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

		additional instructi	ons.			
Submit To Appropriate Federal Agency: U.S. Customs and Border Protection			20070112004000000	Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)		
				(b)(6), (b)(7)	(C)
3. TYPE OF EMPLOYMENT D MILITARY DOCIVILIAN		5. MARITAL STAT (b)(6), (b)(7)(C)	rus	6. DATE AND DAY OF ACC	200000000000000000000000000000000000000	7. TIME (A.M. OR P.M.) 8:00 pm
Basis of Claim (State in detail place of occurrence and the call place occurrence and the call	the known facts and circu ause thereof. Use addition	mstances attendir nal pages if neces	ng the sary.)	damage, injury, or death, ide	ntifying persons ar	nd properly involved, the
Automobile accident, caused by the (b)(7)(E) into the northbound	e unsafe turning movement tanes too close to and faili	nt performed by C ing to vield the rig	BP en	nployee (b)(6), (b)(7)(C) cros	ssing from the sou	thbound lanes of California
Please refer to the enclosed Califo	mia Highway Patrol Traffic	Collision Report		(b)(6), (b)(7)(C) for add	litional information	regarding the accident.
9.	1	PROPER	TY DA	MAGE	**************************************	
NAME AND ADDRESS OF OWNER,	IF OTHER THAN CLAIMANT	(Number, Street, Cit	y, State	e, and Zip Code).		
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.)	IY, NATURE AND EXTENT O	F DAMAGE AND TH	E LOC	CATION WHERE PROPERTY MA	Y BE INSPECTED.	
2003 Honda Pilot automobile. Ple	ase see the attached Rep	air Estirnate and p	photog	graphs of damage to the truck	from the collision.	
10.		PERSONAL INJUR	YWR	ONGFUL DEATH		
STATE NATURE AND EXTENT OF E	ACH INJURY OR CAUSE OF	DEATH, WHICH FO	ORMS	THE BASIS OF THE CLAIM. IF O	THER THAN CLAIM	MANT, STATE NAME OF
	(h)(6	21 /	h	\/7\/C	1	,
	(D)(C	", (IJ)(7)(C	J	
11.		WIT	NESSE	is		
NAME				ADDRESS (Number, Street, City	y, Slate, and Zip Coo	le)
(b)(6), (b)(7)(C)		El Centro Sector	USBI	P Headquarters, 211 W. Aten	Road, Imperial, C	A 92251
12. (See instructions on reverse.)		AMOUNT OF	CLASS	f (in doilars)		
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY		12c. W	RONGFUL DEATH	12d. TOTAL (Failu forfeiture of ye	re to specify may cause our rights.)
\$5,400.00	(b)(6), (b)(7)(C)	\$65,000.00				\$70,400.00
I CERTIFY THAT THE AMO FULL SATISFACTION AND	L	ND INJURIE	ES CAI	USED BY THE INCIDENT ABOVE	AND AGREE TO A	CCEPT SAID AMOUNT IN
13a. SIGNATURE OF CLAIN	(6) (b)(7)(C)		13b. Phone number of person signing form (b)(6), (b)(7)(C)		14. DATE OF SIGNATURE
(b)(6), (b)(7)(C)				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		

The claimant is liable to the i \$5,000 and not more than \$1

by the Government. (See 31

f not less than

stained

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property. 15. Do you carry accident insurance? wYes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. 16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? (b)(6), (b)(7)(C) 17. If deductible, state amount. (b)(6), (b)(7)(C) 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.) still documenting for insurance company - (b)(6), (b)(7)(C)

19. Do you carry public liability and property damage insurance? O Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). R

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

Fallure 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 filed 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 #12 of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.

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 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.

PRIVACY ACT NOTICE

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.

- 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.
- Principal Purpose: The information requested is to be used in evaluating claims.
 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".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

(b)(6), (b)(7)(C)

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read-earefully 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

Submit to Appropriate Federal Agency:		Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.		
United States Customs and Border Protection (b)(7)(E)		(b)(6), (b)	(7)(C)	
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH	5. MARITAL STATUS	8. DATE AND DAY OF ACCIDENT	7, TIME (A.M. OR P.M.)	
MILITARY CIVILIAN (b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	2019 Saturday	P.M.	
BASIS OF CLAIM (State in detail the known facts and circumstathe cause thereof. Use additional pages if necessary).	150			
On or about February 16, 2019, Border Patrol Ager (b)(7)(E) After placing (b)(6),(b)(7)(C) in han (b)(6),(b)(7)(C) In the face, causing severe damage. Other received treatment at the hospital due to be formed t	dcuffs, for no reason an er Border Patrol agents his injuries (b)(6), (b)(7)(c) h	d without provocation, Agent (b)(6), (b)(7) and detained immigrants nearby witness as since admitted that his actions were	7)(C) punched	
9.	PROPERTY DA	MAGE		
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMAN	T (Number, Street, City, State,	and Zip Code).		
N/A				
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT (See instructions on reverse side).	OF THE DAMAGE AND THE	OCATION OF WHERE THE PROPERTY MAY BE	INSPECTED.	
N/A				
10.	PERSONAL INJURY/WR	ONGFUL DEATH		
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAL OF THE INJURED PERSON OR DECEDENT.	ISE OF DEATH, WHICH FOR	MS THE BASIS OF THE CLAIM. IF OTHER THAN	CLAIMANT, STATE THE NAME	
(b)(6), (b)(7)(C)		
11.	WITNESSI	18		
NAME		ADDRESS (Number, Street, City, State, and Zip to	Code)	
Unknown Border Patrol Agents		Unknown.		
Unknown Detained Immigrants		Unknown.		
12. (See instructions on reverse).	AMOUNT OF CLAIN	(In dollars)		
12a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. #07-AL (Fathure to specify may cause forfeiture of your rights). \$500,000.00 \$500,000.00				
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DATE. FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CL			***************************************	
138. SIGNATURE OF CLASSANT JO.	ide).	13b. PHONE NUMBER OF PERSON SIGNING F	ORM 14. DATE OF SIGNATURE	
(b)(6), (b)(7)(C)		(b)(6), (b)(7)(C)	(b)(6): (b)(7)(C)	
CIVIL PENALTY FOR PRESENTIN FRAUDULENT CLAIM	G	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil \$5,000 and not more than \$10,000, plus 3 times the amount of duby the Government. (See 31 U.S.C. 3729).		Fine, imprisonment, or both. (See 18 U.S.C. 287,	1001.)	
	11011 WEAR AR A	A1 JA1A A741	DARB PROMI AP (DD / AMAAT	

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 insura	ince company (Number, Street, City, State, and Zip Code) and policy number. X No
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cover	orage or deductible? Yes 🔀 No 17. If deductible, state amount.
18. If a claim has been filed with your carrier, what action has your insurer taken or propose	it to take with reference to your claim? (It is necousary that you ascertain these facts).
19. Do you carry public liability and property damage insurance? Yes If yes, give no	ime and address of insurance carrier (Number, Street, City, State, and Zip Code). X No
INTER	ICTIONS
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	bmitted directly to the "appropriate Federal agency" whose
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 85 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY	DAMAGES IN A <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.
Fallure 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.	The amount claimed should be substantiated by compatent 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 parmanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical,
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.	hospital, or burial expenses actually incurred. (b) in support of claims for damage to property, which has been or can be economically repaired, the claiment 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.
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.	(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.
if claimant intends to file for both personal injury and properly damage, the amount for each must be shown in item number 12 of this form.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
	ACT NOTICE
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. 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. 2571 et seq., 28 C.F.R. Part 14.	Principal Purpose: The information requested is to be used in evaluating claims. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. Effect of Fallure to Respond: Disclosure is voluntary. However, fallure to supply the requested information or to execute the form may render your claim "invalid."
The manufacturer through	CONTRACT A POP ASPARANCE

PAPERWORK REDUCTION ACT NOTICE

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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:

U.S. Customs and Border Protection Office of Associate Chief Counsel Name, address of claimant, and claimant's personal representative if any.

(See instructions on reverse). Number, Street, City, State and Zip code.

(bici, leimic).

(b)(6), (b)(7)(C)

(b)(7)(E)		(10)(10), (אווע	"
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH MILITARY CIVILIAN	5. MARITAL STATUS	(b)(6), (b)(7)(C) 2020	7. TIME (A.M. OR P.M.) 05:00 An, -	Spn
1,000	Border, P	Patrol failed to Id-	extify and injured	·
OFFIRER (b)(6), (b)(7)(C) PROPERTY	after the	(b)(7)(E) i Kidnapped ne.	2105	
9,	PROPERTY	7		
name and address de owner leather than claimin (b)(6), (b)(7)(C)	ska rand Zin Canta).		
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT (See instructions on reverse side). PROPERTY (b)(7)(E)	PAMABED	BY US BURDER AND	1 (b)(7)(E) DAMAGINGOF	POR
10. 9.119.0	PERSONAL INJURY/W	/RONGFUL DEATH	7000 C	
STATE THE NATURE AND EXTENT OF RACH INJURY OR CAN OF THE INJURED PERSON OR DECEDENT. OFFICE ached in concert aliving woman hoster officer (b)(6), (b)(7)(C) 11.	R (b)(6), (b)(7)(c) In hale ge, robbi	Crimes, Kigling	nclaimant, state the name 30 voler portiol 4 ppivo, holdu 4 abusetas	y vol,
NAME		ADDRESS (Number, Street, City, State, and Zip	Code)	
(b)(6), (b)(7)(C)	(b)(d	6), (b)(7)(¢	C)	
12. (See instructions o4 reverse).	AMOUNT OF CLA	IM (in dollars)	51.5	
126, PROPERTY DAMAGE 126, PERSONAL INJURY 126, PERS	,)00 (b)(6		aiture to specify may cause of your rights). , 300 十月	000) eVide
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DA FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CL	um. letu	AUSEU BY THE INCIDENT ABOVE AND AGREE TO VITA	,	not reten
(b)(6), (b)(7)	(C) _	(b)(6), (b)(7)(C)	(b)(6); (b)(7)(C)(C)(ATURE	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	3	CRIMINAL PENALTY FOR PRESE CLAIM OR MAKING FALSE	THE REPORT OF THE STATE OF THE	
The claimant is liable to the United States Government for a civil p	cenally of not less than	Fine, imprisonment, or both. (See 18 U.S.C. 287,	1901,)	

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by the Government. (See 31 U.S.C. 3729).

\$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

(b)(7)(E)

Additional damages may include \$15,000,000.00 if the evidence is not return as it pertains to a big civil case on and of HATE CRIMES. Please be advise.

INSURANCE	E COVERAGE						
In order that subrogation claims may be adjudicated, it is essential that the claimant provide	e 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							
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cov	rerage or deductible? Yes No 17. If deductible, state amount.						
18. If a claim has been filed with your carrier, what action has your insurer taken or propose	ed to take with reference to your claim? (It is necessary that you ascertain these facts).						
19. Do you carry public liability and property damage insurance? Yes If yes, give na	ame and address of insurance carrier (Number, Street, City, State, and Zip Code).						
INSTRUCTION OF THE PROPERTY OF	истіонs bmitted directly to the "appropriate Federal agency" whose more than one claimant, each claimant should submit a separate						
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 <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.						
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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.	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.						
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.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.						
PRIVACY A	ACT NOTICE						
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. 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.	Principal Purpose: The information requested is to be used in evaluating claims. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. 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."						
PAPERWORK REDI	UCTION ACT NOTICE						
This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Publ response, including the time for reviewing instructions, searching existing data sources, gat information. Send comments regarding this burden estimate or any other aspect of this coll Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, V form(s) to these addresses.	thering and maintaining the data needed, and completing and reviewing the collection of						

CLAIM FOR INJURY, C		reverse side and supp form. Use additional s	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			
Submit to Appropriate Federal	Agency:			claimant, and claimant's person on reverse). Number, Street, Cit		
US CUSTOMS AND BO	경기 기존하기 때문에 되었다. 이 왕이라고 있다. 이 사고 네^^	N	M	200 V V V V V V V V V V V V V V V V V V		
(b)(7)(E)		(D)(6),	(b)(7)(C), (D)(7)(E)	
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 X CIVILIA 8. BASIS OF CLAIM (State in det			2019	Tuesday	8:20 A.M.	
PROTECTION VEHICL (b)(7)(E) VEH LOOKOUT CAUSING T 9. NAME AND ADDRESS OF OWN	TRAVELING ON THE N THE LEFT LANE OF E WAS IN THE RIGHT ICLE. US VEHICLE FOR THIS LOSS. ER, IF OTHER THAN CLAIMAIN (b)(6), (b)(7)	N THE ON-RAMP, UT LANE ON THE O	JS CUSTOMS AND MAHE RIGHT OF WARRING COMMAND C	ADE AN ABRUPT LEF AY AND FAILED TO N	MAINTAIN A PROPER	
BRIEFLY DESCRIBE THE PROP (See instructions on reverse side) 13 NISSAN ALTIMA 2.5				C THE PROPERTY MAY BE	NOPEGIEU.	
10. STATE THE NATURE AND EXTE	ENT OF EACH IN HIPV OR CA	PERSONAL INJURYAM		JE OLAIM JE OTUED TUAN O	AIMANT CTATE THE NAME	
of the injured person or (b)(6), (b)	DECEDENT.	ool of Blant, Willom of	THE BASIS OF TH	ic ordin. Il Office firmed	(b)(6); (b)(7)(C)	
11.		WITNES	SES			
	ME			r, Street, City, State, and Zip Co	ode)	
n/	a					
12. (See instructions on reverse).		AMOUNT OF CLAI	M (in dollars)			
12a. PROPERTY DAMAGE	12b. PERSONAL INJUR	Y 12c. V	VRONGFUL DEATH	12d. TOTAL (Failu forfeiture of y	re to specify may cause our rights).	
10,340.00	1.	5,000.00 15,340.00				
I CERTIFY THAT THE AMOUNT FULL SATISFACTION AND FINA			USED BY THE INCIDE	NT ABOVE AND AGREE TO	ACCEPT SAID AMOUNT IN	
13a. SIGNATURE OF CLAIMANT	(See Instructions on reverse s	lde).	13b. PHONE NUMB	ER OF PERSON SIGNING FO	RM 14. DATE OF SIGNATURE	
			(b)(6), (b)(7)	(C)	(D)(E); (D)(7)(C) 2020	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			

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The claimant is liable to the United States Government for a civii 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).

NSN 7540-00-634-4046

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

INSURANCE COVERAGE						
In order that subrogation claims may be adjudicated	, it is essential that the claimant provide	the following information regarding	the insura	nce coverage of the vehicle or property.		
15. Do you carry accident Insurance?	If yes, give name and address of insur-	ance company (Number, Street, City,	State, an	d Zip Code) and policy number. No		
(b)(6), (b)(7)(C)					
16. Have you filed a claim with your insurance carrie	er in this instance, and if so, is it full cov	erage or deductible? X Yes	No	17. If deductible, state amount.		
r I						
YES, FULL COVERAGE WITH A DE				(b)(6), (b)(7)(C)		
18. If a claim has been filed with your carrier, what a (b)(6), (b)(7)(C)	ction has your insurer taken or propose	d to take with reference to your clain	n? (It is ne	cessary that you ascertain these facts).		
has made payment under their policy	y for repairs to their vehicle	as a result of this loss.				
We are seeking reimbursement for the	nose damages paid out und	ler their policy.				
		***************************************	and the Sandarian and the			
19. Do you carry public liability and property damage	e insurance? X Yes If yes, give no	ame and address of insurance carrier	(Number	, Street, City, State, and Zip Code). No		
(b)(6) (b)(7)	VC)					
(b)(6), (b)(7)						
	j		***************************************			
	INSTRU	CTIONS				
Claims presented under the Federal T employee(s) was involved in the incid						
claim form.	ent. II the incident mydiyes	more man one ciamant, e	acii ciai	mant snoute submit a separate		
	Complete all items - Insert the	word NONE where applicable	14			
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRE		The state of the s		Y TO OR LOSS OF PROPERTY, PERSONAL		
AGENCY RECEIVES FROM A CLAIMANT, HIS DUI REPRESENTATIVE, AN EXECUTED STANDARD F NOTIFICATION OF AN INCIDENT, ACCOMPANIED	LY AUTHORIZED AGENT, OR LEGAL FORM 95 OR OTHER WRITTEN	INJURY, OR DEATH ALLEGED TO	HAVE OO	CCURRED BY REASON OF THE INCIDENT. APPROPRIATE FEDERAL AGENCY WITHIN		
Failure to completely execute this form or to sup two years from the date the claim accrued may r		The amount claimed should be sut	stantiated	by competent evidence as follows:		
is deemed presented when it is received by the a				or death, the claimant should submit a wing the nature and extent of the injury, the		
inalia.		nature and extent of treatment, the	degree of	f permanent disability, if any, the prognosis, tation, attaching itemized bills for medical,		
If instruction is needed in completing this form, the a side may be contacted. Complete regulations pertain		hospital, or burial expenses actual				
Federal Tort Claims Act can be found in Title 28, Co Many agencies have published supplementing regul	de of Federal Regulations, Part 14.	(b) In support of claims for damage	e to prope	rty, which has been or can be economically		
involved, please state each agency.	alions. It more than one agency is	repaired, the claimant should subm	nit at least	two Itemized signed statements or estimates ment has been made, the itemized signed		
The claim may be filled by a duly authorized agent of	or other legal representative, provided	receipts evidencing payment.	, w, ,, pw),			
evidence satisfactory to the Government is submitte	ed with the claim establishing express	(c) In support of claims for damage	e to prope	rty which is not economically repairable, or if		
must be presented in the name of the claimant. If the	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 cost of the property, the date of purchase, and the value of the property, both before and					
accompanied by evidence of his/her authority to present a claim on behalf of the claimant after the accident. Such statements should be by disinterested competent persons,						
as agent, executor, administrator, parent, guardian o	other representative.			be certified as being just and correct.		
If claimant intends to file for both personal injury and each must be shown in item number 12 of this form.		(d) Failure to specify a sum cert forfeiture of your rights.	ain will re	ender your claim invalid and may result in		
	PRIVACY /	ACT NOTICE				
This Notice is provided in accordance with the Priva concerns the information requested in the letter to w				ested is to be used in evaluating claims. s of Records for the agency to whom you are		
A. Authority: The requested information is solid following: 5 U.S.C. 301, 28 U.S.C. 501 et se	cited pursuant to one or more of the	submitting this form for this info	omation.	is voluntary. However, failure to supply the		
Part 14.				orm may render your claim "invalid."		

