

## CLAIM AGAINST THE CITY OF SAN DIEGO

Present claim by personal delivery or mail to the **City of San Diego, Risk Management Department, 1200 Third Avenue, Suite 1000, San Diego, CA 92101**. Claims for death, injury to person or personal property, must be filed no later than six (6) months after the occurrence (Gov. Code Section 911.2). All other claims must be filed within one (1) year of the occurrence.

**Time Stamp**

**\* = Required** (Gov. Code Section 910)

Received Via     
  US Mail     
  Over the Counter     
  Inter-Office Mail

**A.**

<b>Claimant Name* (First, Middle, Last)</b> SACRED SOURCE SANCTUARY CHURCH			<b>Claimant Date of Birth</b> N/A    Mo    Day    Year		
<b>Claimant Address*</b> 3434 MIDWAY DRIVE #2004			<b>Claimant Phone Number</b> (949 ) 444-8740		
<b>City*</b> SAN DIEGO	<b>State*</b> CA	<b>Zip*</b> 92110	<b>Claimant Social Security Number</b> _____		

**B.**

<b>Send Official Notices and Correspondence To: *</b> ASSOCIATION OF SACRAMENTAL MINISTRIES			<b>Phone Number</b> (714 ) 576-9200		
<b>Address*</b> 22996 EL TORO RD., SUITE 110, LAKE FOREST			CA	92630	
<b>City*</b>			<b>State*</b>	<b>Zip*</b>	

**C.**

<b>Date of Incident*</b>	<b>Mo</b> FEBRUARY	<b>Day</b> 1	<b>Year</b> 2018	<b>Time of Incident</b> APPR 2	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
--------------------------	-----------------------	-----------------	---------------------	-----------------------------------	---

**Location of Incident or Accident (Be Specific)\***  
3434 MIDWAY DRIVE #2004, SAN DIEGO, CA 92110

**Basis of Claim - State in detail all facts and circumstances of the incident.\***  
SAN DIEGO POLICE OFFICERS RAIDED THE SACRED SOURCE SANCTUARY CHURCH, DESTROYED PROPERTY, INJURED CHURCH MEMBERS AND TOOK RELIGIOUS SACRAMENT IN VIOLATION OF ART. 1 SEC. 4 OF THE STATE CONSTITUTION AND THE RELIGIOUS LAND USE AND INSTITUTIONALIZED PERSONS ACT

**State why you believe the City is responsible for the alleged injury, property damage, or loss**  
THE RELIGIOUS PRACTICES, INCLUDING SACRAMENTAL USE OF CANNABIS - WHICH IS CENTRAL TO CHURCH BELIEFS - ARE PROTECTED BY STATE AND FEDERAL LAW. THE CITY HAS VIOLATED THOSE LAWS.

**D.**

**Description of Alleged Injury, Property Damage, or Loss\***  
DESTRUCTION OF PROPERTY; SHUTDOWN OF CHURCH; TAKING OF RELIGIOUS SACRAMENT; REMOVAL OF RELIGIOUS MATERIALS; HARASSMENT OF MEMBERS; INJURIES SUFFERED BY MEMBERS; CITATIONS TO MEMBERS EXERCISING THEIR RELIGIOUS RIGHTS

# CLAIM AGAINST THE CITY OF SAN DIEGO

**Vehicle Information** - If your claim relates to a motor vehicle or impound, provide the following information and attach proof of insurance and a copy of the current registration.

<b>Year</b>	<b>Make of Vehicle</b>	<b>Model</b>	<b>License Plate No.</b>	<b>Driver's License No.</b>
<b>Insurance Company</b>		<b>Policy Number</b>		<b>Claim Number</b>
<b>Contact Name</b>		<b>Phone Number</b> (    )		<b>Email Address</b>

**Additional Information** - Please provide any additional information that might be helpful in considering your claim, including names of witnesses, treating physicians, hospitals, proof of damages such as invoices, receipts, estimates, a diagram, and photographs.

---



---



---



---

<b>E.</b>		
<b>Name and Department of City Employee who Allegedly Caused Injury or Loss (If Known)*</b>	<b>City Vehicle Type/Description</b>	<b>License Plate No./Unit No.</b>

<b>F.</b>	
<b>Damages Claimed*</b> - If your claim does not exceed ten thousand dollars (\$10,000), state the basis of your computation of the amount claimed. (Attach supporting medical bills, invoices, repair estimates, etc.)	
a. Amount claimed as of claim date	\$ 1,100,000.00
b. Estimated amount of future costs	\$ UNKNOWN
<b>Total Amount</b>	<b>\$ 1,100,000.00</b>

If your claim exceeds ten thousand (\$10,000), Government Code 910(f) requires that you indicate whether or not the claim is a "limited civil case." Check one.\*

**Limited** (up to \$25,000)                       **Unlimited** (over \$25,000)

<b>G.</b>
-----------

**Signature\*** - Claim form **must** be signed by claimant or party filing the claim. (Gov. Code Section 910.2)

**Warning: It is a criminal offense to file a false claim. (California Penal Code § 72).** I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters. I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

ALANNA REEVES, PRESIDENT, ASSC. OF SACRAMENTAL MINISTRIES

**Printed Name of Signatory and Relationship to Claimant**



**Signature of Claimant or Person Acting On Behalf of Claimant\***

2-21-2018  


---

**Date**