



July 28, 2026

James Percival, General Counsel
Office of the General Counsel
U.S. Department of Homeland Security
245 Murray Lane SW
Mail Stop 0485
Washington, DC 20528-0485
ogc@hq.dhs.gov

Suzanne Almetica, Chief Counsel
Office of Chief Counsel
U.S. Customs and Border Protection
1300 Pennsylvania Avenue NW, Suite 4.4-B
Washington, DC 20229
cbpserviceintake@cbp.dhs.gov

Blaine Border Patrol Station
U.S. Customs and Border Protection
1580 H Street
Blaine, WA 98230-9114

Re: Notification of Incident and Claim for Damages Under the Federal Tort Claims Act on Behalf of Josefina [REDACTED], José [REDACTED] and their children: [REDACTED], [REDACTED], and [REDACTED]

Our offices represent Josefina [REDACTED], José [REDACTED] and their children, [REDACTED], [REDACTED], and [REDACTED] (the Family) in a claim against U.S. Customs and Border Protection (CBP) and the U.S. Department of Homeland Security (DHS). Enclosed please find the Claim for Damage, Injury, or Death (Standard Form 95) (Ex. A-F) for each family member and the Family's authorization statement for filing this administrative complaint (Ex. G).

¹ The identity of the Claimants is confidential, and we ask that their identity be treated accordingly. Should any U.S. government agency receive a request under the Freedom of Information Act ("FOIA") related to the enclosed claims, or any other information that would reveal the identity of the Claimants, we ask that the government: (1) notify the undersigned before responding to the requestor; and (2) redact any information identifying the Claimants pursuant to the FOIA privacy exemption under 5 U.S.C. § 552(b)(6) or any other applicable statute or regulation protecting the privacy of the Claimants.

Pursuant to 28 U.S.C. § 2675(a) and 28 C.F.R. § 14.2(a), we hereby provide written notification of an incident resulting in liability for CBP and DHS under the Federal Tort Claims Act (“FTCA”), and present a demand for monetary damages in the amount of \$15,000,000 (\$3,000,000 for each family member) resulting from CBP’s tortious conduct, including intentional affliction of emotional distress, negligent infliction of emotional distress, battery, medical negligence, and failure to meet the minimum standard of care in a carceral setting.

I. CBP Detained the Family in Inhumane Conditions in April and May of 2025.

Josefina, José, and their children came to the United States seeking asylum from their home country of [REDACTED] where the [REDACTED] government violently persecuted them due to José’s membership in an opposition political party. The [REDACTED] government imprisoned José without cause, tortured him, and broke into the Family’s home, assaulting and terrorizing the whole family. They fled to seek safety and live in fear of returning to [REDACTED]

They sought this safety in the United States in 2024, presenting themselves to CBP officials at the border. They applied for asylum in the United States, explaining their fear of returning to [REDACTED]. However, in April of 2025, an immigration judge denied their request for additional time to submit proof of their asylum claim, deemed their asylum claim abandoned, and ordered them deported. In fear that they would be sent back to [REDACTED] where they might be tortured or killed, the Family—including Josefina, who was approximately five months pregnant, José, and their children aged 13 years, 10 years, 5 years, and 11 months—fled to the U.S.-Canadian border near Blaine, Washington, intending to seek asylum in Canada.

Before they could reach the border, DHS employees detained the entire Family and brought them to a temporary detention facility at the Border where CBP detained them for roughly four weeks. CBP held the Family under inhumane conditions in a single, cramped cell meant only for short term detention. CBP rarely allowed the Family out of the cell, which was unbearably hot and filthy. The cell had no natural light or window to the outside world, and was bare, except for thin mattresses, space blankets, a toilet, and a sink. The mattresses were so thin that when Josefina attempted to sleep her ribs dug painfully into the ground—pain she couldn’t mitigate because every other position was even more painful for her. For weeks, the children had no toys, books, tv, computer devices or any form of mental stimulation or physical activity—nothing to break up the monotony of their day-in, day-out detention.

