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: U.S. 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)					
(b)(7)(E)		(b)(6), (b)(7)(C)						
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH 5. MARITAL STATUS 6. DATE AND DAY OF ACCIDENT 7. TIME (A.M. O 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 husband and three minor children, were traveling westbound on (b)(7)(E) when they approached the intersection of (b)(7)(E) As the (initial historical yehicle crossed this intersection, on-duty US Custom Agent (b)(6), (b)(7)(C) who was traveling (b)(7)(E) in his on-duty emergency vehicle, failed to stop at the stop sign before entering the intersection of (b)(7)(E) and traveled into the direct path of the (initial local causing the two vehicles to collide with great force. The impact was so severe it totaled the (initial caused Agent (initial local causing to rest on a nearby dirt path. (b)(7)(E) (b)(7)(E)						section at (b)(7)(E) and		
9.	***************************************	PROPE	RTY DA	MAGE	***************************************	······································		
NAME AND ADDRESS OF OWNER (b)(6), (b		IT (Number, Street, Ci	ty, State	e, and Zip Code).				
BRIEFLY DESCRIBE THE PROPER (Sen-betwytions on reverse side.) The hamming vehicle was towed by	ry, NATURE AND EXTENT	OF DAMAGE AND THE						
10,		PERSONAL INJUI	RY/WR	ONGFUL DEATH				
STATE NATURE AND EXTENT OF E INJURED PERSON OR DECEDENT.	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.							
	(k	o)(6), ((b)	(7)(C)				
11.		Win	NESSE	is .				
NAME	***************************************		**********	ADDRESS (Number, Street, City	y, State, and Zip Coo	ie)		
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C) (b)(6), (b)(7)(C)							
12. (See instructions on reverse.)		AMOUNT OF	CLAIN	f (in dollars)				
12a. PROPERTY DAMAGE N/A as to claimants as they didn't own vehicle. Property damage pending. 12b. PERSONAL INJURY 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 12c. WRONGFUL DEATH 12d. TOTAL (Failure to specify may cause forfeiture of your 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								
(b)(6	6), (b)(7)(0	C)		13b. Phone number of person s (b)(6), (b)(7		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 fiable 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 7540-00-634-4046

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 insuran	ice 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 (b)(6), (b)(7)(C)	Code) and policy number. No
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes. ☐ No 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 no The vehicle involved is not owned by Claimants, however, Claimants' auto insurers have been no \$5,000 per person available for medical payment through (b)(6), (b)(7)(C) auto insurance and (b)(6), (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)	treet, 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

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 fisted in item#1 on the reverse side may be contacted. Complete regulations penaining 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 daims 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 resistle, 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. 552e(e)(3), and concerns the information requested in the fetter 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".

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

IN HIDY OD DEATH reverse s			i supply ional sh	NS: Please read carefully the instructions on the supply information requested on both sides of this anal sheet(s) if necessary. See reverse side for lions.				
Submit To Appropriate Federal Agency: U.S. 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)				
Office of the Chief Counsel 1300 Pennsylvania Ave., N.W. Washington, D.C. 20229			(b)(6), (b)(7)(C)					
3. TYPE OF EMPLOYMENT □ MILITARY XCIVILIAN	4. DATE OF BIRTH (b)(6), (b)(7)(C)	5. MARITAL STA	5. MARITAL STATUS 6. DATE AND DAY OF ACCIDENT 7. TIME (A.M. OR P.M. Married (b)(6), (b)(7)(C) 12017 Apprx. 5 A.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.) On Wednesday, ([b](6), (b)(7)(C), 2017, U.S. Customs and Border Protection officers forcibly entered [b)(6, (b)(7)(C), home by knocking down the front door. Eight to ten officers entered the home with guns drawn and ordered [b)(6, (b)(7)(C), his girffriend and his children to the floor. The officers then proceeded to ransack and search every room of the home causing irreparable damage to [b)(6, (b)(7)(C), person belongings and vehicles. This resulted in damages of exceeding \$25,000. See Attachment A, "Supplemental to Claim Form 95" for further details.								
9.		PROPE	RTY DA	MAGE				
NAME AND ADDRESS OF OWNER, N/A	IF OTHER THAN CLAIMAN	T (Number, Street, (City, Stat	e, and Zip Code).				
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.) During the search of Claimant's h glassware, front door and bed fra	ome, officer's caused da	mage and/or desi	troyed (Claimant's personal property,	including shelves,	shoes, speakers, plants, ment A for details.		
10.		PERSONAL INJU	JRY/WR	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. N/A								
11.		· W	TNESSI	E\$				
NAME				ADDRESS (Number, Street, City	y, State, and Zip Coo	ie)		
(b)(6), (b)(7)(C)	(b)(6)), (b)(7)(C)				
12. (See instructions on reverse.)		AMOUNT O	F CLAIN	(in dollers)				
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	1	12c. W	RONGFUL DEATH		re to specify may cause		
25,000.00	25,000.00				forfeiture of y	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								
(b)(6), (b)(7)(C) se side.)				13b. Phone number of person signing form (b)(6), (b)(7)(C) (b)(6), (b)(7)(C)				
	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 3411) S.C. 3739.				Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)				