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

reverse side and supply				Please read carefully the instruction information requested on both set(s) if necessary. See rever	sides of this	FORM APPROVED OMB NO. 1105-0008	
Submit To Appropriate Federal Agency: US Border Patrol			2. Name, Address of claimer any. (See instructions on re- Code) (b)(6), (b)(7)(C)				
3. TYPE OF EMPLOYMENT D MILITARY D CIVILIAN	4. DATE OF BIRTH (b)(6), (b)(7)(C)	5. MARITAL STA	TUS	6. DATE AND DAY OF ACC	IDENT	7, TIME (A.M. OR P.M.) 8:38 AM	
Basis of Claim (State in detail place of occurrence and the cr US border pairol driver rear ended	ause thereof. Use addit	ional pages if nece	ssary.)	100000000000000000000000000000000000000	tifying persons a	nd property involved, the	
				<u> </u>			
9.		PROPE	RTY DA	MAGE			
NAME AND ADDRESS OF OWNER,	IF OTHER THAN CLAIMAN	IT (Number, Street, C	ity, Stat	e, and Zip Code).			
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.) Rear body and floor Damage, Vi			HE LOC	CATION WHERE PROPERTY MAY (b)(7)(E)	BE INSPECTED.		
10.		PERSONAL INJU	RYWR	ONGFUL DEATH			
STATE NATURE AND EXTENT OF E INJURED PERSON OR DECEDENT. Shoulder	ACH INJURY OR CAUSE (OF DEATH, WHICH F	ORMS	THE BASIS OF THE CLAIM, IF O	THER THAN CLASS	vant, state name of	
11.		wr	TNESSI	ES			
NAME				ADDRESS (Number, Street, City	, State, and Zip Co	de)	
12. (See instructions on reverse.)		AMOUNT O	f CLAU	lf (in dollars)			
128. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. WRONGFUL DEATH				VRONGFUL DEATH	12d. TOTAL (Fail forfeiture of	ure to specify may cause your rights.)	
I CERTIFY THAT THE AMOUNT OF FULL SATISFACTION AND FINAL S	L CLAIM COVERS ONLY DA ETTLEMENT OF THIS CL	NMAGES AND INJUR AIM	IES CA	USED BY THE INCIDENT ABOVE	AND AGREE TO	ACCEPT SAID AMOUNT IN	
13a. SIGNATURE OF CLAIMANT (See Instructions on reverse side.)			13b. Phone number of person signing form 14. DATE OF SIGNAM (b)(6), (b)(7)(C) 2018		14 DATE OF SIGNATURE 2018		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claiment is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000 or imprisonment for not more than 5 years or bott (See 18 U.S.C. 287, 1991.) by the Government (See 31 U.S.C. 3729.)					not more than 5 years of both.		

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insuran	ce coverage of his vehicls or property.
15. Do you carry accident insurance? #Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip	
(b)(6), (b)(7)(C)	
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? EliYes	17. if deductible, state amount.
Full Coverage	(b)(6), (b)(7)(C)
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 ne (b)(6) is repairing (b)(6), (b)(7)(C) vehicle and we will send a subrogation demand to information	cessary that you ascertain these facts.) you once we have that
18. Do you carry public liability and properly darnage insurance? W Yes If yes, give name and address of insurance carrier (Number, 5)	reet, City, State, and Zip Code). G No

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

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 Tide 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 filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is authorited 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 #12 of this form.

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.

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 injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incepacitation, attaching itemized bills for medical, hospital, or burist 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 socident. 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) Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

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.

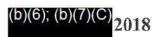
- A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.
- 8. Principal Purpose: The information requested is to be used in evaluating claims.
- C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. Effect of Fallure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Sudget. Do not mail completed form(s) to these addresses.

(b)(6), (b)(7)(C)

received on 1-19-18. (b)(7)(E)



(b)(6), (b)(7)(C)

To Whom It May Concern,

This letter is to inform you that (b)(6), (b)(7)(C) represent the claimants in this matter. Would you please send copies of any future correspondence to our address.

Respectfully.

(b)(6), (b)(7)(C)

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

	auditional manu	AIOH9.	
Submit to Appropriate Federal Agency:			i, and claimant's personal representative if any. e). Number, Street, City, State and Zip code.
(b)(6), (b)(7)(C)			
Customs and Border Protection		(b)(6) (b)(7)(C)
(L)(Z)(E)		(b)(6), (b)(<i>(</i>)(C)
(b)(7)(E)			
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH	6. MARITAL STATE	S 6. DATE AND DAY OF ACCI	DENT 7. TIME (A.M. OR P.M.)
MILITARY X CIVILIAN (b)(6), (b)(7)(C)	2017	Sunday 9 p.m.
8. BASIS OF CLAIM (State in detail the known facts and circum	stances attending the de	mage, injury, or death, identifying pers	
the cause thereof. Use additional pages if necessary).			
Please see Response to Section 8 in the att	acneu gocument.		
9.	PROPE	RTY DAMAGE	
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIM	ANT (Number, Street, Cit	y, State, and Zip Code).	
N/A			
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTEN	IT OF THE DAMAGE AN	O THE LOCATION OF WHERE THE	PROPERTY MAY BE INSPECTED.
(See Instructions on reverse skie).			
N/A			
10.	PERSONAL INJU	RY/WRONGFUL DEATH	
STATE THE NATURE AND EXTENT OF EACH INJURY OR C.	AUSE OF DEATH, WHIC	H FORMS THE BASIS OF THE CLAIR	M. IF OTHER THAN CLAIMANT, STATE THE NAME
OF THE INJURED PERSON OR DECEDENT.			
Please see Response to Section 10 in the at	tached document		
11.	WI	TNESSES	
NAME		ADDRESS (Number, Street,	City State and Zin Code\
		1	
CBP agents' identities presently unknown	and the second s	/I- \	/=\/=\
		(D)	(7)(E)
		(2)	\ <i>'</i>
		L	<u> </u>
12, (See instructions on reverse).	AMOUNT OF	CLAIM (in dollars)	
12a, PROPERTY DAMAGE 12b, PERSONAL INJU	RY	12s. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause
Contraction to the contract of			forfeiture of your rights).
5,000,000 5,000,000			5,005,000
CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY	AMACES AND IN HIDE	e calleen by the incident add	
FULL SATISFACTION AND FINAL SETTLEMENT OF THIS C		S CAUGED BY THE INCIDENT ABO	AE MID MOREE TO MODEL I SMID MINOUR! IN
/ \ / A \ / A \ / A \ Se	skie).	13b. PHONE NUMBER OF P	ERSON SIGNING FORM 14. DATE OF SIGNATURE
(b)(6), (b)(7)(C)		<u> </u>	(b)(6); (b)(7)(G)
(~)(~), (~)(,)(~)		(b)(6), (b)(7)(C)	2018
U GIVIL PENALTY FOR PRESENTING	4G	CRIMINAL PEN	IALTY FOR PRESENTING FRAUDULENT
FRAUDULENT CLAIM			OR MAKING FALSE STATEMENTS
The claimant is liable to the United States Government for a civi	penalty of not less than	Fine, imprisonment, or both.	(See 18 U.S.C. 287, 1001.)
\$5,000 and not more than \$10,000, plus 3 times the amount of o			and the second
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Insurance	COVERAGE
In order that subrogation claims may be adjudicated, it is essential that the claimant provide	a 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 insur	rance company (Number, Street, City, State, and Zip Code) and policy number. 🔀 No
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cov	rerage or deductible? Yes X No 17. If deductible, state amount.
18. If a claim has been filed with your carrier, what action has your insurer taken or proposi	ed to take with reference to your claim? (It is necessary that you ascertain these facts).
19. Do you carry public liability and property damage insurance? Yes If yes, give n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code). No
INSTRI	ICTIONS
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	more than one claimant, each claimant should submit a separate
Complete all items - Insert the	o 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 INFO 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	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.
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.	(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.
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.	(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.
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PRIVACY	ст нотює
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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:

Name, address of claimant, and claimant's personal representative if any.
(See instructions on reverse). Number, Street, City, State and Zip code.

(b)(7)(F)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(1)(1)	\ - /			Ļ		!
3. TYPE OF EMPLOY	MENT	4. DATE OF BIRTH	5. MARITAL STATUS		DIDENT	7. TIME (A.M. OR P.M.)
MILITARY	CIVILIAN	(b)(6), ((b)(7)(C)	2017	Sunday	9 p.m.
the cause thereof, l	Jse additional pa			nage, injury, or death, identifying pe	rsons and property im	volved, the place of occurrence and
9.			PROPER	TY DAMAGE	***************************************	
NAME AND ADDRESS	S OF OWNER, IF	OTHER THAN CLAIMA	NT (Number, Street, City	, State, and Zip Code).		
N/A						
BRIEFLY DESCRIBE (See instructions on re		, NATURE AND EXTEN	T OF THE DAMAGE AND	THE LOCATION OF WHERE THE	PROPERTY MAY B	E INSPECTED.
N/A						
10.			PERSONAL INJUR	YWRONGFUL DEATH		
STATE THE NATURE OF THE INJURED PE			NUSE OF DEATH, WHICH	H FORMS THE BASIS OF THE CLA	MM. IF OTHER THAN	CLAIMANT, STATE THE NAME
11.			WIT	NESSES		
	NAME			ADDRESS (Number, Stree	t, City, State, and Zip	Code)
CBP agents' i	dentities pre	esently unknown		(b)((7)(E)
12. (See instructions o	n reverse).		AMOUNT OF	CLAIM (in dollars)		
12a. PROPERTY DAM	IAGE	12b. PERSONAL INJUI	RY 1.	2c. WRONGFUL DEATH	forfeiture o	ailure to specify may cause of your rights).
5,000.00	N-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	5,000,000			5,005,000	~~~~
		LAIM COVERS ONLY D TTLEMENT OF THIS CL		S CAUSED BY THE INCIDENT AB	OVE AND AGREE TO	D ACCEPT SAID AMOUNT IN
13a_SIGNATURE OF	CLAIMANT (See	instructions on reverse s	ide).	13b. PHONE NUMBER OF	PERSON SIGNING F	FORM 14. DATE OF SIGNATURE
(b)((6), (b)	(7)(C)		(b)(6), (b)(7)(C)		(b)(6)(0)(7)(6) 2018
	FR. o the United State nan \$10,000, plus	IALTY FOR PRESENTIA AUDULENT CLAIM as Government for a civil 13 limes the amount of d 29).	penalty of not less than		OR MAKING FALSE	

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STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

Insurance	COVERAGE
in order that subrogation claims may be adjudicated, it is essential that the claimant provide	e the following information regarding the insurance coverage of the vehicle or property.
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18. If a claim has been filed with your carrier, what action has your insurer taken or proposi	ed to take with reference to your claim? (it is necessary that you ascertain these facts).
19. Do you carry public liability and property damage insurance? Tyes If yes, give n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code). No
INSTRUCTION OF THE PROPERTY OF	ICTIONS bmitted directly to the "appropriate Federal agency" whose more than one claimant, each claimant should submit a separate
Complete all items - insert the	word NONE where applicable.
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Fallure 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.	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.
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.	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.
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 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.	(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.
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.	(d) Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
the state of the s	CT NOTICE
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. 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.	Principel Purpose: The information requested is to be used in evaluating claims. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. 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."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

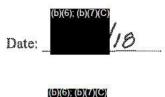
ATTACHMENT TO CLAIM

Response to Section 8.

20.	On Sunday(b)(6); (b)(7)(C) 2017 at approximately 9:00 p.m. (b)(6), (b)(7)(C)
	(b)(6), (b)(7)(C) re-entered the United States from Mexico. They entered
	through the (b)(7)(E) Port of Entry. While they were waiting in the secondary waiting area, an
	agent started screaming at (b)(6),(b)(7)(c) You cannot be taking a fucking video of me!' (b)(6), (b)(7)(c)
	responded, "I am not taking a video and I am not doing anything wrong." The CBP yelled
	repeatedly "give me your goddam phone you son of a bitch" or words to that effect. [INTER. DATE: had
	not taken a video or a photograph of anyone. [DIGE, (DITT)(C)] asked for a supervisor.
	and success to the property of the formal success to a purpose the success to the property of the success to th
	The CBP agent rushed [IDIGN. IDIGN. I
	agents joined in. During this time, (b)(6), (b)(7)(C) said to the agents, "He hasn't
	done anything." An agent or agents shoved (b)(6), (b)(7)(C) in the back with such force that
	he was thrown over a cement bench onto the floor. Once (b)(6), (b)(7)(C) was on the ground
	face-down, multiple agents twisted his arm so violently that he suffered an (b)(6), (b)(7)(C)
-	(b)(6), (b)(7)(C) Agents banged the handcuff against his hands,
-	causing (b)(6), (b)(7)(c) Once (b)(6), (b)(7)(c) was in handcuffs, an agent repeatedly punched him
	in the ribs (b)(6), (b)(7)(C)
	(b)(6), (b)(7)(C) When she
	was pleading with the agents to stop beating her husband and son, CBP agents told her to "shut
	up." After agents placed (b)(6), (b)(7)(C) in holding cells, (b)(6), (b)(7)(C) was left
	alone without any explanation as to what was happening. (b)(6), (b)(7)(C) who relies
	substantially on her husband for her daily activities, was terrified.
	and the state of t
	Response to Section 10
	Response to Section 10.
	(b)(6), (b)(7)(C) authorized the filing of this claim by their
	(b)(6), (b)(7)(C) authorized the filing of this claim by their
	(b)(6), (b)(7)(C) authorized the filing of this claim by their attorney and agent, (b)(6), (b)(7)(C) as certified by the attached authorization
	(b)(6), (b)(7)(C) authorized the filing of this claim by their attorney and agent, (b)(6), (b)(7)(C) as certified by the attached authorization The CBP officers in this case acted either negligently or with deliberate and malicious
	(b)(6), (b)(7)(C) authorized the filing of this claim by their attorney and agent, (b)(6), (b)(7)(C) as certified by the attached authorization. The CBP officers in this case acted either negligently or with deliberate and malicious disregard for the Constitutional rights of the (b)(6), (b)(7)(C). They attacked an elderly man for no
	(b)(6), (b)(7)(C) authorized the filing of this claim by their attorney and agent, (b)(6), (b)(7)(C) as certified by the attached authorization. The CBP officers in this case acted either negligently or with deliberate and malicious disregard for the Constitutional rights of the (b)(6), (b)(7)(C). They attacked an elderly man for no reason, causing (b)(6), (b)(7)(C). They left an elderly and helpless woman terrified and
	(b)(6), (b)(7)(C) authorized the filing of this claim by their attorney and agent, (b)(6), (b)(7)(C) as certified by the attached authorization The CBP officers in this case acted either negligently or with deliberate and malicious disregard for the Constitutional rights of the (b)(6), (b)(7)(C) They attacked an elderly man for no reason, causing (b)(6), (b)(7)(C) They left an elderly and helpless woman terrified and confused as to what was happening.
	(b)(6), (b)(7)(C) authorized the filing of this claim by their attorney and agent, (b)(6), (b)(7)(C) as certified by the attached authorization The CBP officers in this case acted either negligently or with deliberate and malicious disregard for the Constitutional rights of the (b)(6), (b)(7)(C) They attacked an elderly man for no reason, causing (b)(6), (b)(7)(C) They left an elderly and helpless woman terrified and confused as to what was happening. Their actions give rise to causes of action under the FTCA including but not limited to
	(b)(6), (b)(7)(C) authorized the filing of this claim by their attorney and agent, (b)(6), (b)(7)(C) as certified by the attached authorization The CBP officers in this case acted either negligently or with deliberate and malicious disregard for the Constitutional rights of the (b)(6), (b)(7)(C) They attacked an elderly man for no reason, causing (b)(6), (b)(7)(C) They left an elderly and helpless woman terrified and confused as to what was happening.

AUTHORIZATION

I authorize (b)(6), (b)(7)(C) to file a claim on my behalf against Customs and Border Protection and/or its agents.



