



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 style="text-align: center;">Clerk of the Board's Date Stamp</p> <p style="text-align: center; color: red; font-weight: bold;">11/19/24 For SCVWD Use Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Date Received: 11/16/2024</td> <td style="width: 40%; text-align: center;">ROUTING</td> </tr> <tr> <td><input checked="" 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"/> Email</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 type="checkbox"/> BOD (District #): _____</td> </tr> </table>	Date Received: 11/16/2024	ROUTING	<input checked="" 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"/> Email	<input checked="" type="checkbox"/> Risk Management	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> COB		<input type="checkbox"/> BOD (District #): _____
Date Received: 11/16/2024	ROUTING												
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<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> COB												
	<input type="checkbox"/> BOD (District #): _____												

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>William G. Johnson</u>		Email Address: <u>rooni1@comcast.net</u>	
Address of Claimant: <u>46667 Paseo Padre Parkway</u>		City: <u>Fremont</u>	State: <u>Ca.</u>
Address to which Notices should be sent, if different from above:		City:	State: <u>Ca.</u>
Home Phone Number: <u>510-490-2887</u>	Cell Phone Number: <u>510-789-9675</u>	Work Phone Number: <u>Retired</u>	
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>11/31/24 Time: Somewhere between 12:45P to 1-PM</u>	Location of incident or loss (address): <u>Hwy 237 going towards Fremont, Ca</u>	Is there a police report? <input type="checkbox"/> Yes If Yes, Police Report Case #: <input checked="" 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):

Heading towards Fremont on Hwy 237, while merging onto Hwy 237, we saw this White Truck (could not see the license plate). The White Truck seemed to have jerked (maybe a bump-unknown). We saw this brown dirt coming out of the lower end of the dumpster - we swerved to avoid the brown dirt, but regretfully, there was rock that hit our windshield. We drove along side to get the name Valley Water and # CA 54867 on the trucks side door.



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

Already explained

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

None

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. Windshield } Different Quote from Fremont Lexus	\$ 1,081.58
2. Labor } had told me - see print out.	\$ 350.00
3.	\$
4.	\$
This is through Fremont Lexus	TOTAL AMOUNT \$ 1,431.58

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 11 day of 13, 2024

William L. Johnson
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.

LEXUS STEVENS CREEK

300 Martin Ave Santa Clara CA US 95050 www.lexusofstevenscreek.com

Quoted At.

Guest

William Johnson jr
(510) 490 - 2887
rooni1@comcast.net

Vehicle

2012 Lexus LS460 -
GRY/Gray
JTHBL5EF4C5110257
License: 7PIB243
Odometer: 0 Miles
Stock #: 3P01929

A. G3	Guest Requests To Replace Front Windshield With OEM Parts.	Guest Pay	\$3,107.72
G3 -Guest Requests To Replace Front Windshield With OEM Parts.		Labor	\$556.00
	1. Cure time after replacement is 4 hours. Date: Time of Completion:		
	Parts		\$2,551.72
	GLASS SUB-ASSY, WIND 1 - \$878.85		
	MOULDING, WINDSHIELD 1 - \$57.04		
	RETAINER, WINDSHIELD 2 - \$21.18		
	DAM, WINDOW GLASS AD 1 - \$36.41		
	MOULDING, WINDSHIELD 1 - \$57.04		
	STOPPER, WINDSHIELD 2 - \$8.12		
	STOPPER, WINDSHIELD 2 - \$7.94		
	MOULDING, ROOF DRIP 1 - \$499.31		
	MOULDING, ROOF DRIP 1 - \$466.65		
	CLIP, ROOF DRIP SIDE 18 - \$87.48		
	TAPE, RAIN SENSOR 1 - \$60.47		
	MOULDING, WINDSHIELD 1 - \$57.04		
	DAM, WINDOW GLASS AD 1 - \$51.98		
	RETAINER, WINDSHIELD 2 - \$21.18		
	STOPPER, WINDSHIELD 2 - \$8.12		
	STOPPER, WINDSHIELD 2 - \$7.94		
	CLIP, WINDSHIELD OUT 1 - \$9.71		
	CLIP, WINDSHIELD OUT 1 - \$9.71		
	CLIP, ROOF DRIP SIDE 18 - \$87.48		
	CLIP, ROOF DRIP SIDE 12 - \$57.60		
	TAPE, RAIN SENSOR 1 - \$60.47		



