

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

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

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

Customs and Border Protection

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)

3. TYPE OF EMPLOYMENT

MILITARY CIVILIAN

4. DATE OF BIRTH

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

5. MARITAL STATUS

M

6. DATE AND DAY OF ACCIDENT

(b)(6), (b)(7)(C) 2020

7. TIME (A.M. OR P.M.)

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).

CBP seized the company medical vehicle at the **(b)(7)(E)** border (including medical equipment/supplies), handcuffed **(b)(6), (b)(7)(C)** in front of his son, and discriminated against the family by referring to them as **(b)(7)(E)**. CBP was in receipt of the request for court action, prior to closure of the case on **(b)(6), (b)(7)(C)** 2022. CBP has stolen our company vehicle/equipment and sold it without due process. Neither **(b)(6), (b)(7)(C)** nor counsel were in receipt of any alleged communications prior to that date.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER 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).

Company medical van was sold before CBP received notice for legal referral prior to case closure on **(b)(6), (b)(7)(C)** 2022.

PERSONAL INJURY/WRONGFUL DEATH

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

The **(b)(6), (b)(7)(C)** was humiliated, verbally abused, and discriminated against on basis of sexual orientation by CBP employees. CBP was grossly negligent and proceeded in bad faith. The van was sold prior to case closure while CBP was in receipt of form for "referral for court action" prior to case closure on **(b)(6), (b)(7)(C)** 2002.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

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

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

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

25,000.00

12b. PERSONAL INJURY

50,000.00

12c. WRONGFUL DEATH

0

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$75,000.00

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 (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

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

14. DATE OF SIGNATURE

(b)(6), (b)(7)(C) 2022

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

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

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

INSURANCE COVERAGE

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

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

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).

Claim denied in its entirety given context of seizure at border.

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 claim form.

Complete all items - insert the word NONE where applicable.

CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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

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

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.

(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.

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.

(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.

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.

(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.

- 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."

- 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.

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.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Customs and Border Protection (b)(7)(E)			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)		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH n/a	5. MARITAL STATUS n/a	6. DATE AND DAY OF ACCIDENT (b)(6), (b)(7)(C) /2019	7. TIME (A.M. OR P.M.) Multiple Days
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See Attachment 1.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). n/a					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). n/a					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. See Attachment 1.					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
See Attachment 1.					
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
0.00	25,000.00	0.00	25,000.00		
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 (See instructions on reverse side). (b)(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) /2019	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

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

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

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.

0.00

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

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

INSTRUCTIONS

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

Complete all items - insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

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

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

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.

(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.

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.

(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.

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.

(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.

- 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."

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.

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 1 TO ADMINISTRATIVE CLAIM FOR DAMAGES

Claimant **(b)(6), (b)(7)(C)** or “Claimant”) submits this Administrative Claim to the United States Department of Homeland Security (“DHS”) [which includes the sub-agencies of Customs and Border Protection (“CBP”) and **(b)(7)(E)**

(b)(7)(E), pursuant to 28 U.S.C. § 2675(a). The purpose of this Claim is to provide notice to DHS, **(b)(7)(E)** and officials identified herein, of damages arising from these officials’ negligence and the violation of Claimant’s constitutional rights. Unless this Claim is accepted and appropriate compensation paid 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)

3. **Basis of Claim:**

On or about Thursday, **(b)(6), (b)(7)(C)** 2019, at approximately 10:00 a.m., **(b)(6), (b)(7)(C)**— a U.S. citizen and Gulf War combat veteran—was arrested by DHS officials at the **(b)(7)(E)** **(b)(7)(E)** border crossing. DHS officials (believed to be agents or officials working in the course and scope of their employment by CBP **(b)(7)(E)**) placed **(b)(6), (b)(7)(C)** in a holding cell in a DHS facility at the border where he immediately (and repeatedly) advised DHS officials that he had been **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** informed these officials he had been **(b)(6), (b)(7)(C)** per day and **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** per day. One DHS official laughed at **(b)(6), (b)(7)(C)** and told him: “You’ll

be fine.”