85-109

NSN 7540-00-634-4048

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

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INSURANC	E 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? D Yes If yes, give name and address of insurance	e company (Number, Street, City, State, and Zip Code) and policy number.					
16. Have you filed a claim on your insurance cerrier in this instance, and if so, is it full cow	erage or deductible? □Yes 图No 17, if deductible, state amount.					
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.)					
19. Do you carry public liability and property damage insurance? Yes If yes, give nar	ne and address of insurance carrier (Number, Street, City, State, and Zip Code). 🛛 Я 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 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 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 rander 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 amount claimed should be substantiated by competent evidence as follows: (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 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 burfal 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					
The claim may be filed by a duty 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.	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 tost 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) 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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Page 1 of 4 ATTACHMENT A Supplemental to Claim Form SF 95 (b)(6), (b)(7)(C) 6-7. Date and Time of Injury: On Wednesday, (b)(6), (b)(7)(C) 2017 at approximately 5 A.M., U.S. Customs and Border Protection (CBP) officers forcibly entered (b)(6), (b)(7)(C) home by knocking down the front door. (b)(7)(E) officers entered the home with guns drawn and ordered and his girlfriend to the floor. Officers pushed (b)(6), (b)(7)(C) year old daughter, forcibly entered (b)(6), (b)(7)(C) year old son's bedroom and ordered the children to join (b)(6), (b)(7)(C) girlfriend on the floor. Officers then proceeded to ransack and destroy (10)(6), (10)(7)(C) personal property and vehicles resulting in \$15,000 worth of property damage. 8. Basis of claim: The incident upon which this claim is based took place on Wednesday (b)(6), (b)(7)(c) 2017 at approximately 5 A.M. when U.C. Customs and Border Protection officers forcibly entered and his girlfriend home located at (b)(6), (b)(7)(C) were getting ready for work and preparing the children for school when (b)(6),(b)(7)(C) heard an officer yell (b)(7)(E) proceeded by a loud banging noise, (b)(6), (b)(7)(C) immediately yelled "wait, wait!" so that he could open the door for the officers but the officers continued to hit the front door and broke it down. The door was made of wood and metal and had a glass window in the center. The officer's actions resulted in damage to the door, glass window and the door frame. The glass window on the door was shattered, a section of the door frame was torn off and the section where the door's latch and knob are located was ripped apart and the wood torn. See Exhibit A, photos of damage left my CBP officers. Approximately (b)(7)(E) officers from CBP and the Department entered ((b)(6),(b)(7)(C) home with their guns drawn. The officers also had a K-9 dog with them. The officers were all wearing green and black jackets and ordered (1010) and his girlfriend to get down on the floor (10)(6),(10)(7)(C) immediately obeyed the officer's orders and got face-down on the living room floor (6)(6), (6)(7)(C) girlfriend did the same in the kitchen. (6)(6), (6)(7)(C) (b)(6),(b)(7)(c) year old daughter was startled by the commotion and ran towards (b)(6),(b)(7)(c) girlfriend. An officer then pushed ((b)(6), (b)(7)(c) daughter and forced her to join ((b)(6), (b)(7)(c) girlfriend on the floor (b)(6), (b)(7)(C) year old son was locked in his bedroom and officers were going to knock down the bedroom door (6)(6),(6)(7)(C) pleaded with them to not do that and the officers

were eventually able to get the son's bedroom door open. They escorted (b)(6), (b)(7)(C) son to

