



**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:

David Ezra Lingurar
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):

Injury