The only toilet the Family had access to was in the cell, so family members were forced to use the bathroom in front of one another in the same room where everyone slept and spent all their time. The Family used one of the mattresses CBP provided them to try to create a privacy screen around the toilet. A small sink attached to the back of the toilet provided the only source of running water the Family could access. For almost two weeks, CBP did not allow the Family members to change their clothes or to shower. When CBP eventually drove the Family to another facility to shower, CBP handcuffed José and his 13-year-old during transport.

The heat in the cell was unbearable for everyone, but especially for Josefina, who was five months into a pregnancy deemed high risk because of her diabetes. While CBP checked her blood sugar a few times, they did not do so consistently and did not provide food that would stabilize her

insulin levels. She had difficulty breathing and frequently felt dizzy and nauseated, adding to the severe discomfort from being pregnant in the overheated cell. When Josefina knocked on the cell door and begged for help, CBP staff either ignored her or accused her of faking her illness. Only when her condition got so severe that she passed out did she get medical care.

When Josefina passed out the first time, CBP finally took her to the infirmary, but they did not have the medical staff to treat her. CBP then transported Josefina to a nearby hospital where doctors informed CBP staff that the facility conditions were unsafe for her. Despite this, CBP returned Josefina to the temporary detention facility under the same dangerous conditions. As a result, less than a week later, Josefina passed out a second time, requiring another emergency trip to the hospital. When doctors reiterated that the facility conditions were unsafe for Josefina, CBP made minimal accommodations by allowing the Family out of their cell once a week and taking basic steps to clean the cell. However, it was hard to keep the cell clean because the Family of six was living in such a confined space and had no cleaning supplies.

CBP's treatment of the Family violated CBP's policies.² For example, CBP policy states that CBP should not hold detainees for more than 72 hours, and that CBP should process children and pregnant individuals "expeditiously."³ This reflects the fact that CBP facilities are not designed for long term detention. Here, in direct violation of these policies, CBP incarcerated the Family for roughly four weeks. CBP's policies also caution that vulnerable populations, including pregnant individuals and children, must be treated with "dignity, respect and special concern for their particular vulnerability."⁴ Instead of following these policies, the Family was held in filthy, stifling, dangerous conditions that violated their basic human dignity.

II. CBP Was Aware That These Conditions Would Be Especially Harmful to the Family.

Because of years of civil rights abuses by CBP and other DHS agencies, doctors, human rights groups, and DHS's own advisory committee have warned CBP that they must change their practices regarding pregnant people, children, and asylum seekers. As a result, CBP was on notice that the conditions to which CBP subjected the Family would result in severe harm. In many cases, CBP implemented regulations meant to prevent this type of treatment. However, CBP ignored their own policies when detaining the Family.

- a. *CBP is on notice that these conditions would be especially harmful to people who are pregnant.*

DHS and CBP have been on notice since at least 2020 that detention is harmful to people who are pregnant.⁵ In 2020, the American Medical Association warned DHS that because

² U.S. Customs and Border Protection, *National Standards on Transport, Escort, Detention and Search* (Oct. 2015), <https://www.cbp.gov/sites/default/files/assets/documents/2020-Feb/cbp-teds-policy-october2015.pdf>.

³ *Id.* at 4.1, 5.1, 5.6.

⁴ *Id.* at 5.1.

⁵ Letter to Dep't of Homeland Security and Office of Inspector Gen. from American Medical Association, *Request for Investigation into the Reported Mistreatment of Pregnant Women Seeking Asylum* (Apr. 23, 2020), <https://searchf.ama->

detention of pregnant people results in increased risk to the mother and unborn child, DHS must adequately train its staff on the special needs of pregnant people.⁶ Consistent with these recommendations, CBP's policies identify people who are pregnant as "at-risk" in a detention setting, and require that they be housed in the least restrictive setting and processed "expeditiously."⁷ CBP failed to take any of the precautions suggested by the American Medical Association or required by its own policies to protect Josefina. Instead, CBP held Josefina in detention for four weeks and provided medical care only when her condition became an emergency. Courts have found such delays in providing critical medical treatment to be cruel and unusual punishment.⁸

b. *CBP is on notice that these conditions would be especially harmful to children.*

