AMERICAN CIVIL LIBERTIES UNION
Colorado

Olivia Mendoza, Executive Director
Tim Macdonald, Legal Director

July 29, 2026

VIA CERTIFIED USPS MAIL & ELECTRONIC MAIL

Office of the Principal Legal Advisor
District Court Litigation Division
500 12th Street, SW, Mailstop 5900
Washington, DC 20536
OPLA-DCLD-TortClaims@ice.dhs.gov

Office of Chief Counsel
U.S. Customs & Border Protection
1300 Pennsylvania Ave., Ste. 4.4-B
Washington, DC 20229
cbpserveiceintake@cbp.dhs.gov

Office of the General Counsel
U.S. Department of Homeland Security
2707 Martin Luther King Jr Ave. SE
Washington, DC 20528
ogc@hq.dhs.gov

RE: Claims for Damages under the Federal Tort Claims Act
Claimants: Fernando Jaramillo Solano on behalf of himself and his two minor children: Jana Michel Jaramillo Patiño and Kewin Daniel Patiño Bustamante

Dear Counsel,

Tim Macdonald of the American Civil Liberties Union of Colorado ("ACLU") represents Fernando Jaramillo Solano and his two minor children Jana Michel Jaramillo Patiño and Kewin Daniel Patiño Bustamante.

Enclosed please find administrative claims we are filing on their behalf under the Federal Tort Claims Act. The claim consists of: (1) this Cover Letter; (2) a Claim Authorization Form; (3) a Standard Form 95 for each claimant; (4) an Attachment to Standard Form 95 detailing the basis of the claimants' claim; and (5) two photos depicting portions of the officers' misconduct.

We submit this claim without the benefit of formal discovery. Claimants reserve the right to amend or supplement their claims. Please provide confirmation of receipt of this filing and contact information for the attorney who will be handling this matter as soon as possible.

Sincerely,

Tim Macdonald
Legal Director
ACLU of Colorado
303 E. 17th Ave., Ste. 350
Denver, CO 80203
P: 720-402-3151
E: tmacdonald@aclu-co.org

Enclosures:

1. Claim Authorization Form
2. Standard Form 95 for each Claimant
3. Attachment to Standard Form 95
4. Photographs

CLAIM AUTHORIZATION

I, Fernando Jaramillo Solano, authorize Tim Macdonald and the ACLU of Colorado to submit a claim under the Federal Tort Claims Act on my behalf and on behalf of my two minor children, Jana Michel Jaramillo Patiño and Kewin Daniel Patiño Bustamante, to the Department of Homeland Security, including U.S. Immigration and Customs Enforcement and U.S. Customs and Border Protection, and any other appropriate government agency, requesting compensation for the unlawful actions of their agents or employees against me and my two minor children on or about October 27, 2025 through October 28, 2025 while in Durango, Colorado.

Date: 07/23/2026

Name: Fernando Jaramillo Solano

Signature: Fernando Jaramillo Solano

AUTORIZACIÓN DE DEMANDA

Yo, Fernando Jaramillo Solano, autorizo a Tim Macdonald y la ACLU de Colorado a interponer una demanda bajo el Federal Tort Claims Act de mi parte y de parte de mis hijos menores, Jana Michel Jaramillo Patiño y Kewin Daniel Patiño Bustamante, al U.S. Department of Homeland Security, incluyendo a la U.S. Immigration and Customs Enforcement, y a la U.S. Customs and Border Protection, y cualquier otra agencia gubernamental, pidiendo recompensa monetaria por los actos ilícitos de sus agentes o empleados contra a mí y a mis hijos menores en o aproximadamente en el 27 de octubre 2025 a través del 28 de octubre 2025 mientras que estuvimos en Durango, Colorado.

Fecha: 07/23/2026

Nombre: Fernando Jaramillo Solano

Firma: Fernando Jaramillo Solano

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:	2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.
See Attached	Claimant: Fernando Jaramillo Solano See Attached

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☒ CIVILIAN	[redacted]	Married	See attached See Attache	See Attached

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

See Attached

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

N/A

10. PERSONAL INJURY/WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

See Attached

11. WITNESSES

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
See Attached	See Attached

12. (See instructions on reverse). **AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).
$0.00	$ 1,000,000	$ 0.00	$ 1,000.000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).	13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE
[signature]	[redacted]	7-29-26

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

N/A

17. If deductible, state amount.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

N/A

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

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B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:	2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.
See Attached	Claimant: Jana Michel Jaramillo Patiño See Attached

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☒ CIVILIAN	[redacted]	Single	See Attached See Attache	See Attached

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

See Attached

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

N/A

10. PERSONAL INJURY/WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

See Attached

11. WITNESSES

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
See Attached	See Attached

12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).
$ 0.00	$ 1,500,000	$ 0.00	$ 1,500,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).	13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE
[signature]	[redacted]	7-29-26

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

N/A

17. If deductible, state amount.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

N/A

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

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(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:	2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.
See Attached	Claimant: Kewin Daniel Patiño Bustamante See Attached

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☒ CIVILIAN	[redacted]	Single	See Attached See Attache	See Attached

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

See Attached

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).

