

Santa Clara Valley Water District

Phone: 408 265 2600

Fax: 408 445 1435

Serve or mail this form to: Clerk of the Board
Santa Clara Valley Water District
5750 Almaden Expressway
San Jose, California 95118

cc: CEO
COB
Counsel
Risk

Claim Against the
Santa Clara Valley Water District
California Government Code
Sections 900 and following.

General Counsel form updated July, 2003

For Office Use Only:

Date Received:

By: *via email*

'18 SEP 6 PM 2:49

1. Name(s) and Address(es) of the person or persons making the claim	Name(s): <i>TEPLITSKY Bertrand</i> Address: <i>10385 Farallone Drive</i> <i>Cupertino, CA 95014</i> Phone number (optional): <i>408-674-3350</i>
2. Is this claim filed on behalf of a minor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If so, please indicate minor's date of birth: Relationship of claim filer to minor:
3. Name and address of the person to who notices are to be sent, if different than Number 1.	Name: Address: <i>NA</i>
4. Date, place and other circumstances of the occurrence, incident, injury or transaction. <i>Attach additional sheets for more space, if needed.</i>	Date: <i>July 13th, 2018</i> Location (address and or nearest intersection): <i>Regnart Creek cleaning at Pacifica, Along Soccer field, right by my back yard - Cupertino</i> Other circumstances, including time, if known: <i>between 10 am and 4 pm</i>
5. Describe the debt, obligation, injury, damage or loss suffered so far as they are known. Include a description of the facts giving rise to the claim and why you believe the Santa Clara Valley Water District is responsible. <i>Attach additional sheets for more space, if needed, and photos, if available.</i>	Description: <i>During the cleaning of the Regnart Creek by my house's backyard, a small stone got projected, through one of the mowing equipment, straight into my bedroom window, thus breaking it. See photos sent 7/22 and 7/13 -> on file with you</i>
6. Name of the District employee who caused the injury, if known.	Name: <i>Someone from your cleaning crew</i>
7. Is the amount of this claim now:	Under \$10,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Over \$10,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. If the amount is now over \$10,000, is this:	A Limited Civil Case? (Less than \$25,000) Yes <input type="checkbox"/> No <input type="checkbox"/> An Unlimited Civil Case? (Greater than \$25,000) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>NA</i>
Signature:	Additional Signature(s): <i>[Signature]</i> Date(s): <i>9-6-2018</i>
Date: <i>9-6-2018</i>	

Melissa Stone

From: bertrand teplitzky <bteplitzky@yahoo.com>
Sent: Thursday, September 06, 2018 12:08 PM
To: Clerk of the Board
Subject: Claim form - broken window - 10385 Farallone Drive, Cupertino CA 95014
Attachments: Claim Santa Clara Water District .pdf

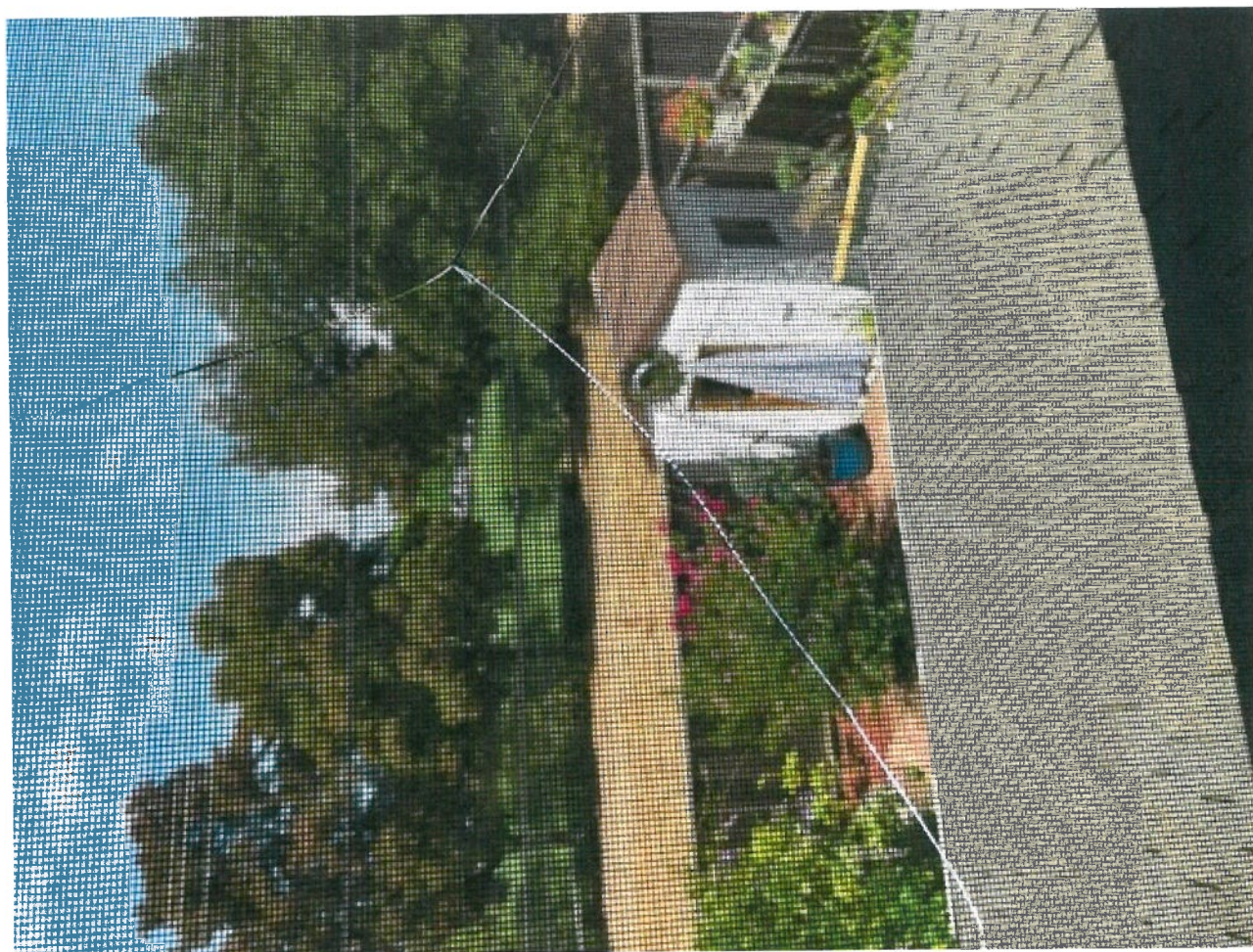
Dear Sir, Madam:

