

CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO 2023 JUN 30 PM 3: 53

RECEIVEL CITY CLERK

				W11 1 1.1 F 0 F
1. Claims for death, injury to person,	or to nersonal property	must be filed not later than	six (6) months after the occurrence	e (Gov Code 8911 3)
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- 2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
- 3. READ ENTIRE CLAIM FOR BEFORE FILING
- 4.ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:
Rialto City Clerk's Office
Mail: 150 S. Palm Ave., Rialto, CA 92376
Address: 290 W. Rialto Ave., Rialto, CA 92376

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CLAIMANT INFORMATION:	
Lidia Herrera	
FULL NAME	DATE OF BIRTH
	5.1.20. 5.1.1.1
HOME ADDRESS INCLUDING CITY, STATE & ZIP Piculto (a C123	HOME TELEPHONE NO.
PIGITO EG 123	o 16 HOWE TEEL HONE NO.
NA	()
SUSINESS ADDRESS INCLUDING CITY, STATE & ZIP	BUSINESS TELEPHONE NO.
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE	
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM If different from home address provided above): Rialto	(a 92376
il different from frome address provided above).	10010
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6/14/23	TIME: AM DJPM
3. HOW DID DAMAGE OR INJURY OCCUR?	in mu
Parked Vehicle h	15 Sec) attached
police report	
4. WERE POLICE AT THE SCENE? ✓ YES ☐ NO WERE PARAMEDICS AT THE	ESCENE? YES NO
5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY employee causing the injury or damage, if known.	1
Police vehicle	crashed and
clamared my pay	
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury	y or damage \$ \$ 500°.
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair es	stimates, etc. Please attach 2 estimates.
DAMAGES INCURRED TO DATE: , / , 1	5, 700.0
Item/Date: 4/14/23	Amount: \$ 4500
Item/Date:	Amount: \$

TIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:	10/11/23	1 0 1/	2500.00
Item/Date: 2008 Nissan Arma	da 4/19/10	Amount: \$	2500.00
Item/Date:			
TOTAL ESTIMATED AMOUNT PROSPECTIVE			
WITNESSES TO DAMAGE OR INJURY List all persons known to	o have information (attach addit		
ME: Police Report			
DRESS:			
LEPHONE: ()	TELEPHONE: ()		
IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND	D DATE/TIME DOCTOR(S) OR		
ME:	NAME:		
DRESS:	ADDRESS:		
LEPHONE: ()	Not the Part of the State of th		
ATE:TIME:AM PM	DATE:	TIME:	☐ AM ☐ PM
PLEASE READ THE FOLLOWING CAREFULLY:			
If a city/town vehicle was involved, designate by letter "A" location of the when you first saw City/Town vehicle; location of City/Town vehicle at a accident by "B-1" and the point of impact by "X".	time of accident by A-1 and locali	on or yoursen or your vernore a	at the time of the
when you first saw City/Town vehicle; location of City/Town vehicle at a accident by "B-1" and the point of impact by "X".	See 4	on or yoursen or your vernore a	at the time of the
when you first saw City/Town vehicle; location of City/Town vehicle at a accident by "B-1" and the point of impact by "X". **NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION CURB PARKWAY I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THE THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION I CERTIFY (OR DECLARE) UNDER PENALTY OF SIGNATURE OF CLAIMANT OR AGENT TYPE OR PRINT NAME	SEE Y SIDEWALK SIDEWALK EREOF; AND CERTIFY THAT THE SAM ON AND BELIEF; AND AS TO THOSE M	DPER DIAGRAM SIGNED I	POLICE POLICE LEDGE EXCEPT AS TO E TRUE.
when you first saw City/Town vehicle; location of City/Town vehicle at a accident by "B-1" and the point of impact by "X". **NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUA CURB PARKWAY I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THE THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION I CERTIFY (OR DECLARE) UNDER PENALTY SIGNATURE OF CLAIMANT OR AGENT	SIDEWALK SIDEWA	DPER DIAGRAM SIGNED I	POLICE TEPO

Page 1 of 7

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PEDES-	STREET A					CHILL CHILL			CITY O	F RIALTO	SAME AS DRIVER					
TRIAN	150 S P	ALM AVE							OWNER'S AD	DDRESS	SAME AS DRIVER					
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An Internationally Accredited Agency

Destroy Previous Editions

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