Santa Clara Valley Water District

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

119 APR 18 PH 4133

				and the first of a comparison.	
	Clerk of the Boa	rd's Date Stam	p		
The completed form can be mailed, sent electronically		For SCVWD Use Only			
or hand delivered. Mail or deliver to:	Date Received:	Date Received:		ROUTING	
Clerk of the Board Santa Clara Valley Water District-HQ	☐ Via U.S. Ma	☐ Via U.S. Mail:		CEO:	
5700 Almaden Expressway San Jose, CA 95118	☐ Hand Delive	☐ Hand Delivered:		District Counsel	
Or submit the completed form electronically to:	E-mail:		Risk Management		
clerkoftheboard@valleywater.org	Other:	Other:		☑ COB	
			BOD (District #):		
With certain exceptions, claims for personal injury or proprise to the claim. Claimant must complete each section. If in use additional pages if necessary. Please attach itemized recibelieve will be helpful to process your claim. Claimant MUST s	nformation is unknown, v eipts, witness statement	vrite "unknown" s, photos and a	" in the appro	priate box. Please	
Name of Claimant: Diamond Cruek	- Apartme	nts			
Address of Claimant:	City:		ate:	Zip:	
15655 Venice Lane	Morgan 1	4:11	Ca.	95037	
Mailing Address to Which Notices Should be Sent if Different From Above:	City:	Sta	ate:	Zip:	
Home Phone Number: Cell Phone Num	ne Number: Work Phone		ne Number:	e Number:	
669-888-3595					
Is this claim being filed on behalf of a minor? If so, please indicate minor's date of birth: Relationship to the minor:		The state of the s			
Date and time of incident or Location of incident or	-10-1		olice report?		
loss:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	Yes, Police		
2/14/1901-12 LLagar Cree	& Trail	☐ No			
Describe how the incident or loss happened, and the rea	the second secon	anta Clara Va	alley Water (District is	
responsible for your damages (Please attach additional s	sheets if necessary):				
True full on to Di	amond C	rick	prop	rerty	
of damaged fincing	g (iron).	Luring	Sto.	rny	
weather.					

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In detail, describe the damage or injury (Please attach additional sheets if necessary):	
Do 2/14/19 a true from the Llagas (1	set trial
On 2/14/19 a true from the Llagas Cr fall onto Diamond Creek property dan	naging
Iron fence.	
1101 tence.	
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,	
protos, police case # of other documentation) Note: It volt claim is more than \$10.000	
amount, but must state whether jurisdiction for the claim would be in the Limited Jurisdiction (up to Unlimited jurisdiction of the Superior Court. s the amount of the claim under \$10,000? Yes No Unlimited Civil Unlimited Civil	\$25,000) or
Sourt Jurisdiction: (Check One) Tems The claim would be in the Limited Jurisdiction (up to Jurisdiction of the Superior Court. Yes Limited Civil Unlimited Civil	25,000) or
Sourt Jurisdiction: (Check One) Tems The claim would be in the Limited Jurisdiction (up to Jurisdiction of the Superior Court. Yes Limited Civil Unlimited Civil	CLAIM AMOUNT
Sourt Jurisdiction: (Check One) Information, but must state whether jurisdiction for the claim would be in the Limited Jurisdiction (up to Jurisdiction of the Superior Court. Yes Limited Civil Unlimited Civil	CLAIM AMOUNT
Infimited jurisdiction of the Superior Court. s the amount of the claim under \$10,000? Court Jurisdiction: (Check One) Par Cytyof M.H. Fwas fold SCVWD is responsible.	CLAIM AMOUNT \$
Infimited jurisdiction of the Superior Court. s the amount of the claim under \$10,000? Court Jurisdiction: (Check One) TEMS Par Cityof M.H. Twas told SCVWD is responsible.	\$25,000) or CLAIM AMOUNT \$ \$
Infimited jurisdiction of the Superior Court. s the amount of the claim under \$10,000? Court Jurisdiction: (Check One) TEMS Par Cityof M.H. I was told SCVWD is responsible. For regains.	CLAIM AMOUNT \$
Information of the Superior Court. Something the state whether jurisdiction for the claim would be in the Limited Jurisdiction (up to Unlimited jurisdiction of the Superior Court. Something the state whether jurisdiction for the claim would be in the Limited Jurisdiction (up to Unlimited Superior Court. Something the Superior Court. Something the Superior Court. Something the Limited Jurisdiction (up to Uniform the Claim would be in the Limited Jurisdiction (up to Uniform the Claim the Claim would be in the Limited Jurisdiction (up to Uniform the Claim the Claim the Claim the Claim the Claim the Claim the Cl	\$25,000) or CLAIM AMOUNT \$ \$ \$ \$
Infimited jurisdiction of the Superior Court. s the amount of the claim under \$10,000? Court Jurisdiction: (Check One) TEMS Par Cityof M.H. I was told SCVWD is responsible. For regains.	CLAIM AMOUNT \$ \$ \$ \$ \$ \$ \$ \$ \$ Section 72 and 550)

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 <u>Section 913</u>, 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 <u>Section 913</u>, within two years from the accrual of the cause of action.

Attachment 1
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Attachment 1: Claim