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E-mail: Preeti.Bajwa@doj.ca.gov
Attorneys for Defendants J. Ramirez and T. Beaulieu

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

ANTHONY RILEY,

Plaintiff,

v.

C/O T. BEAULIEU, et al.,

Defendants.

Kern County Superior Court
S-1500-CV-276966 DRL

**NOTICE OF REMOVAL OF ACTION
UNDER 28 U.S.C. §1441(A) (FEDERAL
QUESTION)**

Action Filed: June 21, 2013

TO THE CLERK OF THE COURT:

PLEASE TAKE NOTICE that Defendants Ramirez and Beaulieu remove the state action described below to this Court.

1. On June 21, 2012, Plaintiff Riley filed an action in Kern County Superior Court entitled *Riley v. C/O T. Beaulieu, J. Ramirez* Case No. S-1500-CV-276966. A copy of the complaint is attached as Exhibit A.

///
///
///

1 2. On May 3, 2013, the California Department of Corrections and Rehabilitation
2 acknowledged receipt of the summons and complaint via substitute service from the Kern County
3 Sheriff's Department on behalf of the Defendants. See Exhibit B.

4 3. In this civil rights action, Riley alleges that Defendants Beaulieu used excessive
5 force against him when she allegedly fired at Riley with her 40 mm direct impact launcher while
6 he was lying in a prone position on the floor. (Ex. A. pg. 5). Riley alleges Beaulieu's excessive
7 use of force violated Riley's rights under 42 U.S.C. § 1983 and his Fourth Amendment right to be
8 free of unreasonable use of force. (Ex. A, pg. 6). He further alleges Defendant Ramirez violated
9 his rights under 42 U.S.C. § 1983, when Ramirez allegedly intentionally failed to report Riley's
10 injury arising from Beaulieu's use of excessive force and this failure caused him injury. (Ex. A,
11 pg. 9). When alleging "Jurisdiction and Venue," Plaintiff states he is filing this case as a § 1983,
12 § 1331, and § 1343 claim. (Ex. A, pg. 4.)

13 The Eighth Amendment's Cruel and Unusual Punishment Clause prohibits the
14 "unnecessary and wanton infliction of pain" on prison inmates. *See Hudson v. McMillian*, 503
15 U.S. 1, 5 (1992); *Estelle v. Gamble*, 429 U.S. at 102-03 (1976). While Riley alleges a violation of
16 his Fourth Amendment rights, federal courts have held that allegations of excessive force are
17 violations of the Eighth Amendment and are within the jurisdiction of federal authority. In
18 considering an excessive force claim, the Court should examine several factors, including: (1) the
19 need for an application of force; (2) the relationship between the need and amount of force used;
20 (3) the threat to the safety of staff and other inmates; (4) any efforts made to temper the severity
21 of a forceful response; and (5) the extent of injury inflicted. *Whitley v. Albers*, 475 U.S. 312, 321
22 (1986).

23 In regards to Riley's allegations that Defendant Ramirez intentionally failed to report his
24 injury, an Eighth Amendment claim for deliberate indifference to serious medical needs arises.
25 *Farmer v. Brennan*, 511 U.S. 825, 837 (1994).

26 Therefore, this Court has original jurisdiction under 28 U.S.C. §1331, and the action may
27 be removed by Defendants under 28 U.S.C. §1441(a).

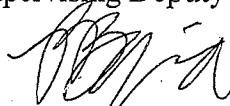
28 ///

1 4. The only served Defendants in this case are T. Beaulieu and J. Ramirez.
2 Removing Defendants are not aware of any other Defendants who have been properly served with
3 the summons and complaint in the matter. By removing this action, Defendants reserve their right
4 to assert all available defenses.

5 Dated: June 3, 2013

Respectfully submitted,

6 KAMALA D. HARRIS
7 Attorney General of California
8 TRACY S. HENDRICKSON
9 Supervising Deputy Attorney General

10 
11 PREETI K. BAJWA
12 Deputy Attorney General
13 *Attorneys for Defendants J. Ramirez and T.*
14 *Beaulieu*

12 SA2013309180
13 31694892.doc

EXHIBIT A

PLD-PI-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
**ANTHONY RILEY, AG 5272, CSP SOLANO,
7/141L, P.O. BOX 4000, VACAVILLE, CA 95696**

TELEPHONE NO: _____ FAX NO. (Optional): _____
E-MAIL ADDRESS (Optional): _____
ATTORNEY FOR (Name): _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Kern**
STREET ADDRESS: **1415 Truxtun Ave.**
MAILING ADDRESS: _____
CITY AND ZIP CODE: **Bakerfield, CA 93301**
BRANCH NAME: _____

PLAINTIFF: **ANTHONY RILEY**
DEFENDANT: **C/O T. BEAULIEU, J. RAMIREZ, &
DOE**

DOES 1 TO _____

COMPLAINT—Personal Injury, Property Damage, Wrongful Death
 AMENDED (Number): _____
Type (check all that apply):
 MOTOR VEHICLE OTHER (specify): _____
 Property Damage Wrongful Death
 Personal Injury Other Damages (specify): _____

Jurisdiction (check all that apply):
 ACTION IS A LIMITED CIVIL CASE
Amount demanded does not exceed \$10,000
 exceeds \$10,000, but does not exceed \$25,000
 ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000)
 ACTION IS RECLASSIFIED by this amended complaint
 from limited to unlimited
 from unlimited to limited

FOR COURT USE ONLY

ENDORSED

FILED
SUPERIOR COURT, METROPOLITAN DIVISION
COUNTY OF KERN

JUN 21 2012

TERRY McNALLY, CLERK
BY _____ DEPUTY

CASE NUMBER: **S-1500-CV-276966 DRL**

1. Plaintiff (name or names): **ANTHONY RILEY**
alleges causes of action against defendant (name or names): **C/O T. BEAULIEU, J. RAMIREZ, DOE.**
2. This pleading, including attachments and exhibits, consists of the following number of pages:
3. Each plaintiff named above is a competent adult
 - a. except plaintiff (name):
 - (1) a corporation qualified to do business in California
 - (2) an unincorporated entity (describe):
 - (3) a public entity (describe):
 - (4) a minor an adult
 - (a) for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) other (specify):
 - (5) other (specify):
 - b. except plaintiff (name):
 - (1) a corporation qualified to do business in California
 - (2) an unincorporated entity (describe):
 - (3) a public entity (describe):
 - (4) a minor an adult
 - (a) for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) other (specify):
 - (5) other (specify):

SHORT TITLE: ANTHONY RILEY V. c/o T. BEAULIEU	<i>ET AL</i> CASE NUMBER:
---	------------------------------

4. Plaintiff (name):
is doing business under the fictitious name (specify):

and has complied with the fictitious business name laws.

