

UNITED STATES GOVERNMENT

Memorandum

SEP 16 1977

TO : Mr. Clarence M. Kelley
Director
Federal Bureau of Investigation

FROM : Barbara Allen Babcock
Assistant Attorney General, Civil Division
By: Jeffrey Axelrad, Acting Chief, Torts Section

SUBJECT: Administrative claim of the Founding Church of
Scientology of Washington, D.C.

DATE:
BAB:JA:ATB:lh
157-16-5386

SEP 23 1977

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

b7c

Attached is a copy of all the material regarding the captioned matter which has been received by this office.

In order for us to make an administrative determination, we will need a complete investigative report, and your recommendations.

Attachments

EXP. 4/1/78
34 SEP 20 1977

REC 12

SI-126

10/10
NO SEP 20 1977

7-240

[REDACTED]
[REDACTED]
[REDACTED]

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 3/29/82 BY 402-789/ML



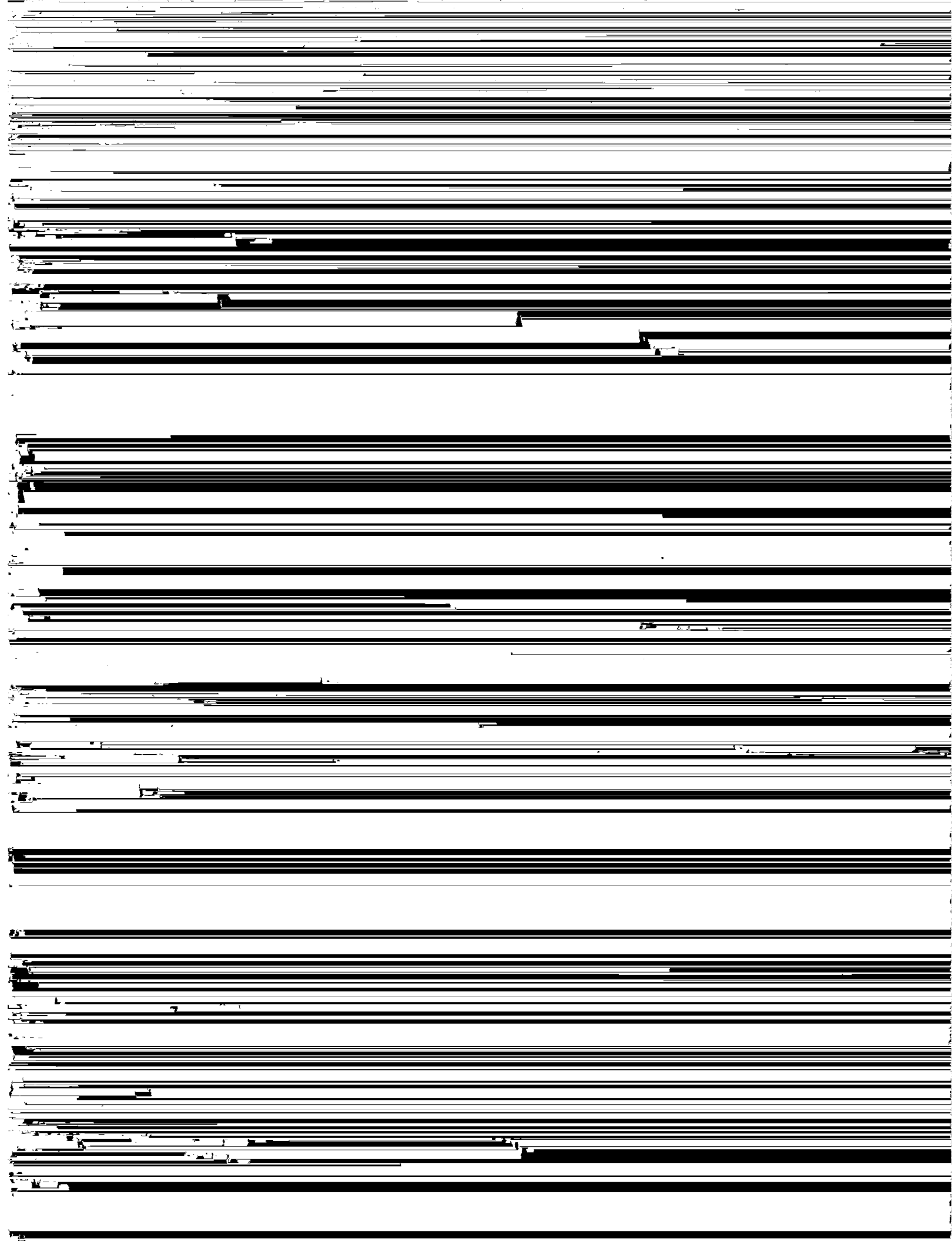
7 9 JUL 18 1977

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

List of property damage.

