



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

Page 1 of 2

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	
	For SCVWD Use Only	
	Date Received: 09/24/20	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:	<input checked="" type="checkbox"/> Risk Management
	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> COB
		<input checked="" type="checkbox"/> BOD (District #): 2

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: Hacienda (Hacienda Creek Senior Apartments)			
Address of Claimant: 399 East Court	City: San Jose	State: CA	Zip: 95116
Mailing Address to Which Notices Should be Sent if Different From Above: _____	City: _____	State: _____	Zip: _____
Home Phone Number: _____	Cell Phone Number: _____	Work Phone Number: (408) 885-0551	
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: 9/21/20 10820 AM	Location of incident or loss (address): 399 East Court, San Jose, CA, 95116	Is there a police report? <input type="checkbox"/> Yes If Yes, Police Report #: _____ <input checked="" type="checkbox"/> No Fire Report	

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):

Months of intentional negligence by SCVWD of accumulated trash build up leading to suspicious fire on SCVWD property.



CLAIM AGAINST THE SANTA CLARA VALLEY WATER DISTRICT
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Page 2 of 2

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

Firemen damaged fence between Hacienda
SOVWD. Fire extinguisher & Fire extinguisher glass

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

David Thomas #095266, Joseph Zavaratto, Corey Folepppe,
Pablo Alberto Polidoro of San Jose Fire Department, residents
& management staff of Hacienda

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. Iron Fence	\$ 680
2. Fire Extinguisher	\$
3. Fire Extinguisher glass	\$
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 24 day of September, 20 20


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.

43070	CA	09	12	2020	08	20-2569099	000	<input type="checkbox"/> Change <input type="checkbox"/> No Activity	Basic		
Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.											
3 Location* <input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions											
399 EAST CT Number/Milepost Prefix Street or Highway Street Type Suffix SAN JOSE CA 95112 Apt./Suite/Room City State Zip Code Cross street or directions, as applicable											
Incident Type* 51 Outside rubbish, trash or waste Incident Type			E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Month Day Year Hr Min Sec Alarm * 09 12 2020 10:25:58 ANNIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 09 12 2020 10:29:47 CONTROLLED Optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit 09 12 2020 11:27:54 <input checked="" type="checkbox"/> Cleared				E2 Shift & Alarms Local Option C 01 Shift or Alarm District Platoon				
Aid Given or Received* <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recvd. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None Their FOID Their State Their Incident Number			E3 Special Studies Local Option Special Study IDS Special Study Value								
Actions Taken* 11 Extinguishment by fire Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)			G1 Resources* <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0002 0008 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.			G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. Property \$ 000,000 <input checked="" type="checkbox"/> Contents \$ 000,000 <input checked="" type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000					
Completed Modules Fire-2 Structure-3 Civil Fire Cas.-4 Fire Serv. Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11			H1* Casualties Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 Detector alerted occupants 2 Detector did not alert them U Unknown			H3 Hazardous Materials Release N None 1 Natural Gas: slow leak, no evacuation or HazMat actions 2 Propane gas: <1 lb. tank (as in home BBQ grill) 3 Gasoline: vehicle fuel tank or portable container 4 Kerosene: fuel burning equipment or portable storage 5 Diesel fuel/fuel oil: vehicle fuel tank or portable 6 Household solvents: home/office spill, cleanup only 7 Motor oil: from engine or portable container 8 Paint: from paint can totaling < 55 gallons 0 Other: special HazMat actions required or spill > 55gal., Please complete the HazMat form			I Mixed Use Property NN Not Mixed 10 Assembly use 20 Education use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Bus. & Residential 59 Office use 60 Industrial use 63 Military use 65 Farm use 00 Other mixed use		
Property Use* Structures 31 Church, place of worship 61 Restaurant or cafeteria 62 Bar/Tavern or nightclub 13 Elementary school or kindergarten 15 High school or junior high 41 College, adult education 11 Care facility for the aged 31 Hospital Outside 24 Playground or park 55 Crops or orchard 69 Forest (timberland) 07 Outdoor storage area 19 Dump or sanitary landfill 31 Open land or field			341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1-or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales 936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway			539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 946 Lake, river, stream					

NFIRS-1 Revision 03/11/99

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

2 Owner ☐ Same as person involved? Then check this box and skip the rest of this section.

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

Remarks

Local Option

0200912102439PD ** LOI search completed at 09/12/20 10:24:39 20200912102439PD
 ===== 20200912102439PD CLOSEST LOCATION // BRUSH FIRE BEH HERE 20200912102440PD **
 vent F202569099 was viewed at: 09/12/20 10:24:40 20200912102440PD ** >>>> by: 120691 on
 erminal: fd02 20200912102546PD ** Event Type changed from FIRE to BRUSH at: 09/12/20
 0:25:46 20200912102546PD ** >>>> by: PAT YEPEZ on terminal: fc01 20200912102554PD Duplicate
 vent: Location = 1634 LAS PLUMAS AV SJ : @FIRE STATION 34, Cross Street 1 = NIPPER AV, Cross
 treet 2 = LENFEST RD, Type = SMKINV SMOKE INVESTIGATION, Caller Name = E34, Alarm Level = 0
 0200912102555PD INV SMK WEST OF STATION 20200912102555PD ** LOI search com

.34 jpersonnel spotted a column of smoke while training in the backyard. As we responded to
 nvestigate other carlls were received by Dispatch.