5. Each defendant named above is a natural person

- a. except defendant (name):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (describe):
 - (4) a public entity (describe):
 - (5) other (specify):

- c. except defendant (name):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (describe):
 - (4) a public entity (describe):
 - (5) other (specify):

- b. except defendant (name):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (describe):
 - (4) a public entity (describe):
 - (5) other (specify):

- d. except defendant (name):
- (1) a business organization, form unknown
 - (2) a corporation
 - (3) an unincorporated entity (describe):
 - (4) a public entity (describe):
 - (5) other (specify):

Information about additional defendants who are not natural persons is contained in Attachment 5.

6. The true names of defendants sued as Does are unknown to plaintiff.

- a. Doe defendants (specify Doe numbers): 1 were the agents or employees of other named defendants and acted within the scope of that agency or employment.
- b. Doe defendants (specify Doe numbers): _____ are persons whose capacities are unknown to plaintiff.

7. Defendants who are joined under Code of Civil Procedure section 382 are (names):

8. This court is the proper court because

- a. at least one defendant now resides in its jurisdictional area.
- b. the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.
- c. injury to person or damage to personal property occurred in its jurisdictional area.
- d. other (specify):

9. Plaintiff is required to comply with a claims statute, and

- a. has complied with applicable claims statutes, or
- b. is excused from complying because (specify): **PLAINTIFF FILED 602 TO PRISON AND FILED GOV. CLAIM FORM.**

SHORT TITLE: ANTHONY RILEY V. C/O T. BEAULIEU, ET AL	CASE NUMBER
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10. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

- a. Motor Vehicle
- b. General Negligence
- c. Intentional Tort
- d. Products Liability
- e. Premises Liability
- f. Other (specify): **Constitutional Violation**

11. Plaintiff has suffered

- a. wage loss
- b. loss of use of property
- c. hospital and medical expenses
- d. general damage
- e. property damage
- f. loss of earning capacity
- g. other damage (specify):

12. The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a. listed in Attachment 12.
- b. as follows:

13. The relief sought in this complaint is within the jurisdiction of this court. **YES**

14. Plaintiff prays for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1) compensatory damages
- (2) punitive damages

The amount of damages is (in cases for personal injury or wrongful death, you must check (1)):

- (1) according to proof
- (2) in the amount of: \$

15. The paragraphs of this complaint alleged on information and belief are as follows (specify paragraph numbers):

1 THROUGH 14

Date: **2-24-12**

ANTHONY RILEY
(TYPE OR PRINT NAME)

Anthony C. Riley
(SIGNATURE OF PLAINTIFF OR ATTORNEY)

1 Plaintiff Anthony Riley alleges as follows:
2

3 INTRODUCTION

4 This is a civil right complaint for monetary and punitive damages
5 brought over the use of unreasonable, unnecessary force in violation of
6 the legal rights of plaintiff Anthony while he was incarcerated at the
7 California Kern County State Prison by C/O T. Beaulieu, J. Ramerez, Doe
8 defendants, who was California Department of Corrections Correctional
9 officers at Kern County State Prison.
10

11 JURISDICTION AND VENUE

12 Plaintiff ask that this court take pendent jurisdiction. This also
13 is 1983 and 1331 and 1343.

14 Venue is proper in this court because it took place in Kern County.
15

16 PARTIES

17
18 Plaintiff Anthony Riley is now incarcerated at CSP Solano, but was at
19 all relevant times to this action incarcerated at Kern County State Prison
20 California Department of Corrections.
21 Defendants T. Beaulieu, J. Rameraz, Doe, are and were Correctional officers
22 at Kern County State Prison at all times relevent to this lawsuit and
23 are sued in their individual and official capacities.
24 At all times mentioned herein, the defendants, and each of them, were
25 employees of the California Department of Corrections.
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FACTS

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1. On June 21, 2011 I, inmate Anthony Riley was eating my evening meal in facility B, Building 6, A-side, at the dining room table.
2. As I, inmate Riley was eating two hispanic inmates jump another hispanic inmate at another dining room table.
3. The floor officer told all inmates to lie down on the floor.
4. I, inmate Riley complied in a prone position next to the table I was seated at.
5. The floor officer used O.C. pepper spray to stop the fight.
6. The control booth officer T. Beaulieu used her 40mm direct impact launcher.
7. Control booth office T. Beaulieu fired the 40mm direct impact launcher at me, inmate Riley, while in a helpless position, proned out, and who did not have anything to do with the fight.
8. The fired round caused me , inmate Riley, to bleed.
9. I was also having breathing problems from the pepper spray,so, I was escorted to facility B medical clinic.
10. I reported my injury to medical and was treated for injry to my left arm and then was returned to my assigned cell.
11. I have been in pain since 6-21-11 for my injury.
12. Officer T. Beaulieu shot me for no reason at all.
13. Facility B,building 6, housing unit Officers log books and incident package log# NKSP-facB-11-06-0203, dated June 21, 2011 failed to document in the staff reports my injury intentionally or as a cover-up.
14. CDCR staff failed to report my injury as required by their job title.
15. The defendants acted under color of state law and are sued in their official and individual capacity.

CAUSES OF ACTION

FIRST CAUSE OF ACTION

The allegations contained in paragraphs 1 through , inclusive, are hereby incorporated by reference.

defendant T. Beaulieu violated plaintiff right to an unreasonable use of force, unreasonable use of force.

Defendant wrongful actions alleged herein are in violation of 42 U.S.C. 1983 because they deprived plaintiff of rights, benefits, and privileges secured by the U.S. and state Constitution.

Defendant knew or should have known that this conduct, attitudes, and actions created an unreasonable risk of serious harm to plaintiff.

The action and conduct of defendant demonstrate negligence to plaintiff rights.

As a proximate result of the defendant's violation of plaintiff right to his Fourth Amendment right to be free of unreasonable use of force.

plaintiff has suffered, is suffering, and will continue to suffer irreparable harm.

As a direct and foreseeable result of the defendant's violations of the Constitution, plaintiff has suffered, is suffering and will continue to suffer physical injuries in the form of pain and suffering, emotional distress, mental distress, and other injuries.

An actual controversy exists between plaintiff and defendant concerning their rights, privilege and obligations.

