Civil SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

CIVIL SERVICE COMMISSION REPORT TRANSMITTAL (FORM 22)

Refer to Civil Service Commission Procedure Number Two for Instructions on Completing and Processing this Form

1. Civil Service Commission Register Number: 0074-26-3

2. For Civil Service Commission Meeting of: Denial of Battery Pay

3. Check One: Ratification Agenda
   Consent Agenda
   X Regular Agenda
   Human Resources Directorσ Report

4. Subject: Appeal of Denial of Battery Pay Under Article XI, Section 16.170 of the San Francisco Charter / Civil Service Commission Rules

5. Recommendation: Uphold Denial of Battery Pay

6. Report prepared by: James Radding Telephone number: 415-646-2822

7. Notifications: **(Attach a list of the person(s) to be notified in the format described in Civil Service Commission Procedure Number Two).**

8. Reviewed and approved for Civil Service Commission Agenda: [redacted]y 23, 2026

   Human Resources Director: Kimberly Ackerman [redacted]

   Date: July 21, 2026

9. Submit the original time-stamped copy of this form and person(s) to be notified (see Item 7 above) along with the required copies of the report to:

   Executive Officer
   Civil Service Commission
   25 Van Ness Avenue, Suite 720
   San Francisco, CA 94102

10. Receipt-stamp this form in the ACSC RECEIPT STAMP≅ box to the right using the time-stamp in the CSC Office.

CSC RECEIPT STAMP

X Attachment

NOTIFICATIONS

Adam Hoang
[redacted]

Kimberly W. Ackerman Chief People Officer, SFMTA Human Resources
1 South Van Ness Ave. 6th Floor
San Francisco, CA 94103
Email: [redacted]

Ify Omokaro, Senior Leave Services & Accommodations Manager, SFMTA Human Resource
1 South Van Ness Ave. 6th Floor
San Francisco, CA 94103
Email: [redacted]

James Radding, Workers' Compensation Manager, SFMTA Human Resource
1 South Van Ness Ave. 6th Floor
San Francisco, CA 94103
Email: [redacted]

Attachments

CITY AND COUNTY OF SAN FRANCISCO
CIVIL SERVICE COMMISSION
SAN FRANCISCO MUNICIPAL TRANSPORTATION AGENCY

Register No.: 0074-26-3

Appellant: Adam Hoang

Department: San Francisco Municipal Transportation Agency (SFMTA), Transit Operations

Matter: Appeal of Denial of Battery Pay Under Article XI, Section 16.170 of the San Francisco Charter / Civil Service Commission Rules

Claim No.: [redacted]

WCAB No.: [redacted]

Transit Inspector Report No.: [redacted]

SFPD Incident Report No.: [redacted]

Date of Injury: December 27, 2023

BACKGROUND

[redacted]

[redacted]

The workers' compensation claim [redacted]) was initially denied and subsequently accepted by the claims administrator, Intercare, which has paid Mr. Hoang temporary disability benefits for his time off work due to the injury. The claims adjuster determined that the incident does not meet the criteria for battery pay under Article XI, Section 16.170. Appellant's counsel, by letter dated February 23, 2026, disputes that determination and requests that the Human Resources Director approve battery pay, arguing that the dog owner's failure to control a "notoriously aggressive" breed of dog constitutes criminally wrongful conduct.

AUTHORITY / STANDARDS

Under Article XI, Section 16.170 of the San Francisco Charter (Disability Benefits), an employee of the City and County of San Francisco is entitled to disability benefits if incapacitated for duty as a result of bodily injury or illness caused by criminal violence sustained in the course of and arising out of the performance of duty, for a period not exceeding twelve (12) months. Entitlement under this provision requires that the underlying conduct causing the injury constitute criminal violence — that is, an intentional or malicious criminal act — not merely conduct that gives rise to civil liability. An accidental or negligent act, even one that results in serious injury and civil liability, does not by itself satisfy the criminal violence standard absent evidence of intentional or knowingly reckless criminal conduct directed at the employee.

FINDINGS

1. No arrest, citation, or criminal charge was issued against the dog owner. San Francisco Police Department Incident Report No. [redacted] documents the matter under the classification "Dog, Bite or Attack" (Code [redacted] — an animal-control classification, not an assault or battery offense. The report reflects no arrest and no citation. Absent any criminal charge, citation, or arrest, the evidentiary record does not establish that the underlying conduct was criminal in nature.

