



**Judicial  
Watch**  
*Because no one  
is above the law!*

SENT BY EMAIL AND POST

November 10, 2025

FBI Boston Field Office  
201 Maple Street  
Chelsea, MA 02150  
ATTN: Tort Claims Unit

Re: Claims for Damages Under the Federal Tort Claim Act for Father Andrew Bushell, Tracey Stockton, St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, and Marblehead Brewing Company LLC

To whom it may concern:

Judicial Watch, Inc. represents Father Brian Andrew Bushell and Tracey Stockton, in both their individual capacities and as officers of St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, and Marblehead Brewing Company LLC with respect to the claims related to the arrest of Father Bushell and Tracey Stockton and the searches of property on October 13, 2022, and the subsequent dismissal of the charges on November 9, 2023.

Enclosed please find administrative claims under the Federal Tort Claim Act for each of the claimants listed above. Each claimant has completed a Standard Form 95, as well as an attachment setting forth in detail the basis of their claims. Because their claims arise from the same intentional and negligent acts, we have included only one attachment and only one set of supporting documents.

We are submitting these claims without the benefit of discovery. Claimants reserve the right to amend or supplement their claims. Please provide confirmation of receipt of this submission and contact information for the attorney who will be handling this matter as soon as possible.

Very truly yours,

Sean W. O'Donnell  
Senior Attorney  
Enclosure

November 10, 2025

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- Standard Form-95 for Father Andrew Bushell
- Standard Form-95 for Tracey Stockton
- Standard Form-95 for St. Paul's Foundation
- Standard Form-95 for the Shrine of St. Nicholas the Wonderworker
- Standard Form-95 for Marblehead Brewing Company LLC
- Attachment A – Answers to SF-95 Claims
- Letter of Authorization from Father Andrew Bushell
- Letter of Authorization from Tracey Stockton
- Supporting documents

CC: Federal Bureau of Investigation  
J. Edgar Hoover Building  
935 Pennsylvania Avenue, NW  
Washington, DC 20535-0001  
ATTN: Office of the General Counsel / Tort Claims Unit

## 8. BASIS OF CLAIM

### I. Entities Relevant to the Claim

Tracey M.A. Stockton, 66, has been the General Counsel of St. Paul's Foundation since 2011. Prior to joining St. Paul's, Ms. Stockton was senior counsel at DLA Piper, deputy general counsel at BearingPoint, and general counsel for a leveraged buyout firm that purchased automotive parts suppliers across North America. She has two bachelor's degrees, one in finance and a second in economics, from the University of Texas at Dallas, and a law degree from Santa Clara University Law School. In addition to being a numerary of the Orthodox Church, she is a member of the Bars of the State of Ohio, the District of Columbia, the Commonwealth of Massachusetts, the US Tax Court, the federal district of the Middle District of Tennessee, the federal district of Massachusetts, and the US Court of Appeals for the First Circuit.

Reverend Father Brian Andrew Bushell, 50, is a monk of the Orthodox Church. Since 2011, he has also been the Protos of St. Paul's Foundation. Prior to entering the monastery, among other things, he was a speechwriter, a journalist, and a management consultant at McKinsey & Co. He studied at Georgetown University's School of Foreign Service, the Pontifical Gregorian University including the Pontifical Biblical Institute, the Catholic University of America, and the Tuck School of Business at Dartmouth College. He has published in *The Economist*, *The New York Times*, the *Columbia Journalism Review*, the *Washington Times*, *UPI*, and has appeared on Fox News, the BBC, and ABC, among others.

The Shrine of St. Nicholas the Wonderworker, located at 120 and 124 Pleasant Street in Marblehead, Massachusetts 01945, is an Orthodox monastic shrine established in 2017. It has been under construction since 2018. When complete, it will provide not only a chapel dedicated to St. Nicholas the Wonderworker, but a refectory, administrative offices, religious education center, pilgrim guesthouses and living quarters for male clergy and monastics. It is also the home of the Marblehead Brewing Company, LLC, the first Orthodox Christian monastery brewery in approximately 1,000 years. It is also an educational laboratory to demonstrate ecclesiastical entrepreneurship to clergy, monastics, and laity as they rebuild Orthodox churches effected by conflict in areas such as the Middle East and Europe. St. Nicholas is incorporated in the Commonwealth of Massachusetts as a Religious (Chapter 180) non-profit corporation. Because of the hierarchical nature of the Orthodox Church, Father Bushell is the sole director of St. Nicholas on behalf of the Church, filling roles of guardian of the shrine, president, treasurer, and director. Ms. Stockton is general counsel and clerk of St. Paul's.

Annunciation House, an Orthodox Christian monastic complex with offices at 22 Endicott Avenue, Marblehead, Massachusetts, is comprised of Emmaus House, located at 22 Endicott Avenue, Marblehead, MA 01945, and Egypt House, located at 12 Conant Road, Marblehead, MA

01945, which share a 100-foot border. Annunciation House provide housing for clergy, monastics, numeraries, and pilgrims as well as a chapel for liturgical worship and spiritual counseling and refreshment. It is incorporated in the Commonwealth of Massachusetts as a Religious (Chapter 180) non-profit corporation. Because of the hierarchical nature of the Orthodox Church, Father Bushell is the sole director of Annunciation House on behalf of the Church, filling roles of president, treasurer, clerk, and director. Ms. Stockton is general counsel of Annunciation House.

St. Paul's Foundation, co-located with the Shrine of St. Nicholas, and temporarily located at the Annunciation House during construction, is a monastic institute of the Orthodox Christian Church, first established as a sign of love between the Benedictine monks at St. Paul's Outside-the-Walls in Rome and the monks on Mount Athos, and later transferred to the United States. The work of St. Paul's Foundation is to continue the evangelical work of St. Paul the Apostle to the Gentiles by creating sustainable centers of traditional Orthodoxy, such as St. Nicholas, and serving the best interests of the ancient patriarchates of Constantinople, Antioch, Alexandria, and Jerusalem and their dependent dioceses. It is incorporated in the State of Delaware. Because of the hierarchical nature of the Orthodox Church, Father Bushell is the sole director of St. Paul's on behalf of the Church and Ms. Stockton is the general counsel.

Marblehead Brewing Company LLC is incorporated in the Commonwealth of Massachusetts. It is a single member limited liability corporation, with St. Paul's Foundation being the sole member. Father Bushell is a representative of the sole member on behalf of the Church. Ms. Stockton is the director general or president of the brewery and general counsel on behalf of the sole member. As a single member limited liability corporation with a religious non-profit sole member, the Marblehead Brewing Company is a religious non-profit.

