

# CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form please read the instructions on the back. Untimely claims will be returned. Please submit this form and supporting documentation to the Controller's Office, Claims Division, 1390 Market Street, 7<sup>th</sup> Floor, San Francisco, CA 94102 in person or by mail.

\* = REQUIRED \*\* = REQUIRED IF KNOWN

DHSH

20-02421

<b>1. Claimant's Name and Home Address (Please Print Clearly)</b> * <u>Shawn Hall</u> <u>homeless</u> City <u>San Francisco</u> State <u>CA</u> Zip _____ Telephone Daytime _____ Evening _____ Cellular _____		<b>2. Send Official Notices and Correspondence to:</b> * <u>Toni Larson</u> <u>131 Stewart St Ste 400</u> City <u>San Francisco</u> State <u>CA</u> Zip <u>94105</u> Telephone Daytime _____ Evening _____ Cellular _____	
<b>3. Date of Birth</b>	<b>4. Social Security Number</b>	<b>5. Date of Incident</b> * <u>1/15/20</u>	<b>6. Time of Incident (AM or PM)</b> ** <u>9AM</u>
<b>7. Location of Incident or Accident</b> ** <u>Selby + Palou</u>		<b>8. Claimant Vehicle License Plate #, Type, Mileage, and Year</b> ** <u>N/A</u>	

**9. Basis of Claim.** State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.  
\* please see attached

Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss	Type of City Vehicle	Vehicle License Number and Bus or Train Number
** <u>SFPD, DPW</u>	** _____	** _____

<b>10. Description of Claimant's injury, property damage or loss</b> * <u>please see attached</u>	<b>11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions)</b>  ITEMS * <u>please see attached</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ <b>TOTAL AMOUNT</b> \$ <u>10,000</u> Court Jurisdiction: Limited (up to \$25,000) <input checked="" type="checkbox"/> Unlimited (over \$25,000) <input type="checkbox"/>
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12. Witnesses (If any) Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____

<b>13.</b> * <u>Victoria Larson</u> Signature of Claimant or Representative <u>Victoria Larson</u> Print Name	<u>5/19/20</u> Date <u>attorney</u> Relationship to Claimant
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CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)

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20 MAY 18 AM 11:19  
CITY & COUNTY OF  
SAN FRANCISCO  
CONTROLLER  
2727-F3

## **Claim Against the City and County of San Francisco**

**Shawn Hall**

### **9. Basis of Claim**

On January 15, 2020, the City of San Francisco swept the encampment at Selby and Palou. San Francisco Police Department and Department of Public Works were present. I refer to these departments collectively as the City in this claim form.

I did not know the sweep was going to happen. The City said we had 20 minutes to gather up our belongings, but they began clearing the encampment only 5 minutes later. The City did not post any notices, nor tell us that they were coming. I had lost the majority of my belongings in a nearby sweep just days earlier. If I had known the City was planning on sweeping the encampment on January 15, I would have moved everything before to avoid losing everything for the second time in a week.

The City did not follow its bag and tag procedures, nor its procedures regarding notice during this sweep. I was not given any directions on how to retrieve my belongings.

### **10. Description of Claimant's injury, property damage or loss**

Losing everything you own is devastating. I had already lost all my prized possessions in a sweep on January 8. I submitted a separate claim for that incident. I had just begun to gather up belongings, to try and rebuild my life and get back on my feet when the City came by again. It's really hard to handle this kind of treatment. I feel forgotten and taken advantage of. The City doesn't care about me because I'm homeless. This sweep, like the one before it, caused me undue anxiety and stress.

### **11. Amount of Claimant's property damage of loss and method of computation.**

These items were confiscated and destroyed by the City on January 8, 2020. Values were researched online or approximated when that was not possible.

<b>ITEM</b>	<b>VALUE</b>
Bedding	\$35
Tent	\$40
Flatbed trailer	\$449
Tools used for work including 6 cordless power drills	\$500
Camping stove	\$35
Dishes	\$20
Bike	\$60
Clothing	\$50
Emotional Distress of losing all belongings, for the second time in one week	\$8,811
<b>TOTAL</b>	<b>\$10,000</b>