the side of a ditch next to where the patrol car had stopped.

10 36. Doe 1 had made no attempt to check on Ms. Espinoza's welfare.

11 37. Doe 1 had been there for less than two minutes before she left without  
12 even getting out of her SUV.

13 38. Mr. Quinones waited for the deputy, medical personnel or an  
14 ambulance to return to check on Ms. Espinoza.

15 39. But no one came.

16 40. At 9:04 a.m., Mr. Quinones called the San Diego Sheriff's non-  
17 emergency line again to report that the woman remained near the ditch and was not  
18 gone as Doe 1 had reported.

19 41. At 9:05 a.m., Dispatch contacted Doe 1 to relate that Mr. Quinones  
20 was calling again for the second time to report a woman in distress who remained  
21 in the ditch.

22 42. About ten seconds later, Doe 1 told Dispatch that she was on her way  
23 back to the scene. Doe 1 was just minutes away from Ms. Espinoza having just left  
24 the scene.

25 43. But Doe 1 never returned to the scene.

26 44. Instead, Doe 1 called Mr. Quinones while he was still on the call with  
27 Dispatch.

28 45. This call came in at 9:06 a.m.

1 46. Because of this incoming call, Mr. Quinones hung up the call with  
2 Dispatch.

3 47. "She's a transient," Doe 1 on the phone said about Ms. Espinoza. "Get  
4 used to it."

5 48. Doe 1 sounded angry and irritated at Mr. Quinones for having called  
6 again. Doe 1 told Mr. Quinones that there were going to be more "transients."

7 49. Doe 1 told Mr. Quinones to "get used to it" and leave it alone. Her  
8 tone was threatening.

9 50. Doe 1 went on for a minute or longer, telling Mr. Quinones to leave  
10 the situation alone.

11 51. Mr. Quinones felt intimidated by the call and believed he would get in  
12 trouble with law enforcement if he called for help a third time.

13 52. Each call he made had been routed only to Doe 1. Mr. Quinones  
14 believed any additional call would also be routed to the same, now incensed deputy.

15 53. Mr. Quinones did not feel safe to go check on Ms. Espinoza because  
16 Doe 1 had sternly and repeatedly told him to leave the situation alone.

17 54. Doe 1 "cleared" the call at 9:09 a.m.

18 55. Before "clearing" this call, Doe 1 did nothing to check on Ms.  
19 Espinoza's welfare or to ask Mr. Quinones what he had observed or why he had  
20 called.

21 56. Does 2-4 were Doe 1's supervisors who had access to Doe 1's  
22 activities in real time. They knew from the reporting that Doe 1 had spent less than  
23 two minutes at a scene where a concerned citizen had reported a woman in serious  
24 distress with no food or water sitting in a ditch.

25 57. Does 2-4 saw in real time that the Mr. Quinones had called again to  
26 complain that their subordinate had driven off without assisting someone in distress.

27 58. Does 2-4 knew that Ms. Espinoza was still there partially in a ditch.  
28

1 59. Does 2-4 could see that Doe 1 reported that she was en route back to  
2 the scene but that she had never bothered to return. Does 2-4 knew that this false  
3 report would prevent other deputies from responding to the scene.

4 60. Does 2-4 did nothing to make sure that Doe 1 would return to the scene  
5 or send another deputy to conduct the welfare check.

6 61. After Doe 1's angry call, Mr. Quinones was scared and intimidated.  
7 As a result, he did nothing the rest of the day to check on Ms. Espinoza.

8 62. When Mr. Quinones finally did go across the street that evening, Ms.  
9 Espinoza was no longer there.

10 63. Mr. Quinones did not see Ms. Espinoza on Wednesday or Thursday  
11 while walking his dogs. The ditch was filled with thick reeds that were  
12 approximately 15 feet tall.

13 64. Another neighbor who was walking her dogs on the same street saw a  
14 man coming out of the area where Ms. Espinoza had last been seen, acting  
15 suspiciously. That neighbor saw Ms. Espinoza's backpack on the side of the ditch  
16 but did not see Ms. Espinoza.

17 65. When the man saw the neighbor, he hurried away.

18 66. That neighbor did not call the police because she knew that Mr.  
19 Quinones had already called and the Sheriff's Office and that an official had  
20 forcefully told him to leave it alone.

21 67. On the morning of Friday, August 1, 2025, Mr. Quinones was again  
22 walking his dogs, Daisy and Gizmo.

23 68. When they crossed the street, the dogs' ears perked up near the ditch,  
24 and they refused to continue walking.

25 69. Mr. Quinones then heard a faint moan coming out of the reeds.

26 70. Mr. Quinones came closer and saw a woman lying hidden behind a  
27 wall of cattails.

28

1 71. This time, she was half-naked and covered in ants, her face almost  
2 below the water line.

3 72. Mr. Quinones called 911 at 7 a.m. to report that a woman was in the  
4 ditch in the water.

5 73. He then attempted to pull Ms. Espinoza out of the water himself, but  
6 disabilities from previous back and neck surgeries prevented him from getting her  
7 out.

8 74. According to the Dispatch log, Mr. Quinones repeatedly said, “I have  
9 to get her out.”

10 75. A few minutes after the 911 call, first responders arrived.

11 76. They pulled Ms. Espinoza out of the ditch and placed her on a stretcher.

12 77. The deputies reported the following to Dispatch:

- 13 • **“FEM HALF SUBMERGED”**
- 14 • **“COVERED IN ANTS”**
- 15 • **“BODY IS STIFF”**
- 16 • **“POSS RIGOR MORTIS”**

17 78. Ms. Espinoza moved her arm, trying to reach her neck, which  
18 appeared to be wrapped in reeds.

19 79. Ms. Espinoza was wearing no pants.

20 80. Her body was covered in ants.