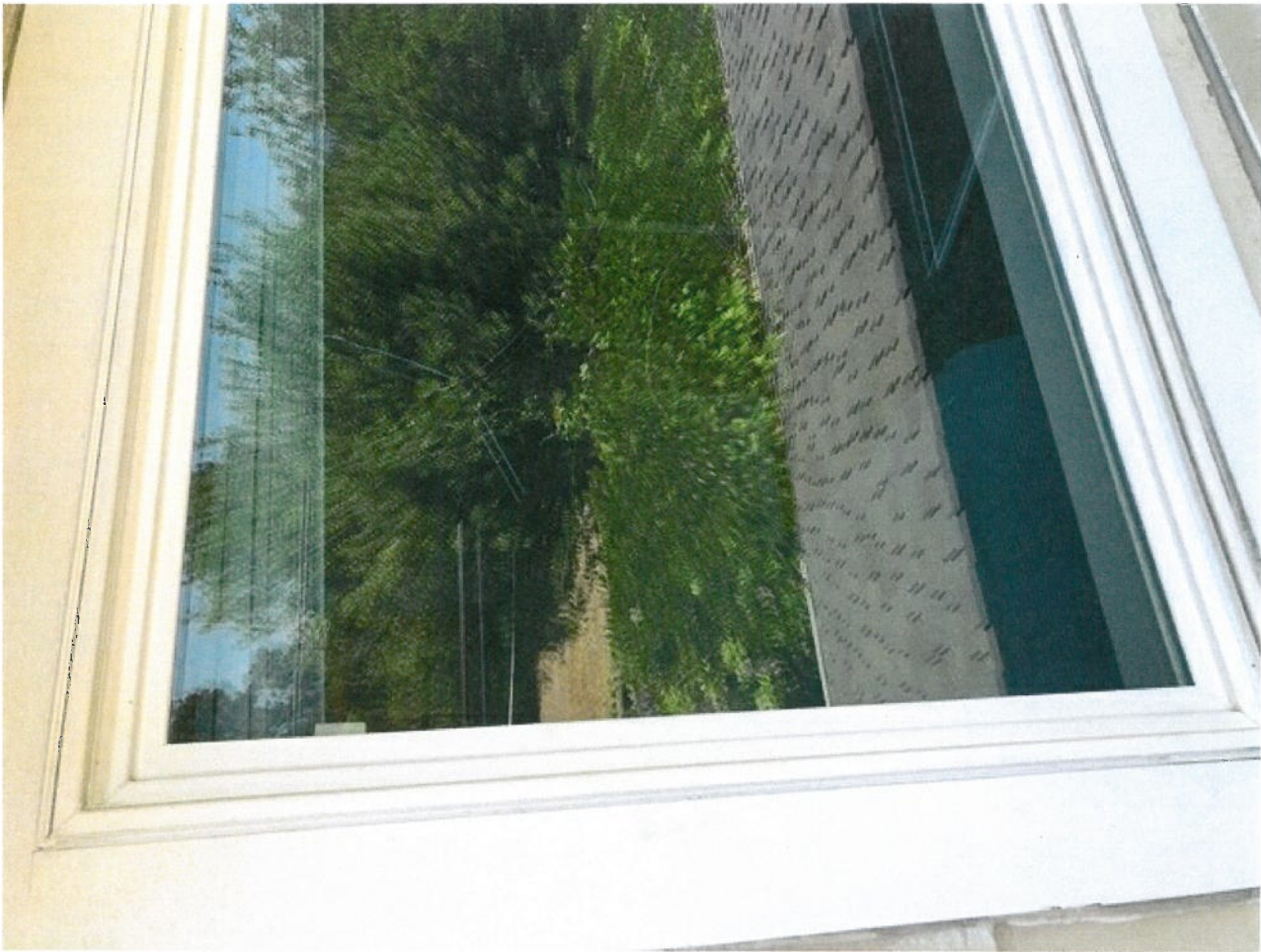
Please find attached the claim form, as directed by Ms Lilian Dennis, for the broken window during the Regnart creek cleaning on July 13, 2018 between 10 am and 4 pm. Should you need that I resend the photos of the broken window including the little stone that was projected and caused the breakage, please let me know.

thanks

Bertrand Teplitzky
408-674 3350







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