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

CBP Federal Tort Claim for

kitchen

CBP Federal Tort Claim for (b)(6), (b)(7)(C)
Page 2 of 4

and ordered him onto the floor with (b)(6),(b)(7)(C) girlfriend and daughter. The officers then lifted (b)(6),(b)(7)(C) off the floor and put him on a couch in the living room. Officers brough (b)(6),(b)(7)(C) girlfriend and children to the living room as well and placed them on another couch across from (b)(6), (b)(7)(C)

An [b)(7)(E) officer by the name (b)(6), (b)(7)(C) approached the living area where and asked and his children were sitting. (b)(6), (b)(7)(C) confiscated both of (b)(6), (b)(7)(C) cell phones and asked (b)(6), (b)(7)(C) where "the drugs" were. (b)(6), (b)(7)(C) told the officer he did not have any. (b)(6), (b)(7)(C) said "Don't play stupid" and then threatened to arrest (b)(6), (b)(7)(C) and his girlfriend and take (b)(6), (b)(7)(C) children away from him. Another officer (Officer A) wearing a uniform that said "CBP" on it asked (b)(6), (b)(7)(C) why (b)(6), (b)(7)(C) had chain locks on the doors in the interior of his home, including the patio, back and front doors (b)(6), (b)(7)(C) girlfriend responded to the officer's inquiry and said that the locks were for security to keep an eye on the couple's (b)(6), (b)(7)(C) year old daughter who often goes into different rooms of the house unattended. (b)(6), (b)(7)(C) said the locks were okay because they were for safety.

The officers went into the garage to search and proceeded to destroy (b)(6), (b)(7)(c) girlfriend's plastic flowers that she uses to make holiday decorations and that she had stored in boxes. They destroyed the boxes holding the flowers, dumped the flowers on the floor and proceeded to step on them as they continued to search the garage. Other officers continued to search every other room in the home (b)(6), (b)(7)(c) girlfriend also had a large plastic bag filled with CDs and DVDs in the living room that she intended to organize and store in a portable CD wallet for easy access. Officer A took the bag of CDs and DVDs to the (b)(6), (b)(7)(c) daughter's bedroom and dumped the entire bag on the floor. Officer A told (b)(6), (b)(7)(c) that he could not own all of items and furniture he had in his home on a plumber's salary. (b)(6), (b)(7)(c) told Officer A that he purchased everything in his home and that the furniture was recently paid off after three years of payments (b)(6), (b)(7)(c) offered to show Officer A the receipts for the furniture but Officer A refused and said, "Everyone says that shit."

(b)(7)(E) car arrived and (b)(6), (b)(7)(C) escorted (b)(6), (b)(7)(C) out to the vehicle where another officer was waiting. The officer drove (b)(6), (b)(7)(C) to the (b)(7)(E) and placed him in a cell by himself. (b)(6), (b)(7)(C) was in the cell for two hours before (b)(6), (b)(7)(C) arrived at the station. (b)(6), (b)(7)(C) asked and (b)(6), (b)(7)(C) allowed (b)(6), (b)(7)(C) to use the restroom. When (b)(6), (b)(7)(C) returned he was escorted to a small table next to the cell where he was being held. (b)(6), (b)(7)(C) asked (b)(6), (b)(7)(C) about someone named (b)(6), (b)(7)(C) told (b)(6), (b)(7)(C) that he did not know anyone named (b)(6), (b)(7)(C) told (b)(6), (b)(7)(C) that he did know him and that (b)(6), (b)(7)(C) had seen (b)(6), (b)(7)(C) home (b)(6), (b)(7)(C) denied knowing him and that this person was ever at his home. (b)(6), (b)(7)(C) again explained that he did not know anyone named (b)(6), (b)(7)(C) again explained that he did not know anyone named (b)(6), (b)(7)(C) again explained that he did not know anyone named (b)(6), (b)(7)(C) said that the was never at (b)(6), (b)(7)(C) home, unless this person came when (b)(6), (b)(7)(C) was not home. (b)(6), (b)(7)(C) then escorted (b)(6), (b)(7)(C) back to his cell. A doctor then arrived at

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CBP Federal Tort Claim for (b)(6), (b)(7)(C)
Page 3 of 4

against him.