21 81. Ms. Espinoza suffered cardiac arrest and CPR was performed. She  
22 was then transferred to Sharp Grossmont Hospital.

23 82. As the first responders were wheeling Ms. Espinoza away, a deputy  
24 asked Mr. Quinones, “You saw her there on Tuesday?”

25 83. Mr. Quinones exclaimed, “Well, yeah, in the water!” Mr. Quinones  
26 then recounted what had occurred two days earlier when the sheriff’s vehicle had  
27 arrived only to quickly leave, followed by the deputy’s call dismissing the woman  
28 as a “transient.”

1 84. "I'm a little upset," Quinones said his voice breaking. "'Transient'  
2 should not be a label."

3 85. After Ms. Espinoza's death, the County Medical Examiner released  
4 the autopsy report.

5 86. The first sentence of the report reads "The decedent was a 43-year-old  
6 Hispanic female who appeared to be homeless in San Diego."

7 87. In the autopsy report, the word "homeless" appears multiple times.

8 88. When the first responders pulled her out at approximately 7:07 a.m.,  
9 Ms. Espinoza had agonal breathing and heavy ant activity to the entirety of her  
10 body. She was taken to Sharp Grossmont Hospital with hypothermia and  
11 contusions and petechiae all over her body. When she arrived at the hospital, her  
12 body temperature was 24 degrees Celsius, or about 75 degrees Fahrenheit.

13 89. According to the Dispatch records, the first time a deputy reported  
14 leaving the scene for Grossmont Hospital was at 7:57 a.m. It is possible that Ms.  
15 Espinoza's body temperature was 24 degrees 50 minutes after being dragged out  
16 of the ditch.

17 90. A body temperature of 24 degrees Celsius would constitute the severe  
18 stage of hypothermia, in which the system shuts down and the heart becomes  
19 unstable.

20 91. Death often follows due to respiratory arrest or heart failure if the  
21 hypothermia is not treated immediately and effectively.

22 92. Ms. Espinoza was suffering from aspiration pneumonia.

23 93. In addition to a heart attack, Ms. Espinoza developed Disseminated  
24 Intravascular Coagulation (DIC) at the hospital, a serious condition in which  
25 widespread clotting leads to damaged organs and severe bleeding. Her lower  
26 extremities became ischemic (lacking blood flow) and mottled (purplish, patchy  
27 skin) signaling severe blockage of circulation.

28

1 94. Ms. Espinoza had a multitude of external injuries. On the midforehead,  
2 left lateral temple and around the left eye, there were multiple brown abrasions,  
3 measuring up to 2 inches.

4 95. There were abrasions on the chin and under the chin.

5 96. There were multiple bruises on the right and left lateral torso and  
6 covering almost the whole back.

7 97. There were contusions are on the mid-chest, measuring up to 1/2 inch  
8 in diameter.

9 98. There were purple contusions on the anterior left lower leg measuring  
10 up to 1 inch.

11 99. Mr. Quinones had not seen any marks or injuries on Ms. Espinoza  
12 until the day she was pulled out of the ditch.

13 100. At the time of her death, Ms. Espinoza was 43 years old.

14 101. Despite multiple bruises and contusions all over her body and clear  
15 indication of hypothermia and cardiac arrest, the Medical Examiner decided to  
16 label the cause of Ms. Espinoza's death as COMPLICATIONS OF CHRONIC  
17 ALCOHOL ABUSE WITH HEPATIC CIRRHOSIS AND ACUTE  
18 PANCREATITIS.

19 102. The autopsy report itself omitted any reference to the physical  
20 evidence of bruises, contusions, and petechiae.

21 103. The autopsy report did not state whether a swab to detect evidence of  
22 sexual assault was taken despite the fact that Ms. Espinoza was found half-naked.

23 104. While the Medical Examiner investigator sent a courier to Sharp  
24 Grossmont Hospital for antemortem specimen, there was no request for any sex  
25 assault swabs or records.

26 105. Despite multiple references in the record that Ms. Espinoza was  
27 submerged in the water in a ditch, forensic pathologist, Dr. Brankica Paunovic,  
28 claimed "it is unknown if there was water in the drain." Because Dr. Paunovic did

1 not consider Ms. Espinoza’s exposure to cold water, his findings are incomplete at  
2 best.

3 106. The autopsy listed acute pancreatitis and disseminated intravascular  
4 coagulation as evidence of chronic alcohol abuse even though these are symptoms  
5 of hypothermia.

6 107. The Medical Examiner is an employee of the County of San Diego.

7 108. In November of 2025, an investigator from the Sheriff’s Office  
8 contacted Mr. Quinones to ask questions regarding Ms. Espinoza’s death. The  
9 investigator continued to ask Mr. Quinones if he was sure that it was sheriff’s  
10 deputy who had called him.

11 **IV. THE COUNTY OF SAN DIEGO, SHERIFF KELLY MARTINEZ**  
12 **AND OTHER SUPERVISORY DEFENDANTS ARE DELIBERATELY**  
13 **INDIFFERENT TO VIOLATIONS OF INDIVIDUALS’**  
14 **CONSTITUTIONAL RIGHTS**

15 109. There had been a systemic failure in San Diego County to investigate  
16 incidents of staff misconduct.

17 110. San Diego County officials, including Does 2-10, were aware of the  
18 systemic problems with their staff, but took no action to prevent further  
19 Constitutional violations.

20 111. At the time of Irma Espinoza’s death, there had been a long-standing  
21 custom and practice of improper and inadequate investigations; cover-up of  
22 misconduct; and failure to discipline and train deputies.

23 112. The supervisory defendants, including Does 2-10, were well aware of  
24 these problems before Ms. Espinoza’s death.

