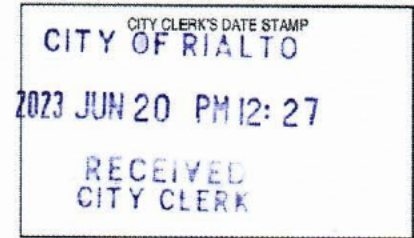




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

Liliana Cerpa

FULL NAME

[REDACTED]

DATE OF BIRTH

[REDACTED] Rialto, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]

HOME TELEPHONE NO.

[REDACTED]

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):

Napolin Law, APC

430 N. Vineyard Ave., Suite 125, Ontario, CA 91767

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 03/17/2023 TIME: 2:30 ☐ 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.

Liliana Cerpa, was stopped on the eastbound freeway off ramp of the 10fwy, at the intersection of Cedar and

numbver 1 lane in the City of Rialto. The signal at the intersection of Cedar turned green and vehicles proceeded

forward. Liliana accelerated forward, traveled for a short distance and then was hit from behind by a Rialto vehicle.

3. HOW DID DAMAGE OR INJURY OCCUR?

Liliana immediately felt dizzy and a headache. She immediately felt back pain, shoulder pain and neck pain.

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.

Alyssa Michelle Burk was not paying attention because she was looking down at her phone.

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

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: \$ To be determined

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____ Amount: \$ _____

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: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: () _____ TELEPHONE: () _____

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

NAME: Cadman Chiropractic NAME: _____

ADDRESS: 9019 Sierra Ave St. ADDRESS: _____

Fontana CA 92335

TELEPHONE: 909.822-2225 TELEPHONE: () _____

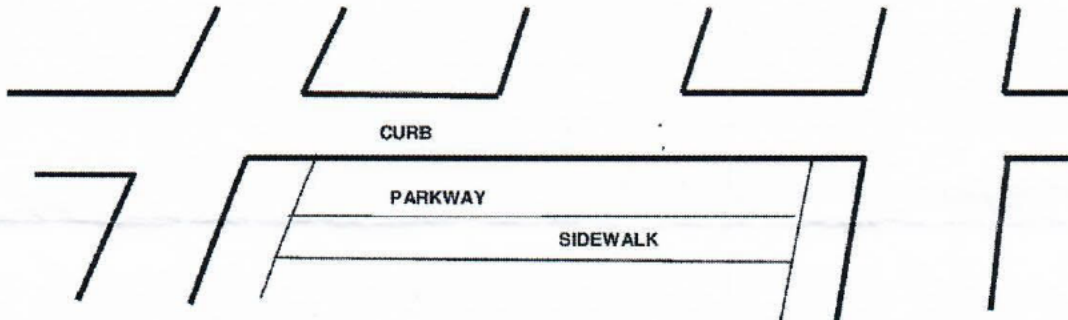
DATE: 03/30/23 TIME: _____ ☐ AM ☐ PM DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Liliana Cerpa

TYPE OR PRINT NAME

05/11/2023

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**

Liability Claim Form (PDF)

Final Audit Report

2023-05-12

Created:	2023-05-11
By:	Alexander Napolin (hurt@napolinlaw.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAApq7olrh-K3AoN1IMh3vHbSJG2Cvyg_3n

"Liability Claim Form (PDF)" History

-  Document created by Alexander Napolin (hurt@napolinlaw.com)
2023-05-11 - 8:57:20 PM GMT- IP address: 209.40.79.197
-  Document emailed to cerpalilly@gmail.com for signature
2023-05-11 - 8:57:44 PM GMT
-  Email viewed by cerpalilly@gmail.com
2023-05-12 - 1:30:13 AM GMT- IP address: 104.28.85.113
-  Signer cerpalilly@gmail.com entered name at signing as Liliana Cerpa
2023-05-12 - 1:32:51 AM GMT- IP address: 76.86.116.214
-  Document e-signed by Liliana Cerpa (cerpalilly@gmail.com)
Signature Date: 2023-05-12 - 1:32:53 AM GMT - Time Source: server- IP address: 76.86.116.214
-  Agreement completed.
2023-05-12 - 1:32:53 AM GMT

CITY OF RIALTO
RECEIVED
CITY CLERK
2023 JUN 20 PM 12:27



Adobe Acrobat Sign

PROOF OF SERVICE

CITY OF RIALTO
2023 JUN 20 PM 12:27
RECEIVED
CITY CLERK

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO)

I am employed in the County of San Bernardino, State of California; I am over the age of eighteen years and not a party to the within entitled action; my business address: 430 N. Vineyard Ave., Ste. 125, Ontario, CA 91764.

On June 14, 2023, I served the within entitled document: on the interested party by the method of service indicated below, and addressed as follows:

NAME & ADDRESS
Rialto City Clerk's Office 150 S. Palm Avenue Rialto, CA 92376

☒ **BY MAIL:** I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice, it would be deposited with US Postal Service on the same day with postage thereon fully prepaid at Ontario, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

☐ **BY FACSIMILE:** I submitted the above-referenced documents to the above-referenced recipient by directing such facsimile transmittal to the following number: Unassigned.

☐ **BY PERSONAL SERVICE:** I delivered such envelope by hand to the office of the addressee.

☐ **BY ELECTRONIC MAIL:** I submitted the above-referenced documents to the above-referenced recipient by directing such electronic mail transmittal to the following electronic mail address: Unassigned.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Date: 6/14/2023

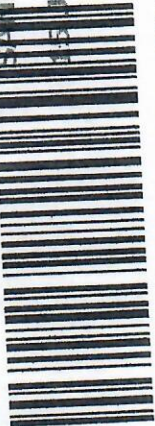

Brenda Mendoza

Napolin Law Firm
430 N. Vineyard Avenue, Suite 125
Ontario, CA 91764

CERTIFIED MAIL

92376-648799

7022 1670 0003 0056 3398



US POSTAGE
\$008.10⁰⁰
0001203400 JUN 14 2023
MAILED FROM ZIP CODE 91764

CITY OF RIALTO
2023 JUN 20 PM 12: 27
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Rialto City Clerk's Office
150 S. Palm Avenue
Rialto, CA 92376

92376-648799