



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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Clerk of the Board's Date Stamp</td> </tr> <tr> <td colspan="2" style="text-align: center;">For SCVWD Use Only</td> </tr> <tr> <td style="width: 50%;">Date Received: 2/5/24</td> <td style="width: 50%; text-align: center;">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"/> 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 checked="" type="checkbox"/> BOD (District #): 4</td> </tr> </table>	Clerk of the Board's Date Stamp		For SCVWD Use Only		Date Received: 2/5/24	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"/> Email	<input checked="" type="checkbox"/> Risk Management	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> COB		<input checked="" type="checkbox"/> BOD (District #): 4
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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: Brigitte Rince		Email Address: Brigmauikitty@gmail.com	
Address of Claimant: 967 chynoweth ave sj 95136		City: San Jose	State: Ca
Address to which Notices should be sent, if different from above: Brigmauikitty@gmail.com		City: Carlsbad	State: Ca
Home Phone Number: (408) 623-9097	Cell Phone Number: (408) 623-9097	Work Phone Number:	
Is this claim being filed on behalf of a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please indicate minor's date of birth: _____ Relationship to the minor: _____	
Date and time of incident or loss: 2/4/24	Location of incident or loss (address): 967 chynoweth ave sj 95136	Is there a police report? <input type="checkbox"/> Yes If Yes, Police Report Case #: _____ <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*):

Ofc Dutra #5092 with SJPD. I have attached the photos per our conversation. I will write up a report and link it to the prior incident. Your case number is 24-036-0159.

Please text/call if you have any questions. Thank you!
Gate broken



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

This is the second time that another pair of Homeless that are living on the Water District property broke into our home. This time they broke the door even further after it was repaired and broke the side gate to gain entry. This was done, even after the solar device was put on the trail adjacent to our home by the Water District to help deter their homeless from coming into our property. They are checking the footage from the cameras on the system to see if they can identify them and will provide that information to SJPD. □

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

Rod jensen (831) 601-0955 found the homeless in our house and ran out gate that they broke
 Officer Dutra
 Captain Stephen Donohue
 Paul and johnny from JNE

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. Gate broken by homeless	\$1000.00
2.	\$
3.	\$
4.	\$
TOTAL AMOUNT	\$

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 5 day of February, 2024 
 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.