(b)(6), (b)(7)(C) | (b)(6), (b)(7)(C) | then took (b)(6), (b)(7)(C) | out of his cell and the cell and f demanded (b)(6), (b)(7)(c) provide him with the passwords to his cell phones. (b)(6), (b)(7)(c) refused to provide such information while (b)(6), (b)(7)(c) addressed him in such a manner. (b)(6), (b)(7)(c) then said that he would not call CPS (Child Protective Services) if (b)(6), (b)(7)(0) gave him his passwords (b)(6), (b)(7)(0) asked what would happen to his vehicles and (b)(6), (b)(7)(c) told him that they would not touch them (b)(6), (b)(7)(C) then agreed to give (b)(6),(b)(7)(C) the passwords to his phones, (b)(6),(b)(7)(C) presented him with a paper written in English authorizing officers to go through (b)(6), (b)(7)(C) cell phone. Sometime later, (b)(6), (b)(7)(C) took (b)(6), (b)(7)(C) out of his cell and escorted him outside to another vehicle with a female officer waiting to transport him to another facility (16)(6),(6)(7)(C) was then driven to a downtown facility where he was told he was being held for ICE (Immigration and Customs Enforcement). During this time, with lower was able to speak to his girlfriend. She explained what she witnessed the officers do once (b)(6).(b)(7)(c) was escorted from his home on (b)(6), (b)(7)(C), 2017. (b)(6), (b)(7)(C) girlfriend informed him that after he was arrested officers continued searching the home and damaged some of (b)(6),(b)(7)(c) property. In the garage, the officers tore out some shelves (10)(6), (10)(7)(C) had installed on the wall and damaged a bass speaker (b)(6),(b)(7)(C) had in the garage. Officers cut along both sides of the speaker and in the center of the speaker. Officers took [6(0)(0)(0)(0)(1)(1) small pepper tree out of its plastic pot and threw it on the ground damaging the tree and spilling its soil everywhere. In the kitchen, the officers emptied the cabinets and threw crystal white glasses on the floor causing them to break and shatter. In (b)(6). (b)(7)(C) daughter's bedroom, officers tore off pieces of the bed frame. Officers also tore apart a pair Adidas Air gym shoes (10)(6), (10)(7)(C) had by tearing the shoe from the sole and ruining the shoes. (b)(6), (b)(7)(c) girlfriend also witnessed and explained the damage officers made to (b)(6), (b)(7)(c) vehicles. Officers poked screwdriver holes in the backseat and the door speakers of (b)(6), (b)(7)(C) Cadillac. Officers also tried to forcibly remove the Cadillac's stereo by prying it out with screwdrivers. Though they were unsuccessful, the officer's attempts left behind screwdriver scratches and damaged the vehicle's stereo. Officers also pulled out the backseat of the Cadillac breaking it from its hinges. The seat was not designed to be taken out this way, however officers forcibly removed the backseat by sheer force, causing irreparable damage to the vehicle. Officers damaged the air filter in (b)(6),(b)(7)(C) Dodge Ram truck and tore off the roof handle on the passenger side. They also removed the battery and damaged the positive and

Upon his return home, (b)(6),(b)(7)(C) surveyed the damage his girlfriend described over the phone. He confirmed all the damage officers caused in his home and to his vehicles. He was forced to throw away the Adidas Air gym shoes and purchase a new battery for the Dodge Ram

negative terminals. Officers tore out the middle console, backseat and passenger floor boards

of [(b)(6), (b)(7)(C)] Acura vehicle ((b)(6), (b)(7)(C)] work truck was parked on his next-door neighbor's property and officers dumped out all ((b)(6), (b)(7)(C)] work tools, including small items such as nails and screws. Officers also tore out the backseat of a Ford Fiesta ((b)(6), (b)(7)(C)) was test driving to purchase for his ((b)(6), (b)(7)(C)) year old son. Officers also dumped out the trash on ((b)(6), (b)(7)(C)) property and left it there along with all the latex gloves officers left behind after use. ((b)(6), (b)(7)(C)) was held in the downtown facility for three days and then released as no charges were filed

CBP Federal Tort Claim for (b)(6), (b)(7)(C)
Page 4 of 4

truck that officers destroyed. Officers caused irreparable damage to (b)(6), (b)(7)(C) personal property and vehicles.