2. Both the dog owner and the claimant describe the incident as accidental, not intentional. Per the SFPD narrative, Mr. [redacted] stated that Mr. Hoang "got too close" behind him, which "made his dog aggravated," and that the dog "somehow got loose" and ran at Mr. Hoang — describing an unintended loss of control rather than a deliberate act. Mr. Hoang himself told the responding officer that he "did not believe that [redacted] intentionally lost control of his dog." The element of intentional or malicious conduct required for a finding of criminal violence is affirmatively negated by both participants' own statements.

3. There is no evidence that this particular dog had any known dangerous propensity. Counsel's letter characterizes pit bulls generally as an inherently aggressive, fighting-bred type of dog. However, nothing in the Transit Inspector Report, the SFPD report, or the AOE/COE investigation establishes that Luke — an 11-year-old neighborhood pet — had any documented history of prior aggression, bites, or dangerous-animal citations. General assertions about a breed's reputation do not substitute for case-specific evidence of the owner's criminal intent or knowing recklessness.

4. Animal Care and Control's response was the routine administrative protocol for any dog bite, not a finding of criminal conduct. SFPD directed Mr. [redacted] to quarantine the dog for ten days, consistent with San Francisco Animal Care and Control's standard procedure applied to any reported dog bite regardless of fault. This administrative quarantine requirement does not constitute, and should not be conflated with, a determination that the owner engaged in criminal violence.

5. The claim conflates civil dog-bite liability with criminal violence. Under California Civil Code Section 3342, dog owners are strictly liable in civil actions for bite injuries regardless of the owner's negligence, knowledge of the dog's temperament, or intent. Counsel's argument that Mr. [redacted]

"committed criminally wrongful conduct" by failing to control the dog does not follow from the mere existence of this strict civil liability standard; strict liability is, by design, imposed independent of fault or criminal culpability, and its existence does not establish that a crime occurred.

6. The claimant and the dog owner were strangers with no prior relationship, dispute, or motive. The SFPD report lists the relationship between the claimant and Mr. [redacted] as "Stranger/None." There is no evidence in any of the reports — the Transit Inspector Report, the SFPD report, the Lightspeed intake, or the Passanisi AOE/COE investigation — of any motive, dispute, or targeting that would support an inference of intentional criminal conduct directed specifically at Mr. Hoang, as opposed to an unrestrained pet reacting to a passerby.

7. The claimant was not performing an operational driving function at the moment of the incident. Per the Transit Inspector Report and the Lightspeed intake form, Mr. Hoang had already secured his coach and was walking across the street to use the restroom when the incident occurred. This does not affect ordinary workers' compensation coverage, but it confirms that the encounter was an incidental, unplanned interaction with a neighborhood pet rather than, for example, an assault by a passenger or member of the public with a grievance connected to Mr. Hoang's performance of his duties.

8. Allegations regarding SFMTA's post-incident response do not bear on whether the initiating event was criminal violence. Counsel's letter separately alleges that SFMTA staff at the terminal failed to summon an ambulance or otherwise assist Mr. Hoang immediately following the bite. Even accepted as accurate, this is a distinct administrative or service-delivery concern separate from the threshold question of whether the dog's bite itself resulted from criminal violence. It does not retroactively convert an accidental loss of control of a pet into a criminal act.

DISCUSSION AND ANALYSIS

The record — consisting of the Transit Inspector Report, the SFPD Incident Report, the Lightspeed intake form, and the Passanisi Investigations AOE/COE report — consistently describes a leashed dog that broke free from its owner's control and bit the claimant: an accidental encounter with a neighborhood pet, not an act of criminal violence directed at the claimant. No arrest was made, no citation was issued, and responding officers processed the incident as a routine animal-bite report subject to standard Animal Care and Control quarantine procedures rather than as an assault, battery, or any other criminal offense. Both the dog's owner and the claimant independently described the event as unintentional. Counsel's argument rests principally on general characterizations of the dog's breed and on the separate existence of civil strict liability for dog bites under California law, neither of which establishes the intentional or malicious conduct that Section 16.170 requires. The fact that Mr. Hoang sustained a genuine, compensable industrial injury — already accepted and paid as ordinary temporary disability by the claims administrator — does not, without evidence of criminal violence, entitle him to the additional battery pay benefit.