Defendant's act were despicable in conscious disregard of plaintiff rights, entitling plaintiff to an award of compensatory and punitive damages.

PLD-PI-001(2)

SHORT TITLE: ANTHONY RILEY V. C/O T. BEAULIEU	CASE NUMBER:
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2

CAUSE OF ACTION—General Negligence

Page 1

(number)

ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

GN-1. Plaintiff (name): Anthony Riley

alleges that defendant (name): T. Beaulieu, et al.

Does _____ to _____

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant negligently caused the damage to plaintiff

on (date):

at (place): North Kern State Prison

(description of reasons for liability): The allegations contained in paragraphs 1 through _____, inclusive, are hereby incorporated by reference.

Defendant T. Beaulieu et al wrongful actions alleged herein negligently shot plaintiff for no reasons after plaintiff complied with all the rules and regulations demanded by CDCR.

Defendants knew or should have known that this conduct, attitude, and actions created an unreasonable risk of serious harm to plaintiff.

The action and conduct of defendants demonstrated negligence to plaintiff rights.

As a proximate result of the defendants actions plaintiff has suffered, is suffering, and will continue to suffer irreparable harm.

Plaintiff has suffered, is suffering and will continue to suffer physical injuries in the form of pain and suffering, emotional distress, mental distress, and other injuries.

An actual controversy exists between plaintiff and defendants concerning their rights, privilege and obligations.

Page 1 of 1

Code of Civil Procedure 425.12
www.courtinfo.ca.gov

(3 of 4)

SECOND CAUSE OF ACTION

CONT.

PAGE 2

Defendant's act were despicable in conscious disregard of plaintiff rights; entitling plaintiff to an award of compensatory and punitive damages.

(21 of 4)

PLD-PI-001(3)

SHORT TITLE: ANTHONY RILEY V. C/O T. BEAULIEU	CASE NUMBER
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3

(number)

CAUSE OF ACTION—Intentional Tort

Page 1

ATTACHMENT TO Complaint Cross - Complaint

(Use a separate cause of action form for each cause of action.)

IT-1. Plaintiff (name): Anthony Riley

alleges that defendant (name): T. Beaulieu, **J. RAMIREZ, AND DOE**

Does _____ to _____

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant intentionally caused the damage to plaintiff

on (date):

at (place): North Kern State Prison

(description of reasons for liability): The allegations contained in paragraphs 1 through _____, inclusive, are hereby incorporated by reference.

Defendant Doe intentional act to cover-up the action of T. Beaulieu. violated all the rule which defendant doe took a oath to this job.

Defendants failure to report plaintiff incident on paper and trying to use it as defense demonstrate intentional tort to which plaintiff suffer damages in the form of pain and suffering, emotional distress, mental distress, and other injuries.

An actual controversy exists between plaintiff and defendants concerning their rights, privilege and obligations.

Defendants act are/were despicable in conscious disregard of plaintiff rights, entitling plaintiff to an award of compensatory and punitive damages.

DEFENDANT J. RAMIREZ FAILED AND INTENTIONALLY DID NOT REPORT PLAINTIFF INCIDENT ALSO CAUSING DAMAGE TO PLAINTIFF. PLAINTIFF DID REPORT HIS INJURY AND THAT HE WAS SHOT TO THE LYN AS SOON AS HE GOT MEDICAL HELP.

VERIFICATION

(C.C.P. §446; §2015.5; 28 U.S.C. §1746)

I, Anthony C. Riley declare under the penalty of perjury that:

I am the PLAINTIFF in the attached matter, I have read the foregoing documents and know the contents thereof, and the same is true of my own personal knowledge, or upon information and belief therein that they are true. That if called to testify as to the contents hereof, I could do so competently as a sworn witness.

Executed this 24th day of FEB., 2012 at the California State Prison-Solano, in the City of Vacaville, County of Solano, State of California.

(Signature) Anthony C Riley
Declarant

DECLARATION OF SERVICE BY MAIL

(C.C.P. §1013(a); §2015.5; 28 U.S.C. §1746)

I, Anthony C. Riley declare; That I am a resident of the California State Prison-Solano, in the State of California. I am over the age of (18) years of age, I am am not a party to the above entitled action. My address is P.O. Box 4000; cell (7-146 L), Vacaville, California 95696-4000.
I served the attached described documentation entitled:

COMPLAINT

on the person(s)/entities/parties specified below by placing a true and duplicated copy(s) of the described documentation into a First Class Postage Paid envelope and submitted it to custody officials for inspection, sealing, and depositing in the United State Mail, consistent with the "Mailbox Rule": Houston v. Lack, 487 U.S. 266, 108 S.Ct. 2379, 101 L.Ed.2d. 245 (1988) at the California State Prison-Solano, in Vacaville, California 95696-4000, addressed as follows:

C/O T. Beaulieu, J. Ramirez, Doe
P.O. BOX 567
2737 Cecil Ave.
Delano, CA 93301

Kern County Superior Court
1415 Truxtun Ave.
Bakerfield, CA 93301

There is First Class mail delivery service by the United States Postal Service at the person(s)/entities/parties addresses and/or regular communications by Postal Service delivery at the addresses above. I declare under the penalty of perjury that the foregoing is true and correct according to my knowledge and beliefs, and that I executed the service on:

This 24th day of FEB., 2012

(Signature) Anthony C Riley
Declarant



STATE OF CALIFORNIA
EDMUND G. BROWN JR., Governor

GOVERNMENT CLAIMS PROGRAM
400 R Street, 5th Floor • Sacramento, California 95811
Mailing Address: P.O. Box 3035 • Sacramento, California 95812
Toll Free Telephone Number 1-800-955-0045 • Fax Number: (916) 491-6443
Internet: www.vcgeb.ca.gov

ANNA M. CABALLERO
Secretary
State and Consumer Services Agency
Chairperson
JOHN CHIANG
State Controller
Board Member
MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member
JULIE NAUMAN
Executive Officer

Anthony Riley AG5272
P O Box 400
Vacaville, CA 95696

January 27, 2012


RE: Claim G600692 for Anthony Riley, AG5272

Dear Anthony Riley,

The Victim Compensation and Government Claims Board rejected your claim at its hearing on January 19, 2012.

If you have questions about this matter, please mention letter reference 123 and claim number G600692 when you call or write your claim technician or analyst at (800) 955-0045.

Sincerely,


Jacqueline B. Tinetti, Program Manager
Government Claims Program
Victim Compensation and Government Claims Board

cc: Corrections and Rehabilitation

Warning

Subject to certain exceptions, you have only six months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

It is not necessary or proper to include the Victims Compensation and Government Claims Board (Board) in your court action unless the Board was identified as a defendant in your original claim. Please consult Government Code section 955.4 regarding proper service of the summons.

