



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
☒ Regular Agenda
Human Resources Director's 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.

☒ Attachment

CSC RECEIPT STAMP

NOTIFICATIONS

Adam Hoang



Kimberly W. Ackerman Chief People Officer, SFMTA Human Resources

1 South Van Ness Ave. 6th Floor

San Francisco, CA 94103

Email:



Ify Omokaro, Senior Leave Services & Accommodations Manager, SFMTA Human Resource

1 South Van Ness Ave. 6th Floor

San Francisco, CA 94103

Email:



James Radding, Workers' Compensation Manager, SFMTA Human Resource

1 South Van Ness Ave. 6th Floor

San Francisco, CA 94103

Email:



Attachments

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	Daniel Lurie , Mayor Janet Tarlov , Chair Stephanie Cajina , Vice Chair Mike Chen , Director Alfonso Felder , Director Julie Kirschbaum , Director of Transportation	Steve Heminger , Director Dominica Henderson , Director Fiona Hinze , Director
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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 (██████████) 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. ██████████ documents the matter under the classification "Dog, Bite or Attack" (Code ██████████ — 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. ██████████ 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 ██████████ 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. ██████████ 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. ██████████

"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.

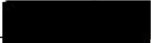
CONCLUSION

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



TRANSIT INSPECTOR REPORT

No. [REDACTED]

CONFIDENTIAL TO CITY ATTORNEY

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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	[REDACTED]	Date Created	12/27/23 15:34:49
DSW No.	[REDACTED]		

Operator/Driver Involved	Adam Hoang		
DSW ID	[REDACTED]	CAP ID	[REDACTED]
Driver License No.	[REDACTED]	License Expiration Date	[REDACTED]
VTT Expiration Date	[REDACTED]	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)		

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SFMTA Transit Inspector Report No. 47626

Ver-06-02-2023

1 of 3

01/09/2024

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		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 [REDACTED] 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] at 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 owner who 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	

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SFMTA Transit Inspector Report No [REDACTED]
Ver-06-02-2023

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01/09/2024

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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?	
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.



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SFMTA Transit Inspector Report No. [REDACTED]
Ver-06-02-2023

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01/09/2024



TRANSIT INSPECTOR REPORT

No. [REDACTED]

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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	[REDACTED]	Date Created	5:34:49
DSW No.	[REDACTED]		

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

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)	

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please visit: <https://products.aspose.com/words/>

SFMTA Transit Inspector Report No. [REDACTED]

Ver-06-02-2023

1 of 3

01/09/2024

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
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---	--

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]	
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			Please describe the violation.	

Was the operator coached?	No
Further explanation regarding coaching.	
Was the operator / driver returned to duty / service?	No
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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	

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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?	
Describe any other action taken to avoid collision.		

Was the vehicle moved from collision location before supervisor/inspector arrived?
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SFMTA Transit Inspector Report No. [REDACTED]
Ver-06-02-2023

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01/09/2024

San Francisco Police Department
INCIDENT REPORT

Report Type: Initial

I N C I D E N T	Incident Number		Occurrence From Date / Time		Occurrence To Date / Time		Reported Date / Time		CAD Number	
			12/27/2023 14:10		12/27/2023 14:10		12/27/2023 14:12			
	Type of Incident									
	DOG BITE OR ATTACK 64010									
	Location of Occurrence:									
22ND ST		At Intersection with/Premise Type						District		
		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?										

O F F I C E R I A L	I declare under penalty of perjury, this report of 1 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.									

R / V I C T I M	Code	Name (Last, First Middle)	Alias	Email
	R/V 1	HOANG, ADAM DUNG		
School (if Juvenile)		Injury/Treatment	Other Information/If Interpreter Needed Specify Language	
Interpreter Needed	Language	Language Description (if Other)	Language Line Service/Interpreter ID#	Bilingual Ofc Star#
☐				

SFPD Crim

San Francisco Police Department
INCIDENT REPORT

Report Type: Initial

R / W I T N E S S	1	Code R/W 1	Name (Last, First Middle)	Alias	Email NONE
	[REDACTED]				
		Interpreter Needed ☐	Language	Language Description (if Other)	Language Line Service/Interpreter ID#
		Bilingual On Staff			

P R O P E R T Y	E 1	Code/No EVD 1	Item Description PD DOCUMENT			Brand	Model
	1	Serial No.	Gun Make	Caliber	Color	Narcotics Lab No.	Quantity 1
		[REDACTED]					
		Value					

P R O P E R T Y	E 2	Code/No EVD 2	Item Description PHOTOS			Brand	Model
	2	Serial No.	Gun Make	Caliber	Color	Narcotics Lab No.	Quantity 5
		Seized by (Star) 1949	From Where 22ND AND IOWA STREETS (22ND AND IOWA STREETS)				
		Additional Description/Identifying Numbers PHOTOS OF DOG AND INJURIES Submitted at IC - Bar...					

