



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

CITY CLERK'S DATE STAMP

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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:

Perez, Angelica
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: MON., MARCH 30, 2016 TIME: 09:00 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.

ON SIDEWALK, ON CEDAR AVE, EAST SIDE OF CEDAR AVE BETWEEN W RANDALL AVE AND W MERILL AVE.

3. HOW DID DAMAGE OR INJURY OCCUR?

WALKING ON SIDEWALK, PAVEMENT. I WAS WALKING ON THE SIDEWALK, I TRIPPED ON A SIGNIFICANTLY UNEVEN SECTION OF PAVEMENT. SUFFERED AN INJURY ON RIGHT KNEE.

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.

FAILURE TO MAINTAIN THE SIDEWALK ON A MAIN STREET IN A SAFE CONDITION, SPECIFICALLY THE PRESENCE OF A SIGNIFICANTLY BUSY STREET AND UNEVEN SECTION OF PAVEMENT. IT'S HAZARDOUS & DANGEROUS.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ \$1440.00

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

DAMAGES INCURRED TO DATE:

Item/Date: LOSS OF WAGES DUE TO INJURY TUES. 3/31/2016 Amount: \$ 360.00

Item/Date: LOSS OF WAGES DUE TO INJURY Amount: \$ 360.00

Item/Date: LOSS OF WAGES DUE TO INJURY 4/1/2016 Amount: \$ 360.00

Item/Date: LOSS OF WAGES DUE TO INJURY 4/2/2016 Amount: \$ 360.00

Item/Date: LOSS OF WAGES DUE TO INJURY 4/3/2016 Amount: \$ 360.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1440.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

CITY OF RIALTO

Item/Date: N/A

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Amount: \$ 0

Item/Date: N/A

Amount: \$ 0

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 0

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

NAME: ARCELA PEREZ

NAME: ADOLFO PEREZ

ADDRESS:

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

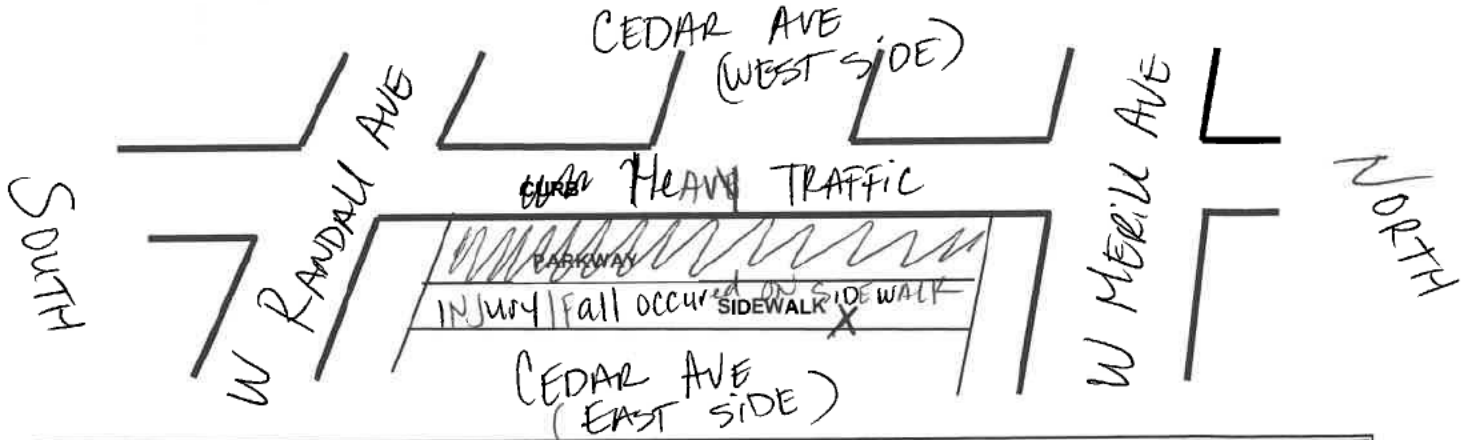
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9. PLEASE READ THE FOLLOWING CAREFULLY:

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

Angelica Perez

4/26/2026

TYPE OR PRINT NAME

SELF

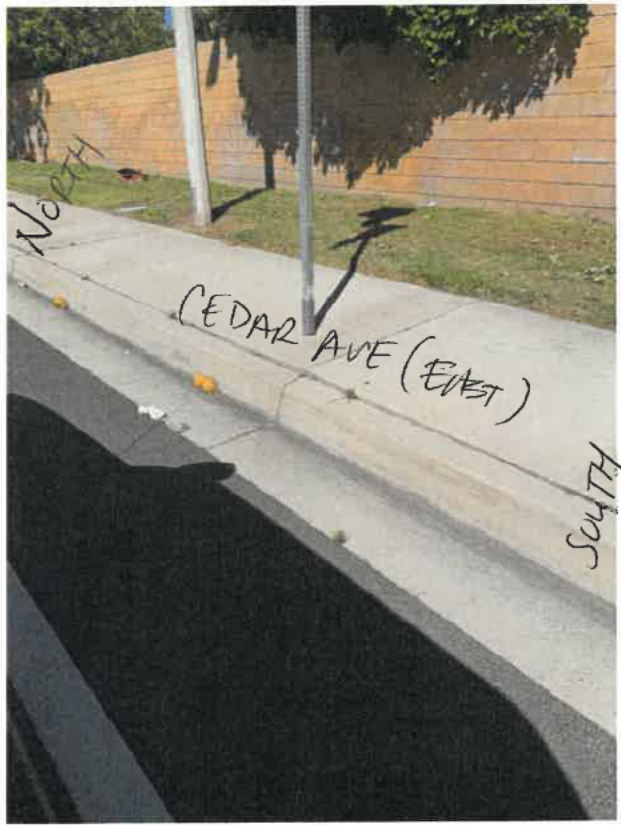
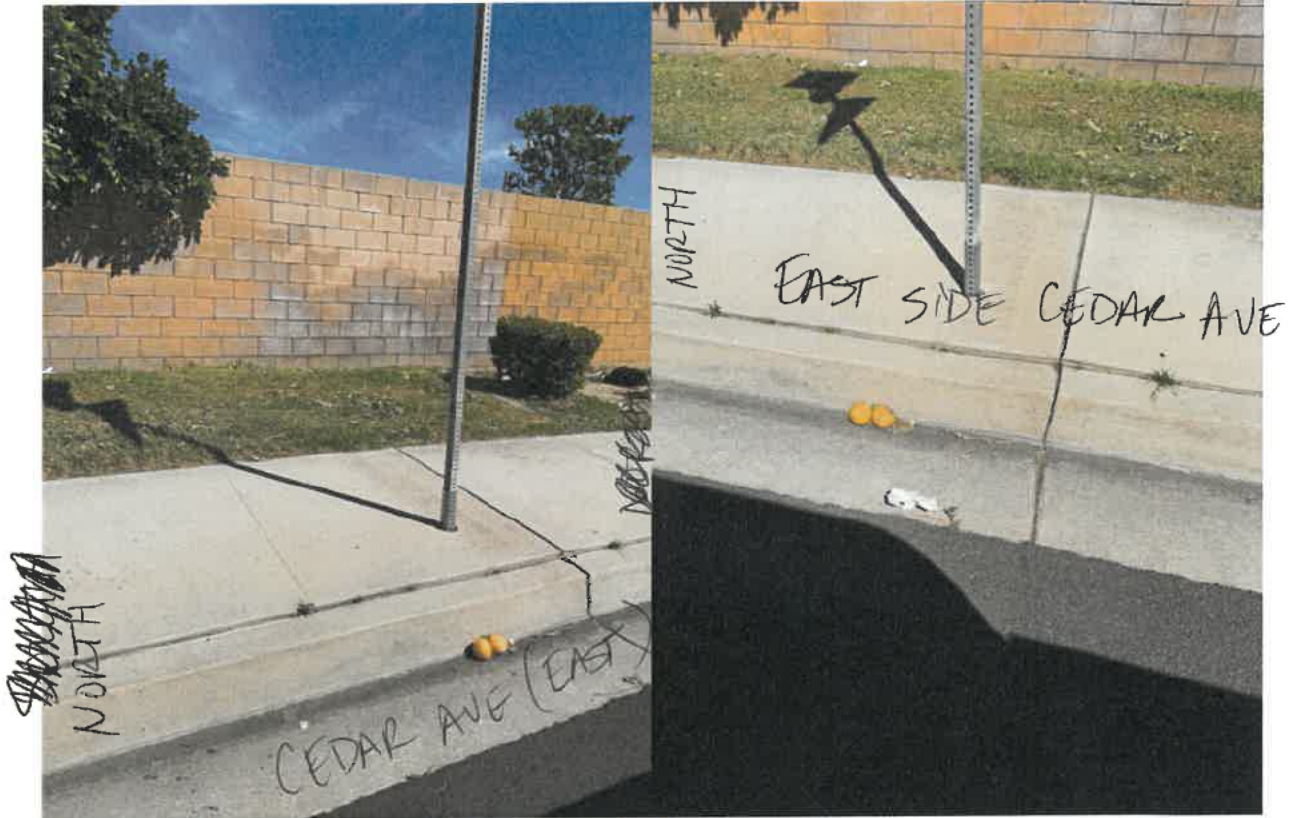
DATE