## **II. Entities Relevant to the Claim**

### **A. Execution of the warrants on Emmaus House**

In the early hours of October 13, 2022, Father Bushell began traditional morning prayers in front of the altar at Emmaus House. Normally, Father Bushell would have worshipped at the altar in the chapel in Egypt House, where he usually resided. On this day, however, Egypt House had been occupied by Dr. George Kordis, a famous Orthodox Christian iconographer from Athens, who had flown in from Greece to paint icons for the chapels at the Shrine of St. Nicholas chapel and the Annunciation House complex. To provide Dr. Kordis with privacy during his stay and his work, Father Bushell moved to Emmaus House. Accordingly, on this morning, Father Bushell worshipped at the altar in Emmaus House.

As Father Bushell knelt before the altar in prayer before the altar, he heard the four monastery dogs begin to bark loudly. At this point in the morning, it was sometime after 4:00 AM but before 5:30 AM.<sup>1</sup> Hearing the commotion from the monastery dogs, Father Bushell looked up from his prayers and saw bright lights outside of Emmaus House's windows. These lights were so bright and so numerous that Father Bushell could see, just outside of the windows, individuals wearing windbreakers with FBI written in large yellow letters. Father Bushell also saw that these individuals were carrying what appeared to be assault rifles or shotguns, had handguns, and were wearing body armor.

Ms. Stockton uses the office at Emmaus House to do legal work for the Church, as well as some legal work for a few personal clients, and uses a bedroom on the second floor as her residence. Awoken in the early hours of the morning by the monastery dogs barking, Ms. Stockton opened the door to her bedroom and called out to Father Bushell, asking what was going on. Based on what he had seen outside of the windows, Father Bushell speculated that it was the FBI. Ms. Stockton then looked out of her bedroom window, and saw, from the flood lights on the vehicles outside, individuals in navy windbreakers with FBI imprinted in yellow letters on the back.

At that moment, there were multiple loud bangs on Emmaus House's main doors, followed by an individual shouting that it was the FBI and that the residents should open the door. Father Bushell immediately complied, opening the door to see several federal agents, who were wearing badges on their chests with metal bead lanyards or clipped to their belts and what looked like body armor underneath FBI windbreakers. These agents were also carrying assault rifles close to their chests or shotguns or handguns in their hands. One of the agents at the door stated Father Bushell's full name and declared that they had a warrant for Father Bushell's arrest and to search Emmaus House.

Father Bushell asked to see the warrants and to call an attorney so one could be present during the search, as there were both legal documents and documents protected by priest-penitent privilege in the monastic compound. The lead FBI agent said he and his colleagues did not yet

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<sup>1</sup> Father Bushell and Ms. Stockton would later learn that there was nothing in the search warrant for Emmaus House at 22 Endicott Avenue that permitted the FBI and VA OIG to execute the warrant earlier than allowed by Federal Rule of Criminal Procedure 41. Interestingly, the search warrant return filed with the court records the date, but not the time, of the execution of the warrant. The agents did not execute the search on St. Nicholas's building at 124 Pleasant Street until later, after getting the keys from Father Bushell. The search warrant return for 124 Pleasant Street records that the search warrant was executed on October 13, 2022, at 6:55 AM. And the search warrant return for the Shrine of St. Nicholas's adjacent building at 120 Pleasant Street indicates that the FBI and VA OIG executed the warrant on October 13, 2022, at 1:30 PM. There is no search warrant return for Egypt House at 12 Conant Road because the FBI and VA OIG searched the property and seized property without a search warrant or the consent of Father Bushell or Ms. Stockton.

have the warrants at that time. Father Bushell then asked if they could wait for warrants, so that he could contact his attorney and have him present. The FBI agent responded that they did not need a warrant and that they were coming in. When Father Bushell objected, the lead FBI agent motioned in such a way towards the other agents who were armed that Father Bushell understood the FBI would enter by force if refused.

As some agents pushed their way into Emmaus House and past Father Bushell, others grabbed Father Bushell and immediately pulled him out of the house and onto the lawn, detaining him with handcuffs behind his back. At no point did Father Bushell resist. Father Bushell lost count of the number of agents after ten because he was disoriented by the people who were moving around and the bright lights that were focused on him. After approximately 10 minutes on the lawn, an agent placed Father Bushell in the back of an unmarked sedan with tinted windows.

B. Arrest and seizure of Ms. Stockton's property

Ms. Stockton quickly got out of bed as the agents were forcing themselves into Emmaus House, but struggled getting into jeans and a sweater, which was made more difficult by the fact that she suffered from rheumatoid arthritis. She was, at this point, disoriented by the commotion occurring at such an early hour. An agent came up the stairs toward Ms. Stockton, yelling for her. Still struggling to put her clothes on, Ms. Stockton stepped out of her bedroom, terrified by the noise, the lights, and the swarm of armed federal agents. She was also short of breath and concerned about her heart, having suffered a heart attack only three months earlier. The strain of the events was, perhaps intentionally, overwhelming, causing Ms. Stockton involuntary urination at the sight of an armed agent coming at her, yelling her name. Ms. Stockton asked the agent to use the restroom, but the agent would only allow her to do so if she left the restroom door open, violating Ms. Stockton's religiously informed sense of modesty. After she finished in the restroom, the agent led Ms. Stockton to the ground floor of the monastic house.

On the ground floor, Ms. Stockton saw that the dogs were unsettled and milling about the main room with the chapel. She also saw at least five agents in Emmaus House moving from place to place in the same room. Because of her disorientation, she could not count all of them, although she also heard agents in other rooms.

Now that she was on ground floor of Emmaus House, Ms. Stockton asked the federal agents what was going on. The federal agents said they had a warrant for her arrest and for a search of the premises and "the other buildings," by which Ms. Stockton understood them to mean St. Nicholas. Ms. Stockton asked them for the search and arrest warrants, telling the agents that she was an attorney and, while not a criminal defense attorney, she knew she was entitled to understand what the charges were against her and to see the warrants authorizing the agents.

One of the agents told her that the warrants were not available. Ms. Stockton and Father Bushell would later learn that the warrants had been signed by the magistrate judge two days prior.

Ms. Stockton continued asking the agents about the search warrant and to understand the reasons for the raid. Ms. Stockton was ignored, but one of the agents was asking her about her purse. Although none of the agents bothered to explain to Ms. Stockton the basis for or the extent of the search, Ms. Stockton complied with the agent's request, locating her purse in the kitchen and handing it an agent, who quickly began searching through the contents of the purse. The agent then asked for Ms. Stockton's passport. Being very distraught, Ms. Stockton was unable to identify her passport's location. One of the agents told Ms. Stockton that she would not be released from jail until they had her passport. An agent then grabbed Ms. Stockton's mobile telephone, pushing it in front of Ms. Stockton's face in an attempt to unlock it. Without Ms. Stockton's consent, the agent then grabbed Ms. Stockton's finger and repeatedly pressed her fingers against her mobile telephone.