SFPD Crime Information Service
Retrieved by 223103 on 1/18/21

Report Type: Initial

San Francisco Police Department
INCIDENT REPORT

NARRATIVE

On Wednesday, [REDACTED] assigned to Streets
uniformed patrol [REDACTED]
regarding a [REDACTED]

Upon arrival, I observed (R/V1) Adam Hoang with medics in the back of AMR #110. Hoang had his [REDACTED]

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]) directly 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 [REDACTED]. 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 [REDACTED]

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] stated 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.

Of [REDACTED] the owner to quarantine the dog for 10 days and [REDACTED]

I instructed [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.

LIGHTSPEED INTAKE FORM

Date: 12/27/2023

Claimant Information:

Claimant's Name: Adam Hoang

Incident Information:

Coach N

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

Statements:

Statement of Injured Worker: The claimant stated that he was at the bus term 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 several times (approximately ten to fifteen times), and that the claimant started

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 stitches. 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

Video: I have requested a copy of the video.

Subrogation Potential: Unknown at this time

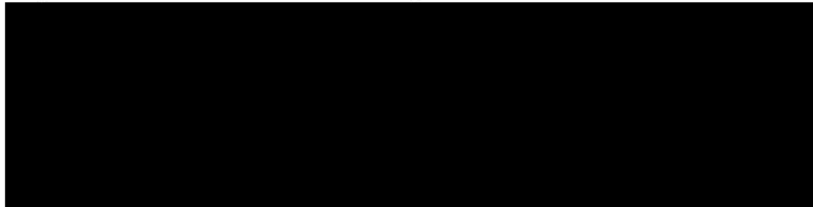
Picture of third-party vehicle: N/A

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:



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 Health Care Coverage While on Leave
- 8) Authorization For Release of Records

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

PASSANIS Investigations

March 8, 2024

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

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

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]

Re: Adam Hoang
March 8, 2024

Page 2 of 7

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: [REDACTED]

Telephone: [REDACTED]
Dominant Hand: [REDACTED]
Military Service: [REDACTED]
Attorney: [REDACTED]
Position: [REDACTED]
CAP ID: [REDACTED]
Duration: [REDACTED]
Work Status: [REDACTED]

PASSANIS Investigations

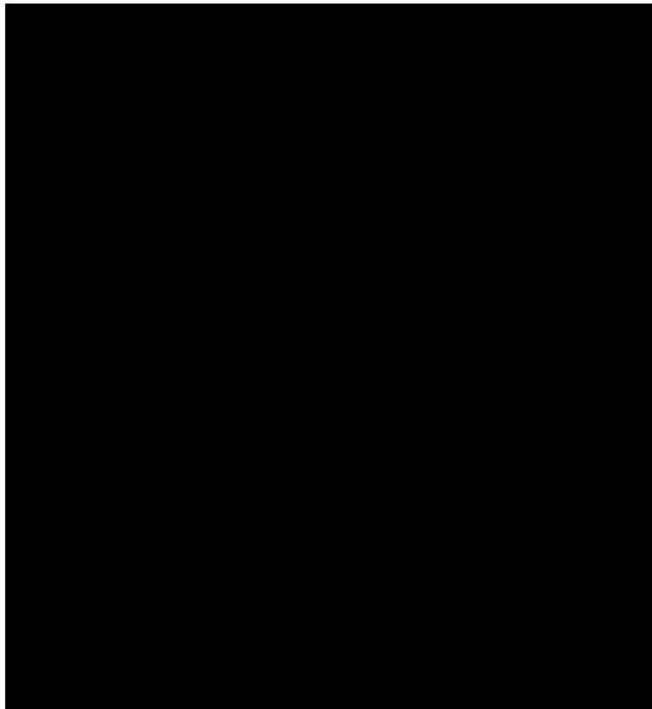
ove this message. See the keywords property of this PDF for more information.

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 terminal [REDACTED] division and that he secured his coach and walked [REDACTED]. The claimant said that a dog got loose from its leash, bit the claimant on his [REDACTED] approximately ten to fifteen times, and that the claimant started [REDACTED].

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

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

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 with [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 [REDACTED]. The claimant stated that the [REDACTED].

Medications

[REDACTED]

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 at [REDACTED]. The claimant stated that he did not receive a permanent disability award.

Non-Industrial-Related Injuries

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

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 [REDACTED] and the dog was apprehended by SFPD. Animal Control also intervened.

* * * * *

SUMMARY OF POLICE REPORT

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 observed [REDACTED] directly in front

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[REDACTED]

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 [REDACTED]. [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 that [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.

* * * * *

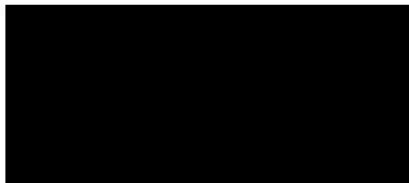
SUMMARY OF COACH VIDEO

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] could be liable for subrogation [REDACTED] information is outlined below.



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Re: Adam Hoang
March 8, 2024

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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,

cc:

Attachments

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

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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 División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma está 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 afectada.
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 administradora 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 provea 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