



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

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To view video, click here to download: <https://fta.valleywater.org/dl/luPTQZkoq4>

The completed form can be mailed, sent electronically or hand delivered. Mail or deliver to: Clerk of the Board Santa Clara Valley Water District-HQ 5700 Almaden Expressway San Jose, CA 95118 Or submit the completed form electronically to: clerkoftheboard@valleywater.org	Clerk of the Board's Date Stamp 10/20/21 3:20pm	
	For SCVWD Use Only	
	Date Received: 10/20/21	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 #): 1	

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: Roga Gabucan			
Address of Claimant: 16620 OAK VIEW CIR		City: Morgan Hill	State: CA
Mailing Address to Which Notices Should be Sent if Different From Above:		City:	State:
Home Phone Number: 408 439 4177	Cell Phone Number: 408) 439-4178	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: 10-18-21 @ 1:30 A.M.	Location of incident or loss (address): Front Yard	Is there a police report? <input type="checkbox"/> Yes If Yes, Police Report #: _____ <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):

The Problem started after draining Lake Anderson. Herds of wild boars could now cross the lake and expanding several square miles of their Habitat. I have lived here for about five years. Never once I had problems with wild boars. Until the lake was drained. I have neighbors that lived here for over 45 years and never once has this problem also.



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

A PAC OF Wild Boars destroy my YARD which I had installed About 4 years Ago. I spend so much Putting this GRASS in and maintaining it to be destroyed in just 2 hours.

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

I had Ring Video and the Community of Jackson Oaks & Holiday lake whos having this ISSUES.

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. Over 4,000 SQF OF GRASS AREA	\$ 10,000
2.	\$
3.	\$
4.	\$
TOTAL AMOUNT	
\$ 10,000	

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 20th day of October, 20 21

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.







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