Ltr 123 Claim Rejection

OFFICE OF APPEALS

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



January 11, 2012

RILEY, ANTHONY, AG5272
California State Prison, Solano
P.O. Box 4000
Vacaville, CA 95696-4000

RE: TLR# 1105762 NKSP-11-00690 PROGRAM

The Office of Appeals, California Department of Corrections and Rehabilitation (CDCR) acts as the third level of review as established in California Code of Regulations (CCR) Title 15, Article 8. The Office of Appeals examines and responds to inmate and parolee appeals, after the institution or parole region has responded at the Second Level of Appeal.

Your appeal has been cancelled pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(c)(4). Time limits for submitting the appeal are exceeded even though you had the opportunity to submit within the prescribed time constraints.

A handwritten signature in black ink, appearing to be "D. Foston". The signature is stylized with a large "D" and a long horizontal stroke extending to the right.

D. FOSTON, Chief
Office of Appeals

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole/Region: Log # NKSP-B-11-00670	Category 7
FOR STAFF USE ONLY		

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Riley Anthony	CDC Number: A95272	Unit/Cell Number: B6-146L	Assignment: 101e
---	------------------------------	-------------------------------------	----------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue):

I was shot on 6-21-2011 with non lethal Projectiles by C/O Beaux inside My housing unit Day Room. I am not alleging Staff Misconduct against C/O Beaux However I am complaining about the Results of the shooting. I was in the Prone Position when I was shot and I was not Involved in the Incident giving rise to the shooting. I believe C/O Beaux acted in good faith in her Discretion as an Officer performing her Duty in a tumultuous situation. I believe there are other factors that Place Liability on NKSP/CDCR. ~~There are other factors that Place Liability on NKSP/CDCR. I believe there are other factors that Place Liability on NKSP/CDCR. I believe there are other factors that Place Liability on NKSP/CDCR.~~ However I believe these are Issues for the Investigation



RECEIVED
E S O C P 8 2011 J A I S
INMATE APPEALS BRANCH

Inmate/Parolee Signature: Anthony Riley Date Submitted: 7/7/11

B. Continuation of CDCR 602, Section B only (Action requested):

and for the purpose of Exhaustion of Administrative Remedies Pursuant to 42 U.S.C. 1997e(c), and finally I am requesting \$10,000,000

This is my second attempt at appealing this issue. The Appeals Coordinator screened out my first attempt on July 5th 2011 "Rejected due to staff complaint and medical issue". I have simplified my complaint and provided all the information in my control or knowledge, at this time.

Inmate/Parolee Signature: Anthony C. Riley Date Submitted: 7/7/11

STATE OF CALIFORNIA – DEPARTMENT OF CORRECTIONS AND REHABILITATION

DIVISION OF ADULT INSTITUTIONS
NORTH KERN STATE PRISON – RECEPTION CENTER
P. O. Box 567
Delano, California 93216-0567
(661) 721-2345



August 4, 2011

Anthony Riley, CDCR# AG5272
California State Prison – Solano (CSP-S)
P.O. Box 4000
Vacaville, CA. 95696-4000

Inmate Riley:

SECOND LEVEL APPEAL RESPONSE LOG NUMBER: NKSP-B-11-00690

D. Ramos, Correctional Lieutenant, reviewed this matter on my behalf.

ISSUE:

You claim on June 21, 2011, you were shot with a non lethal projectile by Correctional Officer (C/O) Beaulieu inside the housing unit dayroom. You claim you are not alleging staff misconduct against C/O Beaulieu however, you are complaining about the results of the shooting. You claim you were in the prone position when you were shot and you were not involved in the incident giving rise to the shooting you believe C/O Beaulieu acted in good faith in her discretion as an Officer performing her duties in a tumultuous situation. However, you believe there are other factors that place liability on North Kern State Prison (NKSP) and California Department of Corrections and Rehabilitation (CDCR) and you believe these are issues for the investigation.

INTERVIEWED BY:

On August 4, 2011 Correctional Lieutenant D. Ramos performed a telephonic interview with you, and during the interview Sgt. F. Ballesteros from CSP-S, was present and a witness to your statements.

REGULATIONS:

The rules governing this issue are California Code of Regulations (CCR), Title 15, Sections:

- 3001. Subject to Regulations.
- 3268. Use of Force.
- 3350. Provision of Medical Care and Definitions
- 3391. Employee Conduct.

Anthony Riley, CDCR# AG5272
NKSP-B-11-00690
Page 2

REVIEWER'S RESPONSE:

This appeal was sent for a Staff Complaint review on July 20, 2011, and determined by the Hiring Authority to not meet the requirement for assignment as a Staff Complaint.

During the interview you stated on June 21, 2011, you were eating your evening meal in Facility B, Building 6, A-Side, at the dining room tables next to cell 118, when you saw two Hispanic inmates jump another Hispanic inmate at another dining room table. The Floor Officer told all of the inmates to lie down on the floor therefore, you complied and you were in a prone position next to the table you were seated at. The Control Booth Officer used her 40MM Direct Impact Launcher and fired one round at the inmates who were fighting. The Floor Officer also used his O.C. Pepper Spray to stop the fight. You stated you didn't see what hit you but the other inmates around you told you the round fired by the Control Booth Officer hit you on your back and on your left arm. The round caused you to bleed. You were escorted to the Facility B, Medical Clinic by an Officer because you were having a hard time breathing after the floor officer used his O.C. Pepper spray. You also stated once you were outside you were able to breathe better. You were seen by a nurse at the Facility B, Medical Clinic and he treated the injury to your left arm and then you were returned to your assigned cell. You claim you cannot remember which Officer escorted you to the Facility B Medical Clinic or which Nurse treated you. You also stated you did not tell the Sergeant or Officers you were struck with the 40MM round. You were treated and then you returned to your cell.

The following information was reviewed as a result of your allegations: The Facility B, Building 6, Housing Unit Officers log books, 837-C Staff Reports from Incident Package Log# NKSP-FACB-11-06-0203 dated June 21, 2011, CDC 7219 Medical Reports dated June 21, 2011, and a review of your Unit Health Records by SRN II, N. Martinez.