9. The property, nature and extent of damage:

As noted above, during the search of ((b)(6),(b)(7)(C)) home, officer's caused damage and/or destroyed ((b)(6),(b)(7)(C)) personal property, including shelves, shoes, speakers, plants, glassware, the front door and bed frame. Officers also damaged ((b)(6),(b)(7)(C)) Dodge Ram, Cadillac, Acura, and Ford Fiesta. Officers tore off shelves in ((b)(6),(b)(7)(C)) garage, tore the soles off his Adidas Air gym shoes, cut the sides and center of his bass speaker, broke down and damaged his front door and tore the wooden frame off of ((b)(6),(b)(7)(C)) daughter's bedframe. Officers also poked holes and tore out the backseat of ((b)(6),(b)(7)(C)) vehicles. They tore off a roof handle, center console, cut holes in the vehicle speakers and damaged battery terminals. As a direct and proximate cause of CBP Officer's negligent acts ((b)(6),(b)(7)(C)) vehicles and personal belongings were destroyed or damaged.

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 Federa CBP OFFICE OF CHIEF COUN: 6650 TELECOME DRIVE, SUITI INDIANAPOLIS, IN. 46278	SEL				everse.) (Numb	s personal representative, if er, Street, City, State and Zip
3. TYPE OF EMPLOYMENT D MILITARY D CIVILIAN	4. DATE OF BIRTH (b)(6), (b)(7)(C)	5. MARITAL ST.	ATUS	6. DATE AND DAY OF ACC	CIDENT	7. TIME (A.M. OR P.M.) 0730 A.M.
Basis of Claim (State in detail place of occurrence and the c	the known facts and cin ause thereof. Use addit	cumstances attendional pages if nec	ding the essary.	damage, injury, or death, ide	ntifying persons	and property involved, the
(b)(6), (b)(7)(C)						
9.		PROPE	ERTY DA	MAGE		
NAME AND ADDRESS OF OWNER,	IF OTHER THAN CLAIMAN	IT (Number, Street, 0	City, Stat	e, and Zip Code).		
BRIEFLY DESCRIBE THE PROPERT (See Instructions on reverse side.) DAMAGE TO FRONT OF VEHIC	•				Y BE INSPECTED	
10.		PERSONAL INJU	JRY/WR	ONGFUL DEATH	•••••	
STATE NATURE AND EXTENT OF E	ACH INJURY OR CAUSE (OF DEATH, WHICH	FORMS	THE BASIS OF THE CLAIM. IF C	OTHER THAN CLA	IMANT, STATE NAME OF
NO INJURIES CLAIMED AT TIME	OF INCIDENT.					
ŕ	i god					
11,		W	ITNESSE	ES [®]		
NAME	·			ADDRESS (Number, Street, Cit	y, State, and Zip C	ode)
(b)(6), (b)(7)(C))	(b)(6), (b)(7)	(C)		
12. (See instructions on reverse.)		AMOUNT O	F CLAIN	1 (in doilars)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
12a, PROPERTY DAMAGE	12a, PROPERTY DAMAGE 12b, PERSONAL INJURY 12c, WRONGFUL DEATH 12d, TOTAL (Failure to specify may cause forfeiture of your rights.)					
12,604.83	NO:			<i>Vo</i>		
I CERTIFY THAT THE AMOUNT OF C			RIES CAI	JSED BY THE INCIDENT ABOVE	E AND AGREE TO	ACCEPT SAID AMOUNT IN
(b)(6), (b)(7)(C) lictions on reverse si	de.)		(b)(6), (b)(7	7)(C)	14. <u>DATE OF SIGNATURE</u> (b)(6), (b)(7)(C) 2022,
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United St \$5,000 and not more than \$10,000, pl by the Government, (See 31 U.S.C. 3	us 3 times the amount of da		than	Fine, imprisonment, or both. (Se	se 18 U.S.C. 287,	1003.)
BARKERANDERKE			230 80 6		(3.4.4.3.163.4.)	20 00000 00

