

CLAIM

BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF CONTRA COSTA COUNTY

BOARD ACTION: February 12, 2019

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. )

NOTICE TO CLAIMANT

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 Section 913,
915.2. and 915.4 Please note all "Warnings"

RECEIVED
JAN - 3 2019
COUNTY COUNSEL
MARTINEZ, CALIF.

AMOUNT: \$8000.00

CLAIMANT: Daniel Flores

ATTORNEY:

ADDRESS: 100 Austin Court, #105
San Pablo, CA 94806

BY DELIVERY TO CLERK ON:

BY MAIL POSTMARKED: December 27, 2018

FROM: The Board of Commissioners TO: County Counsel
Attached is a copy of the above-noted claim.

Dated: DECEMBER 31, 2018 By: Deputy David Twa, Clerk

Sm Bayrd

II. FROM: County Counsel TO: The Board of Commissioners

- (X) 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: 1/8/19 By: 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).

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 served 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 want 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 as shown above.

Dated: David Twa, CLERK By Deputy Clerk

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.

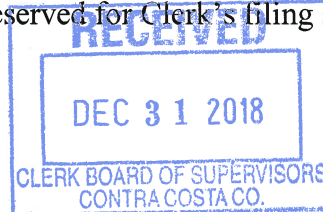
**Claim to: BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY  
OF THE COUNTY OF CONTRA COSTA  
INSTRUCTIONS TO CLAIMANT**

- 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.
- D. Fraud. See penalty for fraudulent claims, Penal Code Sec. 72 at the end of this form.  
\*\*\*\*\*

RE: Claim By:

Daniel Flou  
Name

) Reserved for Clerk's filing stamp



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 \$8,000 and in support of this claim represents as follows:

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

NOV. 28-18 3:40 PM.

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

100 Austin Ct. SAN PABLO, CA. 94566

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

Some one left the sink faucet on spilled, overflowed, out in front of wash room, I slip and fell down. I did NOT see water on floor.

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

Other

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

Other

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

Neck, Right wrist, Right Shoulder, Lower Back.

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

100 A-SAN Pablo TOWEN CENTER, Tel. 510-237-2802

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

DR. NISIR - STANFORD ALLIANCE MEDICAL GROUP

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

<u>DATE</u>	<u>ITEM</u>	<u>AMOUNT</u>
NOV. 29-18	WRIST BRACE BACK BRACE	\$2.00

\*\*\*\*\* I ALREADY HAVE. \*\*\*\*\*

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

Daniel S. Floures  
(Claimant's Signature)

100 AUSTIN CT # 105 SAN PABLO, CA. 94806  
(Address)

Telephone No. \_\_\_\_\_

Telephone No. 510) 232-4908

**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."



POSTMARK  
DEC 31 2018  
CLERK BOARD OF SUPERVISORS  
CONTR. 00854 02

OAKLAND CA 946  
23 DEC 2019 PM 5 L



ATTENTION Stacey Boyd  
County Administration Building  
651 Pine St, Room 106  
Martinez, CA 94553



94553-122931