25 113. In 2018, a man named Anthony Bolden engaged in a disagreement  
26 over dayroom time with a deputy named Rudy Peraza. Later, while Mr. Bolden was  
27 in full restraint, Peraza yanked the metal chain through the food flap causing Mr.  
28 Bolden to slam into the door. The County took no action against Peraza.

1 114. A year later in 2019, Miguel Villa was brought into the Central Jail  
2 for booking. Mr. Villa, who was distraught about being arrested, was moping and  
3 crying. He was asking to be taken to a mental health facility. Deputy Peraza  
4 punched Mr. Villa with a closed fist multiple times while Mr. Villa was in restraints.  
5 Peraza bent Mr. Villa's fingers back. Peraza then dropped his knee on Mr. Villa's  
6 head and pressed down for almost a minute. This was so troubling that the SDPD  
7 officers who had transported Mr. Villa to the jail reported the incident to Internal  
8 Affairs. Still the County took no action.

9 115. Deputy Peraza continued to work in the Jails where in 2023, he  
10 slammed the food flap door on a detainee's fingers so hard that it broke his finger.

11 116. In October of 2020, Deputy Lovejoy got aggressive with an African  
12 American driver during a routine traffic stop. When the driver began recording  
13 him with his cell phone, Lovejoy grabbed her by her hair and dragged her out  
14 through the car window, yanking her braids out of her head. Lovejoy was not  
15 disciplined.

16 117. On February 16, 2022, Deputy Lovejoy and his partner shot a suspect  
17 a total of 17 times as the man was complying with the orders for him to go down  
18 to the ground. They shot at three undercover detectives of a taskforce who were  
19 downrange, hitting one of them in the leg. They were not disciplined.

20 118. After shooting a fellow officer and facing no discipline, Lovejoy and  
21 Young were involved in yet another use of force incident during an arrest of a man  
22 in his home.

23 119. Joshua Strode, who had recently suffered a broken clavicle, was  
24 booked into the San Diego Central Jail. While he was handcuffed, deputies,  
25 including Deputy Ramos, threw Mr. Strode onto the ground, kned his torso,  
26 punched his face, and shocked him twice with a taser. Mr. Strode was then forcibly  
27 placed in a sobering cell without treatment for his broken bone and the pain caused  
28 by the assault. This was caught on surveillance camera.

1           120. Deputy Ramos then went on to arrest a man named Jamel Burt who  
2 was a passenger in a car. The only basis for the arrest was that Mr. Burt would not  
3 provide a driver’s license. Ramos handcuffed Mr. Burt, grabbed him and forcibly  
4 pushed him. Ramos slammed Mr. Burt to the ground face first, smashing his face  
5 into the concrete sidewalk.

6           121. Ramos then stated that he was arresting Mr. Burt for “delaying and  
7 obstructing” Ramos in the “performance of his duties.”

8           122. On April 13, 2023, Kelly Martinez met with Tammy Wilson in person  
9 and repeatedly told her that no one at the Sheriff’s Department had done anything  
10 wrong in the death of her husband Omar Moreno. Martinez told Tammy Wilson  
11 that there was no need to discipline or train any of her people because they had  
12 done nothing wrong.

13           123. At the time of this meeting, there had already been a finding that a  
14 deputy had failed to do his job by ignoring obvious anomalies seen on Omar’s body  
15 scan. Another deputy had a sustained finding of misconduct from IA for booking  
16 Omar into jail when there was no legal basis to do so. At the time of this meeting,  
17 Martinez and the chain of command knew that Omar’s cell had not been checked  
18 for two hours in violation of state law and that the supervisors had taken no action  
19 to ensure compliance with Title 15.

20           124. Martinez engaged in purposeful disinformation to mislead family  
21 members of victims, continuing the long-held tradition of the Department’s  
22 coverups.

23           125. The Sheriff’s Department only initiates full Internal Affairs  
24 investigations in approximately 15 percent of complaints of misconduct by SDSO  
25 employees. The rest are dismissed after an investigator reviews officer reports and  
26 available footage without anyone interviewing people. When a citizen like Mr.  
27 Quinones makes a complaint, the rate of a full investigation is less than two (2)  
28 percent.

1 126. Even in those instances in which serious misconduct is alleged by  
2 fellow officers and verified by video evidence, SDSO will frequently sustain the  
3 lowest level of punishment.

4 127. As a result of this longstanding tradition of covering up for the  
5 misconduct of County employees, Doe 1 knew that she could drive away from a  
6 woman in distress, threaten and intimidate a witness and get away with it.

7 128. Doe 1 knew that no one would hold her accountable for failing to do  
8 her job and preventing others from providing life saving measures to Irma Espinoza.

9 129. Martinez and the County have avoided responsibility; resisted  
10 transparency; refused to conduct transparent investigations to determine  
11 wrongdoing; refused to hold individual deputies accountable; and refused to  
12 discipline these individual staff members who commit misconduct. This has  
13 created a culture of apathy and impunity at the Sheriff's Department.

14 130. Because it is widely perceived within the SDSO to be impossible for  
15 any individual Sheriff's Department subordinate to suffer discipline, there is a  
16 custom of encouraging neglect and abuse of citizens, and employees are permitted  
17 to act with impunity. Thus, the failure to investigate and discipline subordinates  
18 was the moving force that caused the ultimate injury to decedent Irma Espinoza.

19 **V. PLAINTIFFS' CAUSES OF ACTION**

20 **FIRST CAUSE OF ACTION**

21 **Fourteenth Amendment Substantive Due Process Violation (42 U.S.C. §1983)**  
22 **[By the Estate of Irma Espinoza Against Doe 1]**

23 131. Plaintiffs reallege all prior paragraphs of this complaint and  
24 incorporate the same herein by this reference.

