## **CLAIM**

## **BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF CONTRA COSTA COUNTY**

				BOARD ACTION:	11/14/2017
the Board of C and Board Act	the County, or District ( commissioners, Routing ion. All Section reference ernment Codes.	Endorsements,	) ) )	The copy of this document notice of the action take Board of Commissioners Pursuant to Government 915.4. Please note all	(Paragraph IV below), given t Code Sections 913, 915.2,
AMOUNT:	\$5	00,000.00		72/7	
CLAIMANT	: Marcia	Kowlessar			3 0 2017
ATTORNEY	: Joseph K. Bravo				ITY COUNSEL FINEZ, CALIF.
ADDRESS:	ADDRESS: 1315 7th Avenue			BY DELIVERY TO COB ON:	
San Francis	sco CA	94122		BY MAIL TO CO	DB POSTMARKED: <b>10/26/2017</b>
	oard of Commissioners		Att DA	: County Counsel ached is a copy of the abo VID TWA, Clerk Deputy	ove-noted claim.
II. FROM: Co	ounty Counsel		TC	D: Board of Commissioners	s /
Se	laim is not timely filed.	The Clerk should ret	urn cla	15 days (Section 910.8). im on ground that it was f o present a late claim (Sec	
Dated:	Oct. 30,2017		Ву	hat	,Deputy County Counse
	II. FROM: The Board of Claim was returned as u			County Counsel (1) nant (Section 911.3).	County Administrator (2)
Dated:		DAVID TWA, CLEF	RK, By_		, Deputy Clerk
IV. BOA	RD ORDER: By unan	imous vote of the Co	ommis	sioners present:	
( )	This Claim is rejected in Other: fy that this is a true and		Board'	s Order entered in its min	utes for this date.
Dated:		David Twa, CLER	K, By _		, Deputy Clerk
court action on t	this claim. See Government	Code Section 945.6. You	date thi	s notice was personally deliver	ed or deposited in the mail to file a your choice in connection with this verse Side of This Notice.
I declare unde	r penalty of perjury that I an	AFFIDAVIT			f 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

, Deputy Clerk

DAVID TWA, CLERK, By\_

Notice to Claimant, addressed to the claimant or claimant's attorney as shown above.

Dated:

## BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY **INSTRUCTIONS TO CLAIMANT**

- A claim relating to a cause of action for death or for injury to person or to personal property A. or growing crops shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action. (Gov. Code § 911.2.)
- B. Claims must be files with the Clerk of the Board of Supervisors at its office in Room 106, County Administration Building, 651 Pine Street, Martinez CA 94553.
- C. If claim is against a district governed by the Board of Supervisors, rather than the County, the name of the District should be filed in.
- D. If the claim is against more than one public entity, separate claims must be filed against each public entity.
- E. Fraud- See penalty or fraudulent claims, Penal Code Sec. 72 at the end of this form.

RE: Claim By: Marcia Kowlessar	)	Reserved for Clerk's filing stamp
Against the County of Contra Costa or  Contra Costa Housing  (Fill in the name) Authority, Las  Deltas	)))) _District))	OCT 3 0 2017  CLERK BOARD OF SUPERVISORS CONTRA COSTA CO.

The undersigned claimant hereby makes claim against the County of Contra Costa or the above-named district in the sum of \$500,000 and in support of the claim represents as follows:

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

May 2,2017

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

Richmond, CA. 94801 41 Market Street

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

Drain Pipe fell off 41 Market + Struck elaimant
What particular act or omission on the part of county or district officers, servants or employees 4. caused the damage or injury?

Failure to maintain drain pipe to prevent falling off house and on to pedestrians

- What are the names of county or district officers, servants or employees causing the damage or injury? Las Deltas family housing; Housing Anthonity of Contra Costa County 5.
- What damage or injuries do you claim resulted? (Give full extent of injuries or damages 6. claimed. Attach two estimates for auto damage.) Personal Injuries, Head, I njury, Neck Pain, Post Tranmatic Syndrone, Loss of Cognitive Ability, Head + Neck Pain

7.	How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.) Based 4 non loss of cognitive capability + point + suffering for the rest of claimants life					
8.	Names and addresses of witnesses, doctors and hospitals:					
9.	Rescue Mission in Kidmand					
	DATE  TIME  AMOUNT  Medicare pays for medical expenses  Ckeept about illosoo Paid out  of pocket for pain killers					
Name Jo 13 f 131	Gov. Code Sec. 9110.2 provides "The claim shall be signed by the claimant or by some person on his behalf.  DNOTICES TO: (Attorney)  and address of Attorney  Are Law Office  Son Francisco, CIA  94122  hone No. 415 512-6700  Telephone No. 415 512-6700					
is sub Furthe	PUBLIC RECORDS NOTICE:  be advised that this claim form, or any claim filed with the County under the Tort Claims Act lect to public disclosure under the California Public Records Act. (Gov. Code §§ 6500 et seq.) ermore, any attachments, addendums, or supplements attached to the claim form, including al records, are also subject to public disclosure.					
	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 dollars (\$1000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.000, or by both such imprisonment and fine.



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BRAVO LAW OFFICES

ATTORNEYS AT LAW

1315 - 7TH AVENUE \*\*\*SCO, CA 94122

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94553

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MAILED FROM ZIP CODE 94122

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County Administration Building, Room # 106 651 Pine Street RECEIVED

Martinez, CA 94553

CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.