95-109

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? Ves 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? Yes 17. It deductible, state amount.						
18. If a claire has been filled 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). If No						
INSTRUCTIONS						
Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose						

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 AGENCYRECEIVES 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 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 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 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 buriat expenses actually incurred.
- (b) In support of claims for demage 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 properly 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.

neams the information requested in the letter to which this violice 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.

- 3. 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 <u>salely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3801. 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, actuding 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.

SF95 BACK

CLAIM FOR DA INJURY, OR I	1 *** ** * * * * * * * * * * * * * * *					FORM APPROVED OMB NO. 1105-0008	
Submit to Appropriate Federal Agence			2			ind claimant's persone . Number, Street, City,	
U.S. Customs and Border F	Protection						(7)(C)
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATE	us s	DATE A	ND DAY OF ACCIDE	INT	7, TIME (A.M. OR P.M.)
☐ MILITARY 🏻 CIVILIAN	(b)(6), (b)(7)(C)	Single	(b)((6), (b)(7)(C) /2	022		7:17 AM
BASIS OF CLAIM (State in detail the the cause thereof. Use additional pages of the cause thereof. Use additional pages of the cause thereof. See Attachment 1 hereto.		ances attending the di	amage, inju	ry, ar dea	in, wentryng persor	is and property involve:	a, the place of occurrence and
9.		PROPE	RTY DAM/	AGE		***************************************	
NAME AND ADDRESS OF OWNER, IF	OTHER THAN CLAIMAN				de).		
N/A - Claimant was the own	ier.						
BRIEFLY DESCRIBE THE PROPERTY (See instructions on reverse side).	, NATURE AND EXTENT	OF THE DAMAGE AN	ND THE LO	CATION	OF WHERE THE PR	OPERTY MAY BE INS	PECTED.
Toyota 4Runner, canine in t knowledge.	he vehicle, beef je	rky in vehicle, c	ash - all	l destro	oyed and/or dis	posed of per be	st of Claimant's
10.		PERSONAL INJU	IRYWRON	IGFUL DE	EATH		
STATE THE NATURE AND EXTENT O OF THE INJURED PERSON OR DECE		JSE OF DEATH, WHIC	CH FORMS	THE BA	SIS OF THE CLAIM.	IF OTHER THAN CLA	IMANT, STATE THE NAME
Glass entered the Claimant (b)(6), (b)(7)(C) Claimant als battered Claimant and caus and suffering.	o swallowed glass)(d)	(6), (b)(7)(C)		and rela		
11.		Wi	TNESSES		***************************************		
NAME			<i>j</i>	ADDRESS	S (Number, Street, C	ty, State, and Zip Code)
(b)(6), (b)(7)(C) (b)(6), (b)(7)(C)							
12. (See instructions on reverse).		AMOUNT OF	CLAIM (n dollars)			
12a, PROPERTY DAMAGE	125. PERSONAL INJURY		120. WRONGFUL DEATH		12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
10,000.00 3,000,000 0.00		0.00	3,010,000				
I CERTIFY THAT THE AMOUNT OF CI FULL SATISFACTION AND FINAL SE			ES CAUSE	D BY TH	E INCIDENT ABOVE	AND AGREE TO AC	CEPT SAID AMOUNT IN
13a. SIGNATURE OF CLAIM		le),		13b. PHONE NUMBER OF PERSON SIGNING FOI		SON SIGNING FORM	14. DATE OF SIGNATURE
(b)(6), (b)(7)(C)		***************************************		(b)(6), (b)(7)(C)			(b)(6), (b)(7)(C) 1/2022
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		•		CRIMINAL PENALTY FOR PRESENTING FRAUDL CLAIM OR MAKING FALSE STATEMENTS			
\$5,000 and not more than \$10,000, plus	he 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 y the Government. (See 31 U.S.C. 3729).				}		