(b)(6), (b)(7)(C)

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:

U.S. Customs and Border Protection

(b)(7)(E)

Name, address of claimant, and claimant's personal representative if any.
 (See instructions on reverse), Number, Street, City, State and Zip code.

(b)(6), (b)(7)(C)

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STAT	rus	6. DATE AND DAY OF ACCIDE		7. TIME (A.M. OR P.M.)
MILITARY X CIVILIAN	n/a	n/a		^{(D)(6): (D)(7)(C)} 2019	(b)(6): (b)(7)(C) 2019	Multiple Days
8. BASIS OF CLAIM (State in detail the cause thereof. Use additional See Attachment 1. 9. NAME AND ADDRESS OF OWNER.	the known facts and circumst pages if necessary).	tances attending the control of the	ERTY DA	injury, or death, identifying persons		
n/a						
BRIEFLY DESCRIBE THE PROPER (See instructions on reverse side). n/a	ITY, NATURE AND EXTENT	OF THE DAMAGE A	ND THE	LOCATION OF WHERE THE PRO	OPERTY MAY BE IN	ISPECTED.
10.		PERSONAL INJ	URY/WR	ONGFUL DEATH		
STATE THE NATURE AND EXTEN OF THE INJURED PERSON OR DE				Name of the second seco	IF OTHER THAN C	LAIMANT, STATE THE NAME
	T +	/ 28/	-TME CC	FA		
11.	Annual (1984) 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 10	1	/ITNESS!			
NAMI	<u>i</u>	David Control of the		ADDRESS (Number, Street, Cit	y, State, and Zip Co	de)
See Attachr	nent 1.		5-20-1-1-2-1-2-2			
12. (See instructions on reverse).		AMOUNT O	F CLAIM	(in dollars)		
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	Y		RONGFUL DEATH	forfeiture of yo	e to specify may cause our rights).
0.00 I CERTIFY THAT THE AMOUNT OF	25,000.00	TACES AND IN HIS	0.00	IOTE DU TUT INCIDENT ADOME	25,000.00	
FULL SATISFACTION AND FINAL			IES CAU	DED BY THE INCIDENT ABOVE	AND AGREE TO A	CCEPT SAID AMOUNT IN
13a. ŞIGNATURE OF CLAIMANT (S	ee instructions on reverse si	de).	_	13b. PHONE NUMBER OF PER	SON SIGNING FOR	M 14. DATE OF SIGNATURE
(b)(6), (b)(7)(C)			(b)(6), (b)(7)(C)		(b)(8); (b)(7)(C) 2019
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM 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				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		
by the Government. (See 31 U.S.C.				I		

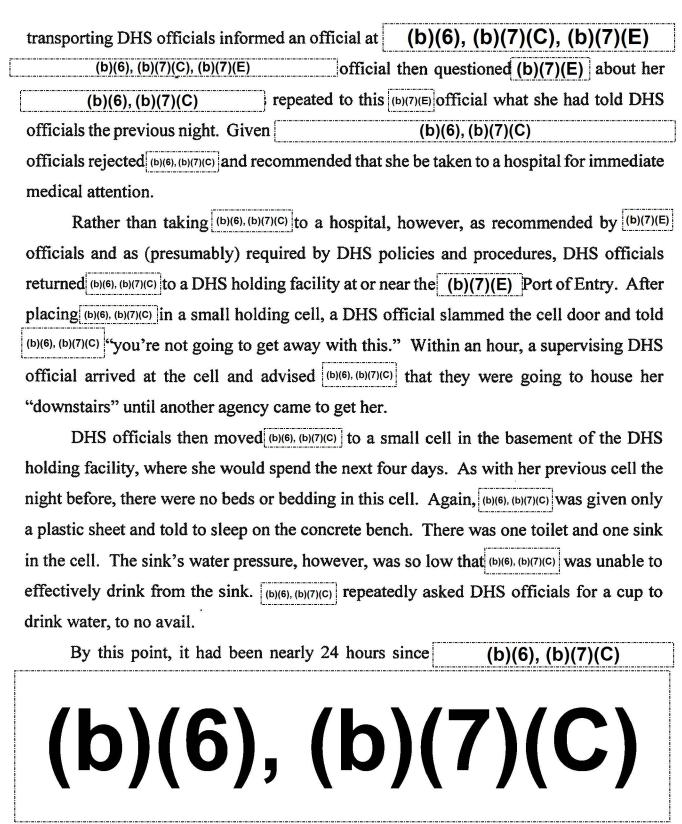
INSURANC	E COVERAGE
In order that subrogation claims may be adjudicated, it is essential that the claimant provid	le the following information regarding the insurance coverage of the vehicle or property.
15. Do you carry accident Insurance? Yes If yes, give name and address of insu	rance company (Number, Street, City, State, and Zip Code) and policy number. X
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full co	verage or deductible? Yes X No 17. If deductible, state amount.
	0.00
18. If a claim has been filed with your carrier, what action has your insurer taken or propos n/a	ed to take with reference to your claim? (It is necessary that you ascertain these facts).
19. Do you carry public liability and property damage insurance? Yes If yes, give n	name and address of insurance carrier (Number, Street, City, State, and Zip Code). X
INSTRI	UCTIONS
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	
Complete all items - Insert the	e 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 <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> 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.	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,
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.	and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
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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.	(d) Failure to specify a sum certain will render your claim invalld and may result in forfeiture of your rights.
	ACT NOTICE
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. 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."
PAPERWORK RED	UCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

ATTACHMENT 1 TO ADMINISTRATIVE CLAIM FOR DAMAGES

Claimant (b)(6), (b)(7)(C) or "Claimant") submits thi	S					
Administrative Claim to the United States Department of Homeland Security ("DHS")					
[which includes the sub-agencies of Customs and Border Protection ("CBP") and	d					
(b)(7)(E)						
(b)(7)(E) pursuant to 28 U.S.C. § 2675(a). The purpose of this Claim i	S					
to provide notice to DHS, (b)(7)(E)	f					
damages arising from these officials' negligence and the violation of Claimant's						
constitutional rights. Unless this Claim is accepted and appropriate compensation paid	Ŀ					
therefor, Claimant intends to file suit.						
1. Name & Address of Claimant: (b)(6), (b)(7)(C)						
(b)(6), (b)(7)(C)						
2. Name of Claimant's Legal Representative (Where Notices to Be Sent):						
(b)(6) (b)(7)(C)						
(b)(6), (b)(7)(C)						
(b)(6), (b)(7)(C)						
	•					
3. Basis of Claim: In the evening hours of Friday, (b)(6); (b)(7)(C) 2019, DHS						
3. Basis of Claim: In the evening hours of Friday, (b)(6); (b)(7)(C) 2019, DHS officials arrested (b)(6), (b)(7)(C) at the (b)(7)(E) Port of Entry. DHS officials (believed to be	9					
3. Basis of Claim: In the evening hours of Friday, (b)(6); (b)(7)(C) 2019, DHS officials arrested (b)(6), (b)(7)(C) at the (b)(7)(E) Port of Entry. DHS officials (believed to be agents or officials working in the course and scope of their employment by CBP (b)(7)(c)	e E)					
3. Basis of Claim: In the evening hours of Friday, (b)(6); (b)(7)(C) 2019, DHS officials arrested (b)(6), (b)(7)(C) at the (b)(7)(E) Port of Entry. DHS officials (believed to be agents or officials working in the course and scope of their employment by CBP (b)(7)(C) placed (b)(6), (b)(7)(C) in an interrogation room in a DHS holding facility at or near the	e E) e					
3. Basis of Claim: In the evening hours of Friday, (b)(6); (b)(7)(C) 2019, DHS officials arrested (b)(6), (b)(7)(C) at the (b)(7)(E) Port of Entry. DHS officials (believed to be agents or officials working in the course and scope of their employment by CBP (b)(7)(C) placed (b)(6), (b)(7)(C) in an interrogation room in a DHS holding facility at or near the (b)(7)(E) Port of Entry, where they questioned her for more than an hour. (b)(6), (b)(7)(C)	e E) e					
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3. Basis of Claim: In the evening hours of Friday, (b)(6); (b)(7)(C) 2019, DHS officials arrested (b)(6), (b)(7)(C) at the (b)(7)(E) Port of Entry. DHS officials (believed to be agents or officials working in the course and scope of their employment by CBP (b)(7)(C) placed (b)(6), (b)(7)(C) in an interrogation room in a DHS holding facility at or near the (b)(7)(E) Port of Entry, where they questioned her for more than an hour. (b)(6), (b)(7)(C) informed these officials that she had been (b)(6), (b)(7)(C)	e E) C)					
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DHS officials that she had been	(b)(6), (b)(7)(C)	Specific	cally (b)(6), (b)(7)(C)
informed these officials that she	(b)(6), (b)(7)(C)	
	(b)(7)(C)		
(b)(6), (b)(7)(C) informed these officials t	hat she was (b)	(6), (b)(7)(C)	and that she
typically (
That night, (b)(6), (b)(7)(C) began	experiencing the	(b)(6), (b)	(7)(C)
	(b)(6), (b)(7)(C)		
(b)(6), (b)(7)(C) red	quested that the offici	als send a medi	ical provider to
evaluate her. The officials respon	nded that they would	send someone.	However, no
medical provider ever arrived. The	re were no beds or bed	lding in (b)(6), (b)(7	cell; rather,
(b)(6), (b)(7)(C) was given a plastic sheet	and told to sleep on th	e concrete benc	h.
The following morning, Satur			
(b)(6),	(D)	(/)((C)
DHS officials informed (b)(6), (b	that she would be	transported to th	ne (b)(7)(E)
(b)(7)(E)	later that morning.	As DHS officia	ls prepared (b)(7)(E)
(b)(7)(E) for transport, (b)(6), (b)(7)(C) infor	med the officials that	she was (b)	(6), (b)(7)(C)
(b)(6), (b)(7)(C)	, and that she neede	d medical atten	tion. Moments
later, a non-physician medical provi-	der (believed to be an a	gent or official	working within
the course and scope of their employ	ment by DHS and/or I	HS) entered th	e cell, took (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C) blood pressure and pulse. (b)(6), (b)(7)(c) received no n	nedical treatmen	it (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)			
DHS officials then transport	ed (b)(6), (b)(7)(C), (b)(7)(After arrivi	ng, one of the
	2		
ATTACHMENT I TO	ADMINISTRATIVE CLAIM I	OR DAMAGES	



(b)(6), (b)(7)(C) continued to experience these symptoms for the remainder of her time

at the DHS holding facility.

Hardwillians and Control and C
In addition to these symptoms being obvious to anyone who spent any time with
(b)(6), (b)(7)(C) over the next four days, (b)(6) repeatedly stated to DHS officials that she
was experiencing these (b)(6), (b)(7)(C) and requested to see a doctor or to be taken
to the hospital for immediate medical attention and supervision. However, DHS officials
ignored (b)(6), (b)(7)(c) pleas for help. (b)(6), (b)(7)(c) was not seen by any doctor, nurse, or other
medical provider, and (b)(6), (b)(7)(c) was not provided any medical attention or supervision
whatsoever to treat her (b)(6), (b)(7)(C)
At several points, DHS officials even closed the small window to her cell to silence
(b)(6), (b)(7)(C) continued pleas for medical attention. DHS officials told (b)(6), (b)(7)(C) "you're
not our problem, you belong to the people upstairs."
In addition to denying (b)(6),(b)(7)(C) medical attention, DHS officials refused to allow
(b)(6), (b)(7)(c) to leave her cell, refused to provide her with access to basic hygiene (including
a shower, a tooth brush, a water cup, or a change of clothing), refused to allow her to make
a phone call, refused her access to an attorney, and failed to present her to a judge.
On Monday, (b)(6); (b)(7)(C) 2019, (b)(6), (b)(7)(C) was scheduled for her initial court
appearance before (b)(6), (b)(7)(C) U.S. Magistrate Judge. At that hearing, the
government misrepresented to the court and defense counsel that (b)(6), (b)(7)(C) was
unavailable to be brought to court, because she was (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C) Specifically, the government advised the court that, (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C) In
fact, (b)(6), (b)(7)(c) remained locked in a cell in the basement of the DHS holding facility at or
near the (b)(7)(E) Port of Entry, where she had been arrested three days earlier, and
where DHS officials continued to deny her medical treatment and supervision, as well as
basic provisions needed while in custody.
The following day, Tuesday, (b)(6); (b)(7)(C) 2019, the government again
misrepresented to the court and defense counsel that (b)(6), (b)(7)(C) was still unavailable to be

brought to court, because she remained at (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)
Later that same day, after being locked in the same cell for four days straight,
began yelling and banging on her door in an attempt to get medical treatment, a
shower, and a change of clothes. Moments later, a DHS official entered (b)(6), (b)(7)(C) cell,
grabbed (b)(6), (b)(7)(C) and carried her to a nearby rubber-lined isolation cell. Later that night,
(b)(6), (b)(7)(c) was transferred to a larger holding cell, which contained five other prisoners.
Again, (b)(6), (b)(7)(c) was forced to sleep on a concrete bench with nothing more than a plastic
sheet. During this time, (b)(6), (b)(7)(C) symptoms persisted and
she continued to plead for medical attention.
The following day, Wednesday, (b)(6); (b)(7)(C) 2019, DHS officials finally transported
(b)(6), (b)(7)(C) to court for her initial appearance. Later that afternoon, following her court
hearing, DHS officials transported (b)(6), (b)(7)(C) where she was successfully
admitted.
4. Identity of Agents and Officials Involved: At this time, Claimant is
unaware of the identity of the DHS, CBP, (b)(7)(E) agents and officials who were
involved in the incident giving rising to this claim. Such individuals would include, for
example, any agent or official who made the decision to allow (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C) in holding cells at the port of entry (instead of at a hospital).
Such individuals would also include any agent or official who detained, transported, or
held in custody, (b)(6), (b)(7)(c) while she was exhibiting objective signs of a serious medical
need that went untreated. Such individuals would also include any medical provider who
failed to treat the life-threatening components of (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)
5. Liability for Damages: Based on the foregoing facts, unless this Claim is
accepted and appropriate compensation is paid therefor, Claimant intends to file suit
against the United States of America and against one or more (currently unknown) DHS.

CBP. (b)(7)(E) agents and officials who were involved in the incident giving rising to this claim, asserting the following causes of action:

- a. Against the individuals: claims for violations of (b)(6), (b)(7)(C) federal civil rights, including her right to be free from unreasonable seizures under the Fourth Amendment to the U.S. Constitution and her right to be free from deliberate indifference to her serious medical needs under the Fourteenth Amendment to the U.S. Constitution (pursuant to Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971)); and
- b. Against the United States: claims for negligence (including gross negligence) and false imprisonment/unnecessary delay in processing, pursuant to the Federal Tort Claims Act and California law.
- 6. Description of Injuries: As an actual and proximate result of the events described above, Claimant suffered general damages, including those arising from physical injury, pain and suffering, and emotional distress.
- 7. Amount of Claim: Claimant seeks \$25,000.00 in compensation for her damages, which represents \$5,000 per day, for each of the five days (b)(6), (b)(7)(C) was forced to endure a (b)(6), (b)(7)(C) including all the (b)(6), (b)(7)(C) symptoms described herein.
- 8. Deficiency in Claim: If this claim fails to comply in any respect with any requirements of Tort Claims Act, please provide written notice of the deficiency.