The American Academy of Pediatrics,⁹ American Medical Association,¹⁰ American College of Physicians,¹¹ American Psychological Association,¹² American Psychiatric Association¹³ as well as DHS's own Advisory Committee on Family Residential Centers¹⁴ have all warned DHS and CBP that any amount of detention of children damages their physical, emotional, and mental health, and for that reason, children should not be exposed to such conditions.¹⁵ Detention contributes to chronic health conditions in children, including diabetes and hypertension¹⁶ as well as mental health issues like depression, anxiety, and post-traumatic stress

[assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-4-23-Letter-to-Wolf-Cuffari-Re-Pregnant-Women.pdf](https://www.assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-4-23-Letter-to-Wolf-Cuffari-Re-Pregnant-Women.pdf).

⁶ *Id.* at 1.

⁷ *Supra* n.2 at 5.1, 5.6.

⁸ *Estelle v. Gamble*, 429 U.S. 97, 104–05 (1976) (finding that it is cruel and unusual punishment for prison guards to intentionally deny or delay access to medical care); *Hoptowit v. Ray*, 682 F.2d 1237, 1253 (9th Cir. 1982), *overruled on other grounds by Melendres v. Skinner*, 113 F.4th 1126 (2024) (holding that "medical services provided at the penitentiary are so deficient that they reflect a deliberate indifference to the serious medical needs of the prisoners and therefore constitute a violation of the Eighth Amendment.").

⁹ Am. Acad. of Pediatrics, *Policy Statement on the Detention of Immigrant Children*, 139 Pediatrics 1, 7 (May 2017), <https://publications.aap.org/pediatrics/article/139/5/e20170483/38727/Detention-of-Immigrant-Children?autologincheck=redirected>.

¹⁰ Am. Med. Ass'n, *Immigrant Issues: Health and safety* (Aug. 3, 2023), <https://www.ama-assn.org/public-health/population-health/immigrant-issues-health-and-safety> (collecting statements regarding AMA's position on various policies of DHS agencies).

¹¹ Am. Coll. of Physicians, *The Health Impact of Family Detention in Immigration Cases* (Jul. 3, 2018), https://www.acponline.org/sites/default/files/acp-policy-library/policies/family_detention_position_statement_2018.pdf.

¹² American Psychological Association, *U.S. Immigration Policy: Mental Health Impacts of Increased Detentions and Deportations*, 56 Monitor on Psychology 32, 38 (2025), <https://www.apa.org/monitor/2025/09/mental-health-immigration-enforcement>.

¹³ Am. Psychiatric Ass'n, *Position Statement on Protecting the Mental Health of Immigrant Children: A Call for Evidence-Based Reform* (2025), <https://www.psychiatry.org/getattachment/52f4041f-e375-4855-8065-7a406b2b2cc1/Position-Immigration-Children-Adolescents-and-their-Families.pdf>.

¹⁴ DHS Advisory Committee on Family Residential Centers, *Report of the DHS Advisory Committee on Family Residential Centers* at 2 (Oct. 7, 2016), <https://www.ice.gov/sites/default/files/documents/Report/2016/acfrc-report-final-102016.pdf>.

¹⁵ See also Scott Allen and Pamela McPherson, *Whistleblower Letter Regarding Family Detention* at 6–7 (May 24, 2021), https://whistleblower.org/wp-content/uploads/2021/05/052421-letter-to-Cong-from-doctors-re-child-family-detention.pdf?__cf_chl_f_tk=fXcLiF_oK4.OwTvMy1diBSOYs5vtO3Yez7kU1u9fF8E-1782834187-1.0.1.1-RoFe31BvvHLdI6sevpT7cKsWLVAUQxvpoZWtMBHR4mM.