INSTRUCTIONS: Please read carefully the instructions on the

Authorized for Local Reproduction Previous Edition is not Usable 95-109

NSN 7540-00-634-4046

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

FORM APPROVED

INSURANCE COVERAGE					
In order that subregation claims may be adjudicated, it is essential that the claiment provid	e the following information regarding the insurance coverage of the vehicle or property.				
15. Do you carry accident insurance? TYes If yes, give name and address of insu	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 co	erage 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 propos					
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). 😿 No				
INSTRE	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 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: (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 temzed 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 bunal 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 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 deafers 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	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. 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	JCTION ACT NOTICE				
This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Publicesponse, including the time for reviewing instructions, searching existing data sources, gat information. Sand comments regarding this burden estimate or any other aspect of this coil Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, V formis) to these addresses.	hering and maintaining the data needed, and completing and reviewing the collection of				

form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

ATTACHMENT 1 TO STANDARD FORM 95 - BASIS OF CLAIM

On the morning of (b)(6),(b)(7)(C) 2022. Border Patrol Agents ("BPA") (b)(6), (b)(7)(C)
and (b)(6), (b)(7)(C) initiated a vehicular pursuit of (b)(6), (b)(7)(C) after (b)(6), (b)(7)(C)
inadvertently proceeded through a secondary inspection point at the (b)(7)(E)
(b)(7)(E), (b)(6), (b)(7)(C) was driving a gray Toyota 4Runner at the time. The pursuit began on the
(b)(7)(E) and proceeded to other routes, including (b)(7)(E)
The BPAs pursued (b)(6), (b)(7)(C) approached a construction zone located near (b)(7)(E)
(b)(7)(E) and came to a complete stop in the construction zone. BPA(10)(6), (0)(7)(G) and the other
BPAs in pursuit surrounded (b)(6), (b)(7)(C) vehicle and used their vehicles to block his vehicle such
that he could not exit the construction zone in the vehicle.
BPA [b)(6), (b)(7)(c) then approached (b)(6), (b)(7)(c) stationary vehicle and began aggressively shouting
orders at [6)(6), (6)(7)(6) While (6)(6), (6)(7)(6) attempted to comply with these orders, BPA (6)(6), (6)(7)(6) became
angry with the situation and decided to engage in the excessive use of force against (b)(6), (b)(7)(C) At
approximately 7:10 AM, BPA (1916) (1917) utilized his collapsible steel baton to break the driver's-side
window of (b)(6), (b)(7)(c) yehicle. This unreasonable and excessive use of force by BPA [b)(6), (b)(7)(c) not
only destroyed the window of the vehicle, but resulted in (b)(6), (b)(7)(c) sustaining several serious
personal injuries. Broken glass from the window was lodged in both of (b)(6), (b)(7)(C) eyes. This not only caused (b)(6), (b)(7)(C) to suffer a significant amount of pain, but (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C) such that (b)(6), (b)(7)(C)
also, unfortunately, swallowed pieces of broken glass after BPA[(6)(6),(6)(7)(6)] broke the window.
This has caused (b)(6), (b)(7)(C) , among other injuries
which are still under investigation. After breaking the window and (b)(6), (b)(7)(C)
(b)(6), (b)(7)(C) the BPAs on the scene also battered (b)(6), (b)(7)(C) several times, causing further personal
injuries. As a result of this unreasonable and excessive use of force, (b)(6), (b)(7)(c) in addition to the
injuries described above, has also suffered severe emotional distress damages arising from
(b)(6), (b)(7)(C) See BPA (b)(6), (b)(7)(C)
for further information regarding the incident.
(b)(6), (b)(7)(c) was then placed under arrest and was incarcerated for over one month while charges for
an alleged violation of Title 18 of the United States Code, section 758 were pending. Notably, the
United States Attorney's office dismissed the charges against (b)(6), (b)(7)(c) signaling that the
(b)(6), (b)(7)(C)
(8)(8), (8)(1)(8)
In short, the BPAs on the scene engaged in the excessive use of force against (b)(6),(b)(7)(c) resulting
in severe personal injuries and emotional distress. (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) among other injuries and submits this claim accordingly.
Dated:
Dated: (b)(6), (b)(7)(C) By: (b)(6), (b)(7)(C) Esq.