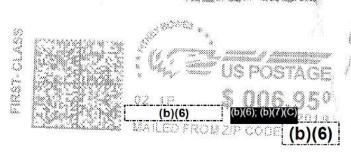
Dated: (b)(6); (b)(7)(C)

By: (b)(6)

Attorneys for Claimant

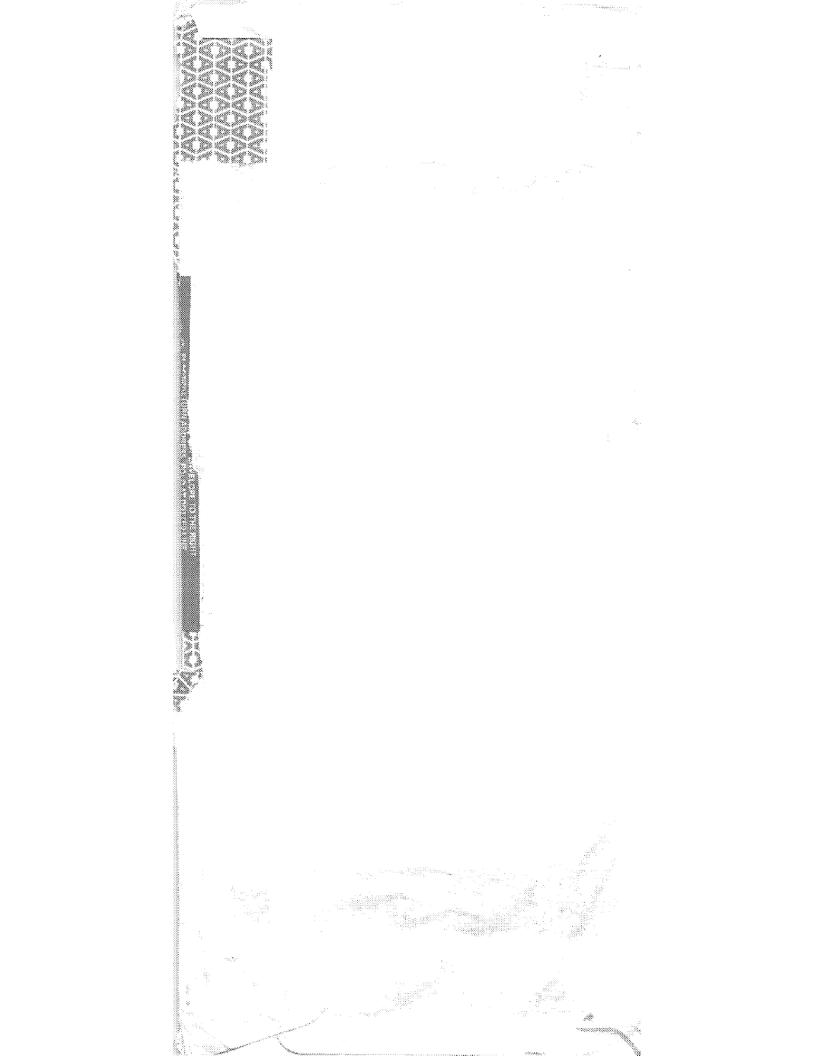
BERTHENNALL

(b)(6)



U.S. Customs and Border Protection

(b)(7)(E)



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 dalmant and dalmant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Office of Assistant Chief Counsel Department of Homeland Security 6), (b)(7)(U.S. Customs and Border Protection 6650 Telecom Drive, Indianapolis, IN 46278 (b)(6), (b)(7)(C) 5. MARITAL STATUS 7. TIME (A.M. OR P.M.) 3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH MILITARY CIVILIAN Thursday 3: 200m (b)(6), (b)(7)(C)Sinal e 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.) Making a right turn on to Approximatly 3:20 pm on 09/02/21 I was when Officer (b)(6), (b)(7)(C) (b)(7)(E)Rear ended my vehicle before I made the turn. His vehicle Impacted the left rear of my vehicle LN:ssanversa). PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). SRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) Daymage to Pear left of My venicle (2018 Nissan Versa)
Photos can be provided on requestion Scheduled to be inspected in person. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND SXYENT OF EACH INJURY OR CAUGE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. (b)(6), (b)(7)(C)WITNESSES 11. ADDRESS (Number, Street, City, State, and Zip Code) NAME NIA NIA AMOUNT OF CLAIM (in dollars) 12. (See instructions on reverse.) 12d. TOTAL (Failure to specify may cause 12c, WRONGFUL DEATH 12a. PROPERTY DAMAGE 12b. PERSONAL INJURY . forfelture of your rights.) \$ 5,000. 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 14. DATE OF SIGNATURE 13b. Phone number of person signing form 136. SIGNATUR See instructions on reverse side.) (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CIVIL PENALTY FOR PRESENTING CLAIM OR MAKING FALSE STATEMENTS FRAUDULENT CLAIM The claimant is liable to the United States Government for the 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 of not more than \$10,000 or imprisonment for not more than 5 years 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 his vehicle or property.

15. Do you carry accident insurance? **C'es if yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number.

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount,

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.)

NIA

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).

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

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 malled.

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 filed 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 #12 of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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.

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 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 burtal 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.

PRIVACY ACT NOTICE

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.

 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. 2871 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".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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

 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 U.S. CUSTOMS AND BORDER PROTECTION b)(6), (b)(7) 3. TYPE OF EMPLOYMENT 5. MARITAL STATUS 4. DATE OF BIRTH AND DAY OF ACCIDENT MILITARY XCIVILIAN (b)(6), (b)(7)(C) Single (6)(6), (6)(7)(C) 2018 1:35 P.M. 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.) (b)(6), (b)(7)(C)) and her family, including her parents and two minor siblings were traveling westbound on (b)(7)(E) when they approached the (b)(7)(E) As the (b)(6), (b)(7)(C) who was traveling northbound on (b)(7)(E) in his on-duty emergency vehicle, failed to stop at the stop sign before entering the intersection at (b)(7)(E) and raveled into the direct path of the (INDIA) vehicle causing the two vehicles to collide with great force. The impact was so severe, it totaled the INDIA, IN and caused Agent was vehicle to flip onto its side, coming to sest on a nearby dirt path. The (INITIAL) harrative, statements, diagram and photographs of the incident can be found in the traffic collision report which is attached hereto. (b)(6), (b)(7)(C) and his family sustained severe personal injuries. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). (b)(6), (b)(7)(C)BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)
The was remove vehicle was towed by (b)(7)(E)PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. (b)(6), (b)(7)(C) WITNESSES 11. NAME ADDRESS (Number, Street, City, State, and Zip Code) (b)(6), (b)(7)(C)(b)(6), (b)(7)(C) AMOUNT OF CLAIM (in dollars) 12. (See instructions on reverse.) 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 128. PROPERTY DAMAGE 12d. TOTAL (Failure to specify may cause N/A as to claimants as they didn't forfeiture of your rights.) own vehicle. Property damage Not Applicable 25,000,000.00 \$25,000,000.00+ pending. 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 (b)(6); (b)(7)(C)2019 (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) CIVIL PENALTY FOR PRESENTING CRIMINAL PENALTY FOR PRESENTING FRAUDULENT FRAUDULENT CLAIM CLAIM OR MAKING FALSE STATEMENTS The claimant is liable to the United States Government for the civil penalty of not less than Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained (See 18 U.S.C. 267, 1001.)

by the Government. (See 31 U.S.C. 3729.)

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurar	ice coverage of his vehicle or property.
15. Do you carry accident insurance? *Yes If yes, give name and address of insurance combany (Number, Street, City, State, and Zip (b)(6), (b)(7)(C)	Code) and policy number. So No
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? Wes Claimants have put (b)(6), (b)(7)(C) on notice of the claim.	17. If deductible, state amount. Not Applicable
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 not The vehicle involved is not owned by Claimants, however, Claimants' auto insurers have been n \$5,000 per person available for medical payment through (b)(6), (b)(7)(C) auto insurance and (b)(6), (b)(7)(C)	otified and there appears to be
19. Do you carry public liability and property damage insurance? *Yes If yes, give name and address of insurance carrier (Number, St. (b)(6), (b)(7)(C)	reet, City, State, and Zip Code). S No

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

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 desmed 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 29, 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 filed 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 fegal 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 properly damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.

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 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 properly, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by retiable, disinterested concerns, or, if payment has been made, the itemized signed receipts audencing 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.

- 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. Parl 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.
- 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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	INJURY, OR DEATH reverse side and suppl form. Use additional instructions.			Please read carefully the instructions on the ly information requested on both sides of this sheel(s) if necessary. See reverse side for			FORM APPROVED OMB NO. 1105-0008	
Submit To Appropriate Federal Agency: US Border Patrol			Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) (b)(6), (b)(7)(C)					
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH 5. MARITAL STATUS (b)(6), (b)(7)(C)					6. DATE AND DAY OF ACCIDENT 7. TIME (A.I. (b)(6), (b)(7)(C) 8:38 AM			7. TIME (A.M. OR P.M.) 8:38 AM
······································	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.)							
м 200 0 м на при	JS border patrol driver rear ended	cimi and cimi rear ende	c((b)(6), (b)(7)(C) } \	who is it	nsured with [)(6), (b)(7)(C)		
Second .	9.	***************************************	PROPI	ERTY DA	MAGE			
harmon managed	NAME AND ADDRESS OF OWNER,	IF OTHER THAN CLAIMAN	IT (Number, Street, (City, Stat	e, and Zip Code	»).		
000000000000000000000000000000000000000	BRIEFLY DESCRIBE THE PROPERT (See instructions on reverse side.) Rear body and floor Damage, Vi	Y, NATURE AND EXTENT ehicle being repaired at	OF DAMAGE AND	THE LOC		e property ma)(6), (b)(7		
-	10.		PERSONAL INJU	JRYWR	ONGFUL DEAT	Н		
***************************************	STATE NATURE AND EXTENT OF E INJURED PERSON OR DECEDENT. Shoulder		OF DEATH, WHICH	FORMS	THE BASIS OF	THE CLAIM, IF C	THER THAN CLAIM	IANT, STATE NAME OF
	11.		W	MVESSE	is .			***************************************
······································	NAME		•••••		ADDRESS (Number, Street, City, State, and Zip Code)			
000000000000000000000000000000000000000	12. (See instructions on reverse.)		AMOUNT O	F CLAU	(in dollars)		***************************************	
12s. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. V 5948.49				12c. W	WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.)			
dimension	I CERTIFY THAT THE AMOUNT OF FULL SATISFACTION AND FINAL S			RIES CAI	JSED BY THE	INCIDENT ABOVE	E AND AGREE TO A	CCEPT SAID AMOUNT IN
Š	13a. SIGNATURE OF CLAIMANT (Sa	e instructions on reverse si	de.)		,		14. DATE OF SIGNATURE (b)(6), (b)(7)(C)	
· Barrer Constitution of the Constitution of t		VALTY FOR PRESENTING AUDULENT CLAIM		***************************************	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for the 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.)				than	Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

INSURANCE COVERAGE

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15. Do you carry accident insurance? IX Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number.

m Ma

(b)(6), (b)(7)(C)

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

Yes

TINO

17. If deductible, state amount.

(b)(6), (b)(7)(C)

Full Coverage

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.)

(b)(6), (b)(7)(C) is repairing (b)(6), (b)(7)(C) vehicle and we will send a subrogation demand to you once we have that information

19. Do you carry public liability and property damage insurance? X Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code).

a No

(b)(6), (b)(7)(C)

INSTRUCTIONS

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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

Submit To Appropriate Federa								
OFFICE ASSIST CHIEF COUNS US CUSTOMS & BORDER PAT 2411 BOSWELL RD CHULA VISTA, CA, 91914 Phone (b)(7)(E)	SEL		any. Cod	y. (See instructions on re-	verse.) (Number	personal representative, if street, City, State and Zip		
3. TYPE OF EMPLOYMENT MILITARY XCIVILIAN	4. DATE OF BIRTH n/a	5. MARITAL STA		DATE AND DAY OF ACC	IDENT	7. TIME (A.M. OR P.M.) 10:00 pm		
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.) Your vehicle, driven by (b)(6), (b)(7)(C), made an illegal U-turn thru opening that separates NB/SB of HWY. Location (b)(7)(E) Your vehicle: 2020 FORD F150								
					ianinganikaninan kananan kanganan kananan kanan			
9.	***************************************	PROPE	RTY DAMAGE		000000000000000000000000000000000000000			
NAME AND ADDRESS OF OWNER, (b)(6), (if other than claiman b)(7)(C)	IT (Number, Street, C	lly. State, and	d Zip Code).				
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.) 2021 Toyota RAV4 Damages: Fender DS, Front End	TY, NATURE AND EXTENT	OF DAMAGE AND 1	HE LOCATION	N WHERE PROPERTY MAY	Y BE INSPECTED.			
10.		PERSONAL INJU	RYWRONGF	FUL DEATH		***************************************		
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. 1/2								
11.		Wi	TNESSES					
11.		Wi	***************************************	DRESS (Number, Street, City	r. State, and Zip Cod	e)		
**************************************		wi n/a	***************************************	DRESS (Number, Street, City	r. State, and Zip Cod	e)		
NAME		n/a	***************************************		r. State, and Zip Cod	e)		
NAME n/a	12b. PERSONAL INJURY	n/a AMCUNT O	ADD		12d. TOTAL (Faibr	re to specify may cause		
NAME n/a 12. (See instructions on reverse.)	12b. PERSONAL INJURY	n/a AMCUNT O	ADD	Ioliars)		re to specify may cause		
NAME n/a 12. (See instructions on reverse.) 12a. PROPERTY DAMAGE	CLAIM COVERS ONLY DA	n/a AMCUNT O n/a MAGES AND INJUR	ADD F CLAIM (in do 12c. WRONG	ioliars) GFUL DEATH n/a	12d. TOTAL (Failure of yo	re to specify may cause our rights.) \$35,921.03		
NAME 12. (See instructions on reverse.) 12a. PROPERTY DAMAGE \$35,921.03	CLAIM COVERS ONLY DA	n/a AMCUNT O n/a MAGES AND INJUR	ADD F CLAIM (In de 12c. WRONG	ioliars) GFUL DEATH n/a	12d. TOTAL (Faibr forfeiture of yo AND AGREE TO A	re to specify may cause our rights.) \$35,921.03		
NAME 12. (See instructions on reverse.) 12a. PROPERTY DAMAGE \$35,921.03 I CERTIFY THAT THE AMOUNT OF FULL SATISFACTION AND FINAL S 13a. SIGNATURE OF CLAIMANT (See	CLAIM COVERS ONLY DA ETTLEMENT OF THIS CL/ le instructions on reverse si	n/a AMCUNT O n/a MAGES AND INJUR UM	ADD F CLAIM (In de 12c. WRONG	Ioliars) GFUL DEATH n/a I BY THE INCIDENT ABOVE D. Phone number of person si	12d. TOTAL (Faibr forfeiture of yo AND AGREE TO A	re to specify may cause our rights.) \$35,921.03 CCEPT SAID AMOUNT IN		
NAME 12. (See instructions on reverse.) 12a. PROPERTY DAMAGE \$35,921.03 I CERTIFY THAT THE AMOUNT OF FULL SATISFACTION AND FINAL S 13a. SIGNATURE OF CLAIMANT (See CIVIL PER	CLAIM COVERS ONLY DA	n/a AMCUNT O n/a MAGES AND INJUR UM	ADD F CLAIM (In de 12c. WRONG	GFUL DEATH n/a BY THE INCIDENT ABOVE Phone number of person s (b)(6), CRIMINAL PENAL	12d. TOTAL (Faibritorieaure of your annual section of the section	re to specify may cause our rights.) \$35,921.03 CCEPT SAID AMOUNT IN 14. DATE OF SIGNATURE (b)(6), (b)(7)(C)		

STANDARD FORM 96 PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

(b)(6), (b)(7)(C)

INSURANCE COVERAGE

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

15. Do you carry accident insurance? XYes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number.

a No

(b)(6), (b)(7)(C)

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?
Deductible

EYes

TINO

17. If deductible, state amount.

(b)(6), (b)(7)(C)

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.)

Carrier is presenting a claim for insured deductible and (b)(6), (b)(7)(C), interest. (b)(6), (b)(7)(C) will reimburse our insureds (b)(6), (b)(7)(C)

deductible upon receipt of payment. Permission to include deductible form to follow.

19. Do you carry public flability and properly damage insurance? X Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Ztp Code). DNo

(b)(6), (b)(7)(C)

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 CEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM ACLAIMANT, 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

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 them #1 on the reverse side may be contacted. Complete regulations partiaining to ctaims asserted under the Federal Tori 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 filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to ect 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 little or legal capacity of the person signing and be accompanied by avidence of his/her authority to present a claim on behalf of the claimant as agent, executor, admir/strator, 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 flem #12 of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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 YBARS AFTER THE CLAIM ACCRUES.

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 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, distincted concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for demage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the enginel 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.

PRIVACY ACT NOTICE

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.

A. Authority: The requested information is solicited pursuant to one or more of

- A. Autoray: The requested information is solicized pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 of seq., 28 U.S.C. 2671 of 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 Nolices of Systems of Records for the agency to whom you are submitting this form for this Information.
- D. Effect of Faiture to Respond: Disclosure is votuntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

PAPERWORK REDUCTION ACT NOTICE

This notice is salely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing the structions, searching existing date sources, gathering and maintaining the date needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Toris Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form (s) to these addresses.

CLAIM FOR DAMAGE;	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: United States Barder-Patrul		2. Name, Address of claimant and any. (See instructions on reverse Code) (b)(6)	e.) (Number,	ersonal representative, if Street, City, State and Zip			
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH 5. MARITAL STATUS 6. DATE AND DAY OF ACCIDENT 7. TIME (A.M. OR P.M.) (b)(6), (b)(7)(C) 5:00							
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.) (In (b)(6), (b)(7)(C) Border patch Agent (b)(6), (b)(7)(C) Coursed the truffic collision by crotating several California Vehicle Cooles. The traffic collision manufest (b)(7)(E) (b)(7)(E) approximately (b)(7)(E)							
9.	PROPERTY DA	MAGE .					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMAN	IT (Number, Street, City, State	e, and Zip Code).	OI 1				
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT	OF DAMAGE AND THE LOC	CATION WHERE PROPERTY MAY BE I	NSPECTED.				
(See Instructions on reverse side.) 2001 Toyota Canry sustained damage to the Ruma entire left since of the venice as section and was transported							
(b)(7)(E)	venicle	(b)(7)(E)	/min - ca	was transporte			
10.	TEKSONAL INJOKYIWK						
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE (INJURED PERSON OR DECEDENT.	F DEATH, WHICH FORMS	THE BASIS OF THE CLAIM, IF OTHER	C THAN CLAIMA	IN 1, S HOND PLANE OF			
	to		E 12	1/2 (0)			
	(#)E		88	見る			
11.	WITNESSE	 ≣\$.	3750	₹ 5 0 €			
NAME		ADDRESS (Number, Street, City, Stat	e, and Zip Code				
Vine passengus being	Unknew	ν .					
Transported by Borow				*			
Partial Acent (b)(6), (b)(7)(C)							
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)							
12a. PROPERTY DAMAGE 12b. PERSONAL INJURY		RONGFUL DEATH 12d	TOTAL (Failure forfeiture of you	e to specify may cause ur rights.)			
9,858.45 1,000	9,858.63 1,000.00 NIA. 10,858.63						
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DA FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLA		USED BY THE INCIDENT ABOVE AND	AGREE TO AC	CEPT SAID AMOUNT IN			
13a SIGNATURE OF CLAIMANT (C.)	(C)	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C			
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FO					
The claimant is liable to the United States Government for the ch \$5,000 and not more than \$10,000, plus 3 times the amount of do by the Government. (See 31 U.S.C. 3729.)		Fine of not more than \$10,000 or Imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)					

INSURANCE COVERAGE

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

(b)(6), (b)(7)(C)

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes

17. If deductible, state amount,

Only, 40 claim was submitted

(b)(6), (b)(7)(C)

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.)