¹⁶ *Id.* at 3.

syndrome.¹⁷

These harms have long term impacts on detained children. “The majority of preschool age children [who were in immigration detention] were identified [to have] developmental delay, emotional problems, disturbed sleep and feeding routines, as well as delays in language and social development.”¹⁸ Indeed, parents of detained children frequently report “regressive behavioral changes in their children, including decreased eating, sleep disturbances, clinginess, withdrawal, self-injurious behavior, and aggression.”¹⁹ DHS’s own advisory committee recognized that detention would have impacts on the brain structure of children in their custody, resulting in life-long impacts.²⁰

While recognizing that any amount of detention would be harmful for children, DHS’s Advisory Committee on Family Residential Centers made recommendations regarding policies that DHS should implement to mitigate the harm described above. CBP failed to follow these recommendations. First, the Committee noted that for children in federal custody the leading consideration must be the best interests of the child.²¹ The Committee recommended that DHS “work to facilitate release as soon as possible[.]”²² The Committee further suggested that family detention be reformed, “eliminating all of the components of the [Family Residential Centers] that are characteristic of prisons and jails[.]”²³ Consistent with these suggestions, the Committee recommended that:

[DHS] should afford families in detention unencumbered access to personal property, toiletries and shaving supplies, their own clothes (or new garments but not used clothes, used undergarments and used shoes) and their children’s toys and books, laundry soap, mending kits, ironing boards and irons, and haircuts as often as needed. Children should be allowed to keep toys, stuffed animals and other property in their living space and to hang artwork and other decorations on the walls.²⁴

Further, the Committee suggested that all children have access to age appropriate education, from pre-kindergarten through high school.²⁵

CBP’s own policies implement some of these recommendations. CBP policy requires that “Officers/Agents will consider the best interest of the juvenile at all decision points beginning at the first encounter and continuing through processing, detention, transfer, or repatriation.”²⁶ As

¹⁷ *Id.*; Ann Lorek, *et al.*, *The mental and physical health difficulties of children held within a British immigration detention center: A pilot study*, 33 *Child Abuse & Neglect* 573, 578–579 (2009), https://www.researchgate.net/publication/26878696_The_Mental_and_Physical_Health_Difficulties_of_Children_Held_Within_a_British_Immigration_Detention_Center_A_Pilot_Study.

¹⁸ *Id.* at 575.

¹⁹ *Supra* n.9, at 6.

²⁰ *Supra* n.14 at 115.

²¹ *Id.* at 2, 5, 115.

²² *Id.* at 14.

²³ *Id.* at 33.

²⁴ *Id.* at 34.

²⁵ *Id.* at 58.

²⁶ *Supra* n.2 at 1.6.

with pregnant women, CBP's policies identify children as "at-risk" in a detention setting, and require that they be housed in the least restrictive setting and processed "expeditiously."²⁷ Further, CBP policy requires that any use of restraints be humane, and that restraints may be used on children only in "exigent circumstances," where there is risk of violence or escape.²⁸

Rather than complying with its own policies to always work in the best interests of the children in its custody, CBP disregarded the children's best interests at every turn. The children were subjected to conditions that would amount to cruel punishment if applied to an adult serving a criminal sentence.²⁹ They were left in a bare cell with no source of stimulation; no toys, games, or learning materials; and no opportunity to go or even see outside. At an extremely vulnerable time in their development, CBP left them to stare at the walls of their bare, stifling cell for weeks on end. Without justification, the 13-year-old was handcuffed when the Family was taken to shower.

c. CBP is on notice that these conditions would be especially harmful to asylum seekers.

