



**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

CITY CLERK'S DATE STAMP
**CITY OF RIALTO
2024 JUN 24 AM 10:30
RECEIVED
CITY CLERK**

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
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

CLAIMANT INFORMATION:

Valerie Gonzalez
FULL NAME

DATE OF BIRTH _____

HOME ADDRESS INCLUDING CITY, STATE & ZIP _____
HOME TELEPHONE NO. _____

BUSINESS 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): _____

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6/21/24 TIME: 9:45 AM PM

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC - Describe fully and (if applicable) locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses, measurements and landmarks.
E Merrill Ave and Sycamore Ave. going north. towards E. Rialto Ave

3. HOW DID DAMAGE OR INJURY OCCUR?
Uneven Concrete due to road work. ~~pe~~ light turned green went slow and concrete was lower causing my splash guard to come off

4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE? YES NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.
Road work and Uneven asphalt/concrete

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 275.00

HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.

DAMAGES INCURRED TO DATE:

Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 275

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 6/25/24

Amount: \$ 275

Item/Date:

Amount: \$

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: Suzanne Cronzaler

NAME:

ADDRESS:

ADDRESS:

TELEPHONE:

TELEPHONE: ()

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME:

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

DATE: TIME: AM PM

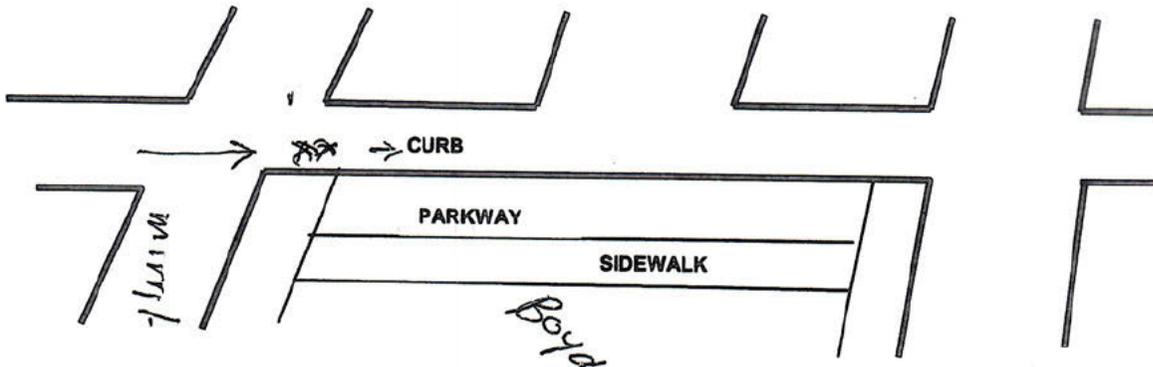
DATE: TIME: AM PM

9. PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Valerie Cronzaler

TYPE OR PRINT NAME

Self

DATE

6/24/24

RELATIONSHIP TO CLAIMANT

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376



993 W Valley Blvd. Suite 315
 Bloomington, CA 92316
 (909) 272-7276
 fernandezbodyfender@hotmail.com

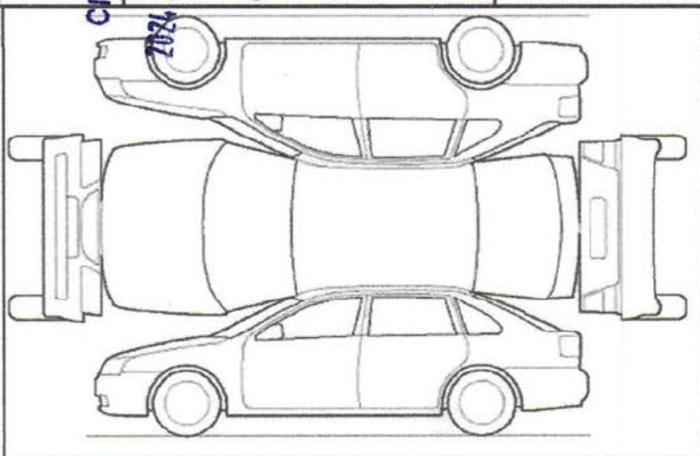
DATE
06-24-24

CUSTOMER		PHONE NO	
Valerie Gonzalez			
MAKE	MODEL	YEAR	VIN NUMBER
Honda	Accord Sport	2018	

LABOR	AMOUNT
Remove & Install Engine Splash Guard.	75 ⁰⁰

QTY	PART NO	DESCRIPTION	AMOUNT
1		Engine Splash Guard	200 ⁰⁰

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SUB TOTAL	275 ⁰⁰
TAX	
TOTAL	275 ⁰⁰
DEPOSIT	-
BALANCE DUE	275 ⁰⁰

I HEREBY AUTHORIZE FERNANDEZ BODY FENDER THE ABOVE LISTED REPAIRS AND NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSE OF TESTING INSPECTION, OR DELIVERY AT MY RISK. IT IS ALSO UNDERSTOOD THAT YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN THE VEHICLE IN CASE OF FIRE, THEFT, OR ANY OTHER CAUSE BEYOND YOUR CONTROL. VISIBLE DAMAGES, IF ANY, HAVE BEEN MARKED IN THE ABOVE IMAGE. ALL SALES ARE FINAL.

CUSTOMER SIGNATURE: