CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

Office of the City Clerk Timestamp

RECEIVED
SAN JOSE CITY CLERK
2025 AUG 14 PM03:50

#_____

Office of the City Clerk
200 East Santa Clara Street
Tower 14th Floor
San José, CA 95113

Received by: M. Roche
Via: U.S. Mail ____
Interoffice Mail ____
Over the Counter X

(Please do not write above this line – for City use only)

Generally, a claim against the City of San José for damages to persons or personal property must be filed with the City Clerk of the City of San José within six months after the incident occurred. See Government Code 911.2. Completed claims **must be mailed or delivered to: Office of the City Clerk, City of San José, 200 E. Santa Clara Street, Tower, 14th Floor, San José, CA 95113, telephone:** (408) 535-1260. Attach copies of any receipts or other documentation to the original claim form.

TO THE CITY CLERK of the City of San José, California:
The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

NAME OF CLAIMANT: William Ek — DATE OF BIRTH: [redacted]

ADDRESS OF CLAIMANT: [redacted] — CITY: San Jose — STATE — ZIP CODE

HOME PHONE: [redacted] — WORK PHONE ( ) — DRIVER'S LICENSE STATE AND NUMBER

SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and phone number if not same as above.)
[redacted]

DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM: July 9, 2025 — PLACE (Exact and specific location of incident.): See attached

CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. Where space is insufficient, attach an additional page with the claimant's name on the page.)

See attached

CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)
See attached

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.
See attached and more individuals to be determined

CLAIM AGAINST THE CITY OF SAN JOSE, CA

DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

See attached

OTHER INJURED PERSONS (list names and addresses)

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date:	$ 12,224.99
Estimated amount of future costs:	$ unknown
Total amount claimed:	$

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

Internet searches of estimated amounts based on similar items

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

SJPD 201 W. Mission Dr San Jose, CA 95110
other residents - unhoused.

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

See Attached

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 14 day of August, 2025

[redacted]

Claimant's Signature

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

Office of the City Clerk Timestamp

SAN JOSE CITY CLERK

#_____

Office of the City Clerk
200 East Santa Clara Street
Tower 14th Floor
San José, CA 95113

Received by: TL
Via: U.S. Mail
Interoffice Mail
Over the Counter ✓

(Please do not write above this line – for City use only)

Generally, a claim against the City of San José for damages to persons or personal property must be filed with the City Clerk of the City of San José within six months after the incident occurred. See Government Code 911.2. Completed claims **must be mailed or delivered to: Office of the City Clerk, City of San José, 200 E. Santa Clara Street, Tower, 14th Floor, San José, CA 95113, telephone:** (408) 535-1260. Attach copies of any receipts or other documentation to the original claim form.

TO THE CITY CLERK of the City of San José, California:
The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

NAME OF CLAIMANT William Flc
DATE OF BIRTH [redacted]

ADDRESS OF CLAIMANT Unhoused
CITY San Jose STATE CA ZIP CODE

HOME PHONE ( )
WORK PHONE ( )
DRIVER'S LICENSE STATE AND NUMBER

SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and phone number if not same as above.)
[redacted]

DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM 12/21/25
PLACE (Exact and specific location of incident.) See attached

CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. Where space is insufficient, attach an additional page with the claimant's name on the page.)

See attached

CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)

See attached

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.

See attached and more to be determined

CLAIM AGAINST THE CITY OF SAN JOSE, CA

Page 2

DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

See attached

OTHER INJURED PERSONS (list names and addresses)

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date: $ See attached

Estimated amount of future costs: $ unknown

Total amount claimed: $

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

gas can - purchase price at Auto Zone where original was purchased

emotional distress - per legal advice

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

other homeless residents, around eight employees from Turner Construction

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

See attached

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 27 day of October, 20 25

[redacted]

Claimant's Signature

Revised 10/1/2015

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

Office of the City Clerk Timestamp

RECEIVED
SAN JOSE CITY CLERK
2025 AUG 14 PM03:51

#_____

Office of the City Clerk
200 East Santa Clara Street
Tower 14th Floor
San José, CA 95113

Received by: M. Rorke
Via: U.S. Mail ____
Interoffice Mail ____
Over the Counter X

(Please do not write above this line – for City use only)

Generally, a claim against the City of San José for damages to persons or personal property must be filed with the City Clerk of the City of San José within six months after the incident occurred. See Government Code 911.2. Completed claims **must be mailed or delivered to: Office of the City Clerk, City of San José, 200 E. Santa Clara Street, Tower, 14th Floor, San José, CA 95113, telephone:** (408) 535-1260. Attach copies of any receipts or other documentation to the original claim form.

TO THE CITY CLERK of the City of San José, California:
The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

NAME OF CLAIMANT: William Ek
DATE OF BIRTH: [redacted]

ADDRESS OF CLAIMANT: [redacted] CITY: San Jose STATE: CA ZIP CODE:

HOME PHONE: [redacted]
WORK PHONE ( )
DRIVER'S LICENSE STATE AND NUMBER:

SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and phone number if not same as above.)
[redacted]

DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM: July 16, 2025
PLACE (Exact and specific location of incident.): see attached

CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. Where space is insufficient, attach an additional page with the claimant's name on the page.)

see attached

CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)
see attached

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.
see attached and more to be determined

CLAIM AGAINST THE CITY OF SAN JOSE, CA

DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

see attached

OTHER INJURED PERSONS (list names and addresses)

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date:	$ 11719.57
Estimated amount of future costs:	$ unknown
Total amount claimed:	$

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

internet searched of similar items.