CONCLUSION

Upon thorough review of the evidence and the pertinent Charter provision, it is evident that Adam Hoang's request for battery pay is not justified. The incident, while resulting in a legitimate and already-accepted workers' compensation injury, does not meet the criminal violence criteria established under Article XI, Section 16.170.

RECOMMENDATION

The Civil Service Commission is respectfully advised to uphold the Department's decision and deny Adam Hoang's request for battery pay in compliance with City policy.

Respectfully submitted,

_____
[Name]
[Title], SFMTA Workers' Compensation Program
Date: July 23, 2026

[redacted]

TRANSIT INSPECTOR REPORT

No. [redacted]

CONFIDENTIAL TO CITY ATTORNEY

INSPECTOR NAME		INSPECTOR PHONE #	4154165414
INSPECTOR STAR #	419	INSPECTOR DSW ID #	

Report Type

Is This a Base Report or a Cover Sheet?	**Base Report**

Related Inspector Forms

Inspector Form Record No.	CAP ID	DSW ID	Operator/Driver	Division	Vehicle No.

Report Information – Report Details

Record No.	[redacted]	Division	[redacted]
Created By		Date Created	12/27/23 15:34:49
DSW No.			

Operator/Driver Involved	**Adam Hoang**		
DSW ID	[redacted]	CAP ID	[redacted]
Driver License No.		License Expiration Date	
VTT Expiration Date		Medical Expiration Date	10/11/2024

Was TMC contacted?	Yes	TMC Incident No.	[redacted]
Was TMC No. Missing	No		

Report Information – Incident Details

Date and Time of Incident	12/27/2023 14:10:00
Day of the Week of Incident	
Have you verified that the Date and Time of the Incident are correct to the best of your knowledge?	Yes

Incident Type Category	Security	If Collision, Incident Subcategory (Collision with)			
		If Security, Incident Subcategory (Security)	Homicide		
		If Security, Security Group Sub-Type		Potential Hate Crime?	No
		If Other (Including Falls & Unusual Occurrences)	Incident Subcategory (Other)		

CONFIDENTIAL TO CITY ATTORNEY

			Did the incident involve a fall?	
Secondary Incident Type Category				

Mode	**Motor Coach**	If Motor Coach or Trolley Coach, Articulated?	**No**
		If vehicle NOT capable of carrying customers, Type of Vehicle	

Incident Start Time	**12/27/2023 14:10:00**
Vehicle Delay Cleared Time	**12/27/2023 15:10:00**
Line delay?	**No**
Line Delay Cleared Time	

Operator's/Driver's Version of the Incident	**I had just secured the coach to take my layover at the [redacted]. After I crossed the street, the dog (brown Pit Bull) charged at me after pulling loose from it's owner, who was standing near the opposite corner of 22nd Street, closer to Iowa. The dog bit my right leg and was clamped onto my leg for about a minute before its owner came and pulled him off. I notified TMC to send the medics.**

Based on evidence reviewed, did the operator/employee violate an SOP or Rule Book rule?	**No**	If Yes	What category does the violation fall under? [Check all that apply]	
			Was Intersection Control Violated?	
			Please describe the violation.	

Was the operator coached?	**No**
Further explanation regarding coaching	
Was the operator / driver returned to duty / service?	**No**
Time Inspector received call	**14:10:00**
Time Inspector arrived on scene	**14:27:00**
Time Inspector went code #713 (scene clear)	**15:10:00**

Inspector's Incident Narrative	**After securing his coach [redacted] the 48-line terminal, Party 1 stepped off his vehicle to take a 702. After crossing the street, he was attacked by a large brown Pitt Bull which had gotten loose from its ownerwho on his right leg. Dog was apprehended by SFPD. Animal Control authority also intervened. Party**

Were photographs taken?	**Yes**

Damage to City Property?	Yes ☐ No ☒

Collision Details (If Incident Type Category is Collision)

Was the collision a hit and run?	
Description of Impact	

[redacted]

CONFIDENTIAL TO CITY ATTORNEY

SFMTA Vehicle's Action Before Impact [Check all that apply]		
	If Other	

SFMTA Vehicle's Action At Impact [Check all that apply]		
	If Other	

Due to the impact, the SFMTA vehicle moved approximately (ft)	

If Mode is Light Rail Vehicle	Did the operator use the emergency brake?	[redacted]
	Describe any other action taken to avoid collision	[redacted]

Was the vehicle moved from collision location before supervisor/ inspector arrived? [redacted]

This document was truncated here because it was created in the Evaluation Mode.

[redacted]

TRANSIT INSPECTOR REPORT

No [redacted]

CONFIDENTIAL TO CITY ATTORNEY

Evaluation Only. Created with Aspose.Words. 2003-2023 Aspose Pty Ltd.

INSPECTOR NAME		INSPECTOR PHONE #	4154165414
INSPECTOR STAR #	419	INSPECTOR DSW ID #	

Report Type

Is This a Base Report or a Cover Sheet?	**Base Report**

Related Inspector Forms

Inspector Form Record No.	CAP ID	DSW ID	Operator/Driver	Division	Vehicle No.

Report Information – Report Details

Record No.	[redacted]	Division	[redacted]
Created By		Date Created	5:34:49
DSW No.			

Operator/Driver Involved	[redacted]		
DSW ID		CAP ID	[redacted]
Driver License No.		License Expiration Date	
VTT Expiration Date		Medical Expiration Date	10/11/2024

Was TMC contacted?	Yes	TMC Incident No.	-159199
Was TMC No. Missing	No		

Report Information – Incident Details

Date and Time of Incident	12/27/2023 14:10:00
Day of the Week of Incident	
Have you verified that the Date and Time of the Incident are correct to the best of your knowledge?	Yes

Incident Type Category	Security	If Collision, Incident Subcategory (Collision with)			
		If Security, Incident Subcategory (Security)	Homicide		
		If Security, Security Group Sub-Type		Potential Hate Crime?	No
		If Other (Including Falls & Unusual Occurrences)	Incident Subcategory (Other)		

[redacted]

CONFIDENTIAL TO CITY ATTORNEY

			Did the incident involve a fall?	
Secondary Incident Type Category				

Mode	**Motor Coach**	If Motor Coach or Trolley Coach, Articulated?	**No**
		If vehicle NOT capable of carrying customers, Type of Vehicle	

Incident Start Time	**12/27/2023 14:10:00**
Vehicle Delay Cleared Time	**12/27/2023 15:10:00**
Line delay?	**No**
Line Delay Cleared Time	

Operator's/Driver's Version of the Incident	**I had just secured the coach to take my layover at the [redacted] After I crossed the street, the dog (brown Pit Bull) charged at me after pulling loose from it's owner, who was standing near the opposite corner of 22nd Street, closer to Iowa. The dog bit my right leg and was clamped onto my leg for about a minute before its owner came and pulled him off. I notified TMC to send the medics.**

Based on evidence reviewed, did the operator/employee violate an SOP or Rule Book rule?	**No**	If Yes	What category does the violation fall under? [Check all that apply]	
			Was Intersection Control Violated?	
			Please describe the violation.	

Was the operator coached?	**No**
Further explanation regarding coaching	
Was the operator / driver returned to duty / service?	**No**
Time Inspector received call	**14:10:00**
Time Inspector arrived on scene	**14:27:00**
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Were photographs taken?	**Yes**

Damage to City Property?	Yes ☐ No ☒

Collision Details (If Incident Type Category is Collision)

Was the collision a hit and run?	
Description of Impact	

[redacted]

CONFIDENTIAL TO CITY ATTORNEY

SFMTA Vehicle's Action Before Impact [Check all that apply]		
	If Other	

SFMTA Vehicle's Action At Impact [Check all that apply]		
	If Other	

Due to the impact, the SFMTA vehicle moved approximately (ft)	

If Mode is 'Light Rail Vehicle'	Did the operator use the emergency brake?	[redacted]
	Describe any other action taken to avoid collision	

Was the vehicle moved from collision location before supervisor/ inspector arrived?

This document was truncated here because it was created in the Evaluation Mode.

San Francisco Police De[redacted]

Report Type: Initial **INCIDENT REPORT**

INCIDENT

Incident Number	Occurrence From Date / Time	Occurrence To Date / Time	Reported Date / Time	CAD Number
[redacted]	12/27/2023 14:10	12/27/2023 14:10	12/27/2023 14:12	[redacted]

Type of Incident: DOG, BITE OR ATTACK 64010

Location of Occurrence	At Intersection with/Premise Type	District
22ND ST	IOWA ST / SIDEWALK	BAYVIEW

Confidential Report?	Arrest Made?	Suspect Known?	Suspect Unknown?	Non-Suspect Incident?	Domestic Violence? (Type of Weapon Used)	Use of Force?	Reporting Unit
☐	☐	☐	☑	☐	☐	☐	3C11A

Location Sent / On View	At Intersection with	Reporting District
22ND ST	IOWA ST	BAYVIEW

Crime and Clearance Status	Reported to Bureau Name	Star	Date/ Time	Elder Victim	Gang Related?	Juvenile Subject?	Prejudice Based?
0				☐	☐	☐	☐

Have you reviewed the attached list of procedures required by Department General Order (DGO) 7.04?

OFFICER DECLARATION

I declare under penalty of perjury, this report of 3 pages is true and correct, based on my personal knowledge, or is based on information and belief following an investigation of the events and parties involved.

[redacted]

R/VICTIM 1

Code	Name (Last, First Middle)	Alias	Email
R/V 1	HOANG, ADAM, DUNG		ADAMDUNGHOANG@GMAIL.COM

[redacted]

School (if Juvenile)	Injury/Treatment	Other Information/If Interpreter Needed Specify Language
	MULTIPLE PUNCTURE MARKS ON LOWER RIGHT LEG / TREATED BY AMR #710 TRASPORTED TO CPMC MISSON BERNAL	

Interpreter Needed	Language	Language Description(if Other)	Language Line Service/Interpreter ID#	Bilingual Ofc Star#
☐				

[redacted]

San Francisco Police Depa[redacted]
INCIDENT REPORT[redacted]

Report Type: Initial

R/WITNESS

#	Code	Name (Last, First Middle)	Alias	Email
1	R/W 1	[redacted]		NONE

[redacted]

Interpreter Needed	Language	Language Description(if Other)	Language Line Service/Interpreter ID#	Bilingual Ofc Star#
☐				

PROPERTY E1

Code/No	Item Description	Brand	Model
EVD 1	PD DOCUMENT		

Serial No.	Gun Make	Caliber	Color	Narcotics Lab No.	Quantity	Value
					1	

[redacted]

PROPERTY E2

Code/No	Item Description	Brand	Model
EVD 2	PHOTOS		

Serial No.	Gun Make	Caliber	Color	Narcotics Lab No.	Quantity	Value
					5	

Seized by (Star)	From Where
1949	22ND AND IOWA STREETS (22ND AND IOWA STREETS)

Additional Description/Identifying Numbers
PHOTOS OF DOG AND INJURIES Submitted at IC - Bayview

[redacted]

Report Type: Initial

San Francisco Police Depa
INCIDENT REPORT

[redacted]

NARRATIVE

On Wednesd[redacted]ssigned to uniformed pa[redacted]Streets regarding a p[redacted]

Upon arrival, I observed (R/V1) Adam Hoang with medics in the back of AMR #110. Hoang had his right lower leg wrapped in medical gauze.

I spoke with Hoang who stated that he was walking eastbound on the southbound side of the sidewalk. As Hoang walked, he observed (R/W[redacted]ectly in front of him, approximately 20 feet away walking his dog westbound. Hoang stated that the dog was leashed, but somehow got loose and began to run directly at him. The dog approached Hoang and bit him an unknown number of times on his lower right leg. Geisel gained control of his dog, placed his dog inside of his vehicle and waited until police arrived. Hoang stated that it felt like the dog had attacked him for approximately 2 minutes. Hoang advised that he did not believe that Geisel intentionally lost control of his dog.

Hoang uncovered his injury, and I observed multiple quarter inch punctures on his lower right leg.

I took (E1) photos of Hoang's injury which was later uploaded into this report.

AMR #110 later transported Hoang to CPMC Mission Bernal.

[redacted]

[redacted]d that his dog was a male Pitbull Labrador mix named Luke, 11 years old, brown in color and approximately 85lbs.

I provided [redacted]Hoang a follow up form with a case number.

Ofc[redacted]the owner to quarantine the dog for 10 days and [redacted]

I instructe[redacted]quarantine the dog for 10 days per ACC and contact Department of Public Health if the dog becomes sick, dies, or lost.

I later completed the (E2) SFPD form 573 and booked it at Bayview Station. I faxed the 573 form to ACC.

Upon completion of this report, I emailed the incident report to the Vicious and Dangerous Dog Unit. per SFPD DB 20-097.

[redacted]

LIGHTSPEED INTAKE FORM

Date: 12/27/2023

Claimant Information:

Claimant's Name: Adam Hoang

[redacted]

Incident Information:

Coach N[redacted]
CAP ID:
Division

Date of Incident: 12/27/2023
Time of Incident: 2:05 p.m.
How/When/Where: The claimant was bitten by a dog in front of the[redacted]

Statements:

Statement of Injured Worker: The claimant stated that he was at the bus term[redacted] Street in front of the Woods Division and that he secured his coach and walked across the street to go use the restroom. The claimant said that a dog got loose from its leash, bit the claimant on his right leg around his knee several times (approximately ten to fifteen times), and that the claimant started bleeding.

The claimant said that the dog owner was able to remove the dog, and that the claimant called TMC and requested assistance. The claimant stated that TMC sent an inspector, the police, and medics to the scene and that he was transported to CPMC Bernal Heights. The claimant said that he was still at the hospital while we were on the telephone and that he did not need stiches. I have a follow-up interview scheduled with the claimant on January 2, 2024.

Statement of Witness(es) and their contact information: I did not obtain any witness statements.

Inspector's Report: I have requested a copy of the report.

Police Report: I have requested a copy of the report; Case[redacted]

Video: I have requested a copy of the video.

Subrogation Potential: Unknown at this time

Picture of third-party vehicle: N/A

Copy of third-party driver's license: N/A

Copy of third-party proof of insurance: N/A

Pictures of coach: N/A

Supervisor Information:

[redacted]

Documents given to employee:

1) Brochure About Request Family Leave and Return To Work 2022
2) DWC-1 Form
3) FILLABLE Request For Leave
4) Optum Refill Card
5) Transitional Work Program SFMTA
6) WC Injury Notice Update 09.26.22
7) Continue or Waive Heath Care Coverage While on Leave
8) Authorization For Release of Records

I have emailed the claimant a copy of the documents outlined above.

[redacted]

PASSANISInvestigations

March 8, 2024

Confidential Attorney/Client Privilege
Not to be reproduced

Dyana Lechuga, Esq.
City Attorney's Office
1390 Market Street, 7th Floor
San Francisco, CA 94102

Claimant: Adam Hoang
Employer: [redacted]
Claim No.:
Our File No.:
D.O.I.:

Dear Ms. Lechuga:

Thank you for this assignment. We were asked to conduct an AOE/COE investigation regarding the above-referenced matter. Adam Hoang is a transit operator who was attacked by a dog while he was working for the insured on December 27, 2023.

As per your request, we were instructed to obtain:

a. The claimant's recorded statement (obtained)
b. The Transit Inspector Report (obtained)
c. The coach video (obtained)
d. The police report (obtained)

INVESTIGATION SUMMARY

[redacted]

On January 3, 2024, I obtained the claimant's statement as scheduled.

On January 5, 2024, I updated the adjuster via email.

On January 9, 2024, SFPD emailed me a copy of the police report, which I then forwarded to the adjuster; it is attached to this report.

On March 6, 2024, I followed up with the video shop regarding later video.

On March 7, 2024, the video shop emailed me and said that there was no other video footage.

INSURED/EMPLOYER

Company Name:	SFMTA – Woods
Address:	1 South Van Ness Avenue San Francisco, CA 94103
Telephone:	(415) 701-2311
Email:	[redacted]
Contact:	James Radding

* * * * *

BACKGROUND INFORMATION OF CLAIMANT – Adam Hoang

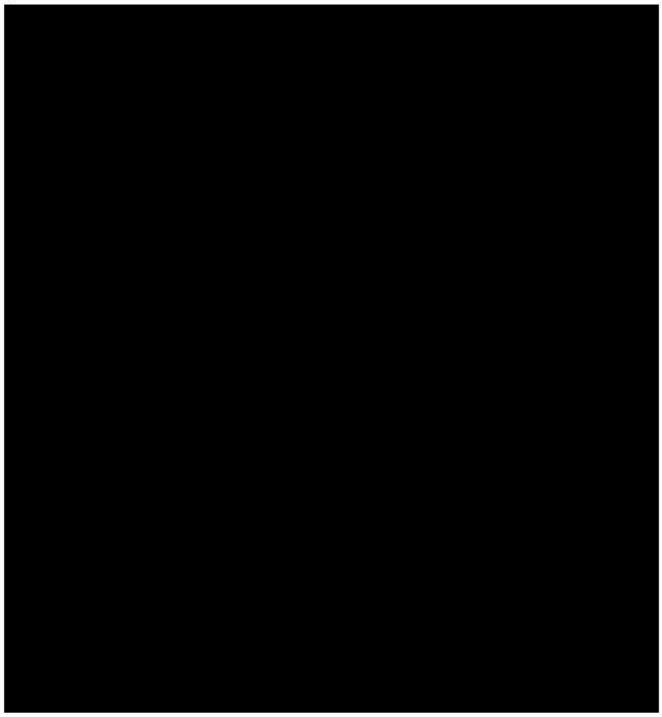
Name:	Adam Hoang
Aliases:	[redacted]
Address:	
Telephone:	
Dominant Hand:	
Military Service:	
Attorney:	
Position:	
CAP ID:	
Duration:	
Work Status:	

SUMMARY OF RECORDED STATEMENT OF CLAIMANT – Adam Hoang

On January 3, 2024, I spoke with Mr. Hoang via telephone and obtained his permission for a recorded statement.

Photograph of Claimant – Adam Hoang

Mr. Hoang sent me a photograph of his work badge for identification purposes.



Date, Time, and Place of Injury

December 27, 2023, at 2:05 p.m., Iowa and 22nd Street.

Notification and Description of Injury/Incident

The claimant stated that he was at the bus termina[redacted] division and that he secured his coach and walked [redacted] ant said that a dog got loose from its leash, bit the claimant on his right leg around his knee approximately ten to fifteen times, and that the claimant started bleeding.

The claimant said that the dog owner was able to remove the dog, and that the claimant called TMC and requested assistance. The claimant stated that TMC sent an inspector, the police, and medics to the scene and that he was transported to CPMC Bernal Heights. The claimant said that

he was still at the hospital when we initially spoke on the telephone on the date of injury, and that he did not need stiches.

Job Duties

The claimant stated that he has been a transit operator for eleven years, and that his job duties include operating a coach. The claimant said that he does not perform any lifting, bending, or stooping, and that he stands and walks occasionally.

The claimant said that he works Monday to Friday from 5:48 a.m. to 4:27 p.m.

Secondary Income and Benefits

The claimant said that he does not have a second job or any other sources of income.

Medical Treatment

[redacted]

The claimant stated that he has a follow-up appointment w[redacted]

The claimant said that he has not sought any additional medical treatment.

Current Medical Status/Restrictions

The claimant stated that he was currently off work, and that he did not have a return date yet. The claimant said that he was still in pain and that his leg was still swollen. The claimant stated that the skin on his leg is healing slowly but it hurts when he tries to bend his knee.

Medications

The claimant stated that he was taking 875 milligrams of Amoxicillin twice per day for ten days, and Advil for pain as needed.

Prior Industrial-Related Injuries

The claimant stated that six or seven years ago, he was assaulted by a passenger who also attempted to rob him. The claimant said that he sought treatment [redacted]
The claimant stated that he did not receive a permanent disability award.

Non-Industrial-Related Injuries

The claimant stated that he has not sustained any prior non-industrial-related injuries.

The claimant stated he does not have any chronic medical conditions.

The claimant stated that he has not been involved in any car accidents as a passenger or driver.

Hobbies/Recreational Activities

The claimant stated that he rides a stationary bicycle for thirty minutes every day but that he has been unable to exercise since the incident.

Interview Evaluation

The claimant appeared honest during our interview.

* * **End of Interview** * *

* * * * *

SUMMARY OF TRANSIT INSPECTOR REPORT [redacted]

According to the report, the incident occurred on December 27, 2023, at 2:10 p.m., at 22nd and Iowa Street. Per the report, the claimant secured and stepped off his coach and after crossing the street, he was attacked by a large brown pitbull who had gotten loose from its owner. The dog bit the claimant's right leg and the dog was apprehended by SFPD. Animal Control also intervened.