BAR# ARD268031 | EPA# CAR000271106

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Guest Copy v1 | Page 1 of 2
Sat Nov 9, 2024 | 9:12 AM

Attachment 1
Page 3 of 7

LEXUS STEVENS CREEK

300 Martin Ave Santa Clara CA US 95050 www.lexusofstevenscreek.com

Quote Estimate

\$3,340.56

Quote# : 013341

Quoted At: Sat Nov 9, 2024 | 9:12 AM

Guest

William Johnson jr
(510) 490 - 2887

Vehicle

2012 Lexus LS460 -
GRY/Gray
JTHBL5EF4C5110257

Total Labor
\$556.00

Total Parts
\$2,551.72

Labor	\$556.00
Parts	\$2,551.72
Fees	\$0.00
Discounts	\$0.00
Tax	\$232.84
Deductible	\$0.00
Quote Total	\$3,340.56





Lexus of Fremont
 5600 Cushing Parkway
 Fremont, CA 94538
 Direct - 510-657-6600

CELL: 510-789-9675

CUST. NO.	TAX EXEMPT NUMBER	CUST. P. O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE
2089816				PENDING	DANI REBIEJO	11/13/24	PQ26678 L1R
	ROONI1@COMCAST.NET 510-490-2887						

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WILLIAM JOHNSON
 46667 PASEO PADRE PKWY
 FREMONT, CA 94539-6929

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QUANTITY		PART NUMBER / DESCRIPTION	BIN	LIST	NET	AMOUNT	EXT. COMP	EXT. COST
SHIP	B. O.							
1	0	56101-5A925 GLASS SUB-ASSY, W	SPORD	878.85	878.85	878.85		
1	0	75531-50050 MOULDING, WINDSHI	2607	49.60	49.60	49.60		
1	0	89944-50021 TAPE, RAIN SENSOR		52.58	52.58	52.58		
1	0	LABOR	SPORD	375.00	375.00	375.00		

The Reynolds and Reynolds Company, ERMANTPE, SF726942 Q, (07/23)

<small>RETURN/REFUND POLICY: ALL RETURNS MUST BE ACCOMPANIED BY THIS INVOICE AND ARE SUBJECT TO A 20% RESTOCKING CHARGE. RETURNED ITEMS MUST BE IN THE ORIGINAL UNOPENED BOX OR CONTAINER. PLEASE NOTE THAT THE DEALERSHIP WILL NOT ACCEPT RETURNS OR MAKE REFUNDS AFTER 30 DAYS. NO REFUNDS OR RETURNS ON SPECIAL ORDER PARTS OR ELECTRICAL PARTS.</small>					SUBTOTAL		1356.03
<small>DISCLAIMER OF WARRANTY: ALL PARTS AND ACCESSORIES ARE SOLD BY THE DEALERSHIP AS-IS, ANY WARRANTIES ON THE PARTS OR PRODUCTS DESCRIBED ABOVE ARE THOSE OF THE MANUFACTURER OR DISTRIBUTOR OF THE PARTS OR PRODUCTS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO THE SAME. THE DEALERSHIP NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PARTS OR PRODUCTS. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. THIS DISCLAIMER IN NO WAY AFFECTS THE PROVISIONS OF ANY MANUFACTURER OR DISTRIBUTOR WARRANTIES.</small>					RESTOCK CHARGE		0.00
SIGNATURE X					TAX		100.56
					FREIGHT		0.00
					PAY THIS AMOUNT		1456.59

09:36:10 CUSTOMER COPY

** PRICE QUOTE **

NET593

PAGE 1 OF 1

From: Dani Rebiejo Dani.Rebiejo@swickard.com
Subject: LEXUS OF FREMONT QUOTE`
Date: Nov 13, 2024 at 9:45:43 AM
To: rooni1@comcast.net

Hello William,

Here is an attachment with your windshield quote for your 2012 Lexus LS460.

Best regards,

Dani Rebiejo | Parts Consultant
Lexus of Fremont
510-657-6600
5600 Cushing Pkwy, Fremont CA 94538
www.lexusfremont.com



Pit in Windshield

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