



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2025 NOV 12 PM 3: 57

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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:

Andrew James Quezada

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: 10/24/2025 TIME: 5:30 ☐ 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.

Intersection of riverside and merrill, I was arrested for driving without a license, and even though my mother, a willing, licensed person I asked they release my car to

3. HOW DID DAMAGE OR INJURY OCCUR?

Since having my car towed I've struggled to get to work (my start time is 4a.m.) resulting on unnecessary strain, loss of income, additional hardship.

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.

Rialto Police Officer E. Camacho Rivas I.D.#02759 refused to release my car to a willing and abled third party, and instead called for a tow and placed a

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 4,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Police release form fee
Item/Date: towing and Storage fee

Amount: \$ 216.00
Amount: \$ 1,500.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 100.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: bus, carpooling, lyft

Item/Date: pain and suffering

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

CITY OF RIALTO

Amount: \$ 100.00
2025 NOV 12 PM 3:57
Amount: \$ 0.00

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

NAME: Marina Newman

NAME: Eric Gonzales

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

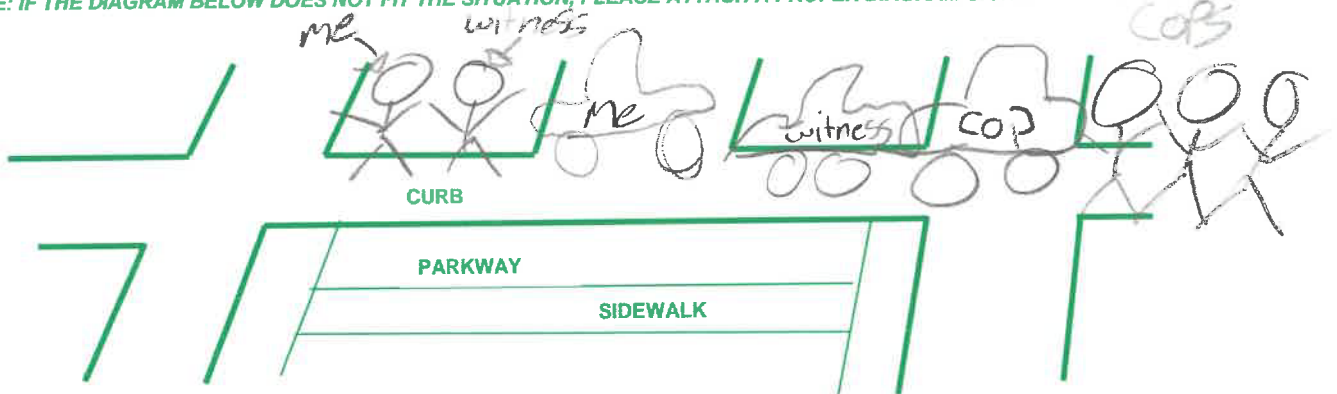
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Andrew James Quezada

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

11/04/2025

DATE

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

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2.) and who even my mother herself asked the police officer if she could please drive the car home, the officers there refused to release the car to my mother and proceeded to instead call a towing company and have my car towed and placed under a 30 day hold, and not once was I informed of where my car would towed to or given any information on how to retrieve it.

5.) 30 day hold, when per RIA's policies, if there is a ~~liability~~ ^{liability} policy, willing, able third party present to release the vehicle to, then that removes the need for a towing, seeing as how the vehicle is not left just sitting at the site.

6.) As of 1/24/2025 the total owed in just towing fee/storage is \$1,568.00, aside from that there's another \$216 for the release form, after the 30

day hold the total owed would be up to \$2,886, im adding on \$2,000 for pain and suffering and loss of wages, because all this could've been avoided had the police officer just released my car to my abled, licensed mother.

Andrew Querada

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Office
150 South Palm Ave
Right CA. 92376