Forcing Ms. Stockton's fingers against her mobile telephone was extraordinarily painful for Ms. Stockton. Her finger joints were swollen and did not bend in all directions because of rheumatoid arthritis. When the agent squeezed Ms. Stockton's swollen knuckles and repeatedly forced her fingers onto the mobile telephone, Ms. Stockton cried out in pain. Gasping, finally Ms. Stockton explained she just used a password. The agent then demanded the passcode, but Ms. Stockton, still not knowing what the basis of the search was for, asked what the charges were. The agent again refused to inform Ms. Stockton of the charges or the extent of the search warrant. Ms. Stockton explained to the agent that she was concerned about attorney-client communications and other privileged material on her phone and said so to the agent. Instead of responding, the agent reached for her sidearm. Fearing for her life from what appeared to be an overly aggressive armed agent who had already caused her pain by squeezing and hurting her arthritic fingers, Ms. Stockton acquiesced and opened the phone. Ms. Stockton would later learn that, while the search warrant permitted the agent to attempt to unlock her unlock mobile telephone using her finger or her face, it did not permit the agent to coerce the passcode out of her.

Ms. Stockton was still quite disoriented at this point, but the agents began discussing what should be done with the monastery dogs. Fearing for her safety and uncertain as to who to call at such an early hour, Ms. Stockton asked how long she would be gone. One of the agents said she would be gone for several hours. Ms. Stockton said that the dogs would be fine to be left within Emmaus House. When she agreed to leave the dogs at Emmaus House, Ms. Stockton had not been informed that Emmaus House would become filled with agents or that they would perform an exhaustive and intrusive search of the building, including searching the air conditioning vents and ducts.

After the discussion about the monastery dogs, an agent behind Ms. Stockton grabbed her hands and pulled them behind her back. This twisting of Ms. Stockton's arms, elbows and hands in a hurtful manner caused Ms. Stockton to exclaim in pain and explain again that she had rheumatoid arthritis and that this was exceptionally painful and the shock was hard on her heart because of her recent heart attack after the death of her mother. Ms. Stockton asked the FBI agent for the handcuffs to be loosened and her position to be adjusted. The agent denied the request, instead leading her outside into an unmarked sedan outside of Emmaus House. While it was still very dark outside, she observed numerous agents with what looked like assault rifles or shotguns in their hands, wearing bulletproof vests. Ms. Stockton found the presence of so many heavily armed individuals in or around Emmaus House shocking and upsetting.

After agents had placed Ms. Stockton, bound in handcuffs in an unmarked sedan, they led Father Bushell back into Emmaus House to change into outdoor attire. He was made to change in front of an agent and later to use the restroom with the door open, which Father Bushell found personally shocking given that it violated principles of religious modesty.

#### C. Arrest and seizure of Father Bushell's property

Upon entering Emmaus House, Father Bushell saw many people moving around the property. As Father Bushell returned to the main room of Emmaus House where the altar was located, he observed at least ten armed agents. These agents did not identify themselves to Father Bushell but took the liberty of putting their hands on him without his consent, seemingly purposely turning him this way and that. It was at this point that Father Bushell observed agents putting their hands on sacred objects on the altar and inside of Emmaus House. The mistreatment of church property and the mishandling of sacred objects greatly upset and offended Father Bushell, resulting in him to ask the agents the agents to be respectful. They simply ignored him, refusing to acknowledge the sacred nature of the space.

Rather than treating him with respect due a member of the clergy, the agents treated Father Bushell as if he were a violent criminal, restraining his every movement and requiring that he ask permission for the simplest movements, like turning around. Furthermore, they forced Father Bushell to violate the religious practices of Orthodox Christian monks, forbidding him from keeping his prayer rope, his rosary, his baptismal cross, or his paraman cross, which is a kind of sacred scapular. Even worse, they forbade Father Bushell from wearing his monastic belt, which he is required to wear at all times. The agents, in addition, denied Father Bushell access to a Bible.

While he was still in Emmaus House federal agents forced Father Bushell to open his mobile phone. They first grabbed his finger and pressed it on the phone and, when that failed, held the phone to his face. Having failed to open Father Andrew's mobile telephone using coercive



measures, the agents demanded that Father Bushell open his mobile telephone for them. In the absence of a search warrant, Father Bushell declined to open his mobile telephone and expose confessional material from those he ministered. Ultimately, Father Bushell told the agents that he would not make any statements until his attorney was present. Father Bushell would later learn, when he was finally allowed to review the search warrant, that the agents had not been permitted to coerce his passcode from him.

D. Transport of Ms. Stockton to the Marblehead Police Department

While Father Bushell was in the house, Ms. Stockton was driven to the Marblehead Police Department. Ms. Stockton was in significant pain from having her hands and arms twisted from the arthritis. The individual driving the unmarked sedan parked inside the Marblehead Police Department's garage, where an FBI agent brought her through a side door and into a room where an individual with the Marblehead Police Department took her mugshot and fingerprints. This individual then swabbed Ms. Stockton's nostrils for DNA. It was only after this had occurred that Ms. Stockton advised her of her Miranda rights. Ms. Stockton had to sit down, feeling faint and having a racing heart from the shock of the events of the early morning.

Ms. Stockton's paraman cross was confiscated from her at the booking station and handed to a nearby FBI agent, who stated she would keep it for her. Ms. Stockton had been advised to leave her jewelry at the rectory, but she did not think to remove her sacred paraman cross because, according to the practice of Orthodox Christian numeraries, Ms. Stockton is generally prohibited from removing it. Because of this obligation, it is not considered decorative jewelry but a holy object.

The FBI agent then motioned down a very short hallway and told Ms. Stockton that she should go into the room on the right. Being unfamiliar with the jail area, Ms. Stockton thought she was going to the ladies' room because she could see an aqua metal toilet in the corner of the room; however, when she got closer, she realized this was a cell. She was placed in the cell, and the door was locked. While in the cell, she sat on the metal bench and proceeded to say her rosary at volume for most of the period of detainment.

E. Transport of Father Bushell to the Marblehead Police Department

Back at Emmaus house, after the agents were done with Father Bushell, they ordered officers from Marblehead Police Department to take him to the local police station. When the Marblehead police officer arrived at the station, he parked the vehicle in a garage. Father Bushell remained detained and handcuffed in the back of the vehicle for what may have been more than an hour. Eventually, a federal agent, who later identified himself as Special Agent Robert Boskin with the Veterans Affairs Office of Inspector General, led Father Bushell into the

Marblehead Police Station, where he was fingerprinted, photographed, and advised of his Miranda rights.

After standing for approximately an hour, Father Bushell was allowed to sit in a chair so that SA Boskin could remove DNA from his cheeks. SA Boskin then told Father Bushell that he would be shackled because of requirements from the U.S. Marshals Service, but when he brought the shackles out, he seemed to make some kind of determination that they would not fit Father Bushell. Instead, SA Boskin used a leather restraint, placing it around Father Bushell's waist and connecting it to the handcuffs that Father Bushell was wearing. SA Boskin also said that they were looking for a mask, again saying this was U.S. Marshals Service policy. It was Father Andrew's understanding that they were looking for something more akin to a full-faced restraint mask rather than an N-95 mask in order to intimidate him. Ultimately, SA Boskin did not place a mask on Father Bushell, despite having said that it was U.S. Marshals Service policy.