N/A

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

See Attached

11. **WITNESSES**

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
See Attached	See Attached

12. (See instructions on reverse). **AMOUNT OF CLAIM** (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).
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I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).	13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE
T. R. Muller	[redacted]	7-29-26

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

N/A

17. If deductible, state amount.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

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19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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1. **Submit to appropriate federal agency**

Office of the Principal Legal Advisor
District Court Litigation Division
500 12th St., SW, Mailstop 5900
Washington, D.C. 20536
Email: OPLA-DCLD-TortClaims@ice.dhs.gov

Office of Chief Counsel
U.S. Customs & Border Protection
1300 Pennsylvania Ave., Ste. 4.4-B
Washington, D.C. 20229
Email: cbpserviceintake@cbp.dhs.gov

Office of the General Counsel
U.S. Department of Homeland Security
2707 Martin Luther King Jr. Ave. SE
Washington, D.C. 20528
Email: ogc@hq.dhs.gov

2. **Name, address of claimant, and claimant's personal representative, if any**

Fernando Jaramillo Solano, Jana Michel Jaramillo Patiño, and
Kewin Daniel Patiño Bustamente
c/o Timothy R. Macdonald
ACLU of Colorado
303 East 17th Ave., Ste. 350
Denver, CO 80203
Email: tmacdonald@aclu-co.org

6. **Date and Day of Accident**

Monday, October 27, 2025 until Tuesday, October 28, 2025.

7. **Time**

From approximately 7:30 AM on October 27, 2025 until approximately 5:00 PM on October 28, 2025.

8. Basis of Claim

Fernando Jaramillo Solano ("Mr. Jaramillo Solano") is a 47-year-old citizen of Colombia. He, his wife, Estela Patiño Bustamante ("Ms. Patiño Bustamante") and their two minor children entered the United States in June of 2024. He married Ms. Patiño Bustamante on September 18, 2024 in Durango, Colorado. Mr. Jaramillo Solano and Ms. Patiño Bustamante raise two children together, 12-year-old daughter Jana Michel Jaramillo Patiño ("Jana") and 15-year-old son Kewin Daniel Patiño Bustamante ("Kewin").

On October 27, 2025, Department of Homeland Security ("DHS") officers unlawfully arrested Mr. Jaramillo Solano, Jana, and Kewin in violation of 8 U.S.C. § 1357(a)(2) and the U.S. Constitution. On the date of the illegal arrest, Mr. Jaramillo Solano, Jana, and Kewin were derivatives on Ms. Patiño Bustamante's timely-filed asylum application pending before U.S. Citizenship and Immigration Services ("USCIS"). Mr. Jaramillo Solano and the two children also had employment authorization document ("EAD") applications pending before USCIS when DHS officers unlawfully arrested them.

The incident giving rise to this claim began at approximately 7:45 AM MST on October 27, 2025 while Mr. Jaramillo Solano was driving Jana and Kewin to school in Durango, Colorado. Kewin was in the front passenger seat and Jana was in the back seat.

DHS's Unlawful Arrest of Mr. Jaramillo Solano

Mr. Jaramillo Solano was obeying all traffic laws and a few minutes from home when he noticed an unmarked car behind him with emergency lights flashing. He pulled over to the side of the road and the car with the emergency lights pulled over behind him. Another car parked in front of him and another car parked behind the car that pulled him over. Each car was unmarked. There were additional unmarked cars, as well.

Mr. Jaramillo Solano saw three officers approach his car. Each officer had a gun holstered to their hip, a vest that said police, and a mask pulled over their face. One of the officers approached him on the driver's side, another officer approached on the passenger side, and the third was standing in the area. Mr. Jaramillo Solano rolled down his window several inches to communicate with the officer who he believed was local law enforcement. The officer on the driver's side, who did not speak Spanish well, ordered Mr. Jaramillo Solano in English and in broken Spanish to provide identification and get out of the car. Mr. Jaramillo Solano does not speak English well. Kewin, who speaks a bit more English than Mr. Jaramillo Solano, was telling Mr. Jaramillo Solano that the officer was asking for his identification and to get out of the car. The officer also was asking about an unknown individual. The officer then reached into the vehicle and opened the driver's door without Mr. Jaramillo Solano's

permission. With the door open, the officer again ordered Mr. Jaramillo Solano out of the car and grabbed his arm.