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

Within several hours of his arrest, (b)(6), (b)(7)(C) started experiencing (b)(6), (b)(7)(C)

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

being obvious to anyone who spent any time with (b)(6), (b)(7)(C) also repeatedly stated to DHS officials that he was (b)(6), (b)(7)(C)

At approximately 3:00 p.m. that afternoon, DHS officials transported (b)(6), (b)(7)(C) to the (b)(7)(E) Given (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) officials rejected (b)(6), (b)(7)(C) and recommended that he be taken to a hospital for immediate medical attention.

Rather than taking (b)(6), (b)(7)(C) to a hospital, however, as recommended by (b)(7)(E) officials and as (presumably) required by DHS policies and procedures, DHS officials returned (b)(6), (b)(7)(C) to a DHS holding facility at or near the (b)(7)(E) Port of Entry. DHS officials then placed (b)(6), (b)(7)(C) in a holding cell that measured approximately twenty by fifteen feet, and which contained approximately twenty other detainees. There were no beds or bedding in the cell; rather, the prisoners were given yoga mats and space (Mylar) blankets. There was one toilet and one sink in the room.

At this point, it had been more than twelve hours since (b)(6), (b)(7)(C) had (b)(6), (b)(7)(C)

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

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

///

The night of his arrest, (b)(6), (b)(7)(C) was in so much pain (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) that he was unable to get up off of the ground to drink water, which exacerbated his (b)(6), (b)(7)(C). Nor was (b)(6), (b)(7)(C) able to make it to the toilet unassisted. As a result, (b)(6), (b)(7)(C) was forced to defecate in his pants. (DHS officials then failed to provide (b)(6), (b)(7)(C) with a change of clothes and the opportunity to shower, forcing him to remain in his soiled clothing until he was eventually transferred to (b)(7)(E) four days later.)

(b)(6), (b)(7)(C) remained in the holding cell until the following day, Friday, (b)(6), (b)(7)(C) 2019. During that time, (b)(6), (b)(7)(C) continued to advise DHS officials of his medical condition and his need for immediate medical attention. DHS officials continued to ignore (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 whatsoever to treat his (b)(6), (b)(7)(C)

On Saturday (b)(6), (b)(7)(C) 2019, DHS officials told (b)(6), (b)(7)(C) to “get up and eat.” He was, however, unable to stand due to his (b)(6), (b)(7)(C). DHS officials then carried (b)(6), (b)(7)(C) to a smaller, rubber-lined isolation cell. (b)(6), (b)(7)(C) remained in this cell for approximately ten hours. During this time, (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) continued to plea for medical attention. This isolation cell did not include a toilet or sink, so (b)(6), (b)(7)(C) was forced to vomit and diarrhea into a drain on the floor in the middle of the cell.

The following day, Sunday (b)(6), (b)(7)(C) 2019, (b)(6), (b)(7)(C) was transferred to another cell, which contained approximately four other prisoners. That afternoon, (b)(6), (b)(7)(C) was finally seen by a non-physician medical provider (believed to be an agent or official working within the course and scope of their employment by DHS and/or HHS). The provider gave (b)(6), (b)(7)(C) some over-the-counter medications to treat some of the

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

Later the following day, on Monday (b)(6), (b)(7)(C) 2019, DHS officials transported (b)(6), (b)(7)(C), (b)(7)(E) where he 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 he 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)

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 his right to be free from unreasonable seizures under the Fourth Amendment to the U.S. Constitution and his right to be free from deliberate indifference to his 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) 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 his 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)

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

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) 2019

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

Attorneys for Claimant

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

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

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

U.S. Customs and Border Protection
(b)(7)(E)

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)

3. TYPE OF EMPLOYMENT

MILITARY CIVILIAN

4. DATE OF BIRTH

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

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

(b)(6), (b)(7)(C) 2021 Friday

7. TIME (A.M. OR P.M.)

2:30 AM

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).

