

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, 7th Floor, San Francisco, CA 94102 in person or by mail.

* = REQUIRED ** = REQUIRED IF KNOWN

DPWSTELN

23-00140

1. Claimant's Name and Home Address (Please Print Clearly) * <u>David Ian Reynolds</u> [Redacted] City [Redacted] Telephone [Redacted]		2. Send Official Notices and Correspondence to: * <u>Ian James - Coalition on Homelessness</u> <u>280 Turk Street</u> City <u>San Francisco</u> State <u>CA</u> Zip <u>94102</u> Telephone Daytime Evening Cellular <u>415 601 7362</u>	
3. Date of Birth [Redacted]	4. Social Security Number [Redacted]	5. Date of Incident * <u>4/6/2022</u>	6. Time of Incident (AM or PM) ** <u>10 AM</u>
7. Location of Incident or Accident ** <u>25th and Folsom</u>		8. Claimant Vehicle License Plate #, Type, Mileage, and Year **	

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.

* See Attachment A

I am a city employee and I was injured while on duty.

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
**	**	**

10. Description of Claimant's injury, property damage or loss * <u>See Attachment A</u>	11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions) ITEMS * <u>See Attachment A</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ TOTAL AMOUNT \$ <u>10,000</u> Court Jurisdiction: Limited (up to \$25,000) <input checked="" type="checkbox"/> Unlimited (over \$25,000) <input type="checkbox"/>
---	--

12. Witnesses (if any) Name	Address	Telephone
1. <u>David Ian Reynolds</u>	[Redacted]	
2. _____		

13. * <u>[Signature]</u> Signature of Claimant or Representative <u>David Reynolds</u> Print Name	<u>7-5-3022</u> Date Relationship to Claimant
--	---

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)

Do Not Write In This Space

RECEIVED
22 JUL 28 PM 4:52
CITY & COUNTY OF SAN FRANCISCO
CONTROLLER

CA/FORM 02/14
0146-GR

INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all sections of the Claim form will delay the processing of your claim
and result in the return or denial of your claim.

- 1. Claimant's Name, Address and Telephone**-State the full name, mailing address, and telephone numbers of the person claiming personal injury, damage or loss.
- 2. Official Notices and Correspondence**-Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
- 3. Date of Birth**-State claimant's date of birth including month, day, and year.
- 4. Social Security Number**-State the claimant's social security number. The Federal Government requires the City to report settlements for present or future medical care. This information will be kept confidential and only shared with the Federal Government. The City is unable to process payment without this information.
- 5. Date of Incident**-State the exact month, day, and year of the incident giving rise to the claim.
- 6. Time of Incident**-State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
- 7. Location of Incident of Accident**-Include the city and exact street address or intersection where the incident occurred.
- 8. Claimant Vehicle License Plate Number**-Please provide license plate number of vehicle driven by claimant or in which claimant was a passenger.
- 9. Basis of Claim**-State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and City departments involved, and why you believe the City is responsible for the alleged injury, property damage or loss. In the appropriate boxes, provide the name, I.D. number and City department of the City employee(s) who allegedly caused the injury or property damage, the type of City vehicle involved (if any), and the license and number of the City vehicle involved (if any). For accidents involving a bus or light rail vehicle, please provide the line and vehicle number.
- 10. Description of Injury, Property Damage or Loss**-Provide in full detail a description of the injury, property damage or loss that allegedly resulted from the incident. If claimant's vehicle was involved, provide the make, model, mileage, and year. You may attach additional material.
- 11. Amount of Loss and Method of Computation**-State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates. The Government Code provides that if the claim is for less than \$10,000, the claimant must state the total amount claimed and the basis of this computation. If the claim exceeds \$10,000, no dollar amount need be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages under \$25,000; unlimited civil jurisdiction cases are those involving damages of \$25,000 or more.
- 12. Witnesses**-State the names, addresses, and telephone numbers of any persons who witnessed the incident. Attach list of additional names if necessary.
- 13. Signature of Claimant or Representative**-Please sign and date. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant.

Claims for death or injury to persons or damage to personal property must be filed within six months after the incident giving rise to the claim. All other claims must be filed within one year.

Personal service of claims can be accomplished during regular business hours, Monday through Friday (excluding County holidays). If you want a time stamped copy of your claim returned to you, please present an original and copy of the claim, and include a self-addressed stamped envelope.

For information on the status of your claim, please call the applicable number listed below:

WATER DEPARTMENT	554-3900	PORT OF SAN FRANCISCO	554-3900	PUC SEWER	554-3952
MUNICIPAL RAILWAY	554-3900	S.F. INTERNATIONAL AIRPORT	(650) 821-5073	DEPT. OF PUBLIC WORKS	554-3952
OTHER DEPARTMENTS	554-3900	CONTROLLER'S CLAIM DIVISION	554-3833	DEPT. OF BLDG. INSPECTION	554-3952

We Do Not Accept claims for the following agencies:

- | | | |
|---|--|----------------|
| 1. HOUSING AUTHORITY | 1815 Egbert Avenue, S.F., CA 94124 | (415) 715-3280 |
| 2. SAN FRANCISCO UNIFIED SCHOOL DISTRICT | 555 Franklin Street, 2nd Fl, S.F., CA, 94102 | (415) 241-6000 |
| 3. SAN FRANCISCO COMMUNITY COLLEGE DISTRICT | 50 Phelan Avenue, S.F., CA 94112 | (415) 239-3556 |

Please be advised that the City and County of San Francisco may offset against a claim any amounts owed by the claimant, including unpaid hospital bills, unpaid parking and traffic tickets and welfare reimbursements or overpayments.

CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO - ATTACHMENT A David Reynolds

9. Basis of Claim

On April 6, 2022, I left my home at 25th Street and Folsom. I had been assured by the Department of Public Works in previous days that I did not have to worry about my belongings being taken, because I had been doing such a good job keeping the area clear and because I was actively looking for housing.

When I returned later that day, however, I found all of my belongings had been taken. I immediately had an anxiety attack. There were no city employees there to offer me any resources or shelter.

The City violated their own policies and my constitutional right to due process when they took all my belongings without notice, and without bagging and tagging my property so I could collect it later.

10. Description of Claimant's Injury, property damage or loss

The entirety of my belongings were thrown into the garbage without a shred of compassion. It was completely heartbreaking, and left me feeling hopeless. It is hard enough to try and find housing in San Francisco as an unhoused person. When I face setbacks like this, inflicted by the same people who were supposed to help me, it makes me want to give up.

11. Amount of Claimant Property damage or loss and methods of computations

These items were put directly into a garbage truck by the City on April 6, 2022. Values were researched online or approximated when it was not possible.

Items	Dollar Value
Tent	\$675
Two Sleeping Bags	\$200
Sheets	\$50
Two Comforters	\$180
San Francisco Giants and 49ers blankets	\$150
2500 Watt Honda Generator	\$1800

24 Karat Gold 24 Inch Necklace	\$1500
Emotional Damages	\$5,445
Total	\$10,000