



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2021 NOV -2 PM 3:34
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:

FULL NAME: Bobby L. Riley
 HOME ADDRESS INCLUDING CITY, STATE & ZIP: [REDACTED] RIALTO, CA 92376-3443
 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): SAME

DATE OF BIRTH: [REDACTED]
 HOME TELEPHONE NO.: _____
 BUSINESS TELEPHONE NO.: _____

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 9/20/2021 TIME: 11AM-12PM 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.

The accident took place in my home. The officer came to my home due to a wellness check, the Fire department assisted the officer in speaking down the door to help me off of the floor.

3. HOW DID DAMAGE OR INJURY OCCUR?

I was walking to the shower and slid to the floor. I was unable to get up due to my severe back pain. They had to knock the door down to find me.

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.

The Fire department had to break down the door to assist me from the wellness call.
- Officer C. Waidcey Badge# 2286 - Helped me with my situation

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 160.24

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

DAMAGES INCURRED TO DATE:

Item/Date: <u>Broken Jam on Front door</u>	Amount: \$ <u>125.00</u>
Item/Date: <u>Materials</u>	Amount: \$ <u>35.24</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 160.24

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: Officer C. Waidcey Budgett 2286

NAME: _____

ADDRESS: Rialto Police Dept.

ADDRESS: _____

Case # 932108941

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

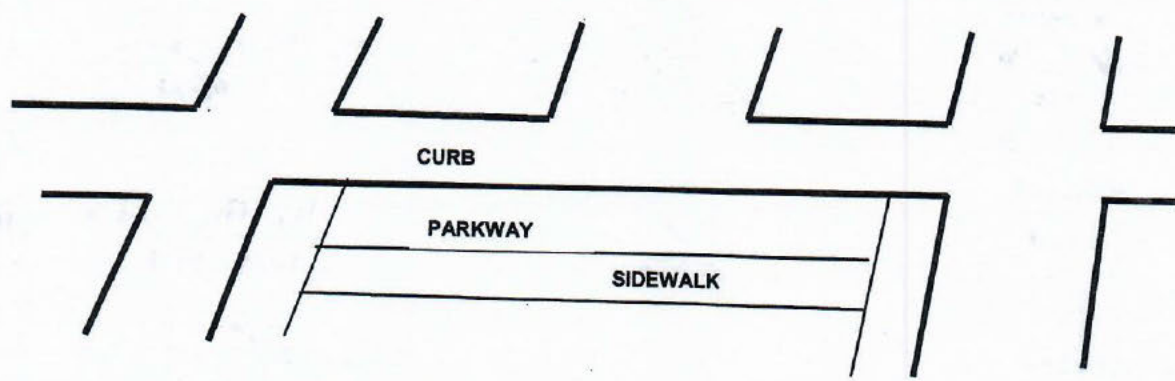
DATE: _____ TIME: _____ AM PM

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

Bobby L. Riley
TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

Self

DATE

1/12/21

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



**How doers
get more done.**

1451 WEST FOOTHILL BOULEVARD
RIALTO, CA 92376 (909)877-0246

6683 00003 21687 09/22/21 09:45 AM
SALE CASHIER MICHELLE

070798114258 AFD 5.5 <A> 3.18
099443802739 4-9/16 WMS <A> 11.76
099443051175 2-1/4 CASING <A> 6.17
099443001347 PRIME CASING <A> 7.91
DR&WIN 1-5/8 CS6 LEG PE-J F12564R-1

SUBTOTAL 29.02
SALES TAX 2.25
TOTAL \$31.27

XXXXXXX00086 DEBIT USD\$ 31.27
AUTH CODE 000312
Chip Read Verified By: PIN
AID A0000000980840 US DEBIT

6683 09/22/21 09:45 AM



6683 03 21687 09/22/2021 0082

RETURN POLICY DEFINITIONS
POLICY ID 1 DAYS 90 POLICY EXPIRES ON 12/21/2021

DID WE NAIL IT?*****

Take a short survey for a chance to win
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H88 50346 43666
PASSWORD: 21472 43663

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.



**How doers
get more done.**

1451 WEST FOOTHILL BOULEVARD
RIALTO, CA 92376 (909)877-0248

6683 00051 49075 09/22/21 11:57 AM
SALE SELF CHECKOUT

077578012230 FOAM TAPE <A> 3.68
3/8 X 7/16 X 10 RBR FOAM TAPE BLK

SUBTOTAL 3.68
SALES TAX 0.29
TOTAL \$3.97

XXXXXXXXXX0086 DEBIT USD\$ 3.97
AUTH CODE 000692 Verified By: PIN
Chip Read US DEBIT
AID A0000000980840

6683 09/22/21 11:57 AM



6683 51 49075 09/22/2021 7985

RETURN POLICY DEFINITIONS
POLICY ID 1 DAYS 90 POLICY EXPIRES ON 12/21/2021

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Take a short survey for a chance to win
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H88 105122 98490
PASSWORD: 21472 98489

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.

95716

95716
Sucks Hardware Service
Sep 22, 2021

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE	SOLD BY	CASH	C.O.D.	CHANGE	UN.ACCT.	ADJSE. RETD.	TND OUT
NAME	[REDACTED]								
ADDRESS	[REDACTED]								
CITY, STATE, ZIP	RIALTO, CA 92376								
QUANTITY	DESCRIPTION	PRICE	AMOUNT						
1	Fix Broken Saw	42.50							
2	on Form Deck								
3									
4	materials	43.52							
5									
6									
7									
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19									
RECEIVED BY									

KEEP THIS SLIP FOR REFERENCE

Rialto Police Courtesy Notice

Date _____ Time _____ Day of Week _____

Comment _____

932108941

Officer C. WAIDLEY Badge No. 2285

CONTACT RIALTO P.D.-(909) 820-2550 FOR FURTHER INFORMATION

(Over)