Please see attached STATEMENT OF FACTS.

9. **PROPERTY DAMAGE**

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

Please see attached STATEMENT OF FACTS.

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).

Please see attached STATEMENT OF FACTS.

10. **PERSONAL INJURY/WRONGFUL DEATH**

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

My Civil Rights were violated based on racial discrimination. I suffered General damages in the amount of \$100,000 or according to proof. Future Medial damages in the amount of \$10,000. Punitive damages according to proof.

11. **WITNESSES**

NAME

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

ADDRESS (Number, Street, City, State, and Zip Code)

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

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$350,000.00

\$350,000.00

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.

13. (b)(6), (b)(7)(C)

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

13b. PHONE NUMBER OF PERSON SIGNING FORM

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

14. DATE OF SIGNATURE

(b)(6), (b)(7)(C) 1/2022

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

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

INSURANCE COVERAGE

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

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

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? 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 claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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

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

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.

(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.

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.

(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.

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.

(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.

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."

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.

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, Tort 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- STATEMENT OF FACTS

On (b)(6), (b)(7)(C) 2021, in the early morning hours around 2AM to 3AM, I was entering into the United States of America Port of Entry through the Sentry Lane. My Girlfriend was driving my automobile and I was a passenger in the car. We made contact with the immigration officer, put my car in park and hand over our Sentri and Global Entry Lane cards. After reviewing our records, the officer said he would be sending our car to secondary for inspection.

I asked the Officer what is the violation and he proceeded to tell us that he was unauthorized to disclose this information. I asked him again, and became angry and began to talk down to me. We began to exchange words. At that point, the Customs and Border Protection Officer called eight to ten officers over to arrest me, and put handcuffs on me. I was thrown against my car, at which point handcuffs were put so tightly around my wrist that I lost circulation in my hands.

I was roughly and aggressively pushed and carried to a room that where my shoelaces were taken out, and my shoes were taken off, and I was left barefoot. After I was searched, the Officers proceeded to handcuff my leg to a bench while I had on handcuffs. During my time of arrest/detention, I told the officers that my handcuffs were too tight and they were cutting off circulation to my wrist. All the officers did was laughed at me, cracked jokes and traded high-fives with each other. The supervising officer even came out and asked me if my birthday was April Fools Day. The other officers proceeded to laugh. As I continually told officers that my handcuffs were too tight, around the hundredth and tenth time, the supervising officer came out of his office and told me that I was not being detain and not under arrest.

At that point, I asked for a Supervisor, and an African-American Officer to tend to me. As the Caucasian Law Enforcement Officers were getting a good kick out of chaining me up like a Dog. Shortly thereafter an African-American Customs Officer came and took off my handcuffs, and released me and escorted me to my car. He apologized for the other Officers actions and told me and my girlfriend we are free to leave.

The whole experience humiliated me, made be to feel like an animal and excessive force by these officers was used to accomplish this. The actions of the first Officer at the lane both were we presented our membership cards was extremely unreasonable and started the entire chain of events that could have been avoided. It was extremely unnecessary for him to call eight to ten officers to arrest me, put handcuffs on me and humiliate me in front of my girlfriend. There actions were excessive, unreasonable and unnecessary.

There were around five to seven officers in the detainment are. Not one of the Officers came to check on my handcuffs during the 100 or more times I told them they were too tight and cutting off circulating in my wrist. When the supervising officer came out and told me I was not under arrest or detention, Moreover, the Officers exposed me to COVID-19 when I was put in the same detention area as undocumented aliens. I was not provided a mask or put in a separate holding cell as a United States Citizen. The entire actions of these Customs Officers were inhuman and unreasonable.

(b)(6), (b)(7)(C) 2022