1. 10 Masterlocks @ \$3.30	\$ 33.00
2. 4 cylinder locks @ \$6.95	27.80
3. 1 double-bolt lock	21.45
4. Materials for door and frame to replace door in office #4, finance office	50.00
5. replace damaged wood doors @ \$105.00	525.00
6. Legal size file safe @ \$760.00 (2)	1520.00
7. replace metal front door	83.25
8. compensation for 50 hours of clerical time spent re-ordering mis-used files @ \$5.00 per hour	250.00
TOTAL	\$2510.50

(note: all prices from local suppliers)



INSTRUCTIONS

Complete all items--insert the word NONE where applicable

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, 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 authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 19 of this form. Separate claims for personal injury and property damage are not acceptable.

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

(a) In support of 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 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.

Any further 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.

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.

17. 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

N/A

18. HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?

NO

19. IF DEDUCTIBLE, STATE AMOUNT

20. 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)

21. 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

Insurance Co. of North America
5225 Wisconsin Ave., N.W.
Washington, D.C. 20015

AGP - 134153

CLAIM FOR DAMAGES INJURY, OR DEATH

INSTRUCTIONS: Prepare in ink or typewriter. 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.

OMB and 5
Approval No.
99-R111

1. SUBMIT TO: 1. Federal Bureau of Investigation (FBI) 2. Department of Justice (DOJ) Washington, D.C.	2. NAME AND ADDRESS OF CLAIMANT (Number, street, city, State, and Zip Code) Founding Church of Scientology of Washington, D.C., Inc. 2125 S St., N.W., Wash., D.C. 20008
---	--

3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY N/A <input type="checkbox"/> CIVILIAN	4. AGE N/A	5. MARITAL STATUS N/A	6. NAME AND ADDRESS OF SPOUSE, IF ANY (Number, street, city, State, and Zip Code) N/A
---	---------------	--------------------------	--

7. PLACE OF ACCIDENT (Give city or town and State; if outside city limits, indicate mileage or distance to nearest city or town) occurrence 2125 S St., N.W., Washington, D.C. 20008	8. DATE AND DAY OF OCCURRENCE July 8, 1977	9. TIME (A.M. OR P.M.) 9 A.M.
---	---	----------------------------------

10. AMOUNT OF CLAIM (in dollars)			
A. PROPERTY DAMAGE \$2,510.50	B. PHYSICAL INJURY (OTHER) \$1,000,000	C. WRONGFUL DEATH N/A	D. TOTAL \$1,002,510.50

11. DESCRIPTION OF ACCIDENT (State below, in detail, all known facts and circumstances attending the damage, injury, or death, identifying persons and property involved and the cause thereof) occurrence
An unlawful search and seizure by agents of the FBI, directed by employees and officials thereof and of DOJ, in which the property of the Church was damaged and documents of the Church taken.

12. PROPERTY DAMAGE
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)
N/A
BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE (See instructions on reverse side for method of substantiating claim)
Property located at 2125 S Street, N.W. consisted of doors, furniture, filing cabinets and locks damaged by FBI agents in the search.

13. PERSONAL INJURY
STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM
Violation of constitutional rights of the Church under the Fourth Amendment; trespass; conversion of documents of the Church; wilful damage to Church property.

14. WITNESSES	
NAME	ADDRESS (Number, street, city, State, and Zip Code)
Richard D. Kimmel	2125 S Street, N.W., Wash., D.C. 20008
Joel P. Morris	2125 S Street, N.W., Wash., D.C. 20008
Kendrick L. Moxon	2125 S Street, N.W., Wash., D.C. 20008
Gregory L. Taylor	2125 S Street, N.W., Wash., D.C. 20008
Alan Mark	1523 L Street, N.W., Washington, D.C. 20005

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

15. SIGNATURE OF CLAIMANT (Signature should be used in all future correspondence) <i>Rev. Ken L. Moxon</i>	16. DATE OF CLAIM J5 AUG 1977
---	----------------------------------

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 R.S. 5149b, 5418; 21 U.S.C. 231.)	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 62 Stat. 698, 749; 18 U.S.C. 287, 1001.)
--	---

FEDERAL SERVICES ADMINISTRATION (FORM 101-71)
78-198
FILED

STANDARD FORM 95
REVISED FEBRUARY 1971
GSA FPMR 101-11.8

XXXXXX
XXXXXX
XXXXXX

FEDERAL BUREAU OF INVESTIGATION
FOIPA DELETED PAGE INFORMATION SHEET

17

Page(s) withheld entirely at this location in the file. One or more of the following statements, where indicated, explain this deletion.

Deleted under exemption(s) b7C, D with no segregable material available for release to you.

Information pertained only to a third party with no reference to you or the subject of your request.

Information pertained only to a third party. Your name is listed in the title only.

Documents originated with another Government agency(ies). These documents were referred to that agency(ies) for review and direct response to you.

_____ Pages contain information furnished by another Government agency(ies). You will be advised by the FBI as to the releasability of this information following our consultation with the other agency(ies).

_____ Page(s) withheld for the following reason(s):

For your information: _____

The following number is to be used for reference regarding these pages:
47-56689-241

XXXXXX
XXXXXX
XXXXXX

XXXXXXXXXXXXXXXXXXXXX
X DELETED PAGE(S) X
X NO DUPLICATION FEE X
X FOR THIS PAGE X
XXXXXXXXXXXXXXXXXXXXX