

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

DPWGEN

23-01477

1. Claimant's Name and Home Address (Please Print Clearly) * <u>Daniel Tavake</u> [Redacted] City [Redacted] Telephone [Redacted] Cellular [Redacted]		2. Send Official Notices and Correspondence to: * <u>280 TURK ST</u> City <u>SF</u> State <u>CA</u> Zip <u>94102</u> Telephone <u>415-346-3740</u> Daytime Evening Cellular	
3. Date of Birth [Redacted]	4. Social Security Number [Redacted]	5. Date of Incident * <u>12/27/2022</u>	6. Time of Incident (AM or PM) ** <u>morning</u>
7. Location of Incident or Accident ** <u>Taylor St. and Eddy St.</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

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) <table border="1"><thead><tr><th colspan="2">ITEMS</th></tr></thead><tbody><tr><td>* <u>See attachment A</u></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td colspan="2">TOTAL AMOUNT</td></tr><tr><td colspan="2">\$</td></tr></tbody></table> <p>Court Jurisdiction: Limited (up to \$25,000) <input type="checkbox"/> Unlimited (over \$25,000) <input type="checkbox"/></p>	ITEMS		* <u>See attachment A</u>	\$		\$		\$		\$		\$	TOTAL AMOUNT		\$	
ITEMS																	
* <u>See attachment A</u>	\$																
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	\$																
TOTAL AMOUNT																	
\$																	

12. Witnesses (if any) Name	Address	Telephone
1.		
2.		

13. * <u>Daniel Tavake</u> <u>12/31/22</u> Signature of Claimant or Representative Date <u>Daniel Tavake</u> Print Name Relationship to Claimant
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23 FEB 27 PM 4:11
CITY & COUNTY OF
SAN FRANCISCO
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CA/FORM 02/14

15626R

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

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Attachment A to Plaintiff's (Daniel Tavake) Claim SC-100

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3a. Why does the defendant owe the plaintiff money?

On the morning of December 27th, 2022, I woke up suddenly because someone was shaking my tent and I heard cops outside my tent telling us that we had to vacate the area. I stepped out of my tent and the DPW, SFPD, SFFD, and the HOT team were all there and DPW workers were throwing people's tents and stuff into the back of a DPW garbage truck. There were no notices posted prior to this sweep. I frantically tried to pack up but when I tried to go back into my tent to get as much stuff as I could, the cops told me to stand back and don't interfere with the city doing their job. I pleaded with them to let me pack my stuff but no one listened and the SFPD was enforcing that we leave our tents and not interfere with DPW's job of cleaning the street. I had to just watch as the city threw all my possessions and my shelter away. They didn't bag and tag anything either, so I knew I would never see my stuff again.

This sweep left me without shelter and with nothing. I felt hopeless because I would have to start over again and I didn't know where I was going to sleep. I felt so violated and I felt like the city government did not care about me and that if they could throw me away too, they would. I believe my fourth 8th and 14th amendment rights were violated so I'm filing this claim to be compensated for my losses and my suffering.

3c. How did you calculate the money owed to you?

I composed a list of my property that was seized by the city and thrown away. I gave each item a dollar value based on the current market value for these things. I priced everything according to what would be the cost to replace what I lost.

Item	Dollar Value
Tent	\$170
Sleeping Bag and Blankets	\$150
Air Mattress	\$80
Air mattress pump	\$35
Tumi Suitcase	\$1,300
Clothes: Jeans, shirts, underwear, sweats, sweaters, Jackets	\$1,600
Coleman camp stove w fuel	\$100
Igloo Cooler	\$50
Timbuk2 backpack	\$180
Adidas Sneakers	\$90
Bluetooth speaker	\$200

Microsoft Surface laptop	\$800
Nintendo Switch	\$350
Nintendo switch games X7	\$290
Electric Scooter	\$700
Tool box w/ misc tools	\$500
Hygiene products	\$130
Best Buy Gift Card	\$400
Pain and suffering	\$2,875
Total	\$10,000