25 132. Defendants violated Irma Espinoza's Fourteenth Amendment right by  
26 creating a danger and causing Ms. Espinoza to suffer needlessly for days before  
27 dying.  
28

1 133. Doe 1 took several affirmative actions that created or exposed Ms.  
2 Espinoza to an actual, particularized danger that she would not otherwise have  
3 faced.

4 134. Doe 1 had decided when she arrived at the scene that she was going  
5 to render no care to Irma Espinoza.

6 135. Doe 1 had advised Dispatch while driving to the scene that she would  
7 advise Dispatch if she needed or wanted a cover officer. There was another patrol  
8 officer in the area.

9 136. Within less than two minutes of encountering Ms. Espinoza, Doe 1  
10 drove off and told Dispatch that Ms. Espinoza was gone. This was a lie.

11 137. When Mr. Quinones called back to complain about her conduct, Doe  
12 1 was angry.

13 138. Doe 1 was angry because she had been caught in a lie.

14 139. Doe 1 then told Dispatch that she would return to the scene when she  
15 had no intention of doing so.

16 140. Had Doe 1 ignored the call or rejected the call, another deputy would  
17 have responded to offer Ms. Espinoza help. But Doe 1 affirmatively injected  
18 herself and told Dispatch that she was on her way back to the scene. This was also  
19 a lie. It effectively prevented any other deputy from responding to the scene and  
20 provided help.

21 141. Instead, Doe 1 immediately called Mr. Quinones from an unidentified  
22 phone number.

23 142. Doe 1 knew that telling Dispatch that she was en route would prevent  
24 other deputies from responding to the scene.

25 143. Doe 1 told Mr. Quinones to “get used to it” and “leave it alone.” She  
26 said these words with the intention of preventing him from calling law enforcement  
27 again. She intimidated Mr. Quinones.

28

1 144. Doe 1 knew that by intimidating Mr. Quinones, she would deter him  
2 from calling other sheriff's deputies to seek help for Ms. Espinoza.

3 145. Doe 1 also knew that Irma Espinoza was sitting partially in a ditch  
4 with no food or water. She knew that Ms. Espinoza was in danger because she had  
5 seen her minutes before.

6 146. Doe 1 knew that Ms. Espinoza was in such bad shape that Mr.  
7 Quinones had called twice to get help for her.

8 147. Doe 1 knew that if she prevented others from helping Ms. Espinoza  
9 and she were left there vulnerable and helpless, Ms. Espinoza could be injured or  
10 die.

11 148. Ms. Espinoza's injuries, including physical assault, were foreseeable.

12 149. It was foreseeable that a woman left alone in a weakened state with no  
13 food or water would be unable to defend herself. It was foreseeable that she would  
14 not be able to defend herself against physical attacks. It was foreseeable that leaving  
15 someone in a ditch would cause her to suffer from exposure and die.

16 150. The reason for Mr. Quinones' call for help was to prevent this  
17 foreseeable harm.

18 151. But for Doe 1's intentional interference with Mr. Quinones' attempts  
19 to get help, another deputy or a PERT officer would have responded to the scene.  
20 As the County notes on its website, there were a host of options and services  
21 available to assist Ms. Espinoza receive shelter, food, water, temporary housing,  
22 medical care, and psychological care. As a result of Doe 1's acts of intimidation,  
23 no other County official responded to the call for help and Ms. Espinoza received  
24 none of the many services that were readily available to her to keep her safe.

25 152. But for Doe 1's intimidation, Mr. Quinones and/or other neighbors  
26 who had previous contact with Ms. Espinoza would have monitored her and  
27 contacted other officials for help.

28

1 153. Doe 1 was deliberately indifferent to the known danger that Ms.  
2 Espinoza would become a victim of a crime and that she would die from exposure  
3 to the elements of being in a ditch.

4 154. Doe 1 created a special relationship by preventing another patrol  
5 officer from responding to the call and telling Dispatch that she was returning to  
6 the scene, thereby preventing the operator from calling another deputy. This action  
7 contributed to, increased, and changed the risk which would have otherwise existed.

8 155. Doe 1 made specific promises to undertake a particular action and  
9 failed to do so.

10 156. Doe 1 created or increased a peril to Ms. Espinoza by her affirmative  
11 acts in preventing others from assisting or rescuing Ms. Espinoza.

12 157. Doe 1 told Mr. Quinones to “leave it alone” and deterred him from  
13 calling for help. Doe 1 told Mr. Quinones that Ms. Espinoza was just “transient”  
14 and that she needed to be left alone.

15 158. When Mr. Quinones did not see her that evening, he thought perhaps  
16 Doe 1 had been correct that Ms. Espinoza was fine and did not need assistance.

17 159. Mr. Quinones had respect for law enforcement officials. He believed  
18 that they generally are truthful and act in good faith. The hostility Doe 1 exhibited  
19 caused him to perceive that he had acted improvidently and had done something  
20 improper in seeking to obtain help for Ms. Espinoza.

21 160. As a result, Mr. Quinones did not take any further action to look for  
22 Ms. Espinoza or attempt to assist her.

23 161. Under the state-created danger doctrine, “the state may be  
24 constitutionally required to protect a plaintiff that it affirmatively places in danger  
25 by acting with deliberate indifference to a known or obvious danger.”

26 162. Each Defendant acted with deliberate indifference, having time to  
27 carefully consider their conduct.

28

1 163. As a direct and proximate result of Defendants’ deliberate indifference  
2 to Irma Espinoza’s serious medical need, Ms. Espinoza experienced physical pain,  
3 severe emotional distress, and mental anguish for days, as well as loss of her life  
4 and other damages alleged herein.

5 164. The conduct alleged herein was done in deliberate or reckless  
6 disregard of decedent’s constitutionally protected rights; justifying the award of  
7 exemplary damages against defendants in an amount according to proof at the time  
8 of trial in order to deter the defendants from engaging in similar conduct and to  
9 make an example by way of monetary punishment.