Mr. Jaramillo Solano had his Colombian passport in his hand and got out of the car, with the officer continuing to hold his arm. The officer then grabbed Mr. Jaramillo Solano's passport out of his hand, without permission and without asking for it. Upon taking Mr. Jaramillo Solano's passport, the same officer asked Mr. Jaramillo Solano if he had any other documents or if he was in the process of obtaining more identification to be in the United States. It was around this time that Mr. Jaramillo Solano realized the officers were not local law enforcement. Mr. Jaramillo Solano provided the officer with USCIS receipt notices for his pending asylum and EAD applications. The officer then put Mr. Jaramillo Solano's arms behind his back, handcuffed him, and brought him to the unmarked car immediately behind his own car.

The officer never identified himself or for which law enforcement agency he worked. The officer never asked Mr. Jaramillo Solano about his employment in the United States, his family ties in the United States, his address, or any questions related to whether Mr. Jaramillo Solano was a flight risk. The officer never explained why he arrested Mr. Jaramillo Solano.

While handcuffed and in the unmarked vehicle, Mr. Jaramillo Solano could see through the windshield to his own car. He saw an officer push and then handcuff his 15-year-old son and take him to a separate unmarked vehicle. He was terrified that he would never see his son again. Mr. Jaramillo Solano was not reunited with his son until after he arrived at ICE's holding facility in Durango, Colorado. No officer told him when or if he would be reunited with his son after they separated them. In fact, prior to seeing his son again in the ICE facility, the officers repeatedly ignored Mr. Jaramillo Solano's plea to find out where his son was, where his son was going, and whether his son was safe.

While handcuffed and in the government vehicle, Mr. Jaramillo Solano also witnessed officers open the two back doors of his car. He saw an officer try to grab his 12-year-old daughter from inside his vehicle. He saw an officer enter his car and push his daughter towards the passenger side of the car. The officer outside the vehicle grabbed his daughter by the arm and forced her out of the car and into the car with Mr. Jaramillo Solano. Jana reported to Mr. Jaramillo Solano shortly thereafter that the officer who pushed her out of the car grabbed and squeezed her breasts multiple times while doing so.

DHS's Unlawful Arrest of Kewin

Kewin was 15 years old and in his father's car in the front passenger seat on the way to school when he saw emergency lights flashing behind them. His sister, Jana, was in the back seat. He thought the regular police were pulling them over for an unknown traffic

violation. After his father pulled over, a masked officer with a police vest and gun holstered to his hip approached his father's window. Another masked officer with a police vest and a gun holstered to his hip almost simultaneously approached his window. A third officer was near the car.

After his father was arrested and taken away, an officer opened the front passenger-side door without Kewin's permission. The officer asked Kewin about someone he did not know. The officer grabbed Kewin's cell phone from his hand, eventually grabbing Kewin's arm and pulling him out of the car. The officer then went to get his sister out of the car and Kewin told the officer not to touch her. The officer pushed Kewin, handcuffed him, and took him to the officer's vehicle in front of his father's vehicle. The handcuffs were extremely tight, eventually causing his hands to turn red and hurt. The officer who arrested Kewin never asked him for his address, information about his school attendance, information about his family, his community ties prior to arresting him, or any questions related to whether he was a flight risk. The officer never identified himself nor for which law enforcement agency he worked.

Kewin was taken from his father and sister and transported alone to the Durango ICE facility while handcuffed in the officer's vehicle. He did not know where he was going. He did not know why he was arrested. He was not offered a phone call to his father or mother after the officer took him away and put him in the unmarked vehicle.

DHS's Unlawful Arrest of Jana

Jana was sitting in the back seat of her father's car on the way to school. After witnessing both her father and brother being pushed, grabbed, and taken away in handcuffs by armed, masked officers with no explanation of who they were or what they were doing, Jana was terrified of what would happen to her, especially after she saw how hard the officer pushed Kewin when he told the officer not to touch her. She was alone in the backseat of her father's car while two armed, masked men in vests surrounded her.