F. Transport of Ms. Stockton to the Federal Courthouse

After what Ms. Stockton estimated to be an hour, an FBI agent escorted her from the cell and into another vehicle. At no time did she observe Father Bushell at the Marblehead police station. A male FBI agent sat with her in the back seat, a female FBI agent sat in the front passenger seat, and a male FBI agent drove the vehicle. Ms. Stockton's handcuffs had been repositioned to the front of her body, which was a relief because the previous positions had aggravated her rheumatoid arthritis and the previous stress positions in which she had been placed had kept her in pain for the previous three hours. Although Ms. Stockton was in federal custody, and although she had asked to consult with a lawyer hours ago at Emmaus House when she asked about the warrants, the three federal agents tried to engage her in conversation. Ms. Stockton, however, generally remained silent and silently recited her rosary.

When Ms. Stockton arrived at the federal courthouse, the vehicle entered a garage on the side of the building. The agents escorted Ms. Stockton down a hallway into a room where she was once again photographed and fingerprinted. The young women performing the intake was very officious and asked Ms. Stockton if she was familiar with the "SEE" policy or some acronym of this nature. The policy was about your rights in case you are sexually molested by a cell mate or guard. Ms. Stockton was shocked, to the point of feeling physically ill, by the matter-of-fact manner in which this was presented and by the very fact this type of matter needed to be addressed at all. After booking, Ms. Stockton was placed in a large, brightly lit metal cell, by herself. She remained detained in the cell for a long time, to the point that she needed to use the restroom; however, she was mortified to learn that she was expected to use the toilet in her cell, in view of others and in front of a video camera.

G. Transport of Father Bushell to the Federal Courthouse

After the agents and local law enforcement finished processing Father Bushell, he was moved to another vehicle and transported to the federal courthouse in Boston. A female agent was driving, and SA Boskin was in the rear of the vehicle with Father Bushell. During the ride to the federal courthouse, Father Bushell noticed that SA Boskin's badge read "OIG US Department of Veterans Affairs." This confused Father Bushell, as he was not a veteran and had never applied for veteran benefits. When Father Bushell inquired, SA Boskin said he was with a COVID Fraud Task Force.

SA Boskin and the female agent were very talkative in the car, with the female agent asking how SA Boskin got a truck as a government-owned vehicle and SA Boskin talking about a "second breakfast." At one point, Father Bushell asked SA Boskin about the dogs, telling SA Boskin that the dogs were not a threat to anyone and could be left in the house. SA Boskin told Father Bushell that the dogs would be left in the house; however, Father Bushell could see from a text message thread on SA Boskin's mobile telephone that the dogs had been sent to a shelter. When Father Bushell was finally able to collect the monastery dogs, he learned they had been put up for adoption.

Upon arriving at the federal courthouse, the agents drove into a closed driveway, where they were able to place their weapons in a locker. Contrary to SA Boskin's previous statements, a U.S. Marshal in the driveway told the agents that Father Bushell did not need handcuffs or restraints. Father Bushell was then led to a cell where he was detained alone for several hours. At no point during his detention was Father Bushell allowed access to his prayer rope, paraman cross, his rosary, or his Bible. He was unable to present himself as the monastic that he was and only allowed to wear black pants, without his monastic belt, and a white shirt. He had requested his cassock when he was allowed to change but that was denied.

It was during this time that then-U.S. Attorney Rachael Rollins held a press conference where she falsely and repeatedly described Father Bushell as "a purported Orthodox Christian monk" and the Annunciation House as "a purported residence for clergy." Putting aside the outrage of a senior government official claiming for herself the right to question the tenets of another person's religion or the sincerity of their beliefs, what the former U.S. Attorney said was patently false and, in many instances, outside the bounds of the affidavit provided in support of the criminal complaint.

H. Detention and Initial Appearance

Father Bushell was also eventually brought into a hallway where someone in the U.S. Marshals Service took his fingerprints and photograph. Whatever the agent was doing took what seemed

like an inordinate amount of time, requiring Father Bushell to pace around the hallway to stretch his legs. As Father Bushell was doing this, the agent quipped that he was “a pacer.” Father Bushell explained that if he stood in one place too long, he would get stiff, alluding to injuries he suffered as a war correspondent in 2001 and 2002 during the war in Afghanistan. The individual with the U.S. Marshals Service that the word “stiff” was funny, repeatedly giggling as he said, “You get stiff.” The way this individual repeatedly said the phrase led Father Bushell to understand it to be a sexual double entendre. The individual then giggled as she forced Father Bushell to read a public safety notice about sexual harassment in jails.

Around this time, at what Father Bushell estimated to be around 1:00 PM, another individual, whom Father Bushell believed to be with the U.S. Marshals Service, offered him a bottle of water and a ham sandwich. Father Bushell explained that Orthodox monks generally avoid consuming meat and asked if there was an alternative. The individual simply ignored Father Bushell.

Father Bushell was finally given access to an attorney, a federal public defender, approximately eight hours after the raid. The attorney handed Father Bushell a form and warned him that he had to be careful filling it out, as the agents and prosecution would see it. The form asked about money and finances, properties, languages he spoke, and citizenships he held. Father Bushell is a citizen of the United States and Greece. It was a requirement for his membership as a monk in the monastery on Mount Athos that he become a Greek citizen in Karyes, the capital of Mount Athos.

After Father Bushell completed the form, an individual from the U.S. Marshals Service asked a few questions and left. It was only then, after he had been arrested, detained, transported to multiple locations, and booked, and only after the U.S. Attorney’s Office’s defamatory statements at a press conference, that Father Bushell was allowed to see the charging document, which was a complaint and affidavit sworn out by Special Agent Chad Oakes with the Federal Bureau of Investigation. It was then he saw the calumny that served as the basis for his arrest.

Not unlike Father Bushell’s experience, Ms. Stockton was detained in a cell for seemingly several hours. During this time, she said her rosary, without access to her actual rosary, and continued praying those prayers that came to mind. Ms. Stockton was offered a sandwich and bottled water, which she drank. Finally, a guard escorted her to a small room with a bank-teller like window, where she sat on one side.

Ms. Stockton then met with an attorney appointed to her as part of the Criminal Justice Program. He stated that she and Father Bushell had been charged for impropriety related to the use and procurement of COVID-19 related funds. This shocked Ms. Stockton because she knew that she

and Father Bushell had applied for government programs with the aid of several accountants.<sup>2</sup> She also knew that Father Bushell and his accountants had communicated with SBA officials when applying for these programs. The appointed attorney then informed Ms. Stockton that the U.S. Attorney's Office wanted to make a deal, which she refused because she knew there had been no crime.

At around 2:00 PM, Father Bushell and Ms. Stockton made their initial appearance before a judge. Once the hearing was over, Ms. Stockton received her paraman cross back. The two were eventually directed to a back exit of the courthouse because a large group of press had gathered in front of the courthouse, looking to interview them.