Insurace company has been adused of solution navever a claim her not been submitted a this time

19. Do you carry public liability and property damage insurance? Dives If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code).

D No

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

Fallure 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 malled.

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 filed 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 #12 of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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.

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 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.

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.

- 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.
- 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".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, Including the time for reviewing Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of Information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

RECVID

(b)(6); (b)(7)(C)

	JURY, OR I		reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.					
1. Submit to Appropriate Federal Agency: (b)(6), (b)(7)(C) CBP Assistant Chief Counsel's Office				2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. (b)(6), (b)(7)(C)				
(b)(7	ハロ			Ì				
3. TYPE OF EMPL	OYMENT	4. DATE OF BIRTH	5. MARITAL STATE	us	6. DATE AND DAY OF A	CCIDEN	T	7. TIME (A.M. OR P.M.)
MILITARY	X CIVILIAN	(b)(6), (b)(7)(C)	Single		(b)(6), (b)(7)(C)		riday	7:00 P.M.
the cause thereo	of, Use additional pa Border Patrol A							ved, the place of occurrence
See attached	document for	basis of claim.						
9.				RTY DA				
NAME AND ADDR	ESS OF OWNER, I	FOTHER THAN CLAIMAN	T (Number, Street, Ci	ity, State.	and Zip Code).			
Same as clai		Y, NATURE AND EXTENT					A. 1786 - 1 10.011 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000	
(See instructions o	n reverse side).	ions from bite wour						
10.			PERSONAL INJU	JRY/WRO	NGFUL DEATH			
Not applicabl	PERSON OR DECI							
11,			W	ITNESSE	S			
	NAME				ADDRESS (Number, St	reet, City	. State, and Zip C	ode)
(b)(6), (b)(7)(C) Same as claimant								
12. (See instruction	ns on reverse).		AMOUNT O	FCLAIM	(in dollars)			
12a, PROPERTY	DAMAGE	12b, PERSONAL INJURY	RY 12c, WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
26,822.25							26,822.25	
FULL SA	THE AMOUNT OF C	LAIM COVERS ONLY DA	MAGES AND INJUR	IES CAU	SED BY THE INCIDENT	ABOVE	AND AGREE TO	ACCEPT SAID AMOUNT IN
13a. SIGN (k	o)(6),	(b)(7)(C)		(b)(6), (b)(7)(C)			(b)(6), (b)(7)(C)
L		RAVOUCENT CLAIM	!				IY FOR PRESEN MAKING FALSE S	TING FRAUDULENT TATEMENTS
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 (Sec 31 U.S.C. 3779)			n	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)				

<u></u>							
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. X							
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No 17. If deductible, state amount.							
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). 19. Do you carry public liability and property damage insurance? X Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code).							
(b)(6), (b)(7)(C)							
INSTRI	JCTIONS						
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	e 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 <u>SUM CERTAIN</u> 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.	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,						
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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.	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.						
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.	(d) Failure to specify a sum certain will render your claim invalld and may result in forfeiture of your rights.						
	ACT NOTICE						
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. 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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On [b)(6), (b)(7)(C) at approximately 7 pm, I, (b)(6), (b)(7)(C) and my brother were outside in my front lawn with our three Chihuahuas (b)(6), (b)(7)(C) I was sitting in the front porch with with our three Chihuahuas (b)(6), (b)(7)(C) I was sitting in the front porch with side of our house, we saw a Golden Lab making its way toward our house from the south side of our house. I immediately stood up with with was toward our house from the south side of our house. I immediately stood up with with was friendly, and ordered my brother to pick up so we could put them inside the house, while with was friendly, and we didn't noticed a German Shepard was running toward us. I tried picking up with with German Shepard began chasing her immediately. He then grabbed her with his mouth, shook her and threw her up in the air. She landed on the porch and I tried picking her up again but the German Shepard immediately began chasing her again. He snatched her and began shaking her again. In the meantime, my brother and I were screaming for help, I managed to get a hold of the German Shepard and tried taking with him, but he would not unlatch. A construction worker, who was nearby, immediately grabbed the German Shepard and another one pulled way from it. They held on to the German Shepard until I put with with with the construction worker, who was nearby, immediately grabbed the German Shepard and I put with with with the construction worker, who was nearby, immediately grabbed the German Shepard and another one pulled way from it. They held on to the German Shepard until I put with with with with way to way from it. They

IN HIDY OF DEATH reverse side and supply			Please read carefully the instructions on the ly information requested on both sides of this heet(s) if necessary. See reverse side for			
Submit To Appropriate Federal Agency: US Customs and Border Protection			Code) (b	everse.) (Numbe)(6), (b)(r, Street, City, State and Zip 7)(C)	
				(b)(6	i), (b)((7)(C)
3. TYPE OF EMPLOYMENT □ MILITARY CIVILIAN				6. DATE AND DAY OF ACC	CIDENT	7. TIME (A.M. OR P.M.) 4:30 P.M.
Basis of Claim (State in detail place of occurrence and the control of the rain showing a reckless a reckless.)	ause thereof. Use addit ved in a high speed cl	ional pages if neo nase when Bord	essary.)		,
9.		PROPI	ERTY D	AMAGE		
NAME AND ADDRESS OF OWNER,	IF OTHER THAN CLAIMAN	IT (Number, Street,	City, Stat	te, and Zip Code).		
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.)	ry, nature and extent	OF DAMAGE AND	THE LO	CATION WHERE PROPERTY MA	Y BE INSPECTED.	
10.	oowoodoo maamaa aa	PERSONAL INJU	JRY/WR	ONGFUL DEATH	***************************************	
STATE NATURE AND EXTENT OF E.IN.IURED PERSON OR DECEDENT. (b)(6), (b)(7)(C) ; WICC	ach injury or cause ongful Death in Auto-A	of DEATH, WHICH ccident. Multip	FORMS ble Blur	THE BASIS OF THE CLAIM. IF C nt Force Injuries - Pronoun	OTHER THAN CLAIN	MANT, STATE NAME OF Scene.
11.		W	ITNESSI	ES	••••	
NAME			ADDRESS (Number, Street, City, State, and Zip Code)			
(b)(6), (b)	(7)(C)		M15.011.02.002			
12. (See instructions on reverse.)		AMOUNT O	F CLAIN	Vi (in dollars)		
12a. PROPERTY DAMAGE	Y DAMAGE 12b. PERSONAL INJURY 12c. V		12c. V	RONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$10,000,000.00		our rights.)
I CERTIFY THAT THE AMOUNT OF FULL SATISFACTION AND FINAL S			RIES CA	USED BY THE INCIDENT ABOVE	AND AGREE TO A	CCEPT SAID AMOUNT IN
13a. SIGNATURE OF CLAIMANT (Se	e instructions on reverse si	de.)		13b. Phone number of person s	13b. Phone number of person signing form 14. DATE OF SIGN	
	NALTY FOR PRESENTING AUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for the 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.)			than	Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

CLAIM FOR E INJURY, OR	reverse side an	d supply tional sh	Please read carefully the inst y information requested on bo neet(s) if necessary. See reve	th sides of this	FORM APPROVED OMB NO. 1105-0008		
Submit To Appropriate Federal Agency: US Customs and Border Protection			Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)				
3. TYPE OF EMPLOYMENT MILITARY CIVILIAN	4. DATE OF BIRTH	5. MARITAL ST	ATUS	6. DATE AND DAY OF ACC (b)(6), (b)(7)(C)	CIDENT	7. TIME (A.M. OR P.M.) 4:30 P.M.	
Basis of Claim (State in deta place of occurrence and the Mother was a passenger involution in the rain showing a reckless	cause thereof. Use additional course thereof. Use additional course the cause of th	tional pages if neo hase when Bord	essary.)			
9.		PROP	ERTY DA	AMAGE		a	
NAME AND ADDRESS OF OWNER	R, IF OTHER THAN CLAIMAN	VT (Number, Street,	City, Stat	ie, and Zip Code).			
BRIEFLY DESCRIBE THE PROPEI (See Instructions on reverse side.)	RTY, NATURE AND EXTENT	OF DAMAGE AND	THE LOC	CATION WHERE PROPERTY MA	Y BE INSPECTED.		
10.		PERSONAL INJ	JRY/WR	ONGFUL DEATH			
STATE NATURE AND EXTENT OF INJURED PERSON OR DECEDEN (b)(6), (b)(7)(C)							
11,		W	ITNESSI	ES			
NAME		ADDRESS (Number, Street, City, State, and Zip Code)					
(b)(6), (b)(7)(C)						
12. (See instructions on reverse.)		AMOUNT C	F CLAIN	/i (in dollars)			
12a, PROPERTY DAMAGE 12b, PERSONAL INJURY 12c, V			12c. W	RONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$10,000,000.00			
I CERTIFY THAT THE AMOUNT OF			RIES CAI	USED BY THE INCIDENT ABOVE			
13a. SIGNATURE OF CLAIMANT (13b. Phone number of person s	igning form	14. DATE OF SIGNATURE	
	ENALTY FOR PRESENTING RAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
FRAUDULENT CLAIM The claimant is liable to the United States Government for the 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 of not more than \$10,000 or imprisonment for not more than 5 years 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 his 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. Not applicable, claimant is son of the deceased. Deceased was a passenger in an auto-accident.						
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes 17. If deductible, state amount.						
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.)						
19. Do you carry public liability and property damage insurance? 口 Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). 寫 No						
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

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 filed 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 #12 of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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.

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 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.
- $\it (d)$ Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIMARY ACT NOTICE

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.

- 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".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

CLAIM FOR DAM INJURY, OR DE		INSTRUCTIONS: Please read carefully the instructions of the reverse stop and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.						
bmit To Appropriate Federal Ams and Border Patrol [(b)(7)(E)] Port of Entry [(b)(Z)(E)] (b)(7)(E)	**:-		a C	2. Name, Address of clairs and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code). (b)(6), (b)(7)(C)				
ALL TEARY MOIVILIAN	4. DATE OF BIRTH	5. MARITAL STAT		DATE AND DAY OF A	ENT (b)(7)(c)	7. TIME (A.M. OR P.M.) 2100 - 0500		
asis of Claim (State in detail tiece of occurrence and the callee attachment *Form 95 - 8"	he known facts and cir use thereof. Use addit	cumstances attendi ional pages if neces	ssary.)	arraga, ngury, or count, as re-		e e		
		PROPE	RTY DAN	IAGE				
ME AND ADDRESS OF OWNER, I	FOTHER THAN CLAIMA	NT (Number, Street, C	City, State,	and Zip Code).				
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EFLY DESCRIBE THE PROPERT De Instructions on reverse side.)	Y, NATURE AND EXTEN	T OF DAMAGE AND 1	ine Loc	THOM WHERE PROPERTY MAT	DC MOP COVE	•		
- Constitution - Cons	- Anna Carrier	PERSONAL INJU	URYMRO	INGFUL DEATH				
JURED PERSON OR DECEDENT.	AMAGEN AND AND AND AND AND AND AND AND AND AN		······································			- Marie Carrier Control of Contro		
	***************************************	W	/ITNESSE	5				
NAME				ADDRESS (Number, Street, City	y, State, and Zip	Code)		
known	ð	·	,	-				
. (See instructions on reverse.)	·	AMOUNT O	OF CLAIM	l (in dollars)				
B. PROPERTY DAMAGE \$0.00	12b. PERSONAL INJUI	SURY 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$0.00 \$220,500.00						
ERTIFY THAT THE AMOUNT OF JLL SATISFACTION AND FINALS	CLAIM COVERS ONLY D	DAMAGES AND INJUR	RIES CAL	JSED BY THE INCIDENT ABOVE	AND AGREE TO	ACCEPT SAID AMOUNT IN		
(b)(6),				13b. Phone number of person si (b)(6), (b)(7)(C)	14. DATE OF SIGNATURE (b)(6), (b)(7)(C)		
the claimant is liable to the United States Government for the civil pensity of not less than 5,000 and not more than \$10,000, plus 3 times the amount of damages sustained y the Government. (See 31 U.S.C. 3729.) CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (See 18 U.S.C. 287, 1001.)					ATEMENTS			

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4

INSURANCE	COVERAGE					
In order that subrogation claims may be adjudicated, it is essential that the claimant provide	the following information regarding the insurance	e coverage of his vehicle or property.				
15. Do you carry accident insurance? □ Yes If yes, give name and address of insurance N/A	company (Number, Street, City, State, and Zip C	ode) and policy number. a No				
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full cover N/A	age or deductible? Syes SNo	17. If deductible, state amount.				
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.)						
19. Do you carry public fiablifty and property damage insurance? □ Yes If yes, give nam	e and address of insurance carrier (Number, Stre	et, City, State, and Zip Code}. □ No				
Instru	CTIONS					
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 FROMA 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 <u>SUM CERTAIN</u> FOR INJURY I INJURY, OR DEATH ALLEGED TO HAVE OCC THE CLAIMMUST BE PRESENTED TO THE AF TWO YEARS AFTER THE CLAIM ACCRUES.	CURRED BY REASON OF THE INCIDENT.				
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	The amount claimed should be substantiated by (a) In support of the claim for personal injury or	•				

malled.

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

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at teast 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) Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

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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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On Thursday (b)(6), (b)(7)(C) at approximately 9:00 p.m., I was entering the United States from Mexico on my motorcycle at the (b)(7)(E) port of entry. Because my passport was recently reported missing, I was sent to secondary inspection. While in the secondary inspection area, the agent took my personal information in order to look up my passport and verify my identity. While doing so, the agent asked why I was in Mexico and why I was coming to the United States. I responded that I was enjoying the liberty to travel freely, and I was entering the United States because I am a United States citizen.

The agent immediately became agitated and said that I was being "non-compliant" by not answering his questions. I responded that my answers were sufficient, and confirmed with the agent that his responsibilities are limited to determining right of entry and absence of contraband. I also asked the agent and he confirmed that my identity and right of entry had been established and I was not interfering with any search for contraband—in fact, I offered consent to a search of both my person and my motorcycle. The agent's questions only served the purpose of establishing probable cause to conduct a lawful search. Because I had already consented to a search, the questions were irrelevant and in any case I had no obligation to answer them. As such, it was impossible for me to be "non-compliant". The agent, however, said I had no Fourth Amendment rights at the border (both a gross misstatement of law and error in application of law), placed me in handcuffs, and took me into the detention center.

Once inside, the agent asked again why I was in Mexico and why I was coming to the United States. I provided the same answers as before and asked why I was being detained. The agent told me I was being detained for "non-compliance" and instructed me to remove all of my jewelry. I said that I would remove all jewelry except for one ring, which was worn in religious devotion. The agent said if I did not remove the ring, he would "pry it from my fucking finger". I refused to remove the ring, again asserting religious devotion. Two agents standing behind me forcibly bent me over the counter and a third pressed my head into the cold, stainless steel countertop as the first agent began digging his fingernails into my fingers in an attempt to remove the ring.

The agent pressing my head against the counter, whom I later learned to be the shift supervisor, began forcefully pressing the knuckle of his middle-finger into the hard cartilage inside my ear, seemingly in an effort to subdue me or render me compliant in removing the ring. I continued to protest my treatment, my detainment, and the effort to remove a sacred item from my finger. All the while, the other two agents behind me were punching and kneeing me while I was pinned down. The first agent, still attempting to open my hand to remove my ring, called for a fifth agent who used a tazer on my right forearm. After approximately fifteen seconds of being tazed—and recognizing the mob mentality in play—I opened my hand to release the ring out of fear for my life.

The agents collected and itemized my personal property. When one agent saw my VA card that identifies me as a disabled veteran, the agent began to inquire about my service. When I made clear I wasn't interested in conversation, the agent mocked both me and my military service, saying that I was probably dishonorably discharged and making other brazen insults that a coward only has the courage to make behind the security of a gun and badge.

After collecting my belongings, the agents then handcuffed me to a bench in the intake area, at which point I confirmed with the agent that my citizenship had been established and I was not believed to be carrying contraband. I asked again why I was being detained and was not given an answer. I then said there was no legal reason to hold me, to which the agent responded that I would be held "as long as [they] want [me] there".

I was held for more than six hours without charge or explanation before being released in the early morning hours of (b)(6), (b)(7)(C) immediately following a shift change. In the time I was detained, I was never searched for contraband and my motorcycle appeared to have not been disturbed.