.34 responded to the end of East Court for a homeless encampment fire close to an apartment
 uilding. Upon arrival we found an area approx. 20x30 feet on fire in the creek area. There
 as one homeless person on scene trying to put the fire out. She stated her name was
 irginia and that she lived in the area that was on fire. She did not know how the fire
 tarted. We also found a smaller fire approx 10x10 feet about 200 feet west of the main
 ire. E34 used approx 1200 gallons to extinguishe and overhault the area. E8 was on scene to
 ssist. We cut part of the fence in order to make access.

Authorization

101779	Culajay, Guillermo	CA	E34	09	12	2020
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

<input checked="" type="checkbox"/> 101779	Culajay, Guillermo	CA	E34	09	12	2020
Officer Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

43070
FDID *

CA
State *

9 12
Incident Date *

2020

08
Station

20-2569099
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

:0200912102439PD ** LOI search completed at 09/12/20 10:24:39 20200912102439PD =====
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:0200912102555PD INV SMK WEST OF STATION 20200912102555PD ** LOI search com

E34 jpersonnel spotted a column of smoke while training in the backyard. As we responded to
investigate other calls were received by Dispatch.

E34 responded to the end of East Court for a homeless encampment fire close to an apartment
building. Upon arrival we found an area approx. 20x30 feet on fire in the creek area. There
was one homeless person on scene trying to put the fire out. She stated her name was Virginia
and that she lived in the area that was on fire. She did not know how the fire started. We
also found a smaller fire approx 10x10 feet about 200 feet west of the main fire. E34 used
approx 1200 gallons to extinguish and overhaul the area. E8 was on scene to assist. We cut
part of the fence in order to make access.

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
8 Engine 08	10:32:47	10:32:48	10:37:53	11:20:46

Staff ID\Staff Name	Activity	Rank	Position	Role
095266 Thomas, David	General Incident	Fire Captai		
109884 Zavattero, Joseph	General Incident	Fire Fighte		
116278 Filippini, Corey	General Incident	Fire Fighte		
120167 Polidoro, Pablo Alberto	General Incident	Fire Fighte		

4 Engine 34	10:25:58	10:25:59	10:29:47	11:27:54
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Staff ID\Staff Name	Activity	Rank	Position	Role
101779 Culajay, Guillermo	General Incident	Fire Captai		
115220 Booth, Aaron	General Incident	Firefighter		
117498 Hodges, Sean	General Incident	Fire Fighte		
118680 Loessberg, Casilia	General Incident	Fire Fighte		



PROPOSAL

DATE : September 15, 2020

White Rose Landscaping Inc

33207 5th Street

Union City CA 94587

email; whiterose650@yahoo.com

TO

Hacienda Creek Apt

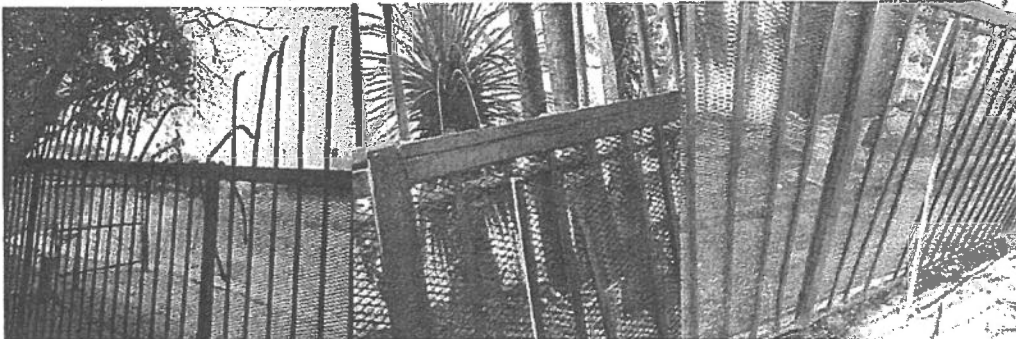
399 East Court

San Jose CA 95116

Welding service

#1 Replace the damage top fence spikes

#2 Repair the cut panels bars and panel frame



**Price include all parts, labor and responsibilities including removing debris
due to the work done Total\$680.00**

White Rose Landscaping

Accepted By

Date:_____

Data:_____

**This proposal is void if not signed and returned to our business or
representative within 60 days of the date**

43070 FDID *	CA State *	09 12 Incident Date *	2020 Year	08 Station	20-2569099 Incident Number *	000 Exposure *	<input type="checkbox"/> Change <input type="checkbox"/> No Activity	Basic
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☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section 8 "Alternative Location Specification". Use only for Wildland fires.

