



## CITY OF RIALTO

### LIABILITY

#### CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2024 DEC 23 PM 5:47

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- 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).
- Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
- READ ENTIRE CLAIM FOR BEFORE FILING
- 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:

LELIA DEBORAH ROBERTSON

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

SAME AS ABOVE

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE  
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM  
(if different from home address provided above):

P.O. Box 852

RIALTO, CA 92377

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/21/2000-12/10/2024 TIME: n/a  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.

N/A

3. HOW DID DAMAGE OR INJURY OCCUR?

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.

From 12/2000 - 12/10/2024 I was led to believe  
I was an equal recipient of Life Insurance. And, upon  
my marriage in 2015 I was also led to believe my spouse  
had a policy for me.

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

\* \$300,000

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

DAMAGES INCURRED TO DATE:

Item/Date: 12/10/24 - present damages to policy for the  
be further determined period of an  
Amount: \$ Health known

Item/Date: be further determined Health known

\* pending further calculations with Human Resources  
I insurance Agency, Lincoln Financial and any  
Other pertinent responsible parties. Action was

**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:  
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

\$184,000 -  
\$300,000 -  
prohibited  
estimate of  
loss due  
to failure to  
perform and

Item/Date: \_\_\_\_\_  
Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

**TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:**

**7. WITNESSES TO DAMAGE OR INJURY** List all persons known to have information (attach additional pages, if necessary) *advise name*  
NAME: Michael M. Johnson *name* Anna Curran *on until inquiry*  
ADDRESS: 150 S. Palm Av. 12/14/24  
Rialto, Ca 92376  
TELEPHONE: 909 820-2689 (o) 909 820-2689 (o)

NAME: Anna Curran *on until inquiry*  
ADDRESS: 150 S. Palm Av. 12/14/24

Rialto, Ca 92376  
TELEPHONE: 909 820-2689 (o)

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

NAME: Appointment set for NAME: \_\_\_\_\_  
ADDRESS: 12/26/24 at Kaiser ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) TELEPHONE: ( )

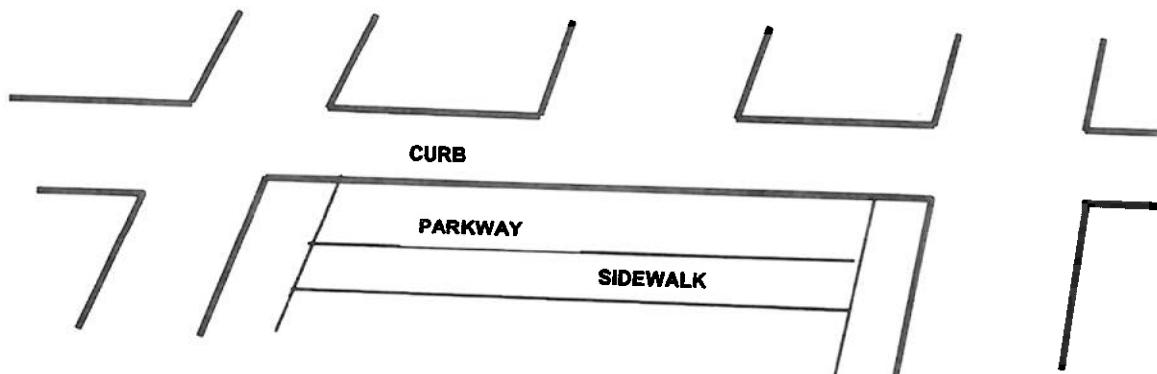
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

**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 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 DECI ARE UNDER PENALTY OF ---) JURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

LELIA D. ROBERTSON

TYPE OR PRINT NAME

N/A

12/23/24

DATE

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