Asylum seekers like the Family are particularly vulnerable to extreme emotional and mental harm from inhumane detention conditions. Because asylum seekers have frequently experienced extreme trauma at the hands of government actors before arriving in the United States, detention can be especially harmful.³⁰ As a result, detained adult asylum seekers "commonly experienced anxiety, depression, posttraumatic stress disorder, difficulty with relationships, and self-harming behavior."³¹ These symptoms can become so severe that they develop into physical symptoms, including "musculoskeletal, gastrointestinal, respiratory, and neurologic symptoms."³² For this reason, DHS's Committee on Family Residential Centers recommends that asylum seekers in detention have access to a primary care physician, a consulting psychiatrist, and on-site mental health professionals.³³

These impacts can be especially severe for children who are also asylum seekers. The subsequent trauma of detention can compound the harm of these earlier traumas.³⁴ Moreover, detention deprives children of the "protective experiences necessary for recovery from toxic stress, which can result in lasting neurological changes and lifelong risks to health and mental health."³⁵

DHS was aware of the trauma the Family experienced in [REDACTED]. The Family submitted an asylum application detailing the abuses they endured in [REDACTED]. CBP ignored the needs of the family and subjected the Family to horrific conditions, causing the already traumatized family much deeper trauma.

²⁷ *Id.* at 5.1, 5.6.

²⁸ *Id.* at 4.4, 5.7.

²⁹ See, e.g., *Madrid v. Gomez*, 889 F. Supp. 1146, 1265 (N.D. Cal. 1995) (finding that prolonged lack of stimulus for at-risk individuals constitutes cruel punishment).

³⁰ *Supra* n.14 at 114.

³¹ *Supra* n.9 at 6.

³² *Id.*

³³ *Supra* n.14 at 137.

³⁴ *Supra* n.17 at 575.

³⁵ *Supra* n.15 at 9.

III. Nearly a Month of These Dire Conditions Caused Severe Emotional, Mental, and Physical Pain to the Family.

Because of CBP's failure to adequately care for Josefina, she experienced extreme physical, emotional, and mental harm during her time in detention that persists to this day. The deterioration of her health to the point where she had to be rushed to the hospital was a slow process. Over the course of days, the pain she experienced increased until it became excruciating and she eventually passed out. This physical pain was accompanied by the stress of wondering what damage was being done to her unborn child and the callousness of the guards who ignored her pleas for help. Josefina desperately needed medical care but could not imagine when or how she would get it. As a result, an overwhelming sense of despair accompanied her emotional and physical pain.

In addition, Josefina was forced to watch her children suffer and could give them no information about when they would be released or where they would go. Despite the physical pain she endured, she tried to maintain strength for her children. She frequently cried, not knowing how she could help herself or her family.

The children were confused and scared about why they were being kept in this cramped cell, why they were not allowed outside, and why they were denied any toys. The room was uncomfortably hot, and the children had no space to themselves and slept on thin mattresses. These conditions created a potent combination of boredom, terror, and physical discomfort. As a result, the children cried constantly. They asked the guards if they could go to school but received no answer. The children's anguish was compounded by the fact that the people who they were used to turning to for help—their parents—could give them no answers. Their prior trauma from abuse in [REDACTED] was triggered, causing extreme emotional and mental pain.

For José, being detained was extremely difficult. He fled [REDACTED] and made the harrowing journey to the United States to avoid this type of arbitrary, torturous detention. Instead of safety, he faced horrendous conditions, but this time he also had to watch his children endure the same conditions. He became hopeless and depressed. He tried to put on a brave face, but watching his 13-year-old handcuffed and his children go without healthy food or stimulation took a toll on him.

This suffering went on for nearly a month, with no sign that it would end. Many members of the Family—including the children—thought they would die and at times wished they would die to put an end to their suffering.

This also created long-term impacts on every member of the Family which have been observed by Josefina's former midwife, [REDACTED]. Even today, Josefina has constant flashbacks of the cell and the painful, degrading treatment she faced there. The children are terrified to leave the house because they believe the government could send them back to that cell at any time. Their 13-year-old did not want to go to a recent immigration hearing and cried throughout because he was convinced the government would again arrest them and return them to

that cell. José has experienced a significant intensification of the trauma from his torture in [REDACTED]. He is hypervigilant and sees threats all around him.

