



**CLAIM AGAINST THE SANTA CLARA VALLEY WATER DISTRICT
California Government Code Sections 900 and following**

<p>The completed form can be mailed, sent electronically or hand delivered. Mail or deliver to:</p> <p>Clerk of the Board Santa Clara Valley Water District-HQ 5700 Almaden Expressway San Jose, CA 95118</p> <p>Or submit the completed form electronically to: clerkoftheboard@valleywater.org</p>	<p align="center">Clerk of the Board's Date Stamp 10/18/21 7:45am</p> <p align="center">For SCVWD Use Only</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received:</td> <td style="width:50%;">ROUTING</td> </tr> <tr> <td><input type="checkbox"/> Via U.S. Mail:</td> <td><input checked="" type="checkbox"/> CEO:</td> </tr> <tr> <td><input type="checkbox"/> Hand Delivered:</td> <td><input checked="" type="checkbox"/> District Counsel</td> </tr> <tr> <td><input checked="" type="checkbox"/> E-mail: Clerk of the Board</td> <td><input checked="" type="checkbox"/> Risk Management</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input checked="" type="checkbox"/> COB</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> BOD (District #): <u> 1 </u></td> </tr> </table>	Date Received:	ROUTING	<input type="checkbox"/> Via U.S. Mail:	<input checked="" type="checkbox"/> CEO:	<input type="checkbox"/> Hand Delivered:	<input checked="" type="checkbox"/> District Counsel	<input checked="" type="checkbox"/> E-mail: Clerk of the Board	<input checked="" type="checkbox"/> Risk Management	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> COB		<input checked="" type="checkbox"/> BOD (District #): <u> 1 </u>
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With certain exceptions, claims for personal injury or property damage MUST be filed within six months of the incident giving rise to the claim. Claimant must complete each section. If information is unknown, write "unknown" in the appropriate box. Please use additional pages if necessary. Please attach itemized receipts, witness statements, photos and all other documentation that you believe will be helpful to process your claim. Claimant MUST sign and date the form; see last page.

Name of Claimant: <u>David + Annette Batey</u>				
Address of Claimant: <u>3275 Butterfly Lane</u>		City: <u>Morgan Hill</u>	State: <u>CA</u>	Zip: <u>95037</u>
Mailing Address to Which Notices Should be Sent if Different From Above:		City:	State:	Zip:
Home Phone Number:	Cell Phone Number: <u>408-660-7125</u>	Work Phone Number:		
Is this claim being filed on behalf of a minor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If so, please indicate minor's date of birth: _____ Relationship to the minor: _____		
Date and time of incident or loss: <u>2021 September-October</u>	Location of incident or loss (address): <u>3275 Butterfly Lane</u>	Is there a police report? <input type="checkbox"/> Yes If Yes, Police Report #: <input type="checkbox"/> No		

Describe how the incident or loss happened, and the reason you believe the Santa Clara Valley Water District is responsible for your damages (Please attach additional sheets if necessary):

Wild pigs have invaded our neighborhood. This coincides with the draining of the Lake Anderson Reservoir by the Santa Clara Valley Water District. The pigs now walk across the dry lakebed and into our neighborhood.

In detail, describe the damage or injury (Please attach additional sheets if necessary):

Wild pigs have dug up our grass in the backyard, dug down a bank of dirt, broken a lawn bench, ripped open bags of lawn clippings, scattered them (and wood piles). This happens during the day and at night and is a danger to anyone outside as well as destructive.

List Name(s) and contact information of any witness(es) or District employee involved (if any):

DAMAGES CLAIMED: Basis for computation of amounts claimed (include copies of bills, invoices, estimates, receipts, photos, police case # or other documentation.) Note: If your claim is more than \$10,000, you need not fill in an amount, but must state whether jurisdiction for the claim would be in the Limited Jurisdiction (up to \$25,000) or Unlimited jurisdiction of the Superior Court.

Is the amount of the claim under \$10,000? Yes No
Court Jurisdiction: (Check One) Limited Civil Unlimited Civil

ITEMS	CLAIM AMOUNT
1. 1,500 sq ft sod (w/ delivery)	\$ 1,199.00
2. organic compost (w/ delivery)	\$ 400.00
3. yard bench	\$ 500.00
4. potted plants	\$ 200.00
5. Labor - landscape reconstruction, sod	\$ 2200.00
TOTAL AMOUNT	\$ 4499.00

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE OR FRAUDULENT CLAIM (Penal Code Section 72 and 550)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information and belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 10 day of October, 2021 David Baty
Claimant's signature

Government Code Section 945.6 provides that, with limited exceptions, any suit brought against a public entity must be commenced:

- (1) If written notice is given of a denial of claim in accordance with **Section 913**, not later than six months after the date such notice is personally delivered or deposited in the mail.
- (2) If written notice is not given of a denial of claim in accordance with **Section 913**, within two years from the accrual of the cause of action.