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 INJURY, OR DEATH additional instructions. 1. Submit To Appropriate Federal Agency: 2. Name, Address of claimant and claimant's personal representative, if any. (See Instructions on reverse.) (Number Street City State and Zin U.S. Border Patrol 3. TYPE OF EMPLOYMENT O MILITARY CIVILIAN 5. MARITAL STATUS 4. DATE OF BIRTH **B. DATE AND DAY OF ACCIDENT** (b)(6), (b)(7)(C) 2018 (b)(6), (b)(7)(C)married 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.) (b)(6), (b)(7)(C) was driving (b)(6), (b)(7)(c) Due to traffic ahead of him, he slow-down and came to stop when he got rear ended by (b)(6), (b)(7)(C) your employee" and won with a another vehicle in front of him. (1)(1)(1)(1)(1) Then lost control of his vehicle then struck the center median NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and None BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION (See Instructions on reverse side.) None 10. PERSONAL INJURYAWRONGFI STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE B INJURED PERSON OR DECEDENT. The accident (b)(6), (b)(7)(C), (b)(7)(E

FORM APPROVED OMB NO. 1105-0008

08:38 A.M.

	***************************************		-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***	
PROPERTY DAMAGE							
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).							
None							
BRIEFLY DESCRIBE THE PROPER (See Instructions on reverse side.)	TY, NATURE AND EXTENT	OF DAMAGE AND T	HE LOC	ATION WHERE PROPERTY MAY	/ BE INSPECTED.		
None			200				
10.		PERSONAL INJU	RYAVRO	ONGFUL DEATH			
STATE NATURE AND EXTENT OF INJURED PERSON OR DECEDENT	EACH INJURY OR CAUSE O	F DEATH, WHICH I	FORMS	THE BASIS OF THE CLAIM. IF O	THER THAN CLAIR	IANT, STATE NAME OF	
After The acil	(ent, (b)(6), (b)(7)(c)), (b)(7)(C), (b)(was tro 7)(E)	unsp	orted by the	ambula ated for	nce to (b)(6),(b)(7)(C),(b)(7)(E) multiple the (b)(6),(b)(7)(C)	
injuries. Howe	ver he is in	stable	CON	ultion now and	(b)(6), (b)(7)(C)	
11.		W	ITNESSE			1 4	
NAME				ADDRESS (Number, Street, City	y, State, and Zip Co	fo)	
None		None					
12. (See instructions on reverse.)		AMOUNT O	if Clain	i (in dollare)		· ·	
129. PROPERTY DAMAGE	125, PERSONAL BUILTY		12c. W	RONGFUL DEATH	12d. TOTAL (Fallure to specify may cause forfeiture of your rights.)		
\$ 15,000.00	\$60,000	.00		None	\$ 75,000.00		
I CERTIFY THAT THE AMOUNT OF FULL SATISFACTION AND FINAL			RIES CAI	USED BY THE INCIDENT ABOVE	AND AGREE TO	ACCEPT SAID AMOUNT IN	
¹³ (b)(6), (b)(7)(C)				(b)(6), (b)(7)(C) 14. DATE OF SIGNATION (b)(6), (b)(7)(C)			
CIVIL PERALTY FOR PRESENTING FRAUDULENT CLAIM				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
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 susteined by the Government. (See 31 U.S.C. 3729.)			than	Fine of not more than \$10,000 (See 16 U.S.C. 287, 1001.)	or imprisonment for	not more than 5 years or both.	
95-109		nen 7	540-00-6	34-4046		D FORM 95 SED BY DEPT. OF JUSTICE	

95-109

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.

(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? MNo 17. If deductible, state amount. filed claim with (b)(6), (b)(7)(C)
(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.)

However, as mentioned above, there is (b)(6), (b)(7)(C) and claim still pending.

19. Do you carry public liability and property damage insurance? DYes 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 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) 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 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

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