

Sanchez v. Caltrans Claim Form

Please write as clearly as you can. Use one form for each incident for which you are making a claim.

Total number of claim forms you are submitting in this case: _____

If you need help, please call (510) 467 – 0105

Drop completed forms off at Homeless Action Center (HAC).

HAC is located at: 3126 Shattuck Avenue in Berkeley and 2601 San Pablo Avenue in Oakland.

SECTION 1. CLAIMANT

Name (Last/First/Middle)	
Nickname/Street Name (if any)	
Date of Birth	
Address or current place you are staying	
Phone or message number	
Email address or other contact info	
Social Media contact	
What is the best way for the Claims Administrator to reach you?	

SECTION 2. CLAIMANT'S REPRESENTATIVE (IF ANY)

Name	
Name of Organization or Firm	

Address	
Email	
Phone number	
Who, if anyone, assisted in preparing this form?	

SECTION 3. GENERAL QUESTIONS	
Have you had your personal belongings taken by Caltrans in Berkeley, Oakland, or Emeryville between December 13, 2014 and October 31, 2019?	Yes ____ No ____
Do you believe your belongings were destroyed by Caltrans?	Yes ____ No ____ Don't know ____
If yes, why do you believe it was Caltrans that destroyed your property?	
Between December 13, 2014 and October 31, 2019, how many times do you believe Caltrans unreasonably took and destroyed your belongings while you were homeless in Berkeley, Oakland, or Emeryville?	

SECTION 4. INFORMATION ABOUT THE INCIDENT ON WHICH YOU BASE THIS CLAIM

Date of the incident		Time	
Were you homeless on the date of the incident?	Yes ____ No ____	Location (with nearest cross-street or intersection)	
Why do you believe it was Caltrans that took your belongings?			
Why do you think it was unreasonable for Caltrans to take your belongings?			
Did you know Caltrans would be coming on the date of the incident?	Yes ____ No ____	Were you present when your belongings were taken?	Yes ____ No ____
Did you see Caltrans remove your property?	Yes ____ No ____		
If yes, what happened when your property was removed?			
If you were present, did CHP or anyone from Caltrans ask you to move your possessions before Caltrans began the clean-up?	Yes ____ No ____	If yes, how much time did you have between when you were asked to move and when Caltrans removed or discarded your possessions?	

List names of people who witnessed Caltrans taking your belongings. (use the attached sheet if needed)		
Name (legal and/or street name)	Phone Number	Email or Contact Information

For each item that was taken that can be replaced, state: (use additional sheet if needed)			
Description of the item	Condition at the time of the Incident (New, Lightly used; Damaged but usable; or Not Usable)	The reasonable cost to replace the item	How you estimated the value of the item

For each item that cannot be replaced (for example, because it has sentimental value), describe the item and explain why the item is valuable to you and what value you claim for it.

1. _____
2. _____
3. _____
4. _____
5. _____

<p>Did you make any effort to retrieve your property after it was collected?</p>	<p>Yes ____ No ____</p>
<p>If no, explain why not.</p>	
<p>If yes, were you successful in retrieving your property?</p>	<p>Yes ____ No ____</p>
<p>If no, explain what steps you took to try to retrieve your property.</p>	

<p>Did you experience emotional distress because Caltrans took and destroyed your belongings?</p>	<p>Yes ____ No ____</p>		
<p>If you experienced emotional distress because Caltrans took and destroyed your belongings, describe the nature and extent of your emotional distress.</p>			
<p>If you sought medical care for your emotional distress, provide the dates and locations for each provider.</p>			
<p>Other than these forms, have you submitted a claim to Caltrans regarding any incident where Caltrans took your possessions?</p>	<p>Yes ____ No ____</p>	<p>Do you have any documentation you're attaching to support this claim?</p>	<p>Yes ____ No ____</p>
<p>Provide any other information that may assist with evaluating your claim:</p>			

I hereby certify under penalty of perjury that the facts set forth in this Claim Form are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

If the Claims Administrator has questions, they may ask to speak with you

Sanchez v. Caltrans Claim Form

ADDITIONAL SPACE

Please attach this sheet to the claim it belongs to.

Name _____ Date of the incident _____ Time _____

List names of people who witnessed Caltrans taking your belongings.		
Name (legal and/or street name)	Phone Number	Email or Contact Information

For each item that was taken that can be replaced, state:			
Description of the item	Condition at the time of the Incident (New, Lightly used; Damaged but usable; or Not Usable)	The reasonable cost to replace the item	How you estimated the value of the item

(CONTINUED) For each item that was taken that can be replaced, state:			
Description of the item	Condition at the time of the Incident (New, Lightly used; Damaged but usable; or Not Usable)	The reasonable cost to replace the item	How you estimated the value of the item

For each item that cannot be replaced (for example, because it has sentimental value), describe the item and explain why the item is valuable to you and what value you claim for it.

- _____
- _____
- _____

- ---

If you have additional information you believe should be considered, please attach an additional sheet.