



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

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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 19 DEC 5 AM 8:22	
	For SCVWD Use Only	
	Date Received:	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 type="checkbox"/> E-mail:	<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: Kiara Jones			
Address of Claimant: 200 east 10th st #426		City: gilroy	State: ca
Mailing Address to Which Notices Should be Sent if Different From Above: 200 east 10th st #426		City: Type text here gilroy	State: ca
Home Phone Number: 408-824-2549		Cell Phone Number: 408-824-2549	Work Phone Number: 408-265-2600
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: november 25 2019 11:00AM	Location of incident or loss (address): stevens creek county park		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*):

my car was parked in front of the gate i was standing on the trail and jeff approached me asking if he can enter trail i verified if he was a water district employee he was i then helped him lift the gate which was on the ground so that he could enter we were not able to open it very wide after i helped him i walked off to do my routine scans and when i returned i was greeted by another water district employee by the name of ryan when walking over to greet ryan i noticed the hole in my car i spoke with ryan briefly about what he needed and then i informed him of the hole that was not there in the morning when i got gas before my shift i know jeff is becuase his vehical was the only in the area as ryan never drove his vehical near my acr and jeff did i have of the amount of space that jeff had to enter and where the damages are and where my vehical was parked



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In detail, describe the damage or injury (*Please attach additional sheets if necessary*):
it starts off as a scrape and turns into a hole because of the pressure that was applied when kit was hit

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

jeff is responsible
ryan was there
ryan nor myself seen it happen but he was there when i approached jeff about it
and he denied it

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?
Court Jurisdiction: (Check One)

☐ Yes ☐ No
☐ Limited Civil ☐ Unlimited Civil

ITEMS	CLAIM AMOUNT
1. AUTO BODY DAMAGE TBD	\$
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 12 day of 04, 20 19

KIARA JONES

Claimant's signature

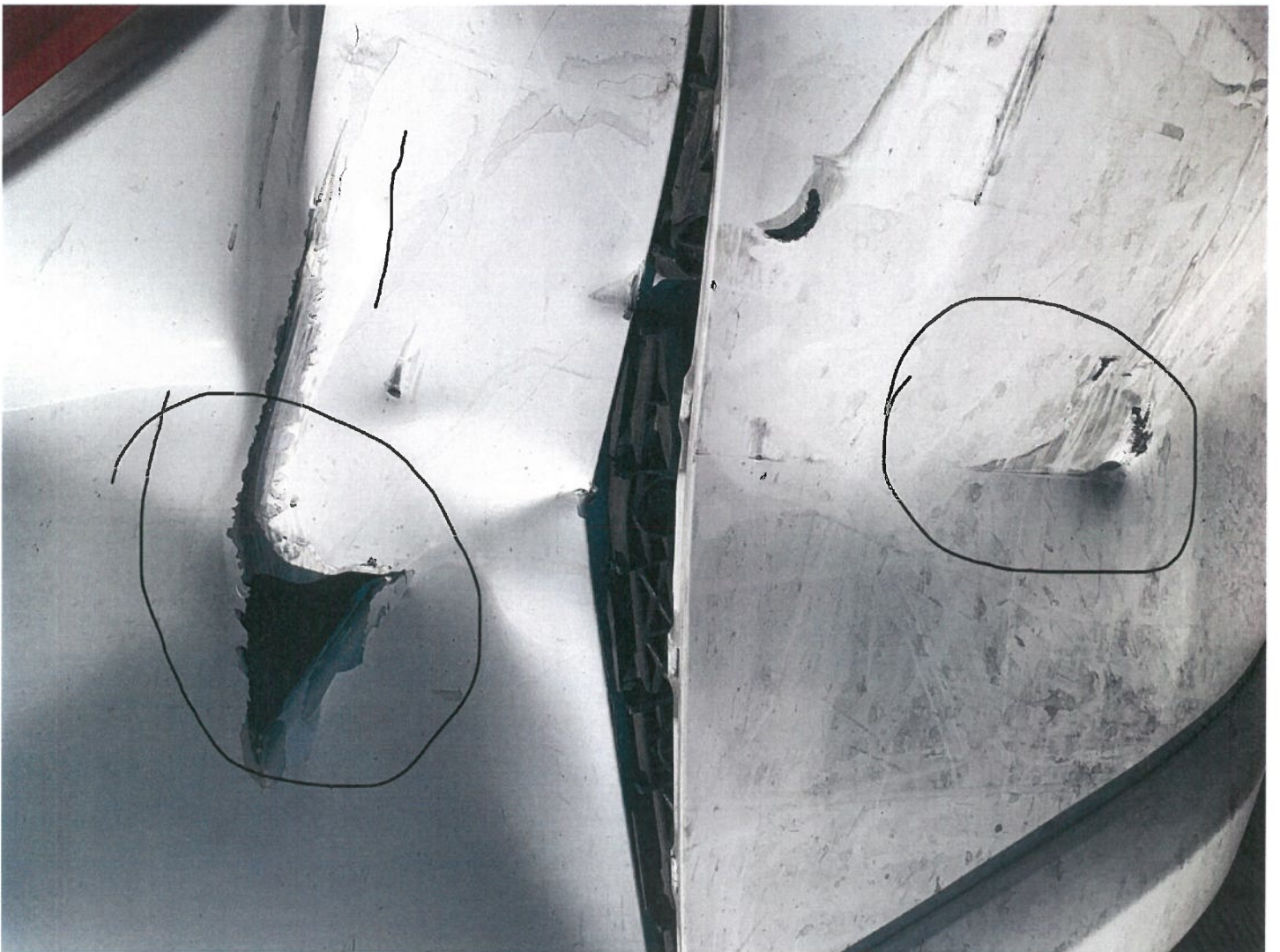
Government Code Section 945.6 provides that, with limited exceptions, any suit brought against a public entity must be commenced:

- (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.



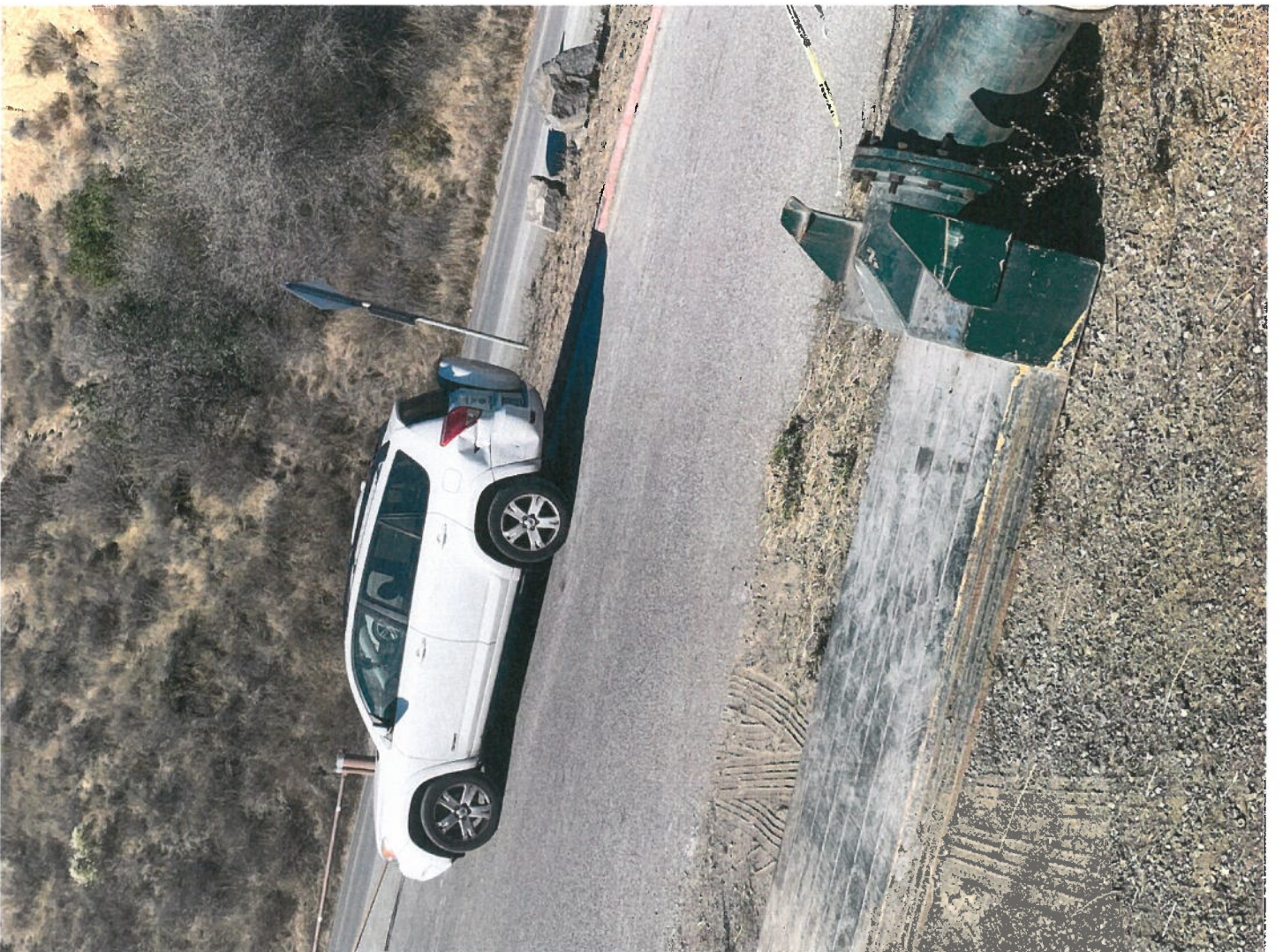