IV. CBP Is Liable for \$15,000,000 Under the Federal Tort Claims Act

Based on the information outlined above, CBP and DHS are liable under the Federal Tort Claims Act for, *inter alia*, negligent infliction of emotional distress, intentional infliction of emotional distress, medical negligence, and failure to meet the minimum standard of care in a carceral setting, including failing to provide adequate medical care and interfering with the development of the children. Moreover, CBP is liable for battery for handcuffing a 13-year-old child. The severity of CBP's conduct, the length of time the Family endured this conduct, the extreme physical, mental and emotional injuries, and the inevitable long-term impacts of these injuries, justify an award of \$3,000,000 per family member, for a total of \$15,000,000.

Sincerely,

David Montes
La Rond Baker
Jessica Wolfe
AMERICAN CIVIL LIBERTIES UNION OF WASHINGTON FOUNDATION
PO Box 2728, Seattle,
WA 98111-2728
Tel: (206) 735-1072
dmontes@aclu-wa.org
baker@aclu-wa.org
jwolfe@aclu-wa.org

David B. Owens
LOEVY + LOEVY
P.O. Box 85110,
Seattle, WA 98145-1110
Office: (312) 243-5900 / Cell: (312) 590-5449
david@loevy.com

LIST OF EXHIBITS

- A. Josefina [REDACTED] [REDACTED]
- B. [REDACTED] José [REDACTED] [REDACTED]
- C. [REDACTED]
- D. [REDACTED]
- E. [REDACTED]
- F. [REDACTED]
- G. Authorization Statement for Filing of Administrative Complaint

EXHIBIT A

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Homeland Security U.S. Customs and Border Protection			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Josefina [REDACTED] C/O ACLU-WA PO Box 2728, Seattle, WA 98111-2728 See attached regarding personal representatives.		
3. TYPE OF EMPLOYMENT ☐ MILITARY ☒ CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT April 2025 May 2025	
7. TIME (A.M. OR P.M.) [REDACTED]					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See attached.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). See attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. See attached.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
[REDACTED] [REDACTED] [REDACTED]		Contact Through Counsel Contact Through Counsel Contact Through Counsel			
12. (See instructions on reverse).					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
		\$3,000,000		\$3,000,000	
12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$3,000,000					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>JM attorney for Josefina</i> [REDACTED]			13b. PHONE NUMBER OF PERSON SIGNING FORM [REDACTED]		14. DATE OF SIGNATURE 7/28/26
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

NA

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

NA

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NA

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

NA

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

EXHIBIT B

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Homeland Security U.S. Customs and Border Protection			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Jose C/O ACLU-WA PO Box 2728, Seattle, WA 98111-2728 See attached regarding personal representatives.		
3. TYPE OF EMPLOYMENT ☐ MILITARY ☒ CIVILIAN		4. DATE OF BIRTH 		5. MARITAL STATUS Married	
6. DATE AND DAY OF ACCIDENT April 2025 May 2025		7. TIME (A.M. OR P.M.)			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See attached.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). See attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. See attached.					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Josefina 			Contact Through Counsel Contact Through Counsel Contact Through Counsel		
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
		\$3,000,000			
				\$3,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>Attorney for</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM 		14. DATE OF SIGNATURE 7/28/20
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

NA

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

NA

NA

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NA

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

NA

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

EXHIBIT C

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Homeland Security U.S. Customs and Border Protection			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. through parent C/O ACLU-WA PO Box 2728, Seattle, WA 98111-2728 See attached regarding personal representatives.		
3. TYPE OF EMPLOYMENT ☐ MILITARY ☐ CIVILIAN	4. DATE OF BIRTH 	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT April 2025 May 2025	7. TIME (A.M. OR P.M.)	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See attached.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). See attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. See attached.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Josefina 		Contact Through Counsel Contact Through Counsel Contact Through Counsel			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY \$3,000,000	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$3,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM 		14. DATE OF SIGNATURE 7/28/26
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No	
NA	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No	17. If deductible, state amount.
NA	
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).	
NA	
19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No	
NA	
INSTRUCTIONS	
Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form. Complete all items - Insert the word NONE where applicable. A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed. If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency. The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative. DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES. The amount claimed should be substantiated by competent evidence as follows: (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred. (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment. (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct. (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.	
If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.	
PRIVACY ACT NOTICE	
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached. A. <i>Authority:</i> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.	B. <i>Principal Purpose:</i> The information requested is to be used in evaluating claims. C. <i>Routine Use:</i> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. D. <i>Effect of Failure to Respond:</i> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."
PAPERWORK REDUCTION ACT NOTICE	
This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.	