10  
11 **SECOND CAUSE OF ACTION**  
12 **Right of Association (42 U.S.C. §1983)**  
13 **[By Plaintiffs against Doe 1]**

14 165. Plaintiffs reallege all prior paragraphs of this complaint and  
15 incorporate the same herein by this reference.

16 166. Defendants deprived Irma Espinoza of her rights under the United  
17 States Constitution to be free denial of medical care and denial of due process.  
18 The aforementioned acts and/or omissions of Defendants in being deliberately  
19 indifferent to serious medical needs, health, and safety, which caused the untimely  
20 and wrongful death of Irma Espinoza; intentionally preventing others from  
21 assisting Ms. Espinoza; creating a dangerous situation that otherwise would not  
22 have existed; and deprived Plaintiffs Raquel, Adrian and Y.E. of their liberty  
23 interests in the family relationship in violation of their substantive due process  
24 rights as defined by the First and Fourteenth Amendments to the United States  
25 Constitution.

26 167. The deprivation of the rights alleged above has destroyed the  
27 Constitutional rights of Irma Espinoza’s family to the society and companionship  
28 of their mother which is protected by the substantive due process clause of the  
Fourteenth Amendment.

1 168. The conduct alleged herein violated Irma Espinoza’s rights alleged  
2 above thereby resulting in a deprivation of Plaintiffs’ rights alleged above which  
3 has legally, proximately, foreseeably and actually caused Plaintiffs to suffer  
4 emotional distress, pain and suffering, and further damages according to proof at  
5 the time of trial.

6 **THIRD CAUSE OF ACTION**  
7 **Failure to Properly Supervise and Discipline (42 U.S.C. §1983)**  
8 **[By the Estate of Irma Espinoza against Martinez and Supervisory Doe**  
9 **Defendants 2-10]**

10 169. Plaintiff realleges all prior paragraphs of this complaint and  
11 incorporates the same herein by this reference.

12 170. Defendants Martinez and Supervisory Doe Defendants failed to  
13 properly supervise and discipline defendant Doe 1 in the performance of her duties  
14 in responding to a call for a person in distress.

15 171. These defendants failed to properly supervise their employees with  
16 respect to the dangers of dehydration and exposure.

17 172. Does 2-4 were Doe 1’s supervisors who knew that Doe 1 had left a  
18 scene in less than two minutes. This information was made available to the  
19 supervisors because they had access to their subordinates’ whereabouts and  
20 activities.

21 173. Does 2-4 knew Doe 1 had spent less than two minutes on the scene  
22 before reporting that Ms. Espinoza was gone. Does 2-4 were then made aware that  
23 Mr. Quinones had called within one minute of Doe 1 leaving to complain and to let  
24 Dispatch know that Ms. Espinoza was still there in the ditch.

25 174. Does 2-4 knew that Doe 1 had done nothing to assist Ms. Espinoza  
26 and that she was still there in the ditch.  
27  
28

1 175. Does 2-4 knew from CAD that Doe 1 had reported that she was  
2 returning to the scene but that she in fact did not go back to the scene. They did  
3 nothing to supervise or to intervene.

4 176. Does 2-4 knew that when Doe 1 notified Dispatch that she was  
5 responding to the call, this resulted in no other deputies responding to assist Ms.  
6 Espinoza. They knew that Doe 1 was actively preventing others from assisting her.  
7 Yet, they did nothing.

8 177. Upon information and belief, Does 2-4 knew that Doe 1 called Mr.  
9 Quinones to dissuade him from calling for help or providing assistance to Ms.  
10 Espinoza. For an unknown reason, the County of San Diego redacted all of the  
11 information in the publicly available document that lists out the Dispatch activity.

12 178. Eleven lines of entries input by Doe 1 on July 29 at 9:09 a.m. have  
13 been redacted. The information Doe 1 reported with regard to her refusal to go  
14 back to the scene and her intimidation of Mr. Quinones would have been available  
15 to Does 2-4 in real time.

16 179. These defendants did nothing to supervise Doe 1 and left Ms.  
17 Espinoza in the ditch.

18 180. Supervisory defendants, including Martinez, were personally aware of  
19 the repeated Constitutional violations committed by their subordinates through  
20 multiple prior complaints from citizens and victims.

21 181. They were aware that their deputies were treating unhoused or  
22 “transient” people differently than housed people. They knew that unhoused  
23 people have greater needs and health issues. They took no action to ensure that  
24 their deputies were providing equal services to all people and not subjecting the  
25 homeless and mentally ill to increased danger of harm by deliberately castigating  
26 citizens for reporting dangerous situations in which such persons were exposed to  
27 risk of harm.

28

1 182. Martinez was personally aware that her deputies were violating the  
2 SDSO's policies and procedures in their daily interactions with the public. She was  
3 aware of the daily occurring interactions between her staff and the mentally ill and  
4 the homeless population because the Department maintains these statistics on its  
5 own website.

6 183. Knowing that some of her deputies were failing to respond properly  
7 by contacting PERT team for the mentally ill or CARE for the chronically homeless,  
8 she took no action even after the implementation of California state law as of  
9 October of 2023.

10 184. Martinez and Does covered up the misconduct of their subordinates  
11 and refused to investigate misconduct. Internal Affairs rarely investigated  
12 misconduct and took little action to discipline those found to have engaged in  
13 misconduct. Defendants have a widespread history of ratifying employee  
14 misconduct by failing to conduct appropriate investigations.

15 185. Martinez was aware that her Department only investigates a negligible  
16 fraction of citizen complaints. She was aware of this fact because the numbers of  
17 complaints, investigations and sustained findings are maintained by her  
18 Department.

19 186. Martinez was aware of the long history of SDSO sustaining the lowest  
20 level of misconduct by deputies because the IA documents are presented to her for  
21 her approval and signature.