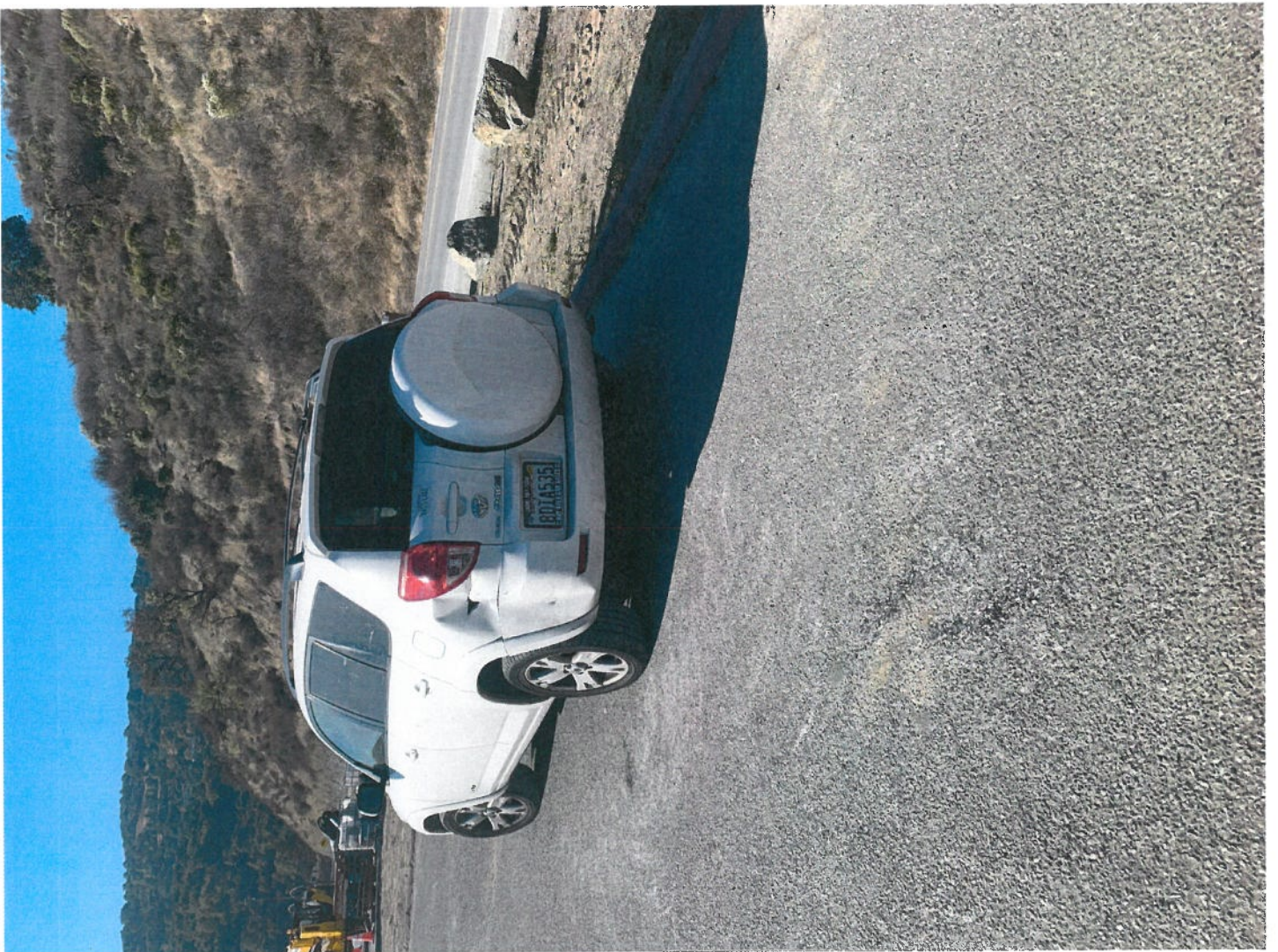












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