## CLAIM

## BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY

**BOARD ACTION:** November 16, 2021 NOTICE TO CLAIMANT Claim Against the County, or District Governed by ) the Board of Supervisors, Routing Endorsements, The copy of this document mailed to you is your notice of the and Board Action. All Section references are to action taken on your claim by the Board of Supervisors Calfornia Government Codes. (Paragraph IV below), given Pursuant to Government Code ) Sections 913, 915.2, 915.4. Please note all "Warnings". ) AMOUNT: \$100,000.00 OCT 11 2021 Arnulfo M. Ramirez CLAIMANT: **COUNTY COUNSEL** ATTORNEY: MARTINEZ, CALIF. ADDRESS: BY DELIVERY TO COB ON: 10/11/2021 BY MAIL TO COB POSTMARKED: TO: County Counsel I. FROM: Clerk of the Board of Supervisors Attached is a copy of the above-noted Claim. MONICA NINO, Clerk , Deputy October 11, 2021 Dated: TO: Clerk of the Board of Supervisors II. FROM: County Counsel This claim complies substantially with Sections 910 and 910.2. This claim FAILS to comply substantially with Sections 910 amd 910.2, and we are so notifiying claimant. The Board cannot act for 15 days (Section 910.8). Claim is not timely filed. The Clerk should return the claim on the 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: (0.14-21 , Deputy County Counsel III. FROM: Clerk of the Board TO: County Counsel (1) County Administrator (2) Claim was returned as untimely with notice to claimant (Section 911.3). IV. BOARD ORDEI By unanimous vote of the Supervisors 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: MONICA NINO, Clerk, By Deputy Clerk WARNING (Gov. Code section 913) Subject to certain exceptions, you have only six (6) months from the date of 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 conult with 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 herin 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: MONICA NINO, Clerk, By Deputy Clerk

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

- A. A claim relating to a cause of action for death or for injury to person or to personal property 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 filed with the Clerk of the Board of Supervisors at its office located at: County Administration Building, 1025 Escobar Street, 1<sup>st</sup> Floor, 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:	Reserved for Clerk's filing stamp
Arnulfo m Ramirez	
	RUCENED
Against the County of Contra Costa or )	OCT 1 1 2021
(Fill in the name) District)	CLERK BOARD TUPERVISORS CONTRACUSIACO.

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

August-11-2021 12:08 am

- 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)

  SHETIFFS Vehicle Struck building, Vehicle 2577/LP 1549450

  4. What particular act or omission on the part of county or district officers, servants or employees
- 4. What particular act or omission on the part of county or district officers, servants or employees caused the damage or injury? From RPD Report It shows It was a Police chase.
- 5. What are the names of county or district officers, servants or employees causing the damage or injury? Don't know wame of officer contra costa sheriff
- 6. What damage or injuries do you claim resulted? (Give full extent of injuries ordamages claimed. Attach two estimates for auto damage.) Outside Lot gate, Lot Floor Oil, building wall, 2 Restrooms, window

- 7. How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.) general contractor 35,000, Engineering 10,000, Planning 800.00, Lot Fence 7,000 Handyman, + other cost
- 8. Names and addresses of witnesses, doctors and hospitals:

  Pichmond Police did Police report,
- 9. List the expenditures you made on account of the accident or injury:

DATE
TIME

AMOUNT

SEP 2011

10:60 am

(Sylvariant of Section 10:50 am)

Gov. Code Sec. 9110.2 provides "The claim shall be signed by the claimant or by some person on his behalf.

SEND NOTICES TO: (Attorney)

Name and address of Attorney

(Claimant's Signature)

(Address)

Telephone No.

Telephone No.

## **PUBLIC RECORDS NOTICE:**

Please be advised that this claim form, or any claim filed with the County under the Tort Claims Act is subject to public disclosure under the California Public Records Act. (Gov. Code §§ 6500 et seq.) Furthermore, any attachments, addendums, or supplements attached to the claim form, including medical 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.