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

other residents - unhoused

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

See attached

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 14 day of August, 2025

[redacted]

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

Office of the City Clerk Timestamp

RECEIVED
SAN JOSE CITY CLERK
2025 AUG 14 PM03:49

#_____

Office of the City Clerk
200 East Santa Clara Street
Tower 14th Floor
San José, CA 95113

Received by: M. Rodriguez
Via: U.S. Mail ____
Interoffice Mail ____
Over the Counter X

(Please do not write above this line – for City use only)

Generally, a claim against the City of San José for damages to persons or personal property must be filed with the City Clerk of the City of San José within six months after the incident occurred. See Government Code 911.2. Completed claims **must be mailed or delivered to: Office of the City Clerk, City of San José, 200 E. Santa Clara Street, Tower, 14th Floor, San José, CA 95113, telephone:** (408) 535-1260. Attach copies of any receipts or other documentation to the original claim form.

TO THE CITY CLERK of the City of San José, California:
The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

NAME OF CLAIMANT William Ek DATE OF BIRTH: [redacted]

ADDRESS OF CLAIMANT [redacted] CITY San Jose STATE CA ZIP CODE [redacted]

HOME PHONE ([redacted]) WORK PHONE ( ) DRIVER'S LICENSE STATE AND NUMBER

SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and phone number if not same as above.)
[redacted]

DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM 04-15-25 PLACE (Exact and specific location of incident.) See Attached

CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. Where space is insufficient, attach an additional page with the claimant's name on the page.)

See Attached

CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)
See Attached

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.
See Attached and more to be determined

CLAIM AGAINST THE CITY OF SAN JOSE, CA

DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

See Attached

OTHER INJURED PERSONS (list names and addresses)

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date: $ 11,807.89

Estimated amount of future costs: $ unknown

Total amount claimed: $

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

internet searches and estimates based on similar items found in nearby stores

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

SJPD 201 W. Mission Dr, San Jose, CA 95110
other residents — unhoused

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

See Attached

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 14 day of August, 2025

[redacted]

Claimant's Signature

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

Office of the City Clerk Timestamp

SAN JOSE CITY CLERK
2025 JUL 23 AM11:14

#_____

Received by: _____
Via: U.S. Mail ✓
Interoffice Mail ____
Over the Counter ____

Office of the City Clerk
200 East Santa Clara Street
Tower 14th Floor
San José, CA 95113

(Please do not write above this line – for City use only)

Generally, a claim against the City of San José for damages to persons or personal property must be filed with the City Clerk of the City of San José within six months after the incident occurred. See Government Code 911.2. Completed claims **must be mailed or delivered to: Office of the City Clerk, City of San José, 200 E. Santa Clara Street, Tower, 14th Floor, San José, CA 95113, telephone:** (408) 535-1260. Attach copies of any receipts or other documentation to the original claim form.

TO THE CITY CLERK of the City of San José, California:
The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

NAME OF CLAIMANT Bobby Nunez DATE OF BIRTH: [redacted]

ADDRESS OF CLAIMANT [redacted] CITY San Jose STATE CA ZIP CODE 95112

HOME PHONE [redacted] WORK PHONE ( ) DRIVER'S LICENSE STATE AND NUMBER [redacted]

SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and phone number if not same as above.)

DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM 6/25/2025

PLACE (Exact and specific location of incident.) Penitencia Creek

CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. Where space is insufficient, attach an additional page with the claimant's name on the page.)

See attached.

CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)

See attached.

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.

City of San Jose, City of San Jose Police Department, and others to be determined later.

CLAIM AGAINST THE CITY OF SAN JOSE, CA

DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

See attached.

OTHER INJURED PERSONS (list names and addresses)

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date:	$ 3,383
Estimated amount of future costs:	$ TBD
Total amount claimed:	$ 3,383

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

See attached.

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

See attached.

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 20th day of July, 2025

[redacted]

Claimant's Signature

Revised 10/1/2015

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

Office of the City Clerk Timestamp

RECEIVED
SAN JOSE CITY CLERK
2025 DEC 05 PM03:31

#_____

Received by: D.VOELKER
Via: U.S. Mail ____
Interoffice Mail ____
Over the Counter ✓

Office of the City Clerk
200 East Santa Clara Street
Tower 14th Floor
San José, CA 95113

(Please do not write above this line – for City use only)

Generally, a claim against the City of San José for damages to persons or personal property must be filed with the City Clerk of the City of San José within six months after the incident occurred. See Government Code 911.2. Completed claims **must be mailed or delivered to: Office of the City Clerk, City of San José, 200 E. Santa Clara Street, Tower, 14th Floor, San José, CA 95113, telephone:** (408) 535-1260. Attach copies of any receipts or other documentation to the original claim form.

TO THE CITY CLERK of the City of San José, California:
The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

NAME OF CLAIMANT: Yisela Celeena Ruiroz — DATE OF BIRTH: [redacted]

ADDRESS OF CLAIMANT: [redacted] CITY: San Jose STATE: CA ZIP CODE: 95037

HOME PHONE: [redacted] — WORK PHONE: [redacted] — DRIVER'S LICENSE STATE AND NUMBER:

SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and phone number if not same as above.)
Law Foundation of Silicon Valley, 4 N 2nd St., Suite 1300, San Jose, CA 95113

DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM: 8/27/25

PLACE (Exact and specific location of incident.): Columbus Park, near baseball field

CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. Where space is insufficient, attach an additional page with the claimant's name on the page.)

See attached (double-sided)

CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)

See attached

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.
San Jose Housing Department & San Jose contractors

CLAIM AGAINST THE CITY OF SAN JOSE, CA

DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

See attached

OTHER INJURED PERSONS (list names and addresses)

See attached

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date: $ See attached

Estimated amount of future costs: $ _____

Total amount claimed: $ _____

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

See attached

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 4th day of Sept 9, 2025

[redacted]

Claimant's Signature