Location*

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

399 EAST CT
 Number/Milepost Prefix Street or Highway Street Type Suffix

SAN JOSE CA 95112
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

Incident Type *

51 Outside rubbish, trash or waste
 Incident Type

Aid Given or Received*

☐ Mutual aid received
☐ Automatic aid recvd.
☐ Mutual aid given
☐ Automatic aid given
☐ Other aid given
☒ None

Their FDID Their State
 Their Incident Number

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.
 ALARM always required

Alarm * 09 12 2020 10:25:58
 Month Day Year Hr Min Sec

ARRIVAL required, unless canceled or did not arrive
☒ Arrival * 09 12 2020 10:29:47
 Month Day Year Hr Min Sec

CONTROLLED Optional, Except for wildland fires
☐ Controlled

LAST UNIT CLEARED, required except for wildland fires
☒ Last Unit
☒ Cleared 09 12 2020 11:27:54
 Month Day Year Hr Min Sec

E2 Shift & Alarms

Local Option
☐ C ☐ 01
 Shift or Alarms District Platoon

E3 Special Studies

Local Option
☐ Special Study ID# ☐ Special Study Value

Actions Taken *

11 Extinguishment by fire
 Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
 Suppression 0002 0008

EMS
 Other

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 000,000 ☒
 Contents \$ 000,000 ☒

PRE-INCIDENT VALUE: Optional
 Property \$ 000,000 ☐
 Contents \$ 000,000 ☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1* Casualties ☐ None

Deaths Injuries
 Fire Service
 Civilian

H2 Detector
 Required for Confined Fires.
☐ 1 Detector alerted occupants
☐ 2 Detector did not alert them
☐ U Unknown

H3 Hazardous Materials Release

☐ N None
☐ 1 Natural Gas: slow leak, no evacuation or HazMat actions
☐ 2 Propane gas: <1 lb. tank (as in home BBQ grill)
☐ 3 Gasoline: vehicle fuel tank or portable container
☐ 4 Kerosene: fuel burning equipment or portable storage
☐ 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
☐ 6 Household solvents: home/office spill, cleanup only
☐ 7 Motor oil: from engine or portable container
☐ 8 Paint: from paint cans totaling < 55 gallons
☐ 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

☐ NN Not Mixed
☐ 10 Assembly use
☐ 20 Education use
☐ 33 Medical use
☐ 40 Residential use
☐ 51 Row of stores
☐ 53 Enclosed mall
☐ 58 Bus. & Residential
☐ 59 Office use
☐ 60 Industrial use
☐ 63 Military use
☐ 65 Farm use
☐ 00 Other mixed use

Property Use* Structures

31 Church, place of worship
 61 Restaurant or cafeteria
 62 Bar/Tavern or nightclub
 13 Elementary school or kindergarten
 15 High school or junior high
 41 College, adult education
 11 Care facility for the aged
 31 Hospital

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside
 24 Playground or park
 55 Crops or orchard
 69 Forest (timberland)
 07 Outdoor storage area
 19 Dump or sanitary landfill
 31 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 946
 Lake, river, stream

NFIRS-1 Revision 03/11/99

Local Option ☐ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

2 Owner ☐ Same as person involved? Then check this box and skip the rest of this section.

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Remarks

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Authorization

101779	Culajay, Guillermo	CA	E34	09	12	2020
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

check x if ☒ 101779 Culajay, Guillermo CA E34 09 12 2020

Officer Member making report ID Signature Position or rank Assignment Month Day Year

Narrative:

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43070

FDID

CA

State

9

12

Incident Date

2020

08

Station

20-2569099

Incident Number

000

Exposure

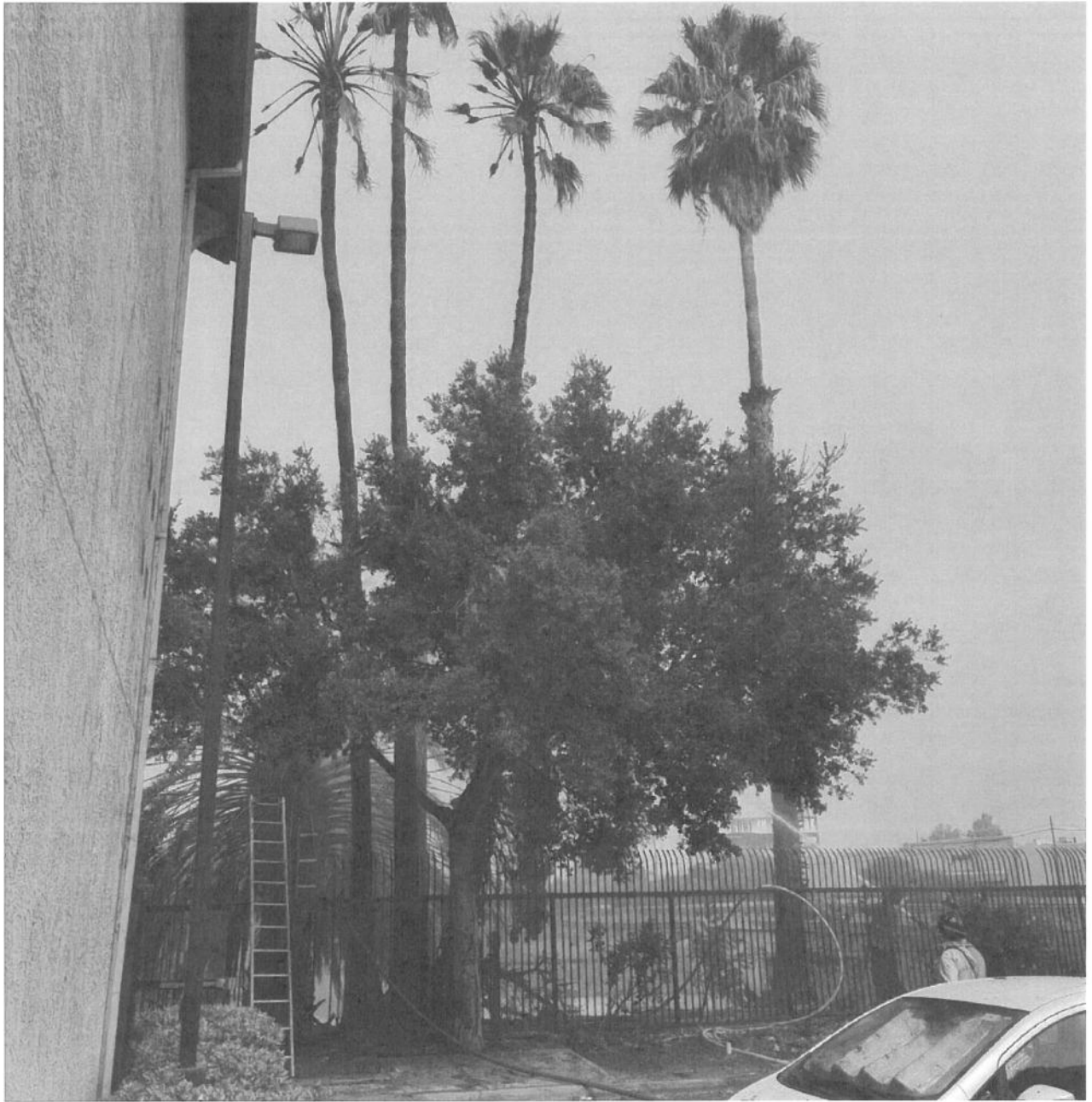
Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
8 Engine 08	10:32:47	10:32:48	10:37:53	11:20:46

Staff ID\Staff Name	Activity	Rank	Position	Role
095266 Thomas, David	General Incident	Fire Captai		
109884 Zavattero, Joseph	General Incident	Fire Fighte		
116278 Filippini, Corey	General Incident	Fire Fighte		
120167 Polidoro, Pablo Alberto	General Incident	Fire Fighte		