On June 21, 2011, at approximately 1505 hrs, a "Battery on an Inmate, Resulting in the Use of Force" occurred on Facility B, in Building 6, A-Side, where Control Booth Officer T. Beaulieu fired one (1) 40MM Direct Impact Round from her state issued Direct Impact Launcher and Floor Officer #2, J. Ramirez used his state issued O.C. Pepper spray to stop inmates Ascension and Furrer from battering inmate Garcia. You were escorted from the housing unit to the Facility B Medical Clinic by an unknown officer due to claims of having trouble breathing. Medical staff evaluated you and you were cleared and returned to your assigned cell, without any further incident. You were not considered part of the incident.

During the interview you stated you did not see what hit you but the other inmates around you told you the round shot by the control booth officer hit you on your back and on your left arm. You could not identify the officer who escorted you to the Facility B, Medical Clinic and you did not inform the Sergeant or any officers at the incident you were shot with the 40mm round. On June 21, 2011, a CDC-7219 Medical Report was completed on you, by LVN L. Agbayani. The CDC-7219, documents a bruise/discolored area, redness and pain to your left upper tricep area and an abrasion/scratch to your left elbow area. You were medically evaluated, cleared and returned to your assigned cell. The CDC-7219 does not identify who the escorting officer was and in the section "Brief Statement in Subject's Words of the Circumstances of the Injury or Unusual Occurrence" LVN Abayani wrote down you did not have any comments.

Anthony Riley, CDCR# AG5272
NKSP-B-11-00690
Page 3

The Facility B, Building 6, housing unit officers log books and Incident Package Log# NKSP-FACB-11-06-0203, dated June 21, 2011, does not document in staff reports you were struck with a round from the 40mm being fired. Supervisor Registered Nurse II, N. Martinez reviewed your Unit Health Records and it indicates you have been seen by a doctor several times after the date of the incident. This indicates you have been receiving medical assistance from the date of the incident. NKSP has provided you with medical assistance and services based on your medical necessities.

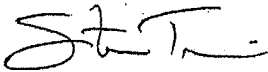
All documentation submitted in writing has been considered. Additionally, a thorough investigation has been conducted into your claim and evaluated in accordance with Departmental Policies and Institutional Procedures. In review of your appeal, reference was made to the California Code of Regulations, Title 15, Div. 3, Rules and Regulations of the Director of Corrections.

It is unknown how you received the injuries to your left upper tricep and left elbow area. There is no evidence to support the claim NKSP medical staff and custody staff was unprofessional towards you.

DECISION:

Your appeal is **denied** at this Level of Review.

You are advised this issue may be submitted for a Director's Level of Review, if desired.


STEVE TREVINO
Chief Deputy Warden

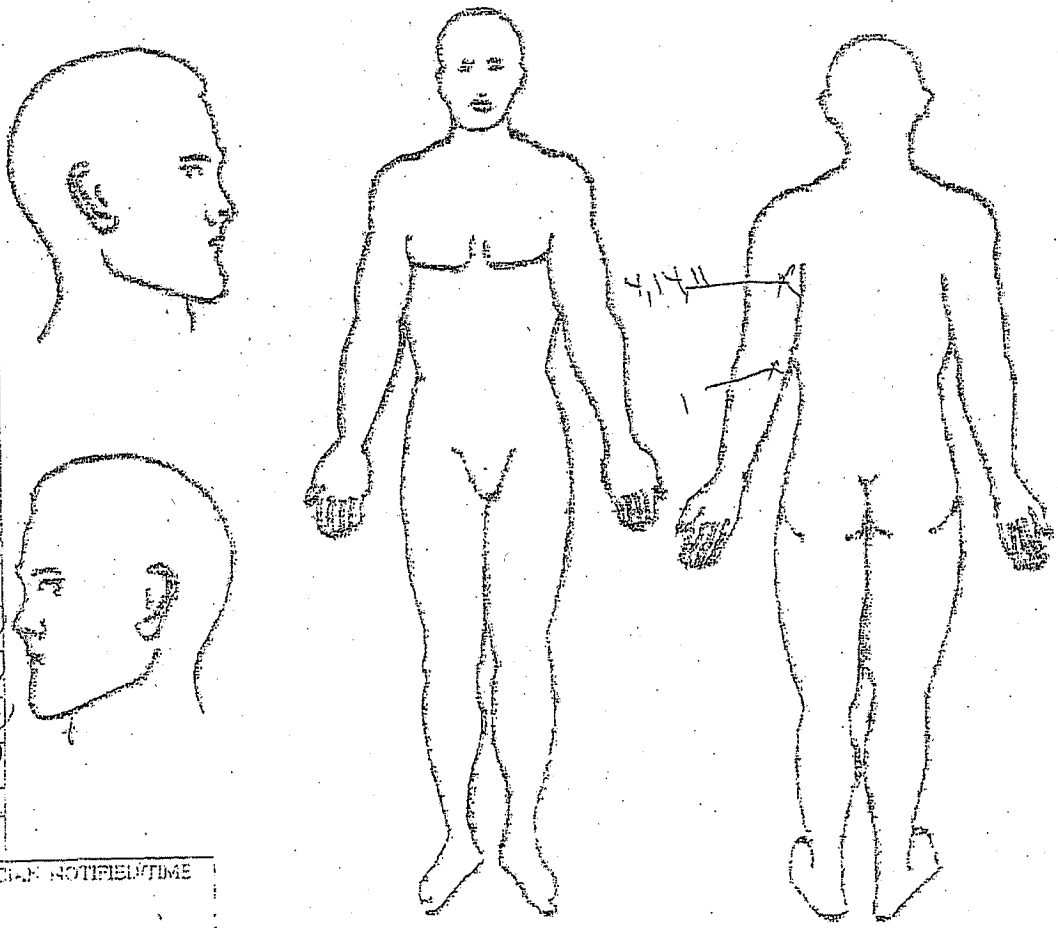
STATE OF CALIFORNIA
 MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION <i>MCSP</i>	FACILITY/UNIT <i>B</i>	REASON FOR REPORT (circle) USE OF FORCE <u>UNUSUAL OCCURRENCE</u>	INJURY	OF THE JOL INJURY FILE AD/SEG ADMISSION	DATE <i>6/2/11</i>
THIS SECTION FOR INMATE ONLY	NAME LAST <i>RIEY</i>	FIRST <i>ANTHONY</i>	CDC NUMBER <i>A00272</i>	HOUSING LOC <i>TU-116</i>	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/ADO
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE <i>TL</i>	DATE/TIME OF OCCURRENCE <i>6/2/11 1048</i>		NAME OF WITNESS(ES)		
TIME NOTIFIED <i>1048</i>	TIME SEEN <i>1905</i>	ESCORTED BY <i>Custody</i>	MODE OF ARRIVAL (circle) <u>AMBULATORY</u> LITTER	WHEELCHAIR	AGE <i>55</i>
			ON SITE	RACE <i>BLACK</i>	SEX <i>M</i>