22 187. Martinez still failed to supervise and discipline deputies who interact  
23 with the most vulnerable population of people.

24 188. Martinez had a long history of covering up the misconduct of her  
25 deputies who violated SDSO policies. She personally met with family members of  
26 those who died in custody to lie about the findings of misconduct by multiple  
27 employees.

28

1 189. As a result of the Defendants’ historical failure to properly supervise  
2 and discipline their employees, Defendant Doe 1 was deliberately indifferent to the  
3 serious medical needs of Plaintiff.

4 190. Upon information and belief, Martinez and Doe Defendants 5-10 were  
5 aware of prior misconduct of Does 1-4 but failed to take action and failed to  
6 investigate and discipline them.

7 191. As a result of the defendants’ historical failure to investigate  
8 misconduct and failure to discipline, deputies continued to endanger the lives of  
9 citizens and victims without fear of accountability. As a result, Does 1 to 4 left Ms.  
10 Espinoza to die.

11 192. There has been an official policy of acquiescence in wrongful conduct.  
12 Defendants failed to promulgate corrective policies and regulations in the face of  
13 repeated Constitutional violations.

14 193. Defendants condoned and acquiesced in the abusive behavior of their  
15 subordinates by refusing to retrain them, discipline them, or correct their abusive  
16 behavior.

17 194. As a result of all Defendants’ historical failure to properly supervise  
18 and discipline deputies, Defendants were deliberately indifferent to the needs of  
19 Plaintiff. The failure to supervise and discipline was the moving force behind the  
20 misconduct of the deputies, and the resulting pain and suffering and death.

21 **FOURTH CAUSE OF ACTION**  
22 ***Monell Municipal Liability Civil Rights Action (42 U.S.C. §1983)***  
23 **[By all Plaintiffs Against Defendants the County of San Diego]**

24 195. Plaintiffs reallege all prior paragraphs of this complaint and  
25 incorporate the same herein by this reference.

26 196. There were longstanding and systemic deficiencies in San Diego  
27 County as outlined in paragraphs 103 to 115.

1 197. The County was well aware that responding to the needs of the  
2 mentally ill and the homeless population was a daily occurring circumstance.

3 198. The County's own website lists what the deputies are expected to do  
4 through Homeless Assistance Resource Team (HART) in unincorporated  
5 communities and local patrol stations. According to the County, deputies:

- 6 • Conduct regular outreach alongside clinicians and outreach workers.
- 7 • Help individuals access shelter, transitional housing, mental health  
8 services, and identification documents.
- 9 • Coordinate with County programs and provide referrals and  
10 transportation to services.

11 199. Despite the alarming numbers of homeless people who die in the  
12 County, there was deficient oversight of the deputies when they failed to implement  
13 the County's official and publicly proclaimed policies.

14 200. The County maintained a *de facto* policy of allowing its staff to ignore  
15 people in distress and not disciplining deputies who engage in misconduct. There  
16 was a *de facto* policy of ignoring citizen complaints and not initiating internal  
17 affairs investigations.

18 201. There was a *de facto* policy of ignoring complaints that were initiated  
19 by citizens. Less than 2 percent of official IA investigations stemmed from citizen  
20 complaints. IA only took complaints seriously if they were initiated by fellow  
21 officers. The County engaged in this pattern despite the well-known fact that  
22 deputies were consistently covering up for each other's misconduct. The County  
23 knew only a small percentage of deputies were coming forward to report  
24 misconduct by fellow officers.

25 202. This *de facto* policy of disbelieving or discrediting civilian complaints  
26 resulted in a pattern in which Dispatch would relay a citizen complaint about a  
27 deputy directly to the deputy who was the subject of the complaint.

28

1 203. As a result of this culture, Dispatch in this case routed the complaint  
2 about Doe 1 directly to Doe 1 instead of contacting Doe 1's sergeant.

3 204. This pattern was on display even after Ms. Espinoza died when  
4 investigators interviewed Mr. Quinones, a key witness, *months* after her death.  
5 The primary focus of their investigation was how Mr. Quinones knew that the  
6 deputy who responded to the scene but failed to investigate was the same deputy  
7 who then called back to rebuke him for reporting in the first instance.

8 205. There was a *de facto* policy of not disciplining deputies who engage  
9 in misconduct.

10 206. There was a custom and practice of allowing, tolerating and/or  
11 encouraging staff to file incomplete or inaccurate reports, to make false statements;  
12 and to obstruct or interfere with investigations by withholding and/or concealing  
13 material information.

14 207. There was a custom and practice of falsifying information during  
15 investigations of misconduct and misleading the investigations by the independent  
16 citizens' review board.

17 208. There was a *de facto* policy of covering up the misconduct of  
18 deputies and hiding the facts from the public to prevent scrutiny.

19 209. During the relevant period, all Defendant deputies and Does were  
20 acting pursuant to the policies of Defendant County of San Diego.

21 210. The County of San Diego was deliberately indifferent to the right of  
22 the plaintiffs and others to be free from, and protected from, harm by the  
23 misconduct of its employees.

24 211. The Sheriff Department's longstanding practice or custom was  
25 unconstitutional in that it was deliberately indifferent to a substantial risk of serious  
26 harm to citizens.

27 212. As a direct result of the practice or custom of the County of San Diego,  
28 Defendants denied basic medical care or assistance to Irma Espinoza, causing her

1 to suffer and die.

2 213. The unlawful and illegal conduct of Defendant deprived Irma  
3 Espinoza of the rights, privileges and immunities secured to her by the  
4 Constitutions of the United States.

5 214. As a direct, proximate and foreseeable result, Plaintiff suffered  
6 damages in an amount according to proof at the time of trial.