The following day, (b)(6), (b)(7)(C), I lodged a complaint with Customs and Border Patrol through its web portal in which I described the events herein and demanded that all video and audio recordings be preserved in anticipation of legal action. I further requested that all reports and interviews regarding the incident as well as a list of all the names of the agents working that night be provided. A copy of this complaint (four pages) is attached here and marked as "Form 95 – 8.1".

A received a letter in response to my complaint dated (b)(6), (b)(7)(C) from Supervisory Program Director (b)(6), (b)(7)(C) of the San Diego Field Office. The letter was obviously a boiler-plate response that did not at all address the serious issues and allegations raised in my complaint. A copy of the letter is attached here and marked as "Form 95 – 8.2".

The letter also did not address the demand to preserve evidence, and directed me to make a request under the Freedom of Information Act in order to receive the records I requested. I made that request on (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) I received a response on (b)(6), (b)(7)(C) that said no such records were found.

As a matter of commentary, I must say that as a disabled veteran of the United States Marine Corps, it brings shame upon my uniform and my service to know that the Constitution is brazenly disregarded by the men and women meant to uphold it at our own front door.

Under the facts and circumstances described in part 8 of this Claim, one or more law enforcement officers, as defined by 5 U.S.C. 8401(17) and 28 U.S.C. 2680(h), who were employed by U.S. Customs and Border Protection, and who were acting within the scope of their employment at the time, acted in violation of the United States Constitution, Federal law, and/or the policies and regulations of U.S. Customs and Border Protection, and did depart from the duties of an investigator and embark on intentional abuses, and in doing so did cause the following personal injuries:

1. False Arrest.

One or more of the law enforcement officers as described above did intentionally cause the Claimant to be arrested without warrant or lawful authority, and the arrest was a substantial factor in harming Claimant both in past and future physical pain and mental suffering. This harm is quantifiable in damages certain.

2. False Imprisonment.

One or more of the law enforcement officers as described above did intentionally deprive Claimant of freedom of movement by physical force, and that the restraint, confinement, and detention compelled Claimant to remain for an appreciable period of time without his consent. The false imprisonment was a substantial factor in harming Claimant both in past and future physical pain and mental suffering. This harm is quantifiable in damages certain.

3. False Imprisonment — Unnecessary Delay in Processing/Releasing.

One or more of the law enforcement officers as described above did intentionally hold Claimant in custody and cause an unnecessary delay in releasing Claimant without Claimant's consent. The unnecessary delay in releasing Claimant was a substantial factor in harming Claimant both in past and future physical pain and mental suffering. This harm is quantifiable in damages certain.

4. Assault.

One or more of the law enforcement officers as described above did act, intending to cause harmful or offensive contact, and Claimant believed that he was about to be touched in a harmful or offensive manner. Additionally, one or more of the law enforcement officers as described above did threaten to touch Claimant in a harmful or offensive manner, and it reasonably appeared to Claimant that the threat would be carried out. Claimant did not consent to this conduct, and this conduct was a substantial factor in harming Claimant both in past and future physical pain and mental suffering. This harm is quantifiable in damages certain.

5. Battery.

One or more of the law enforcement officers as described above did touch Claimant and/or cause Claimant to be touched with the intent to harm or offend him without Claimant's consent to be touched. Claimant was harmed or offended by the conduct, and a reasonable person in Claimant's position would have been offended by the conduct. This harm or offense is quantifiable in damages certain.

6. Intentional Infliction of Emotional Distress.

One or more of the law enforcement officers as described above engaged in outrageous conduct with the intent to cause Claimant emotional distress, or otherwise acted with reckless disregard of the probability that Claimant would suffer emotional distress, knowing that Claimant was present when the conduct occurred, and the conduct was a substantial factor in harming Claimant both in past and future physical pain and mental suffering. This harm is quantifiable in damages certain.

<u>Damages</u>

These abuses not only caused Claimant significant physical pain unimaginable by an ordinary person—being beat, subdued, and even tazed by a gang of five armed men with complete disregard for Claimant's health and in pursuit of no lawful objective, but rather obedience—they also caused Claimant insurmountable mental and emotional suffering, being made to face first-hand as a veteran of the United States military that the Constitution he swore to uphold and defend holds no importance at the gateway to this nation. Claimant crosses the border at (b)(7)(E) as many four times per week, and each crossing is met with constant apprehension and anxiety, knowing that he will not cower from standing for his rights, and also knowing that doing so may result in law enforcement agents again flexing their arrogance behind the shield of a badge and a sidearm. In fact, on more than a dozen occasions since this incident, Claimant has been subjected to unnecessary additional inspections and delays for asserting his rights.

Taken in whole, Claimant, as a U.S. citizen and disabled veteran of the United States Marine Corps, experienced more than six hours of unlawful detention where he was subjected to physical and psychological abuse, including disregard for his constitutional rights, ridicule of his military service, and threats of indefinite detention. These abuses were intentional and in violation of constitutional and federal law, and the policies and regulations of the U.S. Customs and Border Protection, meaning that they do not fall within the discretionary function exception of the FTCA.

The injuries caused by these abuses, particularly the anxiety and apprehension related to crossing the border, are persistent, and should be expected to continue until Claimant's need to commute to Mexico terminates in November 2019. A trustworthy calculation of damages for physical pain and mental suffering is a daily rate based on one's daily earnings, the reasoning being that enduring pain and suffering is at least as strenuous as going to work. With an average hourly rate of \$95.00/hr as a professional copywriter and legal analyst, and an average workweek of 20 hours, Claimant's daily rate is approximately \$271.00. There are 1,016 days between the date of injury and (b)(6), (b)(7)(C) As such, a reasonable calculation of damages is \$220,500.00.

Spoilage of Evidence

On (b)(6), (b)(7)(C) —within forty-eight hours of the incident—Claimant filed a	
complaint to make U.S. Customs and Border Protection aware of his injuries and	
their cause, make clear his intent to bring legal action, and demand that relevant	
evidence be preserved. In the letter from Customs and Border Protection's San	
Diego Field Office dated (b)(6), (b)(7)(c) Supervisory Program Director (b)(6), (b)(7)(c)	(C)
(D)(G), (D)(7)(C) acknowledged receipt of the complaint. Yet when Claimant made a FOIA	
request for records, he received a response stating no records exist.	

If Customs and Border Patrol destroyed evidence with reasonable or actual knowledge of the prospect of legal action, then in the event this claim is denied and suit is filed, Federal Rules of Civil Procedure dictate that all evidence destroyed may be assumed to have represented facts most favorable to Claimant, and the Court may even enter a summary judgment in favor of Claimant.

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CLAIM FOR DA INJURY, OR I		reverse side and	supply onal sho	Please read carefully the inst information requested on bot eet(s) if necessary. See reve	th sides of this	FORM APPROVED OMB NO. 1105-0008
IIS Custom & Popertor Protection		2. Name, Address of claimant and claimant's personal representative, it any. (See instructions on reverse.) (Number, Street, City, State and Z Code) (b)(6), (b)(7)(C)				
3. TYPE OF EMPLOYMENT MILITARY XCIVILIAN	4. DATE OF BIRTH	5. MARITAL STA Married	TUS	6. DATE AND DAY OF ACC (b)(6), (b)(7)(c); 2018 Sunday		7. TIME (A.M. OR P.M.) 3:00pm
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.) Our insured was driving (b)(7)(E) and began to slow down to turn into (b)(6), (b)(7)(C) when she felt an impact to the rear of her car						
9. PROPERTY DAMAGE						
NAME AND ADDRESS OF OWNER, (b)(6), (b)(7)(C)	IF OTHER THAN CLAIMAN	IT (Number, Street, Ci	ty. State	e, and Zip Code).		
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.) Rear Quarter Panel Exhaust System Bumper, Taillight-Passenger Side, Trunk/Tailgate/Hatch						
10. PERSONAL INJURYWRONGFUL DEATH						
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. 1/2						
11. WITNESSES						
NAME				ADDRESS (Number, Street, City, State, and Zip Code)		
n/a		n/a				
12. (See instructions on reverse.)		AMOUNT OF	CLAIM	(in dollars)		
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	•	12c. W	RONGFUL DEATH	12d. TOTAL (Failu	re to specify may cause

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

(b)(6), (b)(7)(C)

95-109

10,534.19

side.)

13b. Phone number of person signing form

14. DATE OF SIGNATURE

10,534.19

(b)(6), (b)(7)(C)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

0.00

(3)(5)(6)(7)(5)

FRAUDULENT CLAIM

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of demages sustained by the Government. (See 31 U.S.C. 3729.)

NSN 7540-00-634-4046

STANDARD FORM 95 PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

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 his 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. The policy insurance company (Number, Street, City, State, and Zip Code) and policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy number. The policy is a state of the policy n (b)(6), (b)(7)(C)Yes. □No 16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? 17. If deductible, state amount. (b)(6), (b)(7)(C) 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.)

See Attached Estimate

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).

O No

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

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 filed 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 #12 of this form.

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.

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 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) Fallure to specify a sum certain will render your claim invalid and may result in forfalture of your rights.

PRIVACY ACT NOTICE

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

- 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".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, Including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20630 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses

> SF 95 BACK

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

Submit to Appropriate Federal Agency		^			I claimant's personal representative if any.		
us customs A	up Burder	HOOTECTION	2		lumber, Street, City, State and Zip code.		
				(b)(6),	(b)(7)(C)		
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATU	s	6. DATE AND DAY OF ACCIDEN			
MILITARY CIVILIAN				FROM (b)(6), (b)(7)(C)	5 7pm		
 BASIS OF CLAIM (State in detail the I the cause thereof. Use additional page 		nces attending the dar	mage, in	ury, or death, identifying persons	and property involved, the place of occurrence ar		
NEIGHBORS DID T	tow is A Bi	SLOER PATT	VOL.	K.9 Junger G	ence + Attacked		
(b)(6), (b)(7)(C)	PERSONAL	Opp Sa	AMA	HED MODICAL REL	oods for Dampule		
WARREST + CHARLINAL	LENST PECKIN	20	(b)(6), (b)(7)(C)	THE THE		
UITH (b)(6), (b)(7)(C) WHO AUTHORIZED ALL MEDICAL CARE & CLAIMED THAT, US BD LLOUD BE FINANCIAL RESPONSIBLE FOR 1913 LINCOLLY (b)(6), (b)(7)(C)							
US BO WOULD BE	the same states	PINAUZEDE	ine 1	DAYS WITH & O	A facou case		
HAD SEVER LASOLATE	31 10113 1.						
9.		PROPE					
NAME AND ADDRESS OF OWNER, IF			, State,	and Zip Code).			
L	<u>(L</u>	o)(6), (b)(7)(C)			I		
BRIEFLY DESCRIBE THE PROPERTY							
	eighbox oo	ra (Rosocus	- 44	(100- KM) Jum	60 being + bunter		
Dob							
10.		PERSONAL INJU	RY/WRO	NGFUL DEATH			
	F EACH INJURY OR CAU	SE OF DEATH, WHIC	H FORM	AS THE BASIS OF THE CLAIM. I	F OTHER THAN CLAIMANT, STATE THE NAME		
OF THE INJURED PERSON OR DECE	DENT.						
11.		W	TNESSE	S			
NAME				ADDRESS (Number, Street, City	y, State, and Zip Code)		
(b)(6) (b)(7)(C	1 1						
(b)(6), (b)(7)(C	<u>/ </u>	(b)	16), (b)(7)((C)		
		(~)	10	<i>)</i> , (~)(')(O)		
12. (See instructions on reverse).		AMOUNT OF	CLAIM	(in dollars)			
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	1	12c. WF	RONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
\$ 03,317.90					tonetare or your ngms).		
I CERTIFY THAT THE AMOUNT OF C FULL SATISFACTION AND FINAL SE			ES CAU	SED BY THE INCIDENT ABOVE	AND AGREE TO ACCEPT SAID AMOUNT IN		
138. SIGNATURE OF CLAIMANT (See	instructions on reverse sk	ie).		13b. PHONE NUMBER OF PER	SON SIGNING FORM 14. DATE OF SIGNATUR		
(b)(6), (b)(7)(C) - 0000	E MANAGA	<u> </u>	(b)(6), (b)(7	7)(C) (b)(6), (b)(7)(C) 2(3) {		
CIVIL PE	CIVIL PENALTY FOR PRESENTING			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
FRAUDULENT CLAIM				CLAIN ON	Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		
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			1				
	es Government for a civil p s 3 times the amount of da		1				

Previous Edition is not Usable 95-109

PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

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.						
N/A						
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cover	erage or deductible? Yes No 17, If deductible, state amount.					
NA						
18. If a claim has been filed with your carrier, what action has your insurer taken or propose	d 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 no	ime and address of insurance carrier (Number, Street, City, State, and Zip Code).					
NIA	(
INSTRU	стюмѕ					
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 <u>SUM CERTAIN</u> 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.					
Fallure 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	The amount claimed should be substantiated by competent evidence as follows:					
is deemed presented when it is received by the appropriate agency, not when it is mailed.	(e) 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.					
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	hospital, or burial expenses actually incurred.					
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.	(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.					
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.	(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.					
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.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.					
	ACT NOTICE					
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. 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.	Principal Purpose: The information requested is to be used in evaluating claims. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. 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."					
PAPERWORK RED	UCTION ACT NOTICE					
This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed						

form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

• 1							
INJURY, OR DEATH reverse form.			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.				
1. Submit To Appropriate Federal Agency. Department of Homeland Security - Atten (b)(6), (b)(7)(C) (b)(7)(E)				2. Name, Address of claims any. (See instructions on no Code) (b)(6),	everse.) (Numbe	r, Street, City, State and Zip	
3. TYPE OF EMPLOYMENT D MILITARY D CIVILIAN	4. DATE OF BIRTH	5. MARITAL ST.	ATUS	6. DATE AND DAY OF ACC	CIDENT	7. TIME (A.M. OR P.M.) 12:35 AM	
Basis of Claim (State in detail the known facts and droumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Your driver (b)(6), (b)(7)(C) 2010 Chew Tahoe failed to yield right of way to our insured as well as failed to stop for red light and struck our insured vehicle intersection (b)(7)(E)							
9.		PROPI	ERTY DA	MAGE		***************************************	
NAME AND ADDRESS OF OWNER,	if other than claima (b)(6), (b)(7)(C)	VT (Number, Street,)	City. Stat	e. and Zip Code).			
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.) Property damage to 2005 Pontia		OF DAMAGE AND	THE LOC	CATION WHERE PROPERTY MA	Y 8E INSPECTED.		
10.		PERSONAL INJU	JRYAVR	ONGFUL DEATH			
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. NA							
11.		w	ITNESSI	S' 6 77), (b)(7)(C)		
NAME				ADDRESS (Number Street, Ch	y, State, and Zip Co		
NA NA						7	
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)							
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	L. INJURY 120. WRONGFUL DEATH 12d. TOTAL (Fallure to s forfeiture of your rigi					
4082,18		na		na		4082.18	
I CERTIFY THAT THE AMOUNT OF C			IES CAL	USED BY THE INCIDENT ABOVE	AND AGREE TO A	GCEPT SAID AMOUNT IN	
/1 \/0\	/1.\/7\	101		13b. Phone number of person s	igning form	14. DATE OF SIGNATURE	

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C) **2018**

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAXING FALSE STATEMENTS

Fine, imprisonment, or both. (See 18 U.S.C. 267, 1001.)

The claimant is liable to the United States Government for the 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.)

NSN 7540-00-534-4046

STANDARD FORM 95 PRESCRIBED BY DEPT. OF JUSTICE

INSURANCE COVERAGE					
In order that subrogation debna may be adjudicated, it is essential that the claimant provide the following information regarding the insuran	oca coverage of his vehicle or property.				
15. Do you carry accident insurance? XYes. If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. (b)(6), (b)(7)(C)					
16, Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? EliYes	17. If deductible, etate amount. (b)(6), (b)(7)(C)				
16. 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.) [DEFINITION PAID 3582.18					
19. Do you carry public liability and property damage insurance? © Yes if yes, give name and address of insurance carrier (Number, St. NA	reet, City, State, and Zip Code). a No				
INSTRUCTIONS					
Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(a) 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

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 maffad.

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if claims at latends to the for both personal injury and property damage, the amount for each must be shown in item \$12\$ of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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.

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 injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognests, and the period of hospitalization, or incapacitation, attaching itemized bits for medical, hospital, or buried expenses actually incurred.

