EXHIBIT K
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.

1. Submit To Appropriate Federal Agency
Claims Management Office (TSA-9)
Transportation Security Administration
601 12th Street South
Arlington, VA 22202-4220
Phone: (866) 289-9673

2. Name, Address of claimant and claimant’s personal representative, if any.
Rahinah Ibrahim
C/o Marwa Elzankaly
McManis Faulkner & Morgan
50 W. San Fernando, 10th Floor
San Jose, CA 95113

3. TYPE OF EMPLOYMENT
☐ MILITARY ☒ CIVILIAN
4. DATE OF BIRTH
09-01-1965
5. MARITAL STATUS
Married
6. DATE AND DAY OF ACCIDENT
June 2, 2005
7. TIME (A.M. OR P.M.)
8:00 a.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.)

Please see complaint attached as Exhibit A.
Please also see police report attached as Exhibit B.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)
N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)
N/A

PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

See attached as Exhibit C.

WITNESSES

NAME

ADDRESS (Number, street, city, State, and Zip Code)

See attached as Exhibit D. Please also see complaint & police report attached as exhibits A and B.

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE
N/A
12b. PERSONAL INJURY
$1,000,000.00
12c. WRONGFUL DEATH
12d. TOTAL (Failure to specify may cause forfeiture of your rights)
$1,000,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

Marwa Elzankaly, MPA, attorneys for claimant (408) 279-8700 6-7-06

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM
The claimant shall forfeit and pay to the United States the sum of $2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
Fine of not more than $10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

STANDARD FORM 95 (Rev 7-85)
PRESCRIBED BY DEPT OF JUSTICE
28 CFR 14.2
USAPPC V1 00
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".

INSTRUCTIONS

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 DULLY 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 ACRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item # 1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act may be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. 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 said 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 claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

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 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 persons, 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 true and correct.

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

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

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 his vehicle or property.

15. Do you carry collision insurance? ☐ Yes ☐ No

☐ Yes ☐ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes ☐ No

17. If deductible, state amount

N/A

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

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes ☐ No

☐ Yes ☐ No

SF 95 (Rev. 7-85) BACK
USAPPC V1.00
### SUPPLEMENTAL INFORMATION - SF-95 CLAIM FOR DAMAGE, INJURY, OR DEATH

**INSTRUCTIONS:** Please include information for boxes 1-10. Failure to provide accurate information may delay your claim while the information is collected.

1. **Name:** Rahinah Ibrahim, c/o Marwa Elzankaly  
   Email Address: melazankaly@mfmlaw.com

2. Did the incident take place at: (Please check one)  
   - [ ] Passenger Security Screening Checkpoint?  
   - [x] Checked Baggage Screening Location?

3. At which Airport did the incident occur?  
   San Francisco Airport

4. Did you use Skycap, Porter Service, or other third party baggage service?  
   - [ ] YES  
   - [x] NO

5. If this was a checked baggage incident, why do you believe that TSA was responsible?  
   Please see complaint attached as Exhibit A.

6. Was your checked baggage delayed?  
   - [ ] YES  
   - [x] NO  
   For how long?  

7. Please write down your complete travel itinerary (Airline names, flight numbers, arrival/departure times, etc.)  
   United Airlines Flight 41 from SFO to Kona/Kailua departing at 9:00 a.m. on January 2, 2005.  
   See Exhibit E.

   Please include baggage tag numbers from baggage involved in the incident:

8. At the time of the incident, were you in the Military or a Federal Employee and on official travel?  
   - [ ] YES  
   - [x] NO

9. Did you file any type of incident report with the airport, airline, TSA, or any law enforcement agency?  
   - [x] YES  
   - [ ] NO

10. Claimant Signature:  
    Marwa Elzankaly, McManis Faulkner & Morgan, attorney for claimant, Rahinah Ibrahim

   PLEASE ATTACH ALL RECEIPTS, ESTIMATES OF REPAIR, APPRAISALS OR ANY OTHER DOCUMENTS THAT CAN SUBSTANTIATE THE VALUE OF THE ITEMS THAT WERE LOST OR DAMAGED.

   FOR ALL DAMAGED BAGGAGE, YOU MUST GET A REPAIR ESTIMATE