



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

CITY CLERK'S DATE STAMP  
  
CITY OF RIALTO  
2024 OCT 24 PM 6:00  
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:**

Lonnie Close  
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: October 26, 2023 TIME: 12:30-1:00  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

\_\_\_\_\_

\_\_\_\_\_

3. HOW DID DAMAGE OR INJURY OCCUR?  
Back door damage was caused by officers kicking the door to enter of possible suspect/person inside residence

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 kicked the back door to gain entry / Rialto, Ca

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 2,879.78

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

DAMAGES INCURRED TO DATE:

Item/Date: Door / 10/24/2024 Amount: \$ 2,879.78  
Item/Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ \_\_\_\_\_

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: Latasha Porter

NAME: \_\_\_\_\_

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

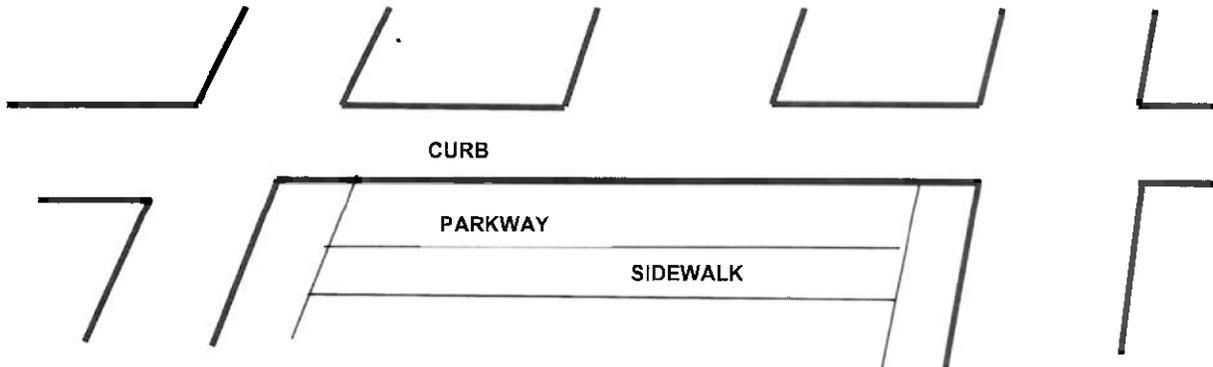
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

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

Bonnie Glase

TYPE OR PRINT NAME

10-20-2024  
DATE

Daughter

RELATIONSHIP TO CLAIMANT

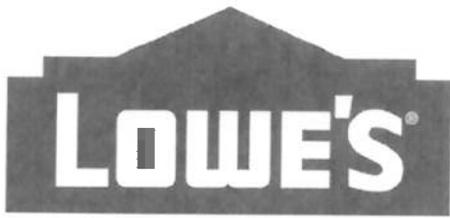
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)  
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376











# CUSTOMER PROPOSAL

10/24/2024

▶▶ **Let us  
install it  
for you.**



Prepared For

Leteshia Porter  
964 E. Mesa Dr. Rialto, California 92376  
leteshaway@yahoo.com  
9094344522

Prepared By

Eddie Aguilar-Farias  
eddie.aguilar-farias@lowes.com  
951 509 5500



### CALIFORNIA SERVICES SOLUTIONS INSTALLED SALES PROPOSAL

LOWE'S AUTHORIZED REPRESENTATIVE	SALES ID	DATE	CUSTOMER NAME
Eddie Aguilar-Farias	852977	10/24/2024	Letesha Porter

STORE NO	STREET ADDRESS	STREET ADDRESS
1700	16851 SIERRA LAKES PARKWAY	

CITY	STATE	ZIP	CITY	STATE	ZIP
FONTANA	CALIFORNIA	92336-1226	Rialto	California	92376

TELEPHONE	TELEPHONE
(909)350-7900	

EMAIL	EMAIL
eddie.aguilar-farias@lowes.com	

LOWE'S CONTRACTOR LICENSE #	LOWE'S REPRESENTATIVE LICENSE #	CREDIT/DEBIT	CHECK	LCC CARD	GIFT CARD
-----------------------------	---------------------------------	--------------	-------	----------	-----------

This is only a quote for the merchandise and services printed below.

INSTALLATION STREET ADDRESS	CITY	STATE	ZIP
964 E Mesa Dr	Rialto	California	92376

**Lowe's does not offer services to paint, seal or stain fences.**

Additional charges may apply for permit fees. Installation services guaranteed by Lowe's labor warranty & available thru independent contractors, licensed, & registered where applicable. License numbers & certifications held by or on behalf of Lowe's Home Centers, LLC: #991832

**IMPORTANT.** This is an estimate only. This estimate is subject to change and does not bind you or Lowe's. This estimate is not a contract nor will it modify any future contract you may sign with Lowe's for the installation services. You may accept this proposal only by signing the appropriate Services Solutions Installed Sales Contract with Lowe's and making payment according to the terms and conditions therein. (Estimate good for 30 days. Roofing, Gutters and Fencing Estimates are good for 7 days). Installation fees will be, and additional charges may be, based on total product required to fulfill order (including waste). If you would like to discuss the measurements or would like a copy of this document, please contact the Lowe's Store Associate. Please review your contract carefully for all charges prior to signing.

**MERCHANDISE AND INSTALLATION SUMMARY: (I.E. ITEM NUMBERS, COLORS, DIMENSIONS, CONSIDERATIONS):**

### Included

**Product**

**Back laundry door install**

Installation of back pre hung door for laundry area, removal and haul away included. Door is smooth fiberglass 1/2 ventlite not painted, includes screen, pre hung door new frame, new hinges, new threshold, new weatherstrip and new trim, door locks homeowner to buy, lead time about 4 weeks.

**QUOTE TOTAL \$2,879.78**  
**Payment (100%) \$2,879.78**

# Job Photos