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- B. Principal Purpose: The information requested is to be used in evaluating claims.
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SF RS BACK

(b)(6), (b)(7)(C)

CLAIM FOR D	,	INSTRUCTIONS:	5: Please read carefully the instructions on the oply information requested on both sides of this OMB NO. 1105-course					
INJURY, OR	DEATH	form. Use additional sh additional instructions.	in sides of this se side for	OMB NO. 1105-0000				
1. Submit to Appropriate Federal Agen	су:	\$100 COLUMN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.					
US Border Patrol		1	(See instructions on reverse).	Number, Street, Cit	y, State and Zip code.			
San Diego Sector			(b)(6), (b)(7)(C)				
(b)(7)(E)			(-)(-), (-)(-)					
3, TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDE	NT	7. TIME (A.M. OR P.M.)			
MILITARY X CIVILIAN	(b)(6), (b)(7)(C)		<u></u>	Thursday	6:00 AM			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and properly involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Border Patrol was in a pursuit of a Ford F150 that was failing to yield when the truck drove through the house's (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) front awning. The vehicle became stuck under the awning causing damage. The columns holding the patio up were ripped out of the concrete and destroyed. The driver of the vehicle and (b)(7)(E) people were taken into custody by the Border Patrol.								
***************************************		DDOORDTY DA	MACE					
9. NAME AND ADDRESS OF OWNER, I	E OTHER THAN OF AIMAN	PROPERTY DA		,				
	Comment of the Commen			OPERTY MAY BE	NO.			
BRIEFLY DESCRIBE THE PROPERT (See instructions on reverse side).		OF THE DAMAGE AND THE	LOCATION OF WHERE THE PR	OPERIT MAY BE II	NSPECIED.			
(b)(6), (b)(7)(C) Awning	in front of the house	was damaged.					
10.		PERSONAL INJURY/WR	ONGFUL DEATH					
STATE THE NATURE AND EXTENT OF THE INJURED PERSON OR DEC		SE OF DEATH, WHICH FOR	MS THE BASIS OF THE CLAIM.	IF OTHER THAN C	LAIMANT, STATE THE NAME			
11.		WITNESS	ES					
NAME			ADDRESS (Number, Street, Ci	ty, State, and Zip Co	de)			
(b)(6), (b)(7)(C)		(b)(6), (b)(7)	(C)			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)								
12a, PROPERTY DAMAGE	12b, PERSONAL INJURY	12c. W	RONGFUL DEATH		re to specify may cause			
\$ 23,000.00	NA		NA	forfeiture of years.	000 - 00			
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 (Se		a)	13b. PHONE NUMBER OF PER					
(b)(6),	(b)(7)(C)		(b)(6), (b)	(7)(C)	(b)(6), (b)(7)(C) - 2019			
	NALTY FOR PRESENTING RAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS					
The claimant is liable to the United Sta \$5,000 and not more than \$10,000, plu by the Government. (See 31 U.S.C. 3	as 3 times the amount of dan		Fine, imprisonment, or both. (Se	ee 18 U.S.C. 287, 10	01.)			

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STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT, OF JUSTICE 28 CFR 14.2

INSURANC	E COVERAGE					
In order that subrogation claims may be adjudicated, it is essential that the claimant provide	le 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						
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full co	verage or deductible? Yes No 17. If deductible, state amount.					
μlΨ						
18. If a claim has been filed with your carrier, what action has your insurer taken or propor	sed to take with reference to your claim? (It is necessary that you ascertain these facts).					
1	م)ر <u>م</u>					
19. Do you carry public liability and property damage insurance? Yes If yes, give re	name and address of insurance carrier (Number, Street, City, State, and Zip Code). 🛍 No					
INSTR	UCTIONS					
Claims presented under the Federal Tort Claims Act should be so employee(s) was involved in the incident. If the incident involves claim form.	ubmitted directly to the "appropriate Federal agency" whose some than one claimant, each claimant should submit a seperate					
Complete all items - Insert th	e 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 <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> 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.	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.					
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.	and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.					
Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	(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.					
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.	(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.					
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.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.					
	ACT NOTICE					
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. 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." 					
PAPERWORK RED	UCTION ACT NOTICE					

STANDARD FORM 95 REV. (2/2007) BACK

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

			addition to storio	cuono.			
1. Submit to Appropr	riale Federal Agend	у:			Name, address of claims (See instructions on reverse)		
(b)(7	')(E)				(b)(6),	(b)(7)(0	S)
3. TYPE OF EMPLO	YMENT	4. DATE OF BIRTH	5. MARITAL STATE	JS	6 DATE AND DAY OF AC	CIDENT	7. TIME (A.M. OR P.M.)
MILITARY	CIVILIAN	(b)(6), (b)(7)(C)	Widow	[0)(6), (b)(7)(c) /2021	Thursday	7:05 P.M
the cause thereof	Use additional pa	ges if necessary). d 7:05 P.M, ((b)(6), (b)(7)	c) was a pass	enger	in the 2018 Toyota	Tundra driven by	(b)(6), (b)(7)(C) 11 Ford (b)(7)(E) owned
by the U.S De	partment of H		ailed to yield th	he righ	it of way to Plaintiffs	as he attempted	to complete a u-turn.
9.			PROPE	RTY DA	MAGE		
NAME AND ADDRE	SS OF OWNER, IF	OTHER THAN CLAIMANT	(Number, Street, Cit	ly. State,	and Zip Code).		
		(b)(6), (b)(7)(C)					
(See instructions on	reverse side).	, NATURE AND EXTENT O Bumper, Fender DS					
10.			PERSONAL INJU			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						AIM. IF OTHER THAN C	CLAIMANT, STATE THE NAME
		(b)(6), ((b)(7)(C)	
11.			WI	TNESSE	S		
	NAME				ADDRESS (Number, Street	et, City, State, and Zip Co	ode)
	(b)(6),	(b)(7)(C)			(b)(6),	(b)(7)(C)
12. (See instructions	on reverse).		AMOUNT OF	CLAIM	(in dollars)		
12a PROPERTY D	AMAGE	12b. PERSONAL INJURY		12c. WR	ONGFUL DEATH		are to specify may cause
		\$37,902.	99			S1.00	(), ()()(), OO
icer nek jhatti	HE AMOUNT OF C	LAIM COVERS ONLY DAN	IAGES AND INJURI	ES CAU	SED BY THE INCIDENT AS	SOVE AND AGREE TO	ACCEPT SAID AMOUNT IN
			_ \				
(b)(6), (b)(7)(C)					(b)(6), (b))(7)(C)	(b)(6), (b)(7)(C)
		A-7 71-4-4-71-4-12-4-7-4-12-12-12-12-12-12-12-12-12-12-12-12-12-				ENALTY FOR PRESENT	
The claimant is liable to the United States Government of 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).					CLAIN Fine, imprisonment, or both	OR MAKING FALSES	

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STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

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 insur	ance company (Number, Street, City, State, and Zip Code) and policy number. X No
None	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full covered to the covered to th	erage or deductible? Yes X No 17. If deductible, state amount.
None	
18. If a claim has been filed with your carrier, what action has your insurer taken or propose None	ed to take with reference to your claim? (It is necessary that you ascertain these facts).
19. Do you carry public liability and property damage insurance? Yes If yes, give n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code).
None	
INSTRU	ICTIONS
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.	
Complete all items - insert the	word NONE where applicable.
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL	DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL
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	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.
Fallure to completely execute this form or to supply the requested material within	The amount claimed should be substantiated by competent evidence as follows:
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	(a) In support of the claim for personal injury or death, the claimant should submit a
mailed.	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,
If instruction is needed in completing this form, the agency listed in Item #1 on the reverse	and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
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.	(b) In support of claims for damage to property, which has been or can be economically
Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	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
The electronic to Elled by a district described approximate as the classic approximation are sided	receipts evidencing payment.
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	(c) In support of claims for damage to property which is not economically repairable, or if
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	the property is lost or destroyed, the claimant should submit statements as to the original
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	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,
as agent, executor, administrator, parent, guardian or other representative.	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.
If claimant intends to file for both personal injury and property damage, the amount for	(d) Fallure to specify a sum certain will render your claim invalid and may result in
each must be shown in item number 12 of this form.	forfeiture of your rights.
PRIVACY A	ACT NOTICE
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.	 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
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.	submitting this form for this information. D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the
Part 14.	requested information or to execute the form may render your claim "invalid."
PAPERWORK RED	UCTION ACT NOTICE
This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Pub response, including the time for reviewing instructions, searching existing data sources, gat	
information. Send comments regarding this burden estimate or any other aspect of this col Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, V form(s) to these addresses.	lection of information, including suggestions for reducing this burden, to the Director, Torts Vashington, DC 20530 or to the Office of Management and Budget. Do not mail completed

