



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 MAR -6 PM 12: 02
**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:

KARL FREDERICK KOLODZIK
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): SAME AS ABOVE

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: AUG 1972 - 28 DEC 1999 TIME: 27 1/2 HRS 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.
EMPLOYEE (FIRE CAPTAIN) RFD

3. HOW DID DAMAGE OR INJURY OCCUR?
NEVER CASHED OUT ON SICK TIME PAY OUT

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.
TO CORRECT SHORTAGE IN FINAL COMPENSATION

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 73,020⁰⁰
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.

DAMAGES INCURRED TO DATE:

Item/Date: SEE FINAL COMPENSATION SLIP Amount: \$ 73,020⁰⁰
Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 73,020.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: N/A

Amount: \$ _____

Item/Date: N/A

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: CHIEF BRIAN PARK

NAME: GEOFF BARRITT

ADDRESS: 131 S. WILLOW AVE
RIALTO, CA 92376

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

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

NAME: N/A

NAME: N/A

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

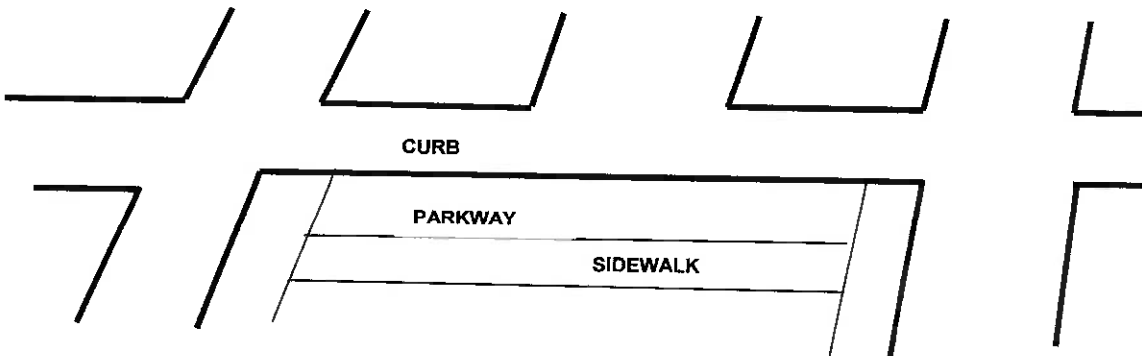
DATE: _____ TIME: _____ AM PM

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 DEC) ARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

KARL F. KLODZIK

TYPE OR PRINT NAME

6 MARCH 2025

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



CITY OF RIALTO
 150 SO. PALM AVENUE
 RIALTO, CA 92376

Bank of America
 Southern CA. Government
 Services Div. 1431
 Los Angeles, CA 90071

Check No. 2666

16.66
 1270

Dept.	Empl. #	Date
5174		12/24/1999

Amount
*****0.00

PAY EXACTLY **** VOID **** VOID **** VOID **** VOID ****

PAY TO THE ORDER OF
 KARL KOLODZIK

NON-NEGOTIABLE

100.68

COPY COPY COPY COPY COPY

CITY OF RIALTO

Empl. Name	KARL KOLODZIK	Pay Period START Date	12/05/1999	Gross Pay	1,811.02
Empl. Number		Pay Period END Date	12/18/1999	Net Pay	100.68
CHECK #	2666	Issue Date	12/24/1999	Filing Status	M 02
				Taxable Calendar Y-T-D Earnings	98,264.52

EARNINGS				BENEFITS			DEDUCTIONS	
Description	Hours	Rate	Amount	Description	Amount	Year-To-Date	Amount	Year-To-Date
ua		<i>Hourly Pay</i>	405.87	FEDERAL WI			122.74	16117.0
oto	58.00	21.431	1242.99	STATE WITH			15.28	4880.3
sep	62.00			PERS	338.48	8416.65		
hmp	1.00	100.000	100.00	SURVIVOR'S			0.93	16.7
edpa			62.16	LIFE INSUR		39.30		
				KAISER +2		1158.18		
TOTALS	121.00	14.967	1811.02	DENTICARE		71.97		
				GREAT WEST			307.69	7999.9
				KAISER +2			46.25	560.0
				ALLIANCE P			34.20	802.0
				VISION PLA				171.0
				ARROWHEAD			1100.00	28100.0
				RIALTO FIR			41.25	448.5
				RIALTO PRO			42.00	1008.0
				TOTALS	338.48	9686.10	1710.34	60103.5

LEAVE			
Description	Taken	Earned	Balance
SICK LEA		4.89	2894.07
compensa			38.50
holiday			49.93
VACATION	9.79		420.78

$3407.21 \times 21.431 = 73,020.00$

COMMENTS: HAPPY HOLIDAYS TO YOU!!