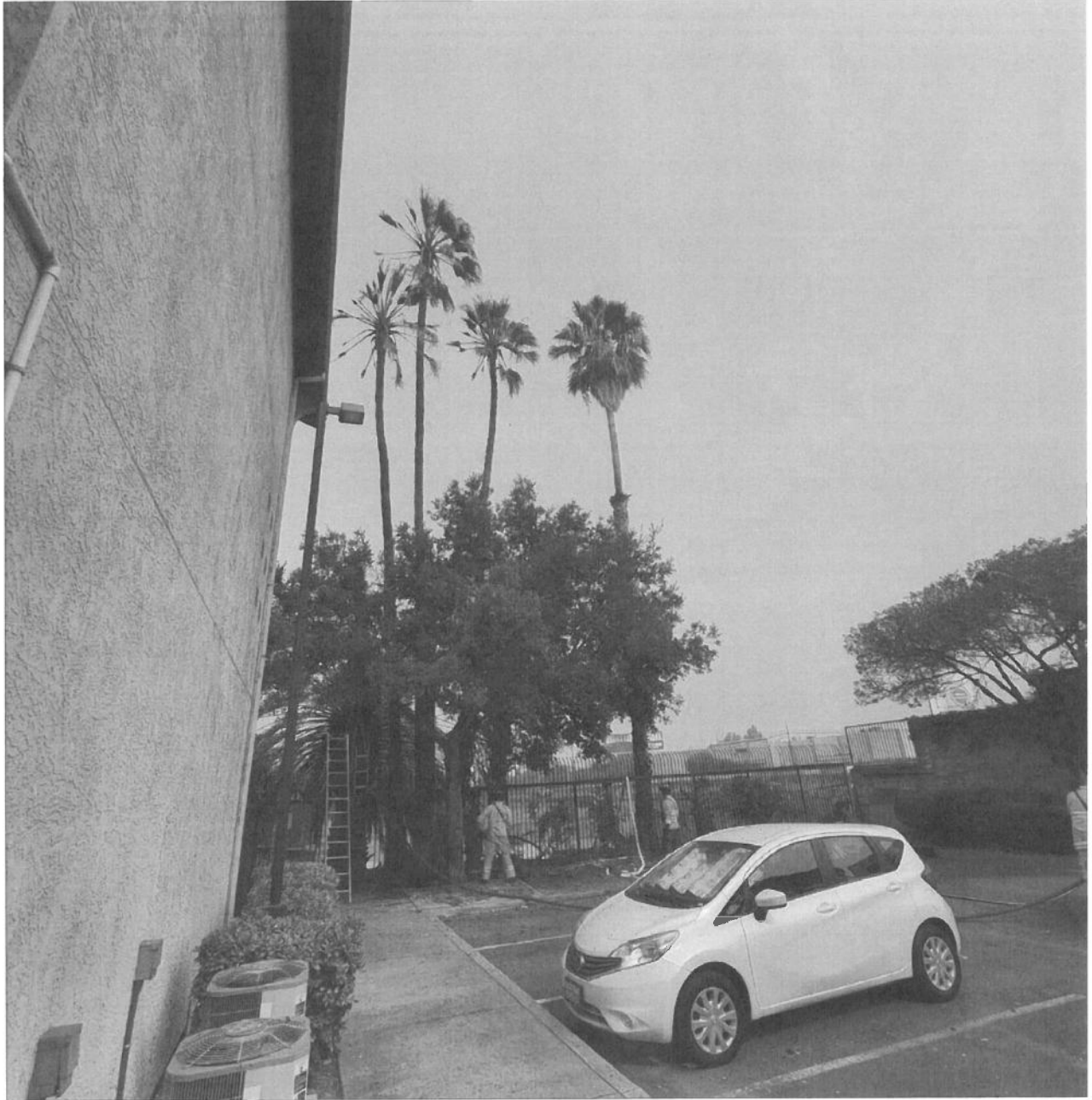
4 Engine 34	10:25:58	10:25:59	10:29:47	11:27:54
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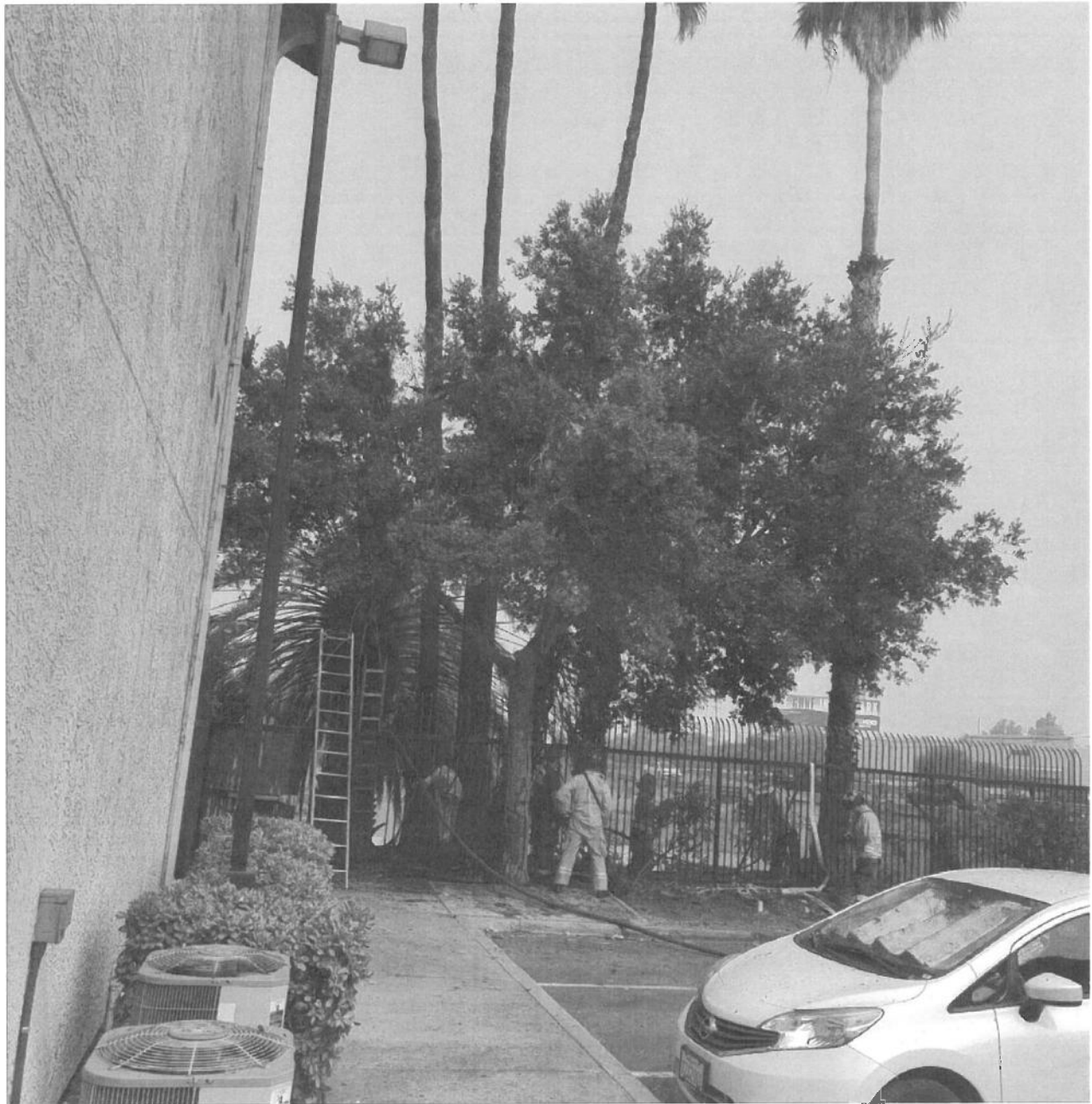
Staff ID\Staff Name	Activity	Rank	Position	Role
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115220 Booth, Aaron	General Incident	Firefighter		
117498 Hodges, Sean	General Incident	Fire Fighte		
118680 Loessberg, Casilia	General Incident	Fire Fighte		



