

CLAIM

BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF CONTRA COSTA COUNTY

BOARD ACTION: 4/12/2016

NOTICE TO CLAIMANT

Claim Against the County, or District Governed by the Board of Commissioners, Routing Endorsements, and Board Action. All Section references are to California Government Codes.

The copy of this document mailed to you is your notice of the action taken on your claim by the Board of Commissioners (Paragraph IV below), given Pursuant to Government Code Sections 913, 915.2, 915.4. Please note all "Warnings".

RECEIVED

FEB 29 2016

COUNTY COUNSEL MARTINEZ, CALIF.

AMOUNT: \$11,011.00
CLAIMANT: Latoya Berry
ATTORNEY:
ADDRESS:
Pittsburg CA 94565

BY DELIVERY TO COB ON: 2/26/2016

BY MAIL TO COB POSTMARKED:

I. FROM: Board of Commissioners

TO: County Counsel

Attached is a copy of the above-noted claim.

DAVID TWA, Clerk

By: Deputy

[Signature]

Dated: 2/26/2016

II. FROM: County Counsel

TO: Board of Commissioners

[Checkmark]

This claim complies substantially with Sections 910 and 910.2.

This Claim FAILS to comply substantially with Sections 910 and 910.2, and we are so notifying claimant. The Board cannot act for 15 days (Section 910.8).

Claim is not timely filed. The Clerk should return claim on ground that it was filed late and send warning of claimant's right to apply for leave to present a late claim (Section 911.3).

Other:

Dated: Feb. 29, 2016

By:

[Signature]

, Deputy County Counsel

III. FROM: The Board of Commissioners

TO: County Counsel (1)

County Administrator (2)

() Claim was returned as untimely with notice to claimant (Section 911.3).

Dated: DAVID TWA, CLERK, By

, Deputy Clerk

IV. BOARD ORDER: By unanimous vote of the Commissioners present:

() This Claim is rejected in full.

() Other:

I certify that this is a true and correct copy of the Board's Order entered in its minutes for this date.

Dated: David Twa, CLERK, By

, Deputy Clerk

WARNING (Gov. Code section 913)

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately. *For Additional Warning See Reverse Side of This Notice.

AFFIDAVIT OF MAILING

I declare under penalty of perjury that I am now, and at all times herein mentioned, have been a citizen of the United States, over age 18; and that today I deposited in the United States Postal Service in Martinez, California, postage fully prepaid a certified copy of this Board Order and Notice to Claimant, addressed to the claimant or claimant's attorney as shown above.

Dated: DAVID TWA, CLERK, By

, Deputy Clerk

CLAIM

BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF CONTRA COSTA COUNTY

BOARD ACTION: 3/29/2016

NOTICE TO CLAIMANT

Claim Against the County, or District Governed by the Board of Commissioners, Routing Endorsements, and Board Action. All Section references are to California Government Codes.

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RECEIVED

FEB 29 2016

COUNTY COUNSEL MARTINEZ, CALIF.

AMOUNT: \$11,011.00
CLAIMANT: Latoya Berry
ATTORNEY:
ADDRESS:
Pittsburg CA 94565

BY DELIVERY TO COB ON: 2/26/2016

BY MAIL TO COB POSTMARKED:

I. FROM: Board of Commissioners

TO: County Counsel

Attached is a copy of the above-noted claim.

DAVID TWA, Clerk

By: Deputy Stephanie Mello

Dated: 2/26/2016

II. FROM: County Counsel

TO: Board of Commissioners

[checked] This claim complies substantially with Sections 910 and 910.2.

This Claim FAILS to comply substantially with Sections 910 and 910.2, and we are so notifying claimant. The Board cannot act for 15 days (Section 910.8).

Claim is not timely filed. The Clerk should return claim on ground that it was filed late and send warning of claimant's right to apply for leave to present a late claim (Section 911.3).

Other:

Dated: Feb. 29, 2016

By: [Signature], Deputy County Counsel

III. FROM: The Board of Commissioners

TO: County Counsel (1)

County Administrator (2)

() Claim was returned as untimely with notice to claimant (Section 911.3).

Dated: DAVID TWA, CLERK, By, Deputy Clerk

IV. BOARD ORDER: By unanimous vote of the Commissioners present:

() This Claim is rejected in full.

() Other:

I certify that this is a true and correct copy of the Board's Order entered in its minutes for this date.