STANDARD FORM 95 REV. (2/2007) BACK

CLAIM FOR PROPERTY DAMAGE ONLY. INJURY CLAIM WILL FOLLOW

		~~~~			
IN HIDY OF DEATH	INSTRUCTIONS: Please supply Information requi necessary. See reverse	ested on both side	os of the form.		
Submit To Appropriate Federal Agency:					onal representative, if any
U.S. Border Patrol, (b)(7)(E)		(See instructi	ans on reverse.	) (Number, street,	city, State and Zip Code)
(b)(6), (b)(7)(C), (b)(7)(E)		(b)	(6), (	b)(7)(	C)
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH		6. DATE AND D	AY_OF ACCIDE	VT T	7. TIME (A.M. or P.M.)
MILITARY X CIVILIAN (b)(6), (b)(7)(C)	Single	Friday, (b)(6	), (b)(7)(c)2019		3:20 p.m.
<ol> <li>Basis of Claim (State in detail the known fac involved, the place of occurrence and the ca</li> </ol>		tending the demag	ge, injury, or de	eth, identifying pers	ons and property
Claimant was stopped for	a red traffic si	anal on		(b)(7)(E)	
(b)(7)(E) when a	Border Patro	Agent fai	led to str		ended
Claimant's vehicle, a 200	Dorden Coro	van Dlag	ro coo th	o attached	Droporty
Claimant's vehicle, a 2003	Douge Cara	vali. Fiea:	50 500 ui	e allacited	Troperty
Damage Estimate in the a (b)(7)(E) in the amount of \$		82.74, as	well as a	tow dill tro	(b)(7)(E)
9.	PROPERTY				
NAME AND ADDRESS OF OWNER, IF OTHER TO	HAN CLAIMANT (Numbe	er, stroet, city, St	ate, and Zip Co	de)	
Claimant is the owner. Ple					
BRIEFLY DESCRIBE THE PROPERTY, NATURE A	ND EXTENT OF DAMAG	SE AND THE LOCA	ATION WHERE	PROPERTY MAY BE	INSPECTED, /See
The rear bumper of Claim	ant's 2005 Do	dae Cara	yan was	hansmeh	معع ععدما
			vali was	damayed.	lease see
attached photos and prop	<u>eπy damage (</u>	estimate.			
10.	PERSONAL INJURY/V				
STATE NATURE AND EXTENT OF EACH INJURY STATE NAME OF INJURED PERSON OR DECED		I, WHICH FORMS	THE BASIS OF	THE CLAIM. IF OT	HER THAN CLAIMANT,
Claimant's bodily injury clai	m will follow.	This is a c	laim for p	oroperty da	mage only.
11.	WITNES	SSES	***************************************	THE RESERVE THE PROPERTY OF TH	
NAME		ADDRESS	(Number, street	t, city, State, and Z	p Codel
		***************************************		***************************************	
Unknown at this time.					
12. (See instructions on reverse)	AMOUNT OF CLA	IM (in deliars)			
12a. PROPERTY DAMAGE 12b. PERSOI	NAL INJURY 1	2c. WRONGFUL I	DEATH	the processing the first first the second	ire to specify may cause
\$3,067.74 (\$2,982.74 + 85.00 tow bill) N/A forfeiture of your rights.) \$3,067.74					The first transfer of the second second
I CERTIFY THAT THE AMOUNT OF CLAIM COV SAID AMOUNT IN FULL SATISFACTION AND F	INAL SETTLEMENT OF				
135 CIGNATURE DE CLAIMANT (See Instructio	ns on reverse side.)		13b. Phone nu	mber of signatory	14. DATE OF CLAIM
(b)(6), (b)(7)(C) Attorney for	or Claimant		(b)(6), (b	)(7)(C)	
CIVIL PENALTY FOR PRESENT FRAUDULENT CLAIM	VITING	CRI		Y FOR PRESENTING AKING FALSE STAT	
The claimant shall forfeit and pay to the Unite \$2,000 plus double the amount of damages sus States. (See 31 U.S.C. 3729.)			ore than \$10,00 18 U.S.C. 287,	a facilities with again sectors. In the same	for not more than 5 years
95-109 Previous aditions not usable. Designed using Perform Pro. WHS/DIOR. Jun 98	NSN 7540-00-634-404	6			RD FORM 95 (Rev., 7-85) (80 DED BY DEFT, OF JUSTICE

#### PRIVACY ACT NOTICE

concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 at seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and B. Principal Purpose: The information requested is to be used in evaluating claims.

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

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

#### INSTRUCTIONS

#### 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

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. 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 supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal regresentative 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 egent, execusor, administrator, parent, guardian or other representative,

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 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 gature and extent of 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.

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.

(b) In support of cisims 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 applient. 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 completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Fallure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch

Civil Division

U.S. Denartment of Justice Washington, DC 20530

and to the

Office of Management and Budget

Paperwork Reduction Project (1105-0008)

Washington, DC 20503

	****	***************************************	
MISSING	NCF	COVER	AGE

n order that subrogati	ion claims m	ay be adjudicated	i, it is essemial that	the claimant provide th	se following information re	parding the ins	surance coverage of his vehicle or proper	fy.

15. Do you carry accident insurance? X Yes, If yes, give name and address of insurance company thumber, street city. State, and Zip Cade; and policy number.

(b)(6), (b)(7)(C)

Adjuster, (b)(6), (b)(7)(C) (b)(6), (b)(7)(C)

D. 743V	e you mea:	ctenu ou kont	msurance	comer r	a ms	mstance,	and 8 50,	IS R TUIS	constade of	deductiole;
				100	1000					

17. If deductible, state amount

Yes. However, Claimant has liability coverage only, and she was not at fault for this collision.

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? It is necessary that you ascertain these liveral

Claim was opened (Claim No (b)(6), (b)(7)(C) However, Claimant has liability coverage only, and she was not at fault for this collision.

19. Do you carry public liability and property damage insurence?

Yes, it yes, give name and address of insurance company thamber, street, city, State, and Zip Codal

X No

SF 95 (Rev. 7-85) BACK

reverse si			IONS: Please read carefully the instructions on the nd supply information requested on both sides of this litional sheet(s) if necessary. See reverse side for ructions.			
Submit to Appropriate Federal Age	лсу:			iant, and claimant's personi rerse). Number, Street, City		
U.S. Border Patrol (b)(7	)(E)		(Osa standardila ott tev	ersoy, receiper, parent, Gry		
(b)(6), (b)(7)(C), (b)(7)(E	)		(b)(6), (	b)(7)(C)		
3, TYPE OF EMPLOYMENT	4, DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF AC	CIDENT	7. TIME (A.M. OR P.M.)	
MILITARY X CIVILIAN	(b)(6), (b)(7)(C)	Single	Friday, (1)(6), (1)(7)(7) 2019		3:20 P.M.	
BASIS OF CLAIM (State in detail if the cause thereof. Use additional property of the cause thereof. Use additional property of the cause thereof. (b)(6), (b)(7)(C) 2019, Claim Immediately thereafter, a Earder Patrol Agent Super	ages if necessary). mant was stopped a' Border Patrol Agent f	t a red traffic signal ailed to stop and rea	on ar-ended Claimant's	(b)(7)(E) vehicle, a 2005 Do	dge Caravan. The	
attached Property Damage \$280.00.						
9.		PROPERTY DA	AMAGE			
NAME AND ADDRESS OF OWNER,	IF OTHER THAN CLAIMANT	(Number, Street, City, State	e, and Zip Code),			
Claimaint is the owner. Ple	ase see the attached	d Vehicle Registration	on.			
BRIEFLY DESCRIBE THE PROPERT (See instructions on reverse side).	Y, NATURE AND EXTENT C	F THE DAMAGE AND THE	LOCATION OF WHERE THI	E PROPERTY MAY BE IN	SPECTED.	
The rear bumper of Claima estimate for details.	int's 2005 Dodge Ca	ıravan was damage	d. Please see attach	ed photos and the	property damage	
10.		PERSONAL INJURY/WR	ONGFUL DEATH			
STATE THE NATURE AND EXTENT OF THE INJURED PERSON OR DEC	FOENT	and the properties of an electronic party			TOTAL PROPERTY OF CONTRACTOR AND	
As a result of the collision attached written reports fro (hos. (h)(7)(c) (total: \$864.70); as shock, trauma, ongoing pai	b)(6), (b)(7)(C) is ustaine meach attending ph nd 2)[ n, and inability to us	d injuries to her ysician, and see als (b)(6), (b)(7)(C) e her only means of	(b)(6),(b)(7)(i to the attached itemi: (total: \$ transportation since	c) Plezed medical bilis: 1 1,366.00), Pain & s the date of the inc	ease see the (b)(6), (b)(7)(C) suffering includes the ident (total: \$19,500).	
11.		Witnessi	ES	•••••		
NAME		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	ADDRESS (Number, Stree	et, City, State, and Zip Code	2)	
12. (See instructions on reverse).		AMOUNT OF CLAIM	(in dollars)			
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WF	RONGFUL DEATH	12d, TOTAL (Failure forfeiture of you	ta specify may cause r rights).	
3,347.74	21,739.70	0.00	gerina vo	25,087.44		
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.						
(b)(6), (		)	136, PHONE NUMBER OF (b)(6), (b)(7)(C)	PERSON SIGNING FORM	14. DATE OF SIGNATURE (b)(6),(6)(7)(9) 2020	
UNICE	WILT FOR THESENTING	/	CRIMINAL PE	NALTY FOR PRESENTIN OR MAKING FALSE STA		
the claimant is liable to the United States Government for a civil penelty of not less than 5,000 and not more than \$10,000, plus 3 times the amount of damages sustained to the Government. (See 31 U.S.C. 3729).						

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STANDARD FORM 95 (REV. 2/2007) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

\$*************************************							
INSURANC	DE COVERAGE						
In order that subrogation claims may be adjudicated, it is essential that the claimant provi	de the following information regarding the insurar	nce coverage of the vehicle or property.					
15. Do you carry accident Insurance? X Yes If yes, give name and address of insurance (b)(6), (b)(7)(C)	urance company (Number, Street, Cily, State, an	d Zip Code) and policy number, 🦳 No					
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full bo	overage or deductible? X Yes No	17. If deductible, state amount.					
Yes. However, Claimant has liability coverage only, and she w	as not at fault for this collision.	0.00					
16. If a claim has been filed with your carrier, what action has your insurer taken or propo Claim is open (Claim No. <u>(b)(6) (b)(7)(c)</u> However, Claimant has							
19. Do you carry public liability and properly damage insurance?   Yes If yes, give i	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). Xi No						
INSTR	UCTIONS						
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves claim form.							
Complete all items - Insert th	e 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 <u>SUM CERTAIN</u> FOR INJURY INJURY, OR DEATH ALLEGED TO HAVE OC THE CLAIM MUST BE PRESENTED TO THE A <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.	CURRED BY REASON OF THE INCIDENT.					
Fallure 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.	Fallure 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  (a) In support of the claim for personal injury or death, the claimant should submit						
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.	and the period of hospitalization, or incapacitation, a nospital, or burial expenses actually incurred.  In Complete regulations pertaining to claims asserted under the act can be found in Title 28, Code of Federal Regulations, Part 14, published supplementing regulations. If more than one agency is						
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, perent, guardian or other representative.	by reliable, disinterested concerns, or, if paym receipts evidencing payment.  (c) In support of claims for damage to property the property is lost or destroyed, the claimant social of the property, the date of purchase, and after the accident. Such statements should be preferably reputable dealers or officials familiative or more competitive bidders, and should be	which is not economically repairable, or if should submit statements as to the original the value of the property, both before and by disinterested competent persons, r with the type of property damaged, or by					
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,	(d) Fallure to specify a sum certain will ren forfeiture of your rights.	der your claim invalid and may result in					
PRIVACY A	ACTNOTICE	3, 0000					
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.  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.	Principal Purpose: The information request     Routine Use: See the Notices of Systems of submitting this form for this information.     Effect of Failure to Respond: Disclosure is requested information or to execute the formation.	of Records for the agency to whom you are voluntary. However, failure to supply the					
PAPERWORK REDI	UCTION ACT NOTICE						
his notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per esponse, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Officetor, Torts iranch, Atlention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed orm(s) to these addresses.							

STANDARD FORM 95 REV. (2/2007) BACK

## 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

			~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	********************************	5
Submit To Appropriate Federal Agency: USBP			Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Coria).			
(b)(7)(E)			(b)(6), (b)(7)(C)			
3. TYPE OF EMPLOYMENT □ MILITARY XCIVILIAN	4. DATE OF BIRTH 5. MARITAL STATUS Married			6. DATE AND DAY OF ACC (b)(6) 2021	DIDENT	7. TIME (A.M. OR P.M.) 2:25 PM
Basis of Claim (State in detail place of occurrence and the common					ntifying persons a	nd property involved, the
Claimant was riding his motorcycle on the (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) (c) (b)(6), (b)(7)(C) (c) (c) (c)(6), (b)(7)(C) (c) (c)(6), (c)(7)(C) (c)(6),						
9.	eeuquariigaacaacaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	PROPE	RTY DA	MAGE	***************************************	
NAME AND ADDRESS OF OWNER, (b)(6), (b)	FOTHER THAN CLAIMAN (7)(C)	T (Number, Street, C	Sity, Stat	8, and Zip Code).		
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.)	Y, NATURE AND EXTENT	OF DAMAGE AND T	HE LOC	ATION WHERE PROPERTY MA	Y BE INSPECTED.	
Claimant sustained property damage to his motorcycle, clothing and helment in response to the collision.						
10. PERSONAL INJURY/WRONGFUL DEATH						
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.						
While Claimant continues to treat for his injuries, he has suffered from injuries to the following areas of his body, along other things: (b)(6), (b)(7)(C)						
(b)(6), (b)(7)(C)						
11.		W	TNESSI	ES		
NAME				ADDRESS (Number, Street, City, State, and Zip Code)		
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)						
12a, PROPERTY DAMAGE	2a. PROPERTY DAMAGE 12b. PERSONAL INJURY 12c. W		ARONGFUL DEATH 12d, TOTAL (Failure to specify may cause forfeiture of your rights.)			
Over \$10,000.00		Over \$25,000.00		N/A	Treatm	nent continues
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						
(b)(6), (b))(7)(C)	3.) 13b. Phone number of person signing form 14. DATE OF SIG		14. DATE OF SIGNATURE [(b)(6), (b)(7)(C) \(\begin{array}{c} \) 0.021		
	AUDULENT CLAIM	1 Claiman	+		TY FOR PRESENTI MAKING FALSE ST.	
The claimant is liable to the United States Government for the civil peneity of not less than \$5,000 and not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)				iot more than 5 years or both.		

95-109

NSN 7540-00-634-404s

STANDARD FORM 95 PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

INSURANCE COVERAGE					
In order that subrogation claims may be adjudicated, it is essential that the claimant provid	e the following information regarding the insurance coverage of his vehicle or property.				
15. Do you carry accident insurance? It yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number.					
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full covers	arage or deductible?				
18. If a cleim 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? Dies If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). 🙎 No					
INSTR	UCTIONS				
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 th	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 INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN 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 malled. (a) In support of the claim for personal injury or death, the claimant should separate the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim for personal injury or death, the claimant should separate to the claim should be substantiated by competent should be substantiated by com					
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The claim may be filed 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.	(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.				
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.				
PRIVACY	ACT NOTICE				
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. 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 Feilure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".				

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

SF 95 BACK

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

	additional instruction	ns.		
1. Submit to Appropriate Federal Agency: Description Pecchinity The second of the s	reland	Name, address of claimant, a (See instructions on reverse)		
3. TYPE OF EMPLOYMENT LA FIATE (\$ 2017). MILITARY CIVILIAN (b)(6), (b)(7)(C) - 84	COEY S. MARITAL STATUS SINGLE	6. DATE AND BANGE ACCIDE (b)(6), (b)(7)(C)	15	17. TIME (A.M. ORP.M.) BOYWIRU W
8. BASIS OF CLAIM (State in detail the known facts and circumstar the cause thereof. Use additional pages if necessary). I have off a Printer	ched		10.4.5	
9.	PROPERTY	Y DAMAGE	•••••	
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT () (See instructions on reverse side).		b)(7)(C) THE LOCATION OF WHERE THE PR	OPERTY MAY BE II	изьевыер:
10.	PERSONAL INJURY/	WRONGFUL DEATH		
f t.	WITNE	- SSF\$		
NAME		ADDRESS (Number, Street, C	ity State and Tin Co	Ast
(b)(6), (b)(7)(C)			300000000000000000000000000000000000000	
12. (See instructions on reverse).	AMOUNT OF CL			
12a, PROPERTY DAMAGE 12b, PERSONAL INJURY		WRONGFUL DEATH	forfeiture of ye	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAM FULL SATIREACTION AND MAIN LECTELEMENT OF THIS CLAN	AGES AND INJURIES (CAUSED BY THE INCIDENT ABOVE	E AND AGREE TO A	CCEPT SAID AMOUNT IN
(b)(6), (b)(7)	(C)	(b)(6), (b))(7)(C)	(b)(6), (b)(7)(c) 23
The claimant is liable to the United States Government for a civil pe \$5,000 and not more than \$10,000, plus 3 times the amount of dam by the Government. (See 31 U.S.C. 3729).		•	LTY FOR PRESENT MAKING FALSE ST	TATEMENTS

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 preperty.
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.
(b)(6), (b)(7)(C)
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No. 17. If deductible, state amount.
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).
No coverage for enging
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
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

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

claim form.

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.

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.

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 butial 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) Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

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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.
- Effect of Fallure 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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Extra Expenses Claim

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(c) **, 2023**

To the Department of Homeland Security Us Customs and Border Protection,

I'am writing this claim due to the mistake the Border Patrol agents made of seizing my boat with no valid reason, as my boat has never been to Mexico or anywhere near the border. Another reason that was obvious not to seize the boat was because the registration of the boat was inside one of the cabinets where its registered to my name and the second cabinet was full of my business cards where the agent could have located me very easily and asked all the questions necessary, or call me in for questioning as the owner if my boat was involve in something illegal or why was reason for my boat being parked at the ramp (b)(6), (b)(7)(C) Instead they just took my boat for no reason.

That day my boat was going to be picked up by my mechanic to be fixed for something that was gonna be an easy fix with a cost of \$2000. They where just gonna do a back flash and clean the exhaust, which was gonna get the sand and water out of the boat. Since the boat was seized with water and sand inside and put in storage for 2 months my entire engine got beat up by the sand and the water and multiple things got pretty damaged as well due to that reason.

I would like to get compensated for the extra costs I had to pay out of pocket of damages caused by the agents of seizing my boat incorrectly. They not only cost me damage to the boat but also my business and the boats upholstery was burned during the time they had my boat stored. I have evidence of all this and it has taken me this long to make the claim because the time for appointment for the mechanic was 6 months and the time it took me to gather the money to fix the boat as nobody would take the boat without a payment.

My original cost to fix my boat was \$2000 and after all the damages done due to it being stored for such a long time by your agents with the sand and water the cost went up to \$22,344. I would like to get refunded for the extra \$20,344 and \$5,000 the upholstery that was damaged by the sun.

Sincerely yours,

(b)(6), (b)(7)(C)

Also I lost a year of income for that mistake that put me in a really bad position economically and a lot of stress my lost was around \$86.400 we do at least 3 charters a week with the cost of \$1200 this times 3 is \$3600 this time 4 weekends it's \$14,400 this on 6 good months not counting slow season it's \$86.400 I will like to get help on this matter as well my attorney told me to let you know what all this has cost me not only economically but stress over bills

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

		NAME OF THE PROPERTY OF THE PR						
Submit to Appropriate Federal Agency:					Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.			
U.S. Customs and Border Protection				(b)(6), (b)(7)	(C)			
(b)(7)(E)			Unknown - CBP refu	ses to disclose his location				
(0))						
3. TYPE OF EMP		4. DATE OF BIRTH	5. MARITAL STATU		DENT 7. TIME (A.M. OR P.M.)			
MILITARY		(b)(6), (b)(7)(C)	Married	(b)(6), (b)(7)(c) \$\frac{1}{2022}\$	10:37 A.M.			
	IM (State in detail the of. Use additional pa		nces attending the dar	nage, injury, or death, identifying pers	ons and property involved, the place of occurrence and			
Or [10,00] (Di(6), (Di(7)(C) (Claimant), presented himself before he U.S. (b)(7)(E) border with his attorney and parole application to the "pre-checker", and to the first inspection officer and supervisor at the border and was directed to follow the supervisor where he would be allowed to apply. Once in that area the supervisor disappeared and Office (Di(6), (Di(7)(C)) from spectages unit/Chef Office (Di(6), (Di(7)(C)) refused to accept or adjudicate the application, made misleading statements, tricked him into					order and was directed to follow the ared and Office (b)(6),(b)(7)(c) from special			
					detained, all attorney contact denied.			
9.			PROPER	TY DAMAGE				
NAME AND ADDI	RESS OF OWNER, II	FOTHER THAN CLAIMANT	(Number, Street, City	State, and Zip Code).				
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).								
10.			PERSONAL INJUR	Y/WRONGFUL DEATH				
	JRE AND EXTENT O		E OF DEATH, WHICH	FORMS THE BASIS OF THE CLAIM	M. IF OTHER THAN CLAIMANT, STATE THE NAME			
			ler Patrol, Offici	er (b)(6), (b)(7)(c) Chef Officer (b)	(6), (b)(7)(c); and other officers for false			
imprisonmer	t, intentional m	isrepresentation, fra	udulent induce	ment, trespass to chattels,	intentional infliction of severe			
emotional us	uress, assault,	and battery of	(b)(6), (b)(7	<u>,(C)</u>				
11.	11. WITNESSES							
NAME				ADDRESS (Number, Street, City, State, and Zip Code)				
	(b)(6), (b)	(7)(C)		(b)(6),	(b)(7)(C)			
	See attached			See att	ached			
12. (See instruction	12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)							
12a. PROPERTY	DAMAGE	12b. PERSONAL INJURY	1	2c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).			
500.00		1,000,000			1,000,500			
I CERTIFY THAT	CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN							
(h)	1/61	(h)(7	'\(C)	13b. PHONE NUMBER OF P	ERSON SIGNING FORM 14. DATE OF SIGNATURE			
(b)(6), (b)(7)(C) 13b. PHONE NUMBER OF PERSON SIGNING FORM 14. D/ (b)(6), (b)(7)(C) 15b.(6), (b)(7)(C)								
i		WALTY FOR PRESENTING AUDULENT 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. (Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

INSURANCE	E COVERAGE
In order that subrogation claims may be adjudicated, it is essential that the claimant provid	e 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 insu	rance 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 cov	verage or deductible? Yes No 17. If deductible, state amount.
N/A	
18. If a claim has been filed with your carrier, what action has your insurer taken or propos	ed 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 n	ame and address of insurance carrier (Number, Street, City, State, and Zip Code).
N/A	
INSTRU	JCTIONS
Claims presented under the Federal Tort Claims Act should be su employee(s) was involved in the incident. If the incident involves 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 <u>SUM CERTAIN</u> 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 <u>TWO YEARS</u> 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.	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,
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.	and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.	(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.
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.	(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.
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.	(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
	CT NOTICE
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. 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."
PAPERWORK RED	UCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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

î.	Submit To Appropriate Federal Agency
D	epartment of Homeland Security
L	egal Counsel
M	/ashington, DC 20528

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)

(b)(6), (b)(7)(C)

			(5)(5),	(~)('	// /	
3. TYPE OF EMPLOYMENT D MILITARY XCIVILIAN	4. DATE OF BIRTH (b)(6), (b)(7)(C)	s. MARITAL STA Married	ATUS	6, DATE AND DAY OF ACC (b)(6), (b)(7)(C) 2018	CIDENT	7. TIME (A.M. OR P.M.)
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the The Department of Prometal Art Section (b)(6), (b)(7)(c) Solicited and enlisted state actors (b)(6), (b)(7)(c) Office and (b)(6), (b)(7)(c) paid by the DHS to falsify (b)(7)(c) Office and (c)(7)(c) Off						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.) A proper Bivens Action has been filed and the filing maturing, concurrent with this six month notice before filing a lawsuit in federal court, with a jury trial demand.						
10.		PERSONAL INJU	JRÝIWR	ONGFUL DEATH		
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. INJURED PERSON OR DECEDENT. IT IN THE VII of the Civil Rights Act of 1964 U.S.C. Statute 42 (1983), Bivens violations, UNITED STATES OF AMERICA pursuant to Title 28 U.S. Code § 1331, 28 U.S.C. 1346(b)(1), 28 U.S.C. 1367, 28 U.S.C. 1651 and 28 U.S.C. 2680 (h) in claims arising from violations of federal constitutional rights guaranteed in the First, Fourth, Fifth, Sixth, Seventh, Tenth, and Fourteenth constitutional amendments to the U.S. Constitution and redressable pursuant to Bivens v. Six Unknown Narcotics Agents 403 U.S. 388 (1971)." Title 18 U.S.C. § 2, Title 18 U.S.C. § 3, Title 18 U.S.C. § 4 (in part), Title 28 U.S.C. § 1361.						
11. WITNESSES						
NAME ADDRESS (Number, Street, City, State, and Zip Code)			de)			
To be listed at the time of federal filing, depositions and on-camera interviews. Jury Trial Demand. To be supplied in discovery. (b)(6), (b)(7)(C)						
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)						
128. PROPERTY DAMAGE \$ 5 mil.	forfeiture of your rights.)		our rights.)			
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 sevents side)			13b. Phone number of person signing form 14, DATE OF SIGNATURE (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 2018		14, DATE OF SIGNATURE [Ib)(6), (b)(7)(C) 2018	
FF	b)(6), (b)(7)(C)		**	CLAIM OR	TY FOR PRESENT MAKING FALSE ST	ATEMENTS
The claimant is liable to the United St \$5,000 and not more than \$10,000, p by the Government. (See 31 U.S.C. 3	lus 3 times the amount of d		หลา	Fine of not more than \$10,000 c (See 18 U.S.C. 287, 1001.)	or imprisonment for i	not more than 5 years or both.

NOUR AND CONTRACE					
. 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 his 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 on your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No 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.) NA					
19. Do you carry public liability and property damage insurance? Diff yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). Diff 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					

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

form.

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 filed 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 #12 of this form.

DAMAGES IN A <u>SUM CERTAIN</u> 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.

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 injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching iternized 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) Fallure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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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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