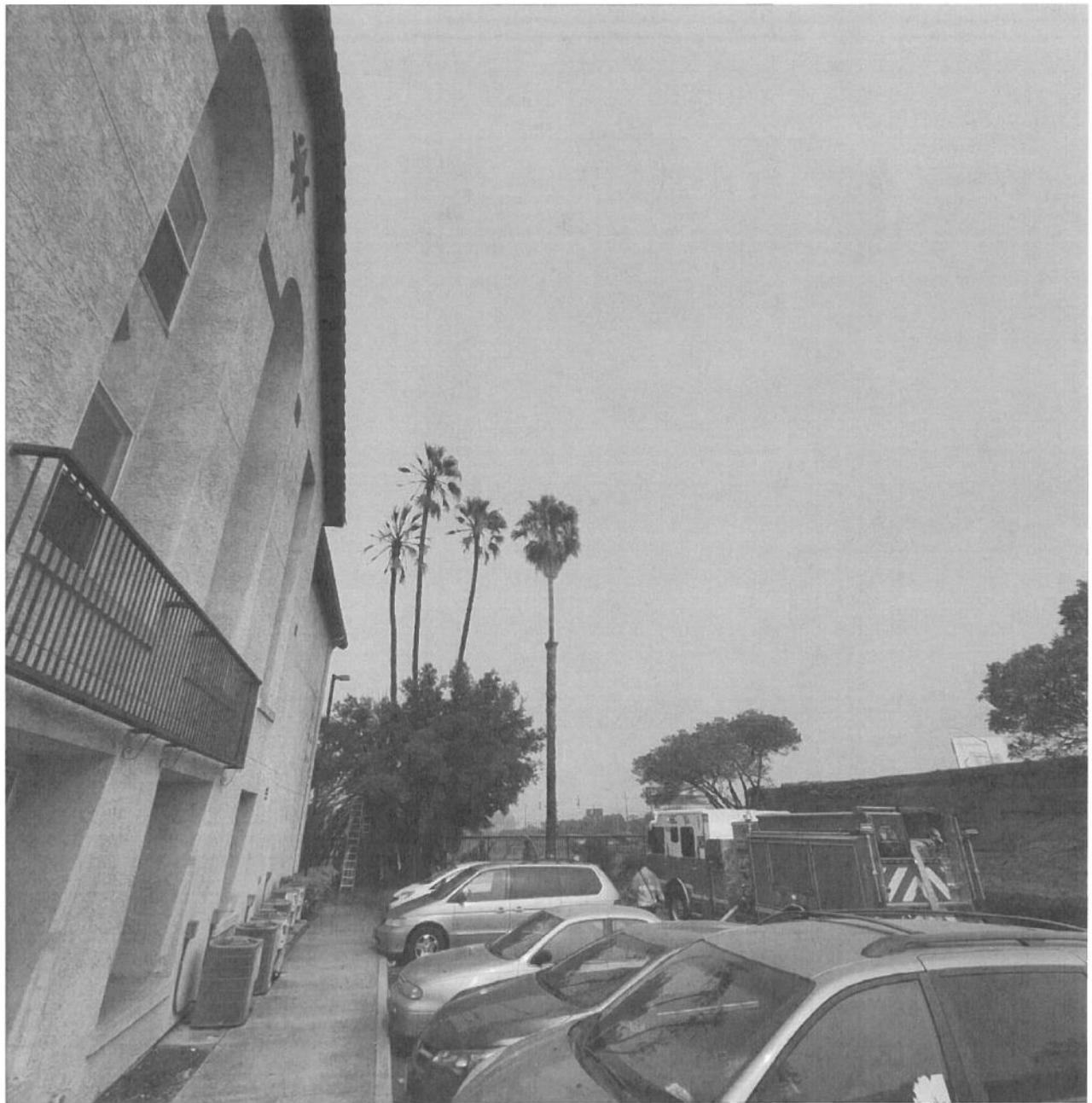










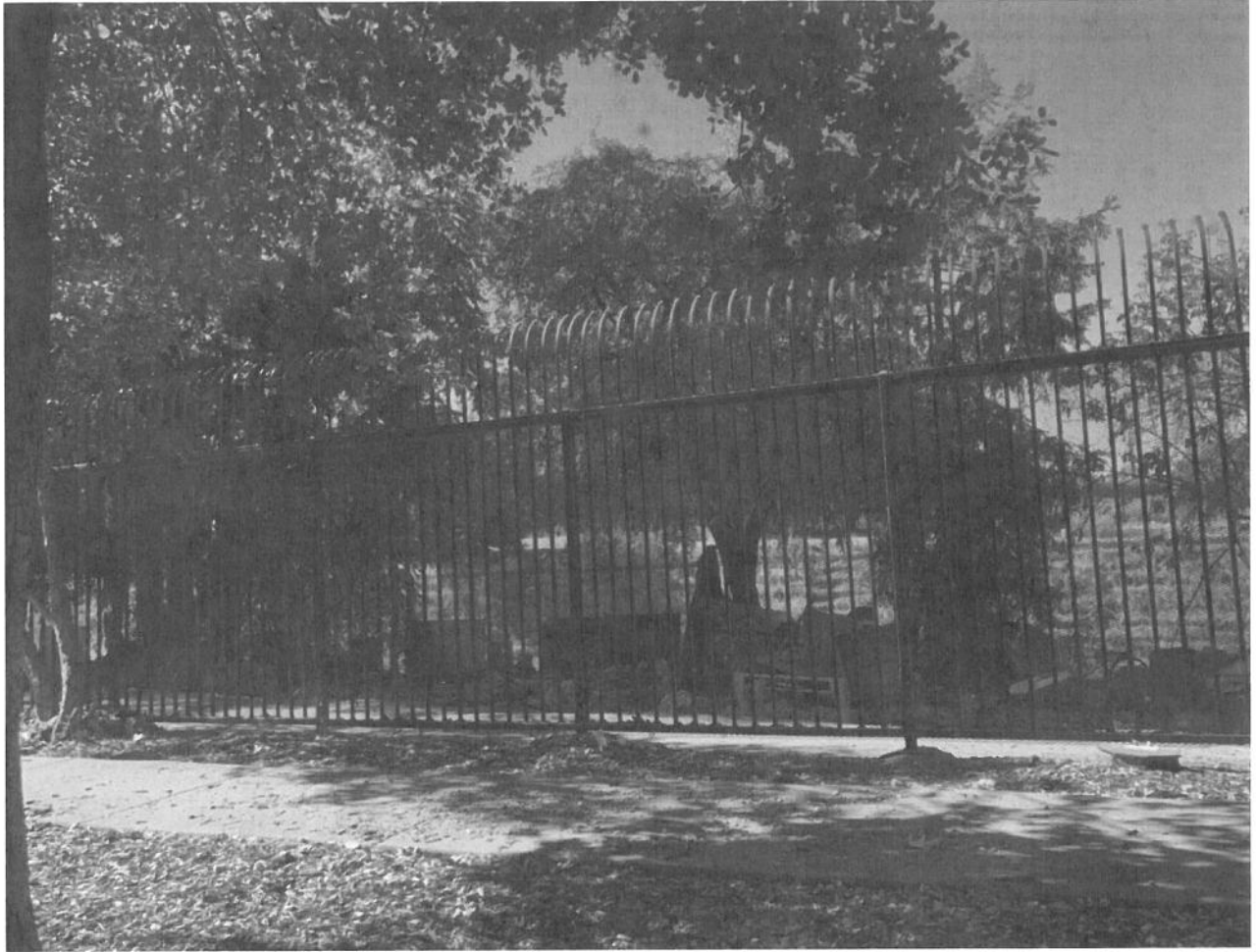










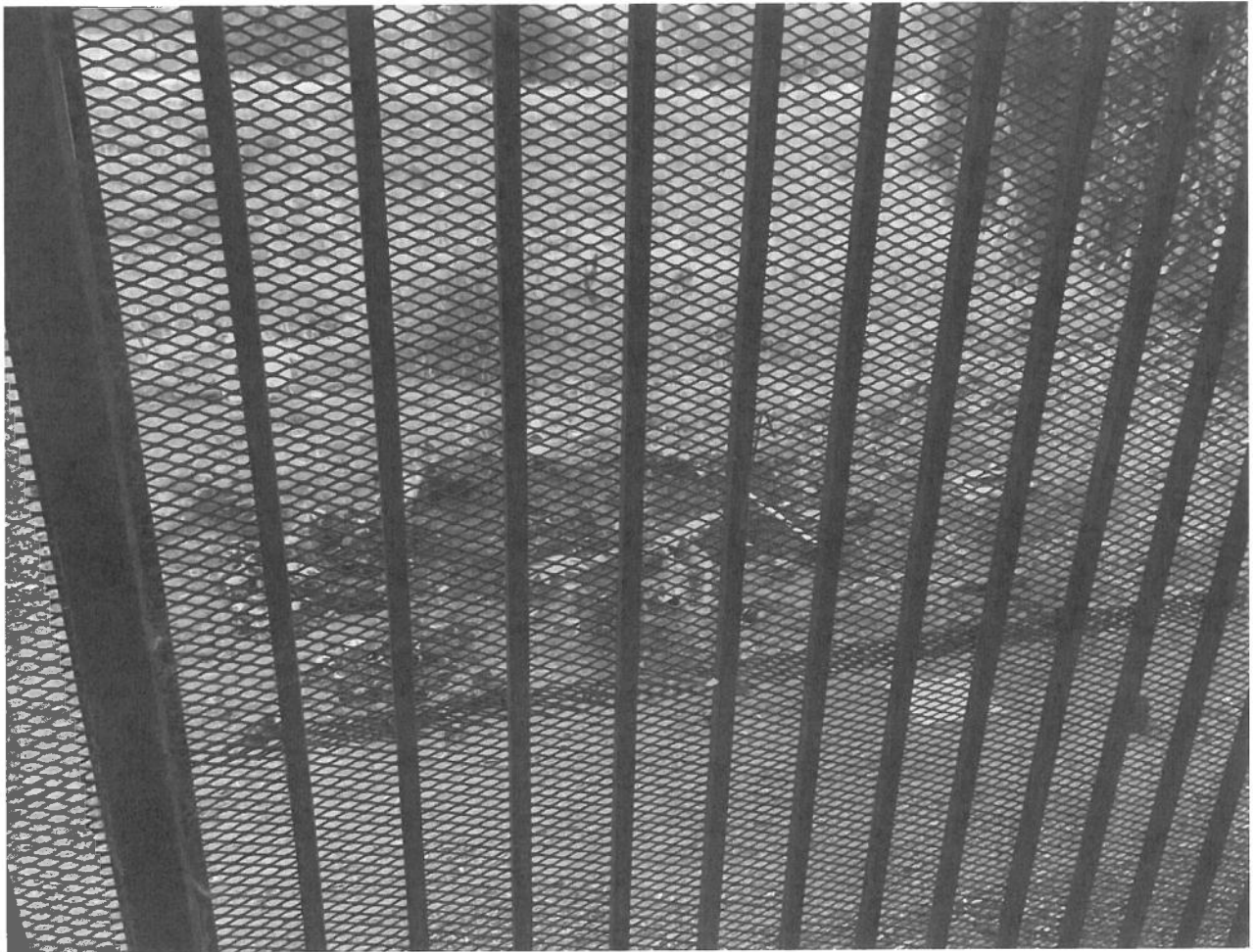














IMPERIAL FIRE, Safety & First Aid
 1536 Willard Garden Court, San Jose, CA 95126
 (408) 406-3091, e: peterimperial@yahoo.com

INVOICE

No. 603318

SOLD
TO

FPI MANAGEMENT INC

SHIP
TO

HACIENDA CREEK
399 EAST COURT
SAN JOSE, CALIF 95116

CUSTOMER'S PHONE NO. 230-5640

ANNUAL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/>	CUSTOMER ORDER NO.										