* * * * *

SUMMARY OF POLICE REPORT [redacted]

According to the report, the incident occurred on December 27, 2023, at 2:10 p.m., at Iowa and 22nd Street. Per the report, the claimant was walking and observe[redacted]ctly in front

of him approximately twenty feet away, walking his dog. The claimant said that the dog was leashed but somehow got loose and began to run directly at him and bit him on his lower right leg. [redacted] gained control of his dog and placed the dog inside of his vehicle. The claimant was transported to CPMC Mission Bernal.

The report outlined tha[redacted] said that the claimant got too close behind him, which made the dog aggravated and that his dog somehow got loose and ran directly at the claimant and bit him. According to the report, Animal Care and Control arrived and stated that the owner had to quarantine the dog for ten days.

* * * * *

SUMMARY OF COACH VIDEO

The video is approximately thirty minutes long and begins at 13:59 hours. At 14:02 hours, the claimant pulled over, secured the coach, retrieved the wheel block, and exited the coach. The claimant then reentered the coach and drove slightly forward and retrieved the wheel block again and exited the coach. At 14:05 hours, a person walking a dog could be observed entering the frame across the street from the parked coach, and after placing the wheel block, the claimant crossed the street. When he reached the curb, at 14:05:50, a dog began barking, but at this point in the video, the claimant and the dog/owner were out of frame. At 14:06, someone, presumably the claimant, yelled an expletive and continued to shout. It was difficult to make out, but in one panel of the video, the claimant staggered backwards and struggled with something, presumably the dog. A voice out of frame asked, "You alright?" The claimant was stooped over and eventually leaned on a fence as the dog continued to bark. The claimant then stood and limped to the curb and out of frame, after which he remained unobserved.

* * * * *

Subrogation

The owner of the dog[redacted]ould be liable for subrogati[redacted]or-mation is outlined below.

[redacted]

Apportionment

There does not appear to be any apportionment potential for this claim.

Red Flag Indicators

There do not appear to be any red flag indicators.

Other Potential Witnesses

No witnesses have been requested at this time.

Assignment Status

The statement of the claimant was recorded but not transcribed. If you would like transcribed statements or copy of the audio recording, please contact our office.

At this writing, we believe that we have completed the assignment as requested. We hope that this report will be of assistance to you in this case. If you should have any questions regarding this report or any other matter, please feel free to contact us at any time.

Thank you for giving us the opportunity to be of service.

Very truly yours,

[redacted]

cc: [redacted]

Attachments

Transit Inspector Report
Police Report
Coach video from DOI
Photographs of the claimant's injuries

[redacted]

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the **"Employee"** section and give the form to your employer. Keep a copy and mark it **"Employee's Temporary Receipt"** until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401**. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: *Complete la sección* ***"Empleado"*** *y entregue la forma a su empleador. Quédese con la copia designada* ***"Recibo Temporal del Empleado"*** *hasta que Ud reciba la copia firmada y fechada de su empleador. Ud puede llamar a la Division de Compensación al Trabajador al* ***(800) 736-7401*** *para oir información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.*

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* Adam Hoang Today's Date *Fecha de Hoy* 12/28/23
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectado.* Right knee got bitten by Pitbull several times
7. Social Security Number *Número de Seguro Social del Empleado* [redacted]
8. Signature of employee. *Firma del empleado* Adam

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

9. Name of employer. *Nombre del empleador.* SFMTA
10. Address. *Dirección.* 1 South Van Ness, San Francisco, CA 94103
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente* 12-28-23
12. Date claim form was provided to employee *Fecha en que se le entregó al empleado la petición* 12-28-23
13. Date employer received claim form *Fecha en que el empleado devolvió la petición al empleador.* 12-28-23
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia adquinstradora de seguros* INTERCARE Holding Insurance Services, PO Box 579, Roseville, CA 95661 1-800-771-5454
15. Insurance Policy Number. *El número de la póliza de Seguro.* Self-insured [redacted]
16. Signature of employer representative. *Firma del representante del empleador.* [redacted]
17. Title *Título.* [redacted] Telephone *Teléfono* [redacted]

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de* ***un día hábil*** *desde el momento de haber sido recibida la forma del empleado.*

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/*Copia del Empleador* ☐ Employee copy/*Copia del Empleado* ☐ Claims Administrator/*Administrador de Reclamos* ☐ Temporary Receipt/*Recibo del Empleado*

6/10 Rev.