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

"N. Combs"

INJURIES FOUND? YES/NO	
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	<u>(4)</u>
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	<u>(11)</u>
Protrusion	12
Puncture	13
Reddened Area	<u>(14)</u>
Skin Flap	15
Swollen Area	16
Other	17
	18
	19
O.C. SPRAY EXPOSURE? YES (NO)	
DECONTAMINATED? YES (NO)	
Self-decontamination instructions given? YES (NO)	
Refused decontamination? YES (NO)	
O 15 min. checks	
Staff issued exposure packet? YES (NO)	
BY NOTIFIED/TIME	PHYSICIAN NOTIFIED/TIME
<i>W. Mackey 1048</i>	



TIME/DISPOSITION: *1910 RT*

REPORT COMPLETED BY/TITLE (PRINT AND SIGN): *C. Agbayan*

DATE/TIME: *6/2/11 5/11*

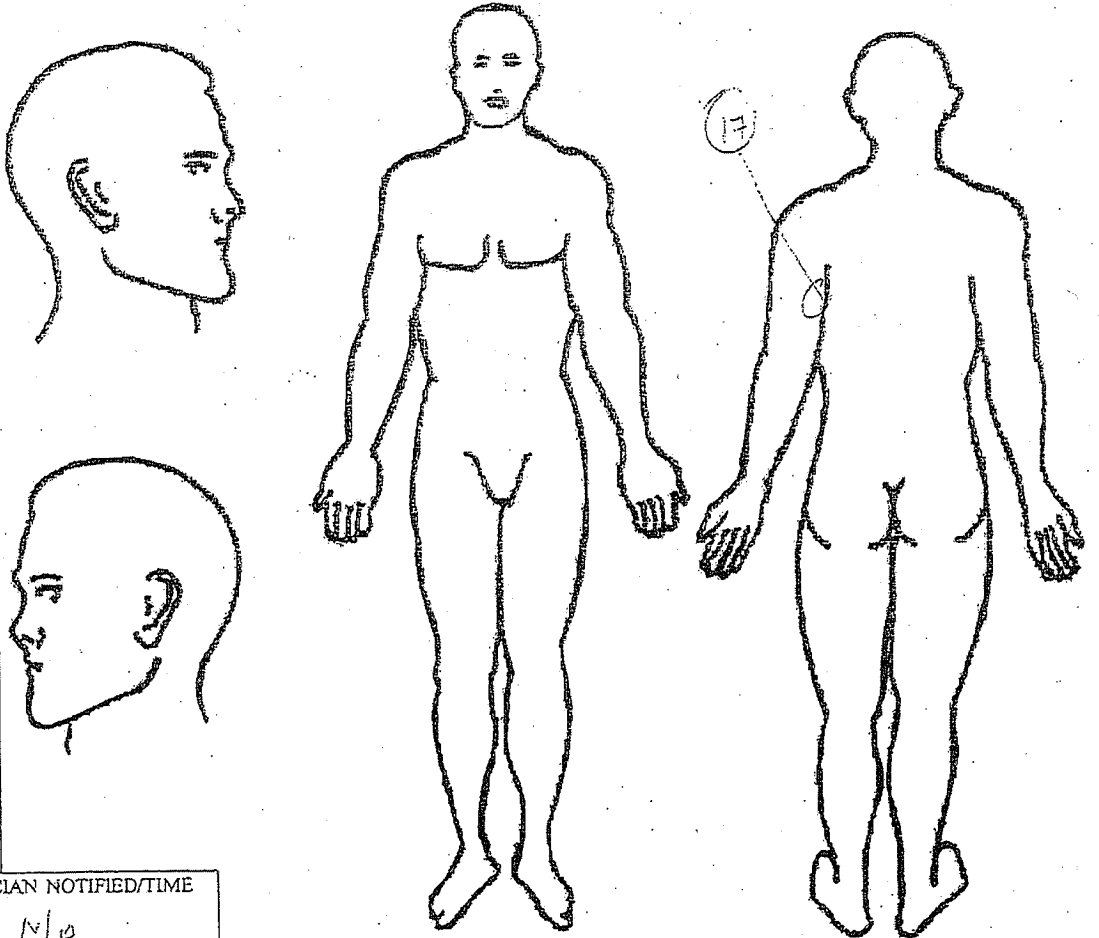
STATE OF CALIFORNIA
 MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION NIOSP	FACILITY/UNIT B16	REASON FOR REPORT (circle) USE OF FORCE UNUSUAL OCCURRENCE	INJURY	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE 7/26/11
THIS SECTION FOR INMATE ONLY	NAME LAST Riley	FIRST	CDC NUMBER AG5273	HOUSING LOC. B16-116L	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDOs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE

PLACE OF OCCURRENCE B16	DATE/TIME OF OCCURRENCE 7/20/11 @ 1240	NAME OF WITNESS(ES)
TIME NOTIFIED 1240	TIME SEEN 1245	ESCORTED BY MUSTEDU
MODE OF ARRIVAL (circle) AMBULATORY	LITTER	WHEELCHAIR
AGE 55	RACE Black	SEX Male

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE
I am claims he got shot on 6/2/2011.

INJURIES FOUND? (YES/NO)	YES	NO
Abrasion/Scratch	1	
Active Bleeding	2	
Broken Bone	3	
Bruise/Discolored Area	4	
Burn	5	
Dislocation	6	
Dried Blood	7	
Fresh Tattoo	8	
Cut/Laceration/Slash	9	
O.C. Spray Area	10	
Pain	11	
Protrusion	12	
Puncture	13	
Reddened Area	14	
Skin Flap	15	
Swollen Area	16	
Other <i>Old scar</i>	17	
	18	
	19	



O.C. SPRAY EXPOSURE? YES (NO)	DECONTAMINATED? YES (NO)	Self-decontamination instructions given? YES (NO)	Refused decontamination? YES (NO)
Q 15 min. checks	Staff issued exposure packet? YES / NO	RN NOTIFIED/TIME RN Villanueva @ 1242	PHYSICIAN NOTIFIED/TIME M/A
TIME/DISPOSITION RTC @ 1350	REPORT COMPLETED BY/TITLE (PRINT AND SIGN) S. Narayanaiah	BADGE # 116045010	RDOs M/T

(Medical data is to be included in progress note or emergency care record filed in UHR)

APPEALS
EFFECTIVE COMMUNICATION CONFIRMATION

INMATE NAME	CDCR NUMBER	HOUSING	APPEAL LOG#	TABE Score
Riley	AG 5272	LSP 501610 S209-1482	NKSP-B-11-00690	7.4

A. DOES THE INMATE HAVE DISABILITIES OR COMMUNICATION ISSUES?

- Reads and comprehends without assistance (asked inmate or confirmed by past records).
- No disabilities or effective communication needs found after review of DECS & TABE/Learning Disability lists.

