

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 - 01582

1. Claimant's Name and Home Address (Please Print Clearly) * <u>Helen Hohman</u>		2. Send Official Notices and Correspondence to: * <u>280 Turk Street</u> <u>San Francisco</u>	
City <u> </u>	State <u> </u>	City <u> </u>	State <u>CA</u>
Zip <u> </u>		Zip <u>94102</u>	
Telephone <u> </u>		Telephone <u>415-601-7362</u>	
3. Date of Birth * <u> </u>		5. Date of Incident * <u>2/9/2023</u>	
4. Social Security Number * <u> </u>		6. Time of Incident (AM or PM) ** <u>7 Am</u>	
7. Location of Incident or Accident ** <u>335 Leavenworth St</u>		8. Claimant Vehicle License Plate #, Type, Mileage, and Year ** <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.

* See attached sheet

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, HOT</u>	** <u>N/A</u>	** <u>N/A</u>

10. Description of Claimant's injury, property damage or loss * <u>See attached sheet</u>	11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions) ITEMS * <u>See attached sheet</u> \$ <u> </u> \$ <u> </u> \$ <u> </u> \$ <u> </u> \$ <u> </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> </u>	<u> </u>	<u> </u>
2. <u> </u>	<u> </u>	<u> </u>

13. * <u>Helen Hoffman</u>	
Signature of Claimant or Representative	Date
<u>Helen Hoffman</u>	<u> </u>
Print Name	Relationship to Claimant
<u>Helen Hoffman</u>	<u> </u>

Do Not Write In This Space

RECEIVED
CITY & COUNTY OF
SAN FRANCISCO
CONTROLLER
23 MAR - 8 AM 11:45

CA/FORM 02/14
1670GR

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

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

Helen Hohman

9. Basis of Claim

On February 9, 2023, at 7 am, the City workers came after dawn and roused and yelled to make me wake up and come out of my tent. They ordered me and my friend to move down the block or across the street. I and my friend complied with their order and started to move some items. We moved some of our stuff but the City workers advised us to move them to another place because it blocked a school entrance. Once we went to a bathroom and returned for moving the rest of the items, the City workers had taken away all of them. I chased the City's flatbed trucks and took some items back like black bags with food, books, and a tent.

Before this sweep, there was no information about SFPD, DPW, or HOT coming to clear our homestead. There was no information presented about how to retrieve my belongings. More precisely, the City workers told that they would convene items in an alley after sweeping to organize stuff, then haul them to the yard. However, they did not tell me where the alley or yard is. None of the belongings was bagged and tagged, which is the City's own stated policy.

It is clear the City violated its own policies and my constitutional rights to due process when it took my belongings without notice nor provided a way to get them back later on.

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

I have been swept 2 times in 2 weeks, and both times, I felt hopeless, fearful, and frustrated.

At this time, I worked really hard to comply with the City's order and help clean the block. However, I succeeded to move and get back only a few belongings and most of my property was taken away by the City. It sets me back and makes it harder for me to get housed. I feel like the City will just sweep me again and have no items to get back on my feet.

I also lost precious items including my birth certificate, my late sister's identity docs, and my husband's identity docs. It is a painstaking process to retrieve these documents.

Moreover, for me, OSBD and Asthma are both reactive long conditions and it made worse after sweeping by cold AM air. Also, I broke my tailbone, and my bad back was strained by the quick

packing during the sweeping.

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

The following items were confiscated and destroyed by the City. Amounts are estimates based on internet searches for similar items.

ITEM	\$
2 Backpacks	60
2 Duffle bags	70
3 Blankets	60
2 Sleeping bags	100
2 Shoulder bags	60
Toiletries (Wet wipes, 6oz ORS, Shampoo, Conditioner, Soap)	200
Shipping palettes (Paper, Pens)	20
Art supplies	50
DVD/CD player	50
2 Un-activated Metro phones	400
Contact lenses	100
5 Silver rings	125
Folding stool	40
Birth certificate	priceless
Late sister's identity docs	priceless
Husband's identity docs	priceless
Tarot cards	priceless
Cash	8,500
Emotional Distress	165
TOTAL	10,000

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100