TERMS NET 30 1% per month, 10% per year on past due accts.		DATE <u>Sept 28, 2020</u>	
EXTINGUISHERS	2 1/2#	2 1/2#	2 1/2#	4#	5#	10#	15#	20#	30#			UNIT PRICE	EXTENSION NON TAX	EXTENSION TAXABLE
CO2 INSPECTION														
CO2 RECHARGES														
HALON INSPECTION														
WATER/PRESS. RECHARGE														
DRY CHEM. DISP. CART.														
DRY CHEM. CART.														
DRY CHEM. PRESS														
DRY CHEM. PRESS														
HYDROTEST LOWPRESS. SHELLS														
HYDROTEST DRY CHEM./CO2														
TRAVEL - Trip													47	
INSTALL w/1604													7 ⁰⁰	
													54	

Net 30 days

(@134)

(SAN JOSE HI AREA)

QUAN.	SIZE	LBS.	GAL.	DESCRIPTION	EQUIPMENT		
1				525 ABC NEW			67
1				GLASS (6 1/4 x 16 1/2)			17
1				Breaker B.m			7 ⁰⁰
							91
						TAXABLE	91 ⁰⁰
						TAX	8.42
						NON TAXABLE	54 ⁰⁰
						TOTAL	153 ⁴²

Please Pay from this Invoice
 Credit Card Payments Accepted

SERVICE MAN:

*

406-3091

RECEIVED IN GOOD ORDER AND ACCEPTED

BY X Paul

Date

9-25-20