Dated: David Twa, CLERK, By, Deputy Clerk

WARNING (Gov. Code section 913)

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AFFIDAVIT OF MAILING

I declare under penalty of perjury that I am now, and at all times herein mentioned, have been a citizen of the United States, over age 18; and that today I deposited in the United States Postal Service in Martinez, California, postage fully prepaid a certified copy of this Board Order and Notice to Claimant, addressed to the claimant or claimant's attorney as shown above.

Dated: DAVID TWA, CLERK, By, Deputy Clerk

**Claim to: BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY
OF THE COUNTY OF CONTRA COSTA
INSTRUCTIONS TO CLAIMANT**

- A. Claims relating to causes of action for death or for injury to person or to personal property or growing crops and which accrue on or before December 31, 1987, must be presented not later than the 100th day after the accrual of the cause of action. Claims relating to causes of action for death or for injury to person or to personal property or growing crops and which accrue on or after January 1, 1988, must be presented not later than six months after the accrual of the cause of action. Claims relating to any other cause of action must be presented not later than one year after the accrual of the cause of action. (Govt. Code §911.2.)
- B. **Claims must be filed with the Clerk of the Board at its office in Room 106, County Administration Building, 651 Pine Street, Martinez, CA 94553, either by mail or in person.**
- C. If the claim is against more than one public entity; separate claims must be filed against each public entity.
- D. Fraud. See penalty for fraudulent claims, Penal Code Sec. 72 at the end of this form.

RE: Claim By: _____) Reserved for Clerk's filing stamp

LATOYA BERRY
Name)
_____)



Against: The Housing Authority of the County of Contra Costa

The undersigned claimant hereby makes claim against the Housing Authority of the County of Contra Costa in the sum of \$11,011.00 and in support of this claim represents as follows:

- 1. When did the damage or injury occur? (Give exact date and hour)
It started occurring on January 30th 2016 about 11:30 am thru current time.

- 2. Where did the damage or injury occur? (Include city and county)

- 3. How did the damage or injury occur? (Give full details; use extra paper if required)
See Attached for details

- 4. What particular act or omission on the part of county or district officers, servants or employees caused the injury or damage?
See Attached for details

5. What are the names of county or district officers, servants or employees causing the damage or injury?

Linda Givins (Asset manager)

6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attached two estimates for auto damage.)

See attached for details

7. How was the amount claimed above computed? (Include the estimated amount of any prospective injury or damage.)

Property Damage \$5,740.00, Personal Injury \$5,000.00 Perishable Damage \$271.00

8. Names and addresses of witnesses, doctors and hospitals.

See attached for details

9. List the expenditures you made on account of this accident or injury:

<u>DATE</u>	<u>ITEM</u>	<u>AMOUNT</u>
January 29 th 2016	Food	211.00
Thru current date	Roach spray	60.00

Gov. Code Sec. 910.2 provides:
"The claim must be signed by the claimant or by some person on his behalf."

SEND NOTICE TO: (Attorney)
Name and Address of Attorney

[Redacted Signature]

(Claimant's Signature)

[Redacted Address]

(Address)

Telephone No. _____

Telephone No. [Redacted]

NOTICE

Section 72 of the Penal Code provides:

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000) or by both such imprisonment and fine."

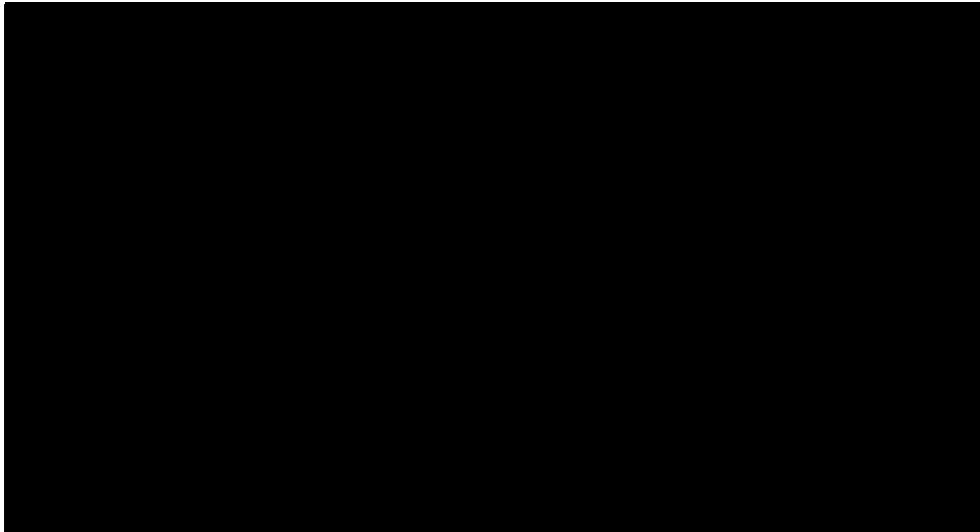
Here are the attached details.