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 PLAZA
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Right knee/leg



Right Knee/leg



Perez, Angelica

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Right Knee/Leg

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Right Knee / leg



Right Knee / leg

CITY OF PIAZZA
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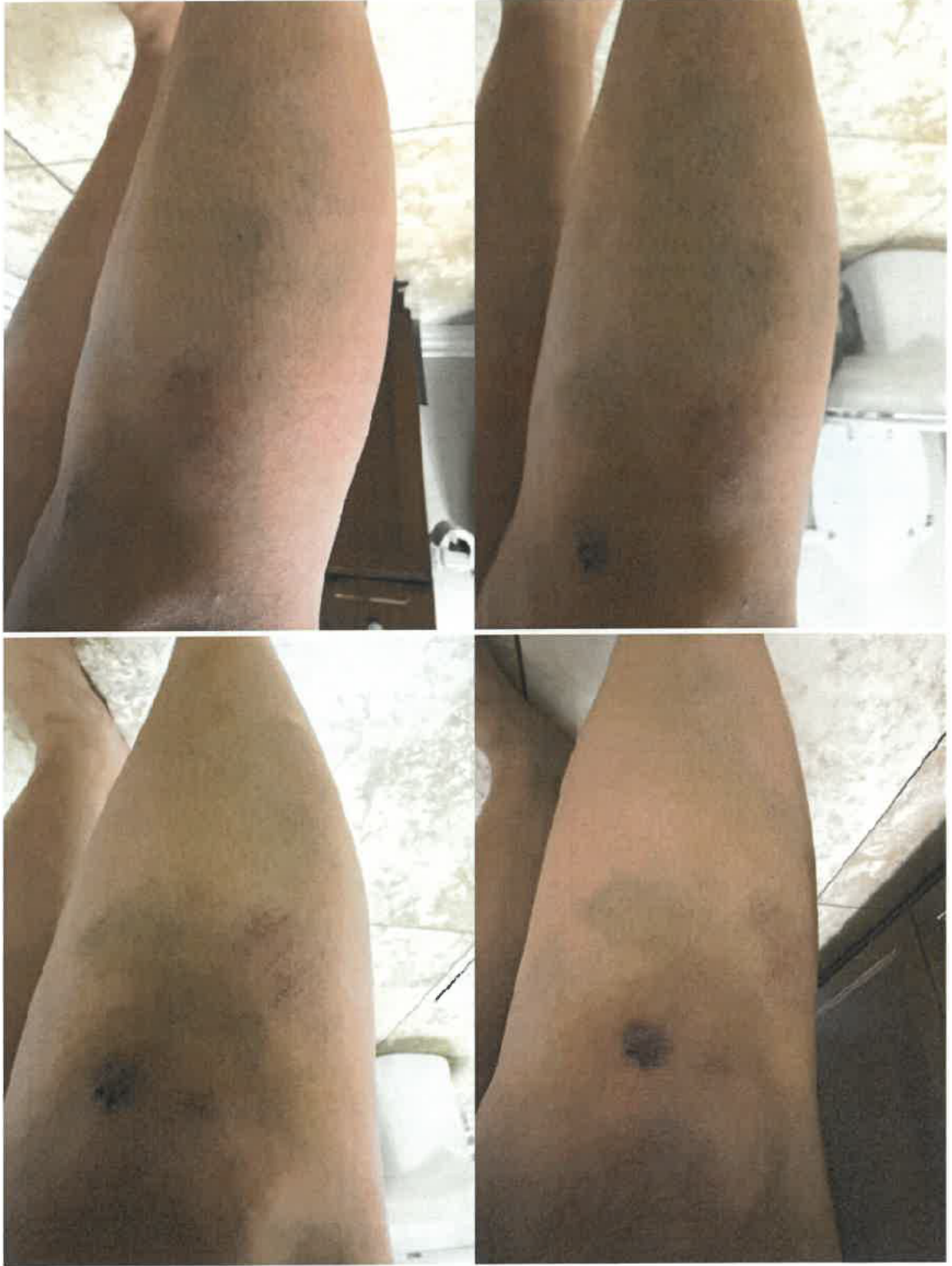
PEREZ, ANGELICA

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Right knee leg
501/0001/1161

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