IF ITEMS #1 AND #2 ARE BOTH CHECKED, GO TO SECTION B, AND SIGN AND DATE.
- Identified with a disability or effective communication need (check all that apply):

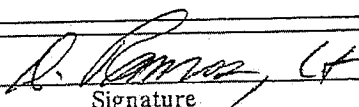
<input type="checkbox"/> TABE 4.0 or lower, or no score	<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Requires reading/comprehension assistance	<input type="checkbox"/> Vision	<input type="checkbox"/> Developmental disability
<input type="checkbox"/> Foreign language speaking	<input type="checkbox"/> Speech	<input type="checkbox"/> EOP
		<input checked="" type="checkbox"/> CCCMS

B. APPEAL INTERVIEW

- How was assistance provided? Check all that apply.

<input checked="" type="checkbox"/> Simple English spoken slowly & clearly	<input checked="" type="checkbox"/> Inmate stated no need for EC assistance	<input type="checkbox"/> Large print material used
<input checked="" type="checkbox"/> Read documents to inmate	<input type="checkbox"/> Used text magnifier	<input type="checkbox"/> Lip reading
<input type="checkbox"/> Inmate was wearing hearing aid(s)	<input type="checkbox"/> Sign language interpreter used; Name: _____	
<input type="checkbox"/> Written notes used (notes attached)	<input type="checkbox"/> Language interpreter used; Name: _____	
<input type="checkbox"/> Other: _____		
- How was effective communication achieved? Check all that apply.

<input checked="" type="checkbox"/> Inmate reiterated in his own words, what was explained.
<input checked="" type="checkbox"/> Inmate provided appropriate, substantive responses to questions asked.
<input checked="" type="checkbox"/> Inmate asked appropriate questions regarding the information provided.
<input type="checkbox"/> Inmate did not appear to understand the communication, even though the primary method of communication was used.
<input type="checkbox"/> Other: _____

D. Ramos Lt Printed Name & Title	 Signature	8-4-11 Date
-------------------------------------	---	----------------

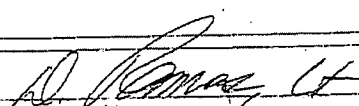
C. APPEAL RESPONSE - FIRST LEVEL

- How was assistance provided?
 - No assistance required as indicated by Section A, #1, and #2 of this form. (Sign and date below).
 - Effective communication assistance was provided as identified in Section B, #1 of this form.
 - How was effective communication achieved?
 - Effective communication assistance was provided as identified in Section B, #2 of this form.
- Additional Comments: _____

_____ Printed Name & Title	_____ Signature	_____ Date
-------------------------------	--------------------	---------------

D. APPEAL RESPONSE - SECOND LEVEL

- How was assistance provided?
 - No assistance required as indicated by Section A, #1, and #2 of this form. (Sign and date below).
 - Effective communication assistance was provided as identified in Section B, #1 of this form.
 - How was effective communication achieved?
 - Effective communication assistance was provided as identified in Section B, #2 of this form.
- Additional Comments: _____

D. Ramos Lt Printed Name & Title	 Signature	8-4-11 Date
-------------------------------------	---	----------------

Anthony C. Riley, #AG5272
CSP SOLANO
7/141L
P.O. BOX 4000
VACAVILLE, CA 95696

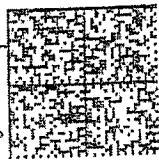
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NKSP
11-0069D

CONFIDENTIAL - MAIL

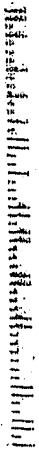
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CSP SOLANO
STATE PRISON



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Chief, Inmate Appeals Branch
Dept. of Corrections & Rehabilitation
P.O. BOX 942883
SACRAMENTO, CA 94283-0001



1 ANTHONY RILEY: # AG5272
2 CSP SOLANO
3 7 / 141
4 P.O. BOX 4000
5 VACAVILLE, CA 95696
6
7

8 SEPT. 28, 2011
9

10
11 APPEAL COORDINATOR
12 2737 W. CECIL AVE.
13 DELANO, CA 93215
14

15 DEAR STAFF, I, ~~Am~~ RILEY, HAVE A APPEAL PEND-
16 ING AT THIS PRISON IN THE SECOND LEVEL LOG NO. NKSP-11-
17 60690, ASSIGNED STAFF REVIEWER AN-RC / FAC B, DUE 9-2-11,
18 BUT, I WAS TRANSFERRED TO THE ABOVE STATED ADDRESS AND
19 HAVE NOT RECEIVED A RESPONSE 9-2-11. IT IS NOW (3)
20 WEEKS LATE FOR A RESPONSE WITHOUT YOUR OFFICE SENDING
21 A EXPLANATION OR RESPONSE AND I WANT TO EXHAUST MY
22 602 REMEDIES AND PURSUE COURT ACTION, CAN/WILL YOU
23 PLEASE RESPOND FOR THESE PURPOSES.

24
25 Anthony Cecil Riley
26 PETITIONER / INMATE
27
28

VERIFICATION

(C.C.P. §446; §2015.5; 28 U.S.C. §1746)

I, ANTHONY RILEY declare under the penalty of perjury that:

I am the PETITIONER in the attached matter. I have read the foregoing documents and know the contents thereof, and the same is true of my own personal knowledge, or upon information and belief therein that they are true. That if called to testify as to the contents hereof, I could do so competently as a sworn witness.

Executed this 28 day of SEPT., 2011 at the California State Prison-Solano, in the City of Vacaville, County of Solano, State of California.

(Signature) Anthony Riley
Declarant

DECLARATION OF SERVICE BY MAIL

(C.C.P. §1013(a); §2015.5; 28 U.S.C. §1746)

I, ANTHONY RILEY declare: That I am a resident of the California State Prison-Solano, in the State of California. I am over the age of (18) years of age, I am am not a party to the above entitled action. My address is P.O. Box 4000; cell (), Vacaville, California 95696-4000.