7 **FIFTH CAUSE OF ACTION**

8 **Wrongful Death – CCP § 377.60 *et seq.***

9 **[By Raquel Espinoza, Adrian Espinoza and Y.E. against All Defendants]**

10 215. Plaintiffs reallege all prior paragraphs of this complaint and  
11 incorporate the same herein.

12 216. Plaintiffs allege all California state law claims as basis for state law  
13 wrongful death cause of action and incorporate later torts by reference.

14 217. Defendants committed wrongful acts which proximately caused the  
15 death of Irma Espinoza. Specifically, Defendants, including Does 1-30, deprived  
16 Irma Espinoza of her due process rights under the California and the United States  
17 Constitution.

18 218. It was reasonably foreseeable that preventing others from providing  
19 basic care to Ms. Espinoza, when she had not had any food or water, was in obvious  
20 physical distress partially in a ditch, caused her death.

21 219. Had Doe 1 not threatened and intimidated Mr. Quinones, he would  
22 have enlisted the help of others to provide care for Ms. Espinoza. Mr. Quinones  
23 would have watched over Ms. Espinoza instead of being forced to “leave it” for  
24 fear of retribution.

25 220. Ms. Espinoza required prompt medical attention from Defendants.  
26 Defendants had actual knowledge of Ms. Espinoza’s need for emergency services  
27 and deliberately chose to not furnish care.



1 228. All Defendants had a duty to Plaintiff Irma Espinoza to act with  
2 ordinary care and prudence so as not to cause harm or injury to another.

3 229. Doe 1 undertook the investigation of the plight of Irma Espinoza.

4 230. Doe 1's decision regarding whether to investigate or not may have  
5 been a discretionary decision, but once she decided to investigate, any negligence  
6 on her part in her ministerial performance of the investigation was clearly beyond  
7 the protection of the statutory discretionary immunity.

8 231. Government Code section 815.2, subdivision (a), provides that a  
9 public entity is liable for injury proximately caused by an act or omission of an  
10 employee of the entity within the scope of her employment, if the act or omission  
11 would, apart from the section, have given rise to a cause of action against the  
12 employee. The negligence charged against Doe 1 consists of her affirmative acts in  
13 preventing others from assisting her and in the failure to take any action to protect  
14 Ms. Espinoza and leaving her in a dangerous, unprotected position in a ditch.

15 232. Even if Doe 1's misconduct was a series of negligent *omissions* rather  
16 than affirmative acts of negligence, she is still liable under the special relationship  
17 doctrine.

18 233. Irma Espinoza was dependent upon Doe 1. Knowing the dangerous  
19 position of Ms. Espinoza sitting in a ditch needing medical help, Doe 1 had a duty  
20 to exercise ordinary care to protect her from dangers of drowning or dying from  
21 the elements with no food or water.

22 234. While no special relationship requiring law enforcement intervention  
23 to aid a citizen in need may exist generally, once an officer has chosen to investigate  
24 the plight of specific persons and informed herself of the foreseeable danger, and  
25 undertaken to prevent the intervention of others, thereby increasing the danger of  
26 harm, a special relationship requiring her to protect Ms. Espinoza by readily  
27 available means arises. Liability attaches if the officer's duty to protect people she  
28 has endangered under these special circumstances is not performed.

1 235. By actively preventing others from assisting Ms. Espinoza, Does 1-4  
2 undertook the responsibility of providing her care.

3 236. Government Code section 820.2, which states that a public employee  
4 is not liable for injuries resulting from an act or omission involving the exercise of  
5 discretion, is not applicable here because Doe 1's decision was not within the scope  
6 of the statutory discretionary immunity. Her decision was neither a carefully  
7 balanced basic policy decision nor a planning (as opposed to an operational)  
8 decision.

9 237. Defendants improperly, negligently, wrongfully, and recklessly failed  
10 to provide care for Ms. Espinoza.

11 238. Doe Defendants improperly, negligently, wrongfully, and recklessly  
12 failed to provide proper transportation to a facility where Ms. Espinoza could be  
13 provided care and safety.

14 239. Defendants improperly, negligently, wrongfully, and recklessly  
15 delayed and failed to summon medical care to Irma Espinoza who was in obvious  
16 physical distress and in acute need of urgent medical care.

17 240. Supervisory Doe defendants, including Martinez and Does 2-10,  
18 failed to train and supervise their subordinates to exercise ordinary care to protect  
19 vulnerable, medically or psychologically fragile people from foreseeable dangers  
20 like drowning or exposure.

21 241. Supervisory Doe defendants, including Martinez and Does 2-10,  
22 failed to discipline their subordinates when they engaged in similar conduct of  
23 ignoring vulnerable people based on their perceived transient status. They failed  
24 to discipline their subordinates when they were made aware of gross misconduct  
25 and policy violations.

26 242. All Defendants improperly, negligently, wrongfully, and recklessly  
27 failed to refrain from violating Plaintiff's rights as guaranteed by the United States  
28 and California Constitutions, as set forth above, and as otherwise protected by law.

1 243. By engaging in the acts alleged herein, Defendants failed to act with  
2 ordinary care and breached their duty of care owed to Irma Espinoza.

3 244. The County of San Diego is responsible for the act of individuals and  
4 Doe Defendants under the theory of *respondeat superior*.

5 245. As a direct and proximate result of the Defendants’ negligent conduct  
6 as herein described, Irma Espinoza suffered physically and mentally in the amount  
7 to be determined at the time of trial.

8 246. As a further proximate result of the Defendants’ negligent conduct,  
9 Irma Espinoza suffered for three days in a ditch after being beaten and sexually  
10 assaulted, suffered a heart attack and died.

11 247. The conduct of the individual Defendants also amounts to oppression,  
12 fraud or malice within the meaning of Civil Code Section 3294 et seq. and punitive  
13 damages should be assessed against each defendant for the purpose of punishment  
14 and for the sake of example.