The two officers then tried to pull her out of the vehicle. An officer on the driver's side entered the car and pushed her towards the passenger side. While doing so, the officer grabbed and squeezed her breasts several times. Jana reported this to her father when alone in the government vehicle prior to transporting them to the Durango facility. The officer who arrested Jana never asked her about her address, information about her school attendance, information about her family, her community ties, or any questions related to whether she was a flight risk. The officer never identified himself nor for which law enforcement agency he worked.

Psychological Trauma, Mistreatment, and Unlawful Transfer in ICE Custody

Mr. Jaramillo Solano, Kewin, and Jana spent the next approximately thirty hours in the ICE facility in Durango, Colorado. Mr. Jaramillo Solano feared he would never see his wife again. Kewin and Jana feared they would never see their mother again. The ICE facility was oppressively cold. There were no windows. The lights were bright and on the entire time they were incarcerated, including overnight, which made it difficult to sleep. There was one cement bed and rigid chair for the three of them. They each received a single, cold hamburger and cold soup. The holding cell had an open-air toilet which Kewin and Mr. Jaramillo Solano were forced to use in front of Jana. While jailed, the officers were making fun of them, stating things like "this is not your country," "you do not belong here," "you are illegal," "you are not American," and "you do not have rights." When Mr. Jaramillo Solano asked about his children's wellbeing, the officers said, "we don't care."

DHS transferred Mr. Jaramillo Solano and his two children out of the Durango holding facility at approximately 3:00 PM on October 28, 2025, and put them in a vehicle with Mr. Jaramillo Solano and Kewin handcuffed and their wrists shackled to their waists. DHS then drove them out of Colorado to New Mexico in violation of the District Court's injunction in *Mendoza Gutierrez v. Baltasar, et al.*, 25-cv-2720-RMR, 2025 WL 2962908, at *14 (D. Colo. Oct. 17, 2025). They were taken to a hotel in New Mexico where an ICE officer stood guard outside their hotel room. ICE officers woke them in the middle of the night, and DHS transferred the family again, this time to a Texas detention facility. DHS initiated removal proceedings against Mr. Jaramillo Solano and his children. The proceedings concluded when Mr. Jaramillo Solano and his two children accepted voluntary departure to return to Colombia because of the emotional and physical suffering they were enduring in ICE custody due to the unlawful arrest. Despite the risks of returning to their country of origin, they decided to forgo pursuit of their fear-based relief before the immigration judge due to the conditions they endured while contesting their removal in ICE custody. Mr. Jaramillo Solano and the children now live with the pain of potentially enduring a lifetime of separation from their wife and mother, respectively, who cannot return to Colombia due to the violence she experienced there and would experience if she returned and remained in Colombia.

These facts support the following legal claims including but not limited to: (1) assault; (2) battery; (3) false imprisonment/false arrest; (4) negligence; (5) negligent training and supervision; (6) intentional infliction of emotional distress ("IIED"); and (7) negligent infliction of emotional distress ("NIED").

10. Personal Injury

Mr. Jaramillo Solano's Personal Injury

As a result of the tortious conduct described in the answer to question 8, Mr. Jaramillo Solano experiences significant mental health symptoms including, but not limited to, extreme anxiety, feeling intense moments of sadness and tearfulness, waking up early with racing thoughts and memories of the incident, being distracted during the day with racing thoughts and memories of the incident, fear of losing his children when he or they leave the house, fear of never seeing his wife again, fear of his children growing up without a mother, and nervousness when entering or driving a vehicle.

Kewin's Personal Injury

As a result of the tortious conduct described in the answer to question 8, Kewin experienced fear, concern, and anxiety related to whether he would see his father again and whether he will ever see his mother again. He also experienced shame while the officers insulted him and his family, particularly because he was the most proficient in English in his family and understood all the insults.

Jana's Personal Injury

As a result of the tortious conduct described in the answer to question 8, Jana experiences significant mental health symptoms including, but not limited to, being unable to concentrate on schoolwork, fear and anxiety related to never seeing her mother again, sleep disturbances where she sees people in her dreams that she thinks are ICE, severe anxiety, being more alert and nervous throughout the day, and a fear of leaving the house in clothes that show skin because she is afraid of being sexually assaulted.

11. Witnesses

Possible witnesses include, but are not limited to:

- Fernando Jaramillo Solano
- Kewin Daniel Patiño Bustamante
- Jana Michel Jaramillo Patiño
- John Doe DHS Agents
- John Doe Bystanders

13.b Phone Number of Person Signing Form

Please contact attorney Timothy Macdonald, 720-402-3151, tmacdonald@aclu-co.org if for any reason DHS believes this notice of claim is not in compliance with the requirements of the FTCA or any additional information is required.