### **III. The Charging Document and Subsequent Dismissal**

SA Oakes's affidavit made clear why, from the execution of the arrest and search warrants to Father Bushell's and Ms. Stockton's detention and treatment, the agents bore such religious animosity toward the two. For example, at the very beginning of the affidavit, just below the heading "PROBABLE CAUSE," SA Oakes questions the tenets and structure of Orthodox Christianity or the sincerity of Father Bushell's and Ms. Stockton's religious convictions. SA Oakes averred that Father Bushell "presented himself as 'Father'" and that he "claimed to have been elected to the title of 'Protos'." SA concludes this section as if he were a religious inquisitor, stating that the investigators "have not confirmed whether Bushell is an Orthodox monk or trained at Mount Athos."

SA Oakes's hostility was later confirmed by Dr. Kordis, who told Father Bushell that on the day of Father Bushell's arrest, the FBI agents told him that they were "confirming" that Father Bushell was not a monk; however, this is not reflected in the affidavit of FBI SA Oakes, who had already made up his mind months before the arrest even though he was not in possession of any evidence to indicate that Father Bushell was not a monk.

Putting aside the appropriateness of the United States government using questions about an individual's sincerely held religious beliefs as the basis for probable cause to arrest that individual, it is simply impossible for SA Oakes, SA Boskin, and their colleagues to have been so ignorant of Father Bushell's and Attorney Stockton's religious convictions. For example, SA Oakes's affidavit is replete with references to surveillance of Father Bushell, Ms. Stockton, and several of the properties associated with the Shrine of St. Nicholas and the monastic complex. If SA Oakes had been honest in his affidavit, he would have reported regularly seeing Father Bushell in clerical garb, celebrating religious feasts, engaging in regular Orthodox Christian

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<sup>2</sup> Their principal accountant, Michael Belavaqua, has provided a declaration describing his involvement in the application process, his engagement with SBA officials, and his advice to Father Bushell and Ms. Stockton.

prayer, receiving the faithful, and worshiping in a chapel containing an alter and religious icons. Instead, SA Oakes almost certainly withheld material facts that, had they been included in the affidavit, would have caused the magistrate judge to conclude that there was not probable cause to arrest Father Bushell and Ms. Stockton or to search church property.

SA Oakes and his investigators were also negligent, to the point of being willfully ignorant, in their investigation, allowing them to continue to challenge the sincerity of Father Bushell's religious convictions. For example, SA Oakes relies on statements that Father Bushell made in a deposition in July 2020 where he explained that on December 17, 2010, he traveled to Mount Athos, where the Abbot of Vatopedi Monastery accepted him as a novice monk. A simple search on the Internet shows that Mount Athos is a semiautonomous republic located on a remote peninsula, where very few male Orthodox Christian visitors and no female visitors are allowed. It would also show that the constitution of Greece provides that upon admission as a novice or a monk, all men leading a monastic life at Mount Athos acquire Greek citizenship. Yet to disprove Father Bushell's association with the monks of Mount Athos, SA Oakes appears to rely on his travel records using a U.S. passport, never considering that Father Bushell has Greek citizenship issued on Mount Athos.

SA Oakes's affidavit also makes clear that his investigative team reviewed documents from the Small Business Administration. From those documents, he learned Father Bushell had engaged an accountant to assist him and Ms. Stockton in applying for PPP and EIDL loans. Indeed, Father Bushell and Ms. Stockton would later learn that the FBI had approached at least one of his accountants and, in the months prior to their arrest, served a subpoena on that accountant for records related to the PPP and EIDL applications. These documents illustrated the lengths that Father Bushell and Ms. Stockton took to ensure that they complied with the spirit of the law as well as the letter of the law.

The investigative team violated several policies or rules. For example, the investigators never attempted to contact Father Bushell or Ms. Stockton prior to their arrest. The Justice Manual provides, however, that the target of an investigation should be given notice and an opportunity to testify before the grand jury to explain his or her conduct before being charged. Although a grand jury had been impaneled to investigate Father Bushell and Ms. Stockton, they were never notified of the investigation or given an opportunity to explain their conduct before being arrested.

Leading up to the arrest on October 13, 2022, SA Oakes and his investigative team showed hostility toward Father Bushell's and Ms. Stockton's sincerely held religious convictions. For example, in April or May 2022, SA Oakes interviewed senior executives at the Greater Lynn Senior Services in Lynn, Massachusetts, because of services that St. Paul's had provided. During the interview, SA Oakes said that Father Bushell was being investigated for criminal fraud

because he was not a real monk. Doug May, the chief financial officer at the Greater Lynn Senior Services, told SA Oakes that he knew this was not true because he had been to Father Bushell's church and participated in the services. SA Oakes eventually responded by pointing to a biographical blurb of St. Paul's, declaring that everything in it was a lie.

Typically, the United States would have had 21 days to indict Father Andrew and Ms. Stockton after their arrest by complaint. Yet, at the time of the arrests, the U.S. Attorney's Office lacked the probable cause to convince a grand jury to return a true bill. Because they knew they were innocent, Father Andrew and Ms. Stockton agreed to a series of extensions of time to indict, giving SA Oakes and his investigative team over a year to establish probable cause. Once it became clear to the U.S. Attorney's Office that Father Bushell was an Orthodox Christian monk, the entire case unraveled. More than a year after the arrests, the U.S. Attorney's Office moved to dismiss the case against Father Bushell and Ms. Stockton on November 9, 2023.

## 9. PROPERTY DAMAGE

Father Andrew Bushell, Tracey Stockton, the Shrine of St. Nicholas the Wonderworker, St. Paul's Foundation, the Annunciation House, and the Marblehead Brewing Company, as victims of the acts of federal government employees acting in the scope of their official duties, suffered economic and non-economic damages as a result of the intentional acts, including, but not limited to, malicious prosecution, false arrest and imprisonment, assault and battery, and intentional infliction of emotional distress, of VA OIG Special Agent Robert Boskin, FBI Special Agent Chad Oakes, FBI Special Agent Kelly Bell, FBI Special Agent Andrea Sciolino, FBI Special Agent Dominic Gross, FBI Special Agent Vivian Barrios, and other unidentified federal agents who participated in the preparation or execution of the warrants on October 13, 2021. The victims also suffered economic and non-economic damages as a result of the negligent acts, including, but not limited to, negligence, negligent infliction of emotional distress, and negligent training and supervision, of VA OIG Special Agent Robert Boskin, FBI Special Agent Chad Oakes, FBI Special Agent Kelly Bell, FBI Special Agent Andrea Sciolino, FBI Special Agent Dominic Gross, FBI Special Agent Vivian Barrios, and other unidentified federal agents, who participated in the preparation or execution of the warrants on October 13, 2021, as well as the negligent acts, including, but not limited to, negligence, negligent infliction of emotional distress, and negligent training and supervision, of the U.S. Federal Bureau of Investigation, the U.S. Department of Veterans Affairs Office of Inspector General, the U.S. Marshals Service, and the Council of Inspectors General for Integrity and Excellence, of which the Pandemic Response Accountability Committee and its Pandemic Response Accountability Committee Task Force is a part. Because Father Bushell and Ms. Stockton have chosen to live a life of poverty, the economic and non-economic damages were suffered by the religious corporations that they serve, namely, St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, the Annunciation House, and the Marblehead Brewing Company.