I served the attached described documentation entitled:

REQUEST FOR RESPONSE TO 602 FOR EXHAUSTION

on the person(s)/entities/parties specified below by placing a true and duplicated copy(s) of the described documentation into a First Class Postage Paid envelope and submitted it to custody officials for inspection, sealing, and depositing in the United State Mail, consistent with the "Mailbox Rule": Houston v. Lack, 487 U.S. 266, 108 S.Ct. 2379, 101 L.Ed.2d. 245 (1988) at the California State Prison-Solano, in Vacaville, California 95696-4000, addressed as follows:

APPEAL COORDINATOR
NKSP
2737 W. CECIL AVE.
DELANO, CA 93215

CK ANTHONY RILEY
VACAVILLE, CA 95696

There is First Class mail delivery service by the United States Postal Service at the person(s)/entities/parties addresses and/or regular communications by Postal Service delivery at the addresses above. I declare under the penalty of perjury that the foregoing is true and correct according to my knowledge and beliefs, and that I executed the service on:

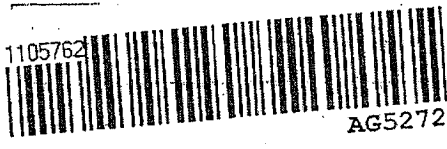
This 28 day of SEPT., 2011

(Signature) Anthony Cedric Riley
Declarant

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1



Solo 7-1417L

IAB USE ONLY

Institution/Parole Region: Log #:

NKSP - B-11-00690

Category:

311

FOR STAFF USE ONLY

Appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

RILEY, C. ANTHONY

CDC Number:

AG5272

Unit/Cell Number:

B-6116L

Assignment:

None

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

I am filing this appeal in accordance with Dept. of Cor. Man. (Dom) Sections 51020.1 & 51020.3 Use of Force - Policy and Responsibility Because

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

I am asking for an investigation into the shooting for staff to determine if there was any misconduct

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDC-128-G, Classification Chrono):

No, I have not attached any supporting documents. Reason:

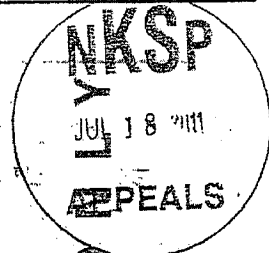
Inmate/Parolee Signature:

Anthony C Riley

Date Submitted:

7/7/14

By placing my initials in this box, I waive my right to receive an interview.



INMATE APPEALS BRANCH

RECEIVED
JUL 18 2014
JUL 18 2014
JUL 18 2014

RECEIVED

CH

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

Bypassed at the First Level of Review. Go to Section E.

Rejected (See attached letter for instruction) - Date: _____ Date: _____ Date: _____

Cancelled (See attached letter) Date: _____

Accepted at the First Level of Review. *w cert*

Assigned to: *AWRC/EAC-B* Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response (include reviewer's name, title, interview date, location, and complete the section below).

Date of Interview: _____ Interview Location: _____

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)

Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant: ____/____/____

BYPASS

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____ Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

- By-passed at Second Level of Review. Go to Section G.
- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter)
- Accepted at the Second Level of Review

Assigned to: AWRC/FAC B Title: _____ Date Assigned: 7/22/2011 Date Due: 9/2/2011

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 8-4-11 Interview Location: California State Prison - Solano

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: D. Ramos Title: Lt Signature: [Signature] Date completed: 8-4-11

Reviewer: S. Jovin Title: CDW Signature: [Signature]

Date received by AC: 8/29/11

AC Use Only
 Date mailed/delivered to appellant 8/29/11

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I/M Riley is dissatisfied because the second level review staff are relying on false information to deny my 602. For instance, I/M Riley did report he was shot on the day of the incident. See attached medical form, dated 6-21-11. Medical pointed it out, but staff failed to report it.
 Inmate/Parolee Signature: Christopher Riley Date Submitted: 10-26-11

G. Third Level - Staff Use Only

This appeal has been:

- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter) Date: 11/1/11
- Accepted at the Third Level of Review. Your appeal issue is Granted Granted in Part Denied Other: _____

See attached Third Level response.

Third Level Use Only
 Date mailed/delivered to appellant 1/1/11

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____
 Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

SCOTT AMOS

EXHIBIT B

NORTH KERN STATE PRISON

2737 West Cecil Avenue
P. O. Box 567
Delano, California 93216



May 15, 2013

Monica Anderson, Lead
Supervising Deputy Attorney General
Office of the Attorney General
1300 I Street, #1101
Sacramento, CA 95817

**RE: CASE NAME: ANTHONY RILEY VS C/O T. BEAULIEU, J. RAMIREZ, AND DOE, ET AL.,
CASE NUMBER: S-1500-CV-276966-DRL**

Dear Monica Anderson:

Enclosed herewith:

- **SUMMONS AND COMPLAINT**

For Defendants:

T. Beaulieu, Retired Correctional Officer and J. Ramirez, Correctional Officer

The Litigation Office was personally served by Kern County Sheriff's Office, Marla Jennings, Sheriff's Aide Civil Section, on May 3, 2013 at 0927 hours.

Officer T. Beaulieu retired from CDCR on January 23, 2013 and we are currently in the process of getting her current contact information. We will forward her Request for Representation upon receipt.

Officer Jose Ramirez is currently on vacation. We will forward his Request for Representation upon receipt.

If I may be of any further assistance, please contact me at (661) 721-3188.

A handwritten signature in black ink, appearing to read "Oscar Silva", is written over a circular stamp or seal.

Oscar Silva
Litigation Coordinator (A)

cc: Mark Mustybrook, Assistant Chief Counsel

DECLARATION OF SERVICE BY U.S. MAIL

Case Name: **Anthony Riley v. C/O T. Beaulieu, et al.**
No.: **Superior Court of California, County of Kern, # S-1500-CV-276966 DRL**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On **June 3, 2013**, I served the attached:

- **NOTICE OF REMOVAL OF ACTION UNDER 28 U.S.C. §1441(A) (FEDERAL QUESTION)**

by placing a true copy thereof enclosed in a sealed envelope in the internal mail collection system at the Office of the Attorney General at 1300 I Street, Suite 125, P.O. Box 944255, Sacramento, CA 94244-2550, addressed as follows:

Anthony Riley, AG5272
California State Prison, Solano
P.O. Box 4000
Vacaville, CA 95696-4000
In Pro Per

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on **June 3, 2013**, at Sacramento, California.

D. Jones
Declarant


Signature

SA2013309180
31701083.doc