EXHIBIT D

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Homeland Security U.S. Customs and Border Protection			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. through parent C/O ACLU-WA PO Box 2728, Seattle, WA 98111-2728 See attached regarding personal representatives.		
3. TYPE OF EMPLOYMENT ☐ MILITARY ☐ CIVILIAN	4. DATE OF BIRTH 	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT April 2025 May 2025	7. TIME (A.M. OR P.M.)	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See attached.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). See attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. See attached.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Josefina 		Contact Through Counsel Contact Through Counsel Contact Through Counsel			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
	\$3,000,000		\$3,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)		13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE		
<i>DM attorney for</i>			7/28/26		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

NA

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

NA

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NA

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

NA

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

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DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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EXHIBIT E

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Homeland Security U.S. Customs and Border Protection			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. through parent C/O ACLU-WA PO Box 2728, Seattle, WA 98111-2728 See attached regarding personal representatives.		
3. TYPE OF EMPLOYMENT ☐ MILITARY ☐ CIVILIAN	4. DATE OF BIRTH 	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT April 2025 May 2025	7. TIME (A.M. OR P.M.)	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See attached.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). See attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. See attached.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Josefina 		Contact Through Counsel Contact Through Counsel Contact Through Counsel			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
	\$3,000,000		\$3,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. SIGNATURE OF CLAIMANT'S PERSONAL REPRESENTATIVE (See instructions on reverse side).	14. DATE OF SIGNATURE	
<i>D/M attorney for</i>					7/28/20
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

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NA

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

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18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NA

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

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Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

EXHIBIT F

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Homeland Security U.S. Customs and Border Protection			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. [REDACTED] through [REDACTED] parent [REDACTED] C/O ACLU-WA PO Box 2728, Seattle, WA 98111-2728 See attached regarding personal representatives.		
3. TYPE OF EMPLOYMENT ☐ MILITARY ☐ CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT April 2025 May 2025	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See attached.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). See attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). See attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. See attached.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Josefina [REDACTED] [REDACTED]		Contact Through Counsel Contact Through Counsel Contact Through Counsel			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
		\$3,000,000		\$3,000,000	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>DMA attorney for [REDACTED]</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM [REDACTED]		14. DATE OF SIGNATURE 7/28/26
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

NA

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

NA

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NA

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

NA

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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EXHIBIT G

Claim Form Authorization Statement

We, Josefina [REDACTED] [REDACTED] Jose [REDACTED], and our children, [REDACTED]
[REDACTED] are represented by the ACLU of Washington, Loevy and Loevy, and the University
of Washington Civil Rights and Justice Clinic. I authorize them to submit a claim letter on my
behalf to the Department of Homeland Security, Customs and Border Protection and any other
government agency, requesting compensation for the events surrounding my detention in April
and May of 2025, and the harm that action caused.

[REDACTED]

[REDACTED] Jose on his behalf and the behalf of his minor children

6/15/26
Dated

[REDACTED]

Josefina [REDACTED] on her behalf and the behalf of his minor children

6/15/26
Dated

[REDACTED]

[REDACTED] hereby certify that I interpreted the authorization statement above
into [REDACTED] and read it to the declarants who indicated that they understood it and agreed to its
contents. I further certify that I am competent in both [REDACTED] and English to render and certify
such interpretation.

[REDACTED]

Interpreter

7-6-26
Dated

0