St. Paul's Foundation demands at least \$1,777,124.66, representing the legal fees of Father Bushell and Ms. Stockton related to the intentional and negligent acts of the individuals and entities listed above, which the foundation covered or reimbursed because of their status as unpaid officers and employees of the religious foundation. St. Paul's Foundation also demands at least \$19,650 in banking and accounting fees and \$250 in property damage that it had to pay as a result of the intentional and negligent acts committed against Father Bushell and Ms. Stockton. Finally, St. Paul's Foundation demands at least \$170,000 in non-economic damages, including lost revenue, arising from the intentional and negligent acts committed against Father Bushell and Ms. Stockton.

Annunciation House demands at least \$33,040 from the U.S. Marshals Service, representing the property damage resulting from the intentional and negligent acts of the individuals and entities listed above.



The Shrine of St. Nicholas the Wonderworker demands at least \$518,700, representing economic and non-economic damages resulting from the intentional and negligent acts committed against Father Bushell and Ms. Stockton.

The Marblehead Brewing Company demands at least \$15,118,425, representing the non-economic damages resulting from the intentional and negligent acts committed against Father Bushell and Ms. Stockton.

## **10. PERSONAL INJURY/WRONGFUL DEATH**

Father Andrew Bushell, Tracey Stockton, the Shrine of St. Nicholas the Wonderworker, St. Paul's Foundation, the Annunciation House, and the Marblehead Brewing Company, as victims of the acts of federal government employees acting in the scope of their official duties, suffered economic and non-economic damages as a result of the intentional acts, including, but not limited to, malicious prosecution, false arrest and imprisonment, assault and battery, and intentional infliction of emotional distress, of VA OIG Special Agent Robert Boskin, FBI Special Agent Chad Oakes, FBI Special Agent Kelly Bell, FBI Special Agent Andrea Sciolino, FBI Special Agent Dominic Gross, FBI Special Agent Vivian Barrios, and other unidentified federal agents who participated in the preparation or execution of the warrants on October 13, 2021. The victims also suffered economic and non-economic damages as a result of the negligent acts, including, but not limited to, negligence, negligent infliction of emotional distress, and negligent training and supervision, of VA OIG Special Agent Robert Boskin, FBI Special Agent Chad Oakes, FBI Special Agent Kelly Bell, FBI Special Agent Andrea Sciolino, FBI Special Agent Dominic Gross, FBI Special Agent Vivian Barrios, and other unidentified federal agents, who participated in the preparation or execution of the warrants on October 13, 2021, as well as the negligent acts, including, but not limited to, negligence, negligent infliction of emotional distress, and negligent training and supervision, of the U.S. Federal Bureau of Investigation, the U.S. Department of Veterans Affairs Office of Inspector General, the U.S. Marshals Service, and the Council of Inspectors General for Integrity and Excellence, of which the Pandemic Response Accountability Committee and its Pandemic Response Accountability Committee Task Force is a part. Because Father Bushell and Ms. Stockton have chosen to live a life of poverty, the economic and non-economic damages were suffered by the religious corporations that they serve, namely, St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, the Annunciation House, and the Marblehead Brewing Company.

Father Bushell and Ms. Stockton demand no less than \$1,000,000 each for personal injury damages resulting from the intentional and negligent acts committed against them related to the events of October 13, 2021.

## 11. WITNESSES

### Small Business Administration employees

Wendell Davis, former Regional Administrator of the SBA for New England, current General Counsel of the SBA

Chris Gray, former Deputy Chief of Staff of the SBA

Robert Nelson, former District Director for Massachusetts of the SBA

Deborah H. Gibson, SBA loan office coordinator

Joseph Hilliard, SBA loan officer

Susan Sweetser, SBA Assistant Administrator

Howard Han, SBA loan officer

Michael David, SBA loan officer

Jeffrey Bowman, SBA loan officer

Frances, Olmeda-Perez, SBA loan officer

Heather Orr, SBA loan officer

Joseph Raycraft, SBA Export Finance Manager

Ili Spahiu, Assistant District Director for Lender Relations

### Federal Agents

Chad Oakes, FBI Special Agent

Robert Boskin, VA OIG Special Agent

Kelly Bell, FBI Special Agent

Andrea Sciolino, FBI Special Agent

Dominic Gross, FBI Special Agent

Vivian Barrios, FBI Special Agent

### Accountants

Don Troy, CPA, formerly with DiCiccio Gulman now with PKF O'Connor Davies

Jonathan Bennett, CPA, formerly with DiCiccio Gulman now with PKF O'Connor Davies

Deacon Kevin P. Martin, Jr., CPA, Kevin P. Martin & Associates, Cohn Reznick

Michael Bevilacqua, CPA, Kevin P. Martin & Associates, Cohn Reznick

Robert Chirco, CPA, Kevin P. Martin & Associates, Cohn Reznick

Joseph M. Giso, CPA, Johnson O'Connor

### Bankers

Mark Llewellyn, Marblehead Bank

Ediola Zhaka, Marblehead Bank

Charles Parker, Marblehead Bank

Michael Barbieri, Greylock FCU

ATTORNEY-CLIENT COMMUNICATION//ATTORNEY WORK PRODUCT

Chris Moon, Greylock FCU

Linda Macek, Greylock FCU

Marissa Berardi, formerly with Stoneham Bank now with TD Bank

Others

Doug May

Frank Menzler

Bishop Theophan of Philomelion, Albanian bishop, Ecumenical Patriarchate

Fr. Paul Zuniga

V. Rev. Fr. Andrew Tregubov

Vincent Chicone

This is not intended to be an exhaustive list of possible witnesses.



**Judicial  
Watch**  
*Because no one  
is above the law!*

**AUTHORIZATION TO ACT AS LEGAL REPRESENTATIVE TO PRESENT A CLAIM**

I, Brian Andrew Bushell, am a Monk of the Orthodox Church and representative of St. Paul's Foundation, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Shrine of St. Nicholas the Wonderworker, Patron of Sailors, Brewers & Repentant Thieves, 120-124 Pleasant Street, Marblehead, Massachusetts 01945; Theophilos, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Annunciation House, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Egypt House, 12 Conant Road, Marblehead, Massachusetts 01945; Emmaus House, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Marblehead Brewing Co. LLC, 120-124 Pleasant Street, Marblehead, Massachusetts 01945; and Marblehead Salt Co. LLC, 22 Endicott Avenue, Marblehead, Massachusetts 01945 (each of the foregoing, collectively, the "Associated Entities"). I authorize attorney Sean W. O'Donnell and Judicial Watch, Inc., to submit a claim under the Federal Tort Claims Act on my behalf and on behalf of the Associated Entities to the appropriate government agencies, including the Federal Bureau of Investigation, the U.S. Department of Veterans Affairs, and the Council of Inspectors General for Integrity and Excellence, as well as any other government agency, requesting compensation for the unlawful actions of their agents or employees against me on or about October 13, 2022.

