CLAIM

BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF CONTRA COSTA COUNTY

				BOARD ACTION:	10/25/2016	
the Board of and Board A	st the County, or District of Commissioners, Routing ction. All Section referen overnment Codes.	Endorsements,)))	NOTICE The copy of this docume notice of the action take Board of Commissioners Pursuant to Government 915.4. Please note all "W	en on your claim by the s (Paragraph IV below), t Code Sections 913, 91	given
AMOUN	Exceeding \$	10,000.00		Tel sa		
CLAIMAN	IT: Constance	Gutierrez		SEP 2	26 2016	
ATTORNE	Y: Douglas A. Pratton				COUNSEL EZ, CALIF.	
ADDRESS	:			BY DELIVERY TO		5
Concord	CA	94520		BY MAIL TO CO	B POSTMARKED:	
I. FROM:	Board of Commissioners		TO:	County Counsel		
Dated:	Attached is a copy of the above-noted claim.					
II. FROM:	County Counsel		TO	: Board of Commissioners		
	•					
	This claim complies subs	tantially with Sections	s 910 a	nd 910.2.		
	This Claim FAILS to comp	·		•		
	are so notifying claimant	. The Board cannot ac	ct for 1	5 days (Section 910.8).		
				n on ground that it was fil		
	send warning of claimant	's right to apply for le	eave to	present a late claim (Sect	ion 911.3).	
	Other:					
Dated:	Sept. 26,2016			1/2		
Datea	Jept. 23,2006		By:		,Deputy Count	y Counsel
	III. FROM: The Board of 0	Commissioners	TO: C	ounty Counsel (1)	County Administrator	r (2)
()	Claim was returned as u	ntimely with notice to	o claim	ant (Section 911.3).	,	(-)
Dated:		DAME TIMA CLERK	/ D.,			
	ARD ORDER: By unani	DAVID TWA, CLERK			, Deputy	Clerk
IV. BUA	RKD OKDEK: By unani	mous vote of the Cor	mmıssı	oners present:		
()	This Claim is rejected in	full.				
()	Other:					
I cert	ify that this is a true and	correct copy of the B	Board's	Order entered in its minu	tes for this date.	
Dated:		_ David Twa, CLERK,	, By		, Deput	y Clerk
court action on	this claim. See Government C	ode Section 945.6. You m	ate this nay seek	ection 913) notice was personally delivered the advice of an attorney of yo or Additional Warning See Reve	ur choice in connection with	file a
		AFFIDAVIT (
that today I d	er penalty of perjury that I am eposited in the United States mant, addressed to the claima	Postal Service in Martinez	z, Califor	tioned, have been a citizen of t nia, postage fully prepaid a cer n above.	he United States, over age 1 tified copy of this Board Ord	l8; and ler and

DAVID TWA, CLERK, By

, Deputy Clerk

Dated:

This warning does not apply to claims which are not subject to the California Tort Claims Act, such as actions in inverse condemnation, actions for specific relief such as mandamus or injunction, or Federal Civil Rights claims. The above list is not exhaustive and legal consultation is essential to understand all the separate limitations periods that may apply. The limitations period within which suit must be filed may be shorter or longer depending on the nature of the claim. Consult the specific statutes and cases applicable to your particular claim. The County of Contra Costa does not waive any of its rights under California Tort Claims Act nor does it waive its rights under the statutes of limitations applicable to actions not subject to the California Tort Claims Act.

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.

against each public entity.				
D. Fraud. See penalty for fraudulent claims, I	****			
RE: Claim By:) Reserved for Clerk's filing stamp			
Constance Gutierrez Name)	RECEIVED		
)	SEP 2 3 2016		
Against: The Housing Authority of the Count	y of Contra Costa	CLERK BOARD OF SUPERVISORS		

The undersigned claimant hereby makes claim against the Housing Authority of the County of Contra Costa in the sum of exceeds 410,000 and in support of this claim represents as follows:

1. When did the damage or injury occur? (Give exact date and hour)

march 23, 2016 in the evening.

- 2 Where did the damage or injury occur? (Include city and county)
- 3. How did the damage or injury occur? (Give run details, use extra paper it requires)

The grab bor in the bath tub gave way,

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

Megligent maintenance, operation and ownership cluster - dangerous and ition of public property.

5. What are the names of county or d damage or injury?	istrict officers, servant	s or employees causing the					
6. What damage or injuries do you claim resulted? (Give full extent of injuries or damages claimed. Attached two estimates for auto damage.) Right shoulder and neck injuries and feeth.							
7. How was the amount claimed abore prospective injury or damage.)	ve computed? (Include	e the estimated amount of any					
Claimant has incurred earning capacity and all 8. Names and addresses of witnesses Claimant has treated a	, doctors and hospitals	ring.					
9. List the expenditures you made on account of this accident or injury:							
DATE	<u>ITEM</u>	AMOUNT					
SEND NOTICE TO: (Attorney) Name and Address of Attorney Douglas A. Prufton Law Office of Douglas A. Prufton 1985 Bonifacio Street, Suite 101 Concord, CA 94520	Gov. Code Sec. 910.2 "The claim must be si or by some person on	provides: gned by the claimant					
Telephone No. <u>(925)</u> 677-5080	Telephone No	*					

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."