15 **SEVENTH CAUSE OF ACTION**  
16 **Violation of Cal. Civ. Code §52.1 – Survival Claim**  
17 **[By Estate of Irma Espinoza Against DOES 1-10]**

18 248. Plaintiffs reallege all prior paragraphs of this complaint and  
19 incorporate the same herein by this reference.

20 249. Plaintiff brings the claims in this cause of action as survival claims  
21 permissible under California law, including Cal. Code of Civ. Proc. Section 377.20  
22 *et. seq.*

23 250. By their acts, omissions, customs, and policies, each Defendant acting  
24 in concert/conspiracy, as described above, while and by threat, intimidation, and/or  
25 coercion, interfered with, attempted to interfere with, and violated Irma Espinoza’s  
26 rights under California Civil Code § 52.1 and under the United States Constitution  
27 and California Constitution as follows:

- 28 a. The right to be free from objectively unreasonable treatment  
and deliberate indifference to Irma Espinoza’s serious medical needs

1 as secured by the Fourteenth Amendments to the United States  
2 Constitution and by California Constitution, Article 1, §§ 7 and 13;

3 b. The right to enjoy and defend life and liberty; acquire, possess,  
4 and protect property; and pursue and obtain safety, happiness, and  
5 privacy, as secured by the California Constitution, Article 1, § 1; and

6 c. The right to protection from bodily restraint, harm, or personal  
7 insult, as secured by California Civil Code § 43.

8 251. Defendants' violations of Plaintiffs' and Decedent's due process  
9 rights with deliberate indifference, in and of themselves constitute violations of the  
10 Bane Act.<sup>1</sup>

11 252. Alternatively, separate from, and above and beyond, Defendants'  
12 attempted interference, interference with, and violation of Irma Espinoza's rights  
13 as described above, Defendants violated Decedent's rights by the following  
14 conduct constituting threat, intimidation, or coercion:

15 a. With deliberate indifference to Irma Espinoza's serious medical  
16 needs, suffering, and risk of grave harm including death, depriving  
17 Irma Espinoza of necessary, life-saving care by threatening and  
18 preventing others from providing her safety;

19 b. Subjecting Irma Espinoza to ongoing violations of her rights to  
20 prompt care for her serious medical needs over days, causing  
21 immense and needless suffering, intimidation, coercion, and  
22 endangering her life and well-being.

23  
24 <sup>1</sup> See *Atayde v. Napa State Hosp.*, No. 1:16-cv-00398-DAD-SAB, 2016 U.S.  
25 Dist. LEXIS 126639, at \*23 (E.D. Cal. Sept. 16, 2016) (citing *M.H. v. Cty. of*  
26 *Alameda*, 90 F. Supp. 3d 889, 899 (N.D. Cal. 2013); see also, *Cornell v. City and*  
27 *County of San Francisco*, Nos. A141016, A142147, 2017 Cal. App. LEXIS 1011  
28 at \*58, f.n. 32 (Cal. Ct. App. Nov. 16, 2017) (approving *M.H.*, supra.); *Reese v.*  
*County of Sacramento*, 888 F.3d 1030, 1043-44 (9th Cir. 2018) (following  
Cornell); *Rodriguez v. County of L.A.*, 891 F.3d 776, 799, 802 (9th Cir. 2018)  
(following Cornell).

1  
2 253. Leaving a helpless woman in a ditch unable to defend herself and  
3 threatening and preventing others from helping her is coercive.

4 254. The threat, intimidation, and coercion described herein were not  
5 necessary or inherent to Defendants’ violation of Decedent’s rights, or to any  
6 legitimate and lawful jail or law enforcement activity.

7 255. Further, all of Defendants’ violations of duties and rights, and coercive  
8 conduct, described herein were volitional acts; none was accidental or merely  
9 negligent. Each Defendant violated Plaintiff’s rights with specific intent.

10 256. Each Defendant acted with reckless disregard for Irma Espinoza’s  
11 rights.

12 257. Defendant County is vicariously liable for the violation of rights by  
13 their employees and agents pursuant to California Government Code § 815.2.

14 258. As a direct and proximate result of Defendants’ violation of California  
15 Civil Code § 52.1 and of Plaintiffs’ and Decedent’s rights under the United States  
16 and California Constitutions, Plaintiffs sustained injuries and damages, and against  
17 each and every Defendant is entitled to relief as set forth above, including punitive  
18 damages against all individual Defendants, and all damages allowed by California  
19 Civil Code §§ 52 and 52.1 and California law, not limited to costs attorneys’ fees,  
20 treble damages and civil penalties.

21 **VI. RELIEF REQUESTED**

22 **WHEREFORE**, Plaintiffs pray as follows:

- 23  
24 1. For general and special damages according to proof at the time of trial;  
25 2. For punitive damages against individual defendants;  
26 3. For all other damages, penalties, costs, interest, and attorneys’ fees as  
27 allowed by 42 U.S.C. §§ 1983 and 1988; California Code of Civil Procedure  
28

1 §§ 377.34(b), 377.20 et seq., and 1021.5; California Civil Code §§ 52 et seq.,  
2 52.1, and as otherwise may be allowed by California and/or federal law; and

3 4. Any other relief this court deems just and proper.

4 **VII. DEMAND FOR A JURY TRIAL**

5 Pursuant to Rule 38 of the Federal Rules of Civil Procedure and the Seventh  
6 Amendment to the Constitution, Plaintiffs hereby demand a jury trial of this action.  
7

8 Respectfully Submitted,

9 **IREDALE AND YOO, APC**

10 Dated: December 30, 2025

11 *s/ Julia Yoo*

12 EUGENE IREDALE

13 JULIA YOO

14 Attorneys for Plaintiffs THE ESTATE OF  
15 IRMA ESPINOZA *et al.*  
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