*+ Andrew*

Father Brian Andrew Bushell

*10 November 2023*

Date






**Judicial  
Watch<sup>®</sup>**  
*Because no one  
is above the law!*

**AUTHORIZATION TO ACT AS LEGAL REPRESENTATIVE TO PRESENT A CLAIM**

I, Tracey Michelle Anne Stockton, am General Counsel to St. Paul's Foundation and, in such capacity, I am a representative of St. Paul's Foundation, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Shrine of St. Nicholas the Wonderworker, Patron of Sailors, Brewers & Repentant Thieves, 120-124 Pleasant Street, Marblehead, Massachusetts 01945; Theophilos, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Annunciation House, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Egypt House, 12 Conant Road, Marblehead, Massachusetts 01945; Emmaus House, 22 Endicott Avenue, Marblehead, Massachusetts 01945; Marblehead Brewing Co. LLC, 120-124 Pleasant Street, Marblehead, Massachusetts 01945; and Marblehead Salt Co. LLC, 22 Endicott Avenue, Marblehead, Massachusetts 01945 (each of the foregoing, collectively, the "Associated Entities"). I authorize attorney Sean W. O'Donnell and Judicial Watch, Inc., to submit a claim under the Federal Tort Claims Act on my behalf and on behalf of the Associated Entities to the appropriate government agencies, including the Federal Bureau of Investigation, the U.S. Department of Veterans Affairs, and the Council of Inspectors General for Integrity and Excellence, as well as any other government agency, requesting compensation for the unlawful actions of their agents or employees against me on or about October 13, 2022.

  
\_\_\_\_\_  
Tracey Michelle Anne Stockton

11.10.2025  
\_\_\_\_\_  
Date

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Federal Bureau of Investigation 935 Pennsylvania Avenue, NW Washington, DC 20535-0001 Attn: Office of the General Counsel / Tort Claims Unit			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Rev. Fr. Brian Andrew Bushell Egypt House 12 Conant Rd. Marblehead, MA 01945		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH  07/30/1975	5. MARITAL STATUS  Single	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
0.00	1,000,000	0.00	1,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



**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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the 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 for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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 ACCRUES.

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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**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."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Federal Bureau of Investigation Attn: Office of General Counsel (or Legal Claims Office) 935 Pennsylvania Avenue NW Washington, D.C. 20535-0001			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Marblehead Brewing Company, LLC 124 Pleasant Street Marblehead, MA 01945 Tracey Stockton, Director General		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS  N/A	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
15,118,425	0.00	0.00	15,118,425		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

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15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Federal Bureau of Investigation 935 Pennsylvania Avenue, NW Washington, DC 20535-0001 Attn: Office of the General Counsel / Tort Claims Unit			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Shrine of St. Nicholas the Wonderworker 120 and 124 Pleasant Street Marblehead, MA 01945 Fr. Andrew Bushell, Director		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/09/2023	
7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
518,700.00		0.00		518,700.00	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).  					
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  				13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180	
14. DATE OF SIGNATURE  					
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>				<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>	
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

**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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the 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 for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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 ACCRUES.

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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**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."

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel (021) Torts Law Group 810 Vermont Ave, NW Washington, DC 20420			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  St. Paul's Foundation 120 and 124 Pleasant Street Marblehead, MA 01945 Fr. Andrew Bushell, Director		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
1,967,024.66	0.00	0.00	1,967,024.66		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### 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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### 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.

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel (021) Torts Law Group 810 Vermont Ave, NW Washington, DC 20420			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Tracey Stockton Emmaus House 22 Endicott Ave Marblehead, MA 02945		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 07/01/1958	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
12. (See instructions on reverse). <span style="float: right;"><b>AMOUNT OF CLAIM</b> (in dollars)</span>					
12a. PROPERTY DAMAGE  0.00	12b. PERSONAL INJURY  1,000,000	12c. WRONGFUL DEATH  0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

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

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.

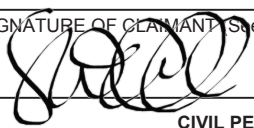
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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
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3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH  07/30/1975	5. MARITAL STATUS  Single	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
0.00	1,000,000	0.00	1,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the 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 for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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 ACCRUES.

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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**PRIVACY ACT NOTICE**

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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."

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Attn.: OGC Torts Team Building CG-3, 15th floor U.S. Marshals Service			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Marblehead Brewing Company, LLC 124 Pleasant Street Marblehead, MA 01945 Tracey Stockton, Director General		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS  N/A	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
12. (See instructions on reverse). <span style="float: right;"><b>AMOUNT OF CLAIM</b> (in dollars)</span>					
12a. PROPERTY DAMAGE  15,118,425	12b. PERSONAL INJURY  0.00	12c. WRONGFUL DEATH  0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  15,118,425		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### 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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

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**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

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(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Attn.: OGC Torts Team Building CG-3, 15th floor U.S. Marshals Service			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Shrine of St. Nicholas the Wonderworker 120 and 124 Pleasant Street Marblehead, MA 01945 Fr. Andrew Bushell, Director		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
518,700.00	0.00	0.00	518,700.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### 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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

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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 the 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.

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Attn.: OGC Torts Team Building CG-3, 15th floor U.S. Marshals Service			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  St. Paul's Foundation 120 and 124 Pleasant Street Marblehead, MA 01945 Fr. Andrew Bushell, Director		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
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NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
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<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
12. (See instructions on reverse). <span style="float: right;"><b>AMOUNT OF CLAIM</b> (in dollars)</span>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
1,967,024.66	0.00	0.00	1,967,024.66		
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13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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### INSTRUCTIONS

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Attn.: OGC Torts Team Building CG-3, 15th floor U.S. Marshals Service			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Tracey Stockton Emmaus House 22 Endicott Ave Marblehead, MA 02945		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 07/01/1958	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
0.00	1,000,000	0.00	1,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (202) 646-5180	14. DATE OF SIGNATURE	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

**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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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 ACCRUES.

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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Attn.: OGC Torts Team Building CG-3, 15th floor U.S. Marshals Service Washington, D.C. 20530-0001			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Rev. Fr. Brian Andrew Bushell Egypt House 12 Conant Rd. Marblehead, MA 01945		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 07/30/1975	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
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STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
12. (See instructions on reverse). <span style="float: right;"><b>AMOUNT OF CLAIM</b> (in dollars)</span>					
12a. PROPERTY DAMAGE  0.00	12b. PERSONAL INJURY  1,000,000	12c. WRONGFUL DEATH  0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

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

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(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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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**Judicial  
Watch**  
*Because no one  
is above the law!*

SENT BY EMAIL AND POST

November 10, 2025

Office of General Counsel  
Attn.: OGC Torts Team  
Building CG-3, 15th floor  
U.S. Marshals Service  
Washington, D.C. 20530-0001  
USMSTORTClaims@usdoj.gov

Re: Claims for Damages Under the Federal Tort Claim Act for Father Andrew Bushell, Tracey Stockton, St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, Marblehead Brewing Company LLC, and Annunciation House

To whom it may concern:

Judicial Watch, Inc. represents Father Brian Andrew Bushell and Tracey Stockton, in both their individual capacities and as officers of St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, Marblehead Brewing Company LLC, and Annunciation House with respect to the claims related to the arrest of Father Bushell and Tracey Stockton and the searches of property on October 13, 2022, and the subsequent dismissal of the charges on November 9, 2023.

Enclosed please find administrative claims under the Federal Tort Claim Act for each of the claimants listed above. Each claimant has completed a Standard Form 95, as well as an attachment setting forth in detail the basis of their claims. Because their claims arise from the same intentional and negligent acts, we have included only one attachment and only one set of supporting documents.

We are submitting these claims without the benefit of discovery. Claimants reserve the right to amend or supplement their claims. Please provide confirmation of receipt of this submission and contact information for the attorney who will be handling this matter as soon as possible.

Very truly yours,

Sean W. O'Donnell


November 10, 2025

Page 2

Senior Attorney

Enclosure

- Standard Form-95 for Father Andrew Bushell
- Standard Form-95 for Tracey Stockton
- Standard Form-95 for St. Paul's Foundation
- Standard Form-95 for the Shrine of St. Nicholas the Wonderworker
- Standard Form-95 for Marblehead Brewing Company LLC
- Standard Form-95 for Annunciation House
- Attachment A – Answers to SF-95 Claims
- Letter of Authorization from Father Andrew Bushell
- Letter of Authorization from Tracey Stockton
- Supporting documents

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Council of Inspectors General for Integrity and Excellence 1750 H Street NW, Suite 400 Washington, DC 20006			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Marblehead Brewing Company, LLC 124 Pleasant Street Marblehead, MA 01945 Tracey Stockton, Director General		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS  N/A	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
15,118,425	0.00	0.00	15,118,425		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
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<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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1. Submit to Appropriate Federal Agency:  Office of General Counsel Council of Inspectors General for Integrity and Excellence 1750 H Street NW, Suite 400 Washington, DC 20006			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Shrine of St. Nicholas the Wonderworker 120 and 124 Pleasant Street Marblehead, MA 01945 Fr. Andrew Bushell, Director		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.M.)	
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<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
518,700.00	0.00	0.00	518,700.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### 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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the 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 for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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 ACCRUES.

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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### 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."

### PAPERWORK REDUCTION ACT NOTICE

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Council of Inspectors General for Integrity and Excellence 1750 H Street NW, Suite 400 Washington, DC 20006			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  St. Paul's Foundation 120 and 124 Pleasant Street Marblehead, MA 01945 Fr. Andrew Bushell, Director		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
12. (See instructions on reverse). <span style="float: right;"><b>AMOUNT OF CLAIM</b> (in dollars)</span>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
1,967,024.66	0.00	0.00	1,967,024.66		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### 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 the vehicle or property.

15. 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

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**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 DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the 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 for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

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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.

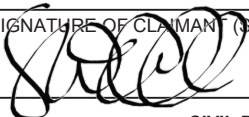
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C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> 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.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Office of General Counsel Council of Inspectors General for Integrity and Excellence 1750 H Street NW, Suite 400 Washington, DC 20006			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Tracey Stockton Emmaus House 22 Endicott Ave Marblehead, MA 02945		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 07/01/1958	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Please see attached.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
0.00	1,000,000	0.00	1,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (202) 646-5180	14. DATE OF SIGNATURE	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

**INSURANCE COVERAGE**

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed 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 If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

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

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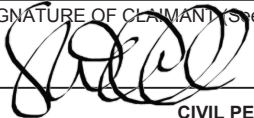
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1. Submit to Appropriate Federal Agency:  Office of General Counsel Council of Inspectors General for Integrity and Excellence 1750 H Street NW, Suite 400 Washington, DC 20006			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Rev. Fr. Brian Andrew Bushell Egypt House 12 Conant Rd. Marblehead, MA 01945		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 07/30/1975	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/09/2023	7. TIME (A.M. OR P.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 attached.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Please see attached.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Please see attached.					
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<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached.					
12. (See instructions on reverse). <span style="float: right;"><b>AMOUNT OF CLAIM</b> (in dollars)</span>					
12a. PROPERTY DAMAGE  0.00	12b. PERSONAL INJURY  1,000,000	12c. WRONGFUL DEATH  0.00	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (202) 646-5180		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
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18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

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**INSTRUCTIONS**

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The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the 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 for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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 ACCRUES.

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 the 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.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**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."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.





**Judicial  
Watch**  
*Because no one  
is above the law!*

SENT BY EMAIL AND POST

November 10, 2025

Office of General Counsel  
Council of Inspectors General for Integrity and  
Excellence  
1750 H Street NW, Suite 400  
Washington, DC 20006

Re: Claims for Damages Under the Federal Tort Claim Act for Father Andrew Bushell, Tracey Stockton, St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, and Marblehead Brewing Company LLC

To whom it may concern:

Judicial Watch, Inc. represents Father Brian Andrew Bushell and Tracey Stockton, in both their individual capacities and as officers of St. Paul's Foundation, the Shrine of St. Nicholas the Wonderworker, and Marblehead Brewing Company LLC with respect to the claims related to the arrest of Father Bushell and Tracey Stockton and the searches of property on October 13, 2022, and the subsequent dismissal of the charges on November 9, 2023.

Enclosed please find administrative claims under the Federal Tort Claim Act for each of the claimants listed above. Each claimant has completed a Standard Form 95, as well as an attachment setting forth in detail the basis of their claims. Because their claims arise from the same intentional and negligent acts, we have included only one attachment and only one set of supporting documents.

We are submitting these claims without the benefit of discovery. Claimants reserve the right to amend or supplement their claims. Please provide confirmation of receipt of this submission and contact information for the attorney who will be handling this matter as soon as possible.

Very truly yours,

Sean W. O'Donnell  
Senior Attorney

November 10, 2025

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Enclosure

- Standard Form-95 for Father Andrew Bushell
- Standard Form-95 for Tracey Stockton
- Standard Form-95 for St. Paul's Foundation
- Standard Form-95 for the Shrine of St. Nicholas the Wonderworker
- Standard Form-95 for Marblehead Brewing Company LLC
- Attachment A – Answers to SF-95 Claims
- Letter of Authorization from Father Andrew Bushell
- Letter of Authorization from Tracey Stockton
- Supporting documents