3.) Already existing pest infestation known to management, wasn't disclosed to me resulted in Property Damage, Perishable loss and declining health conditions.

4.) The act was Linda Givins knowingly moving my son and I into a unit that was infested with roaches and declined to disclose this information to me. Which resulted in me getting very sick from asthma and Fibromyalgia stress?

6.) My Asthma and Fibromyalgia has severally been exacerbated due to adverse living conditions and refusal to rectify the problem and move me to a more suitable place. See attached medical documents. My property was ruined by roaches infesting in all of me and my son's belongings.

8.) LaToya Berry- 



RE: Latoya Berry
[REDACTED]

To Whom It May Concern:

Please allow Ms. Latoya Berry to move to an apartment or house where there are not roaches, or mold, or other exposure that may exacerbate her asthma. She has had a severe reaction with worsening asthma in this new apartment.

Thank you!



Fumi Louise Suzuki, MD

Sutter East Bay Medical Foundation



After Visit Summary - Home

John Muir Health

Name	Address	Phone	Fax
JMH Concord Hospital	2540 East St Concord CA 94520-1906	925-682-8200	925-674-2436

Berry, Latoya Rene [REDACTED]

MyJohnMuirHealth Signup

MyJohnMuirHealth allows you to view your lab and radiology results, medical conditions, medication list, allergy list, discharge instructions, and more. To sign up, go to <http://www.myjohnmuirhealth.com> and click on the **Sign Up** link in the Ready to Create Your Account? box. Enter your MyJohnMuirHealth Activation Code exactly as it appears below along with your Date of Birth and your Zip Code. Then create a username and password to complete the sign-up process. If you have an iPhone, you may also simply download the MyJMH app from the App store and sign up directly from from your phone

The activation code will expire in 90 days. If you do not sign up before the expiration date, you must request a new code.

MyJohnMuirHealth Activation Code: [REDACTED]

Expires: 5/22/2016 11:16 PM

Important Notice

When you activate your account, previous results will be available. If you have questions about information in your chart, please discuss this directly with your John Muir Health provider.

If you have questions about how to use or navigate the MyJohnMuirHealth website, please call (925) 941-2001. MyJohnMuirHealth is NOT to be used for urgent medical needs.

For medical emergencies, dial 911.

If you are enrolled in MyJohnMuirHealth, you will be able to view most of your hospital or emergency department test results 24 hours after discharge. Some results (e.g. genetics tests, pap smears, biopsy results, HIV and other sensitive tests) will not be available as they are restricted by California law or John Muir Health policy.

About your hospitalization

You were admitted on: February 23, 2016

You were discharged on: February 23, 2016

You last received care in the: **Cardiovascular Telemetry South**
Unit phone number: 925-674-3300

Your diagnoses also included: **Fibromyalgia, Hypokalemia, Hx-Tia (Transient Ischemic Attack)**

Physicians who cared for you during your hospitalization

Provider	Service	Role	Specialty
Eric Hoenig, MD	—	Attending Provider	Internal Medicine
Joseph Henry, MD	—	Consulting Physician	Internal Medicine

You are allergic to the following

Date Reviewed: **2/23/2016**

Allergen	Reactions
Banana	Itching Swelling
Egg	Anaphylaxis
Shellfish Containing Products	Anaphylaxis
Aspirin	Not Noted
Nervous feeling	
Imitrex (Sumatriptan)	Rash
And gittery	

Imaging/Cath/Angio procedures done during your visit

Procedure/Test	Authorizing Provider
CT head without contrast	Jude J Moore, MD
MRI Brain Without Contrast	Eric Hoenig, MD
MRI cervical spine without contrast	Joseph Henry, MD

Patient Belongings Returned/Sent home

	Most Recent Value
Belongings Sent Home	
Belongings Sent Home	None
Medications Sent Home	
Medications Sent Home	No (Comment)

Talk to your Doctor About These Lab Results Which Were Not Available When You Were Discharged

Order	Current Status
Culture, urine	In process

Patient Signature: _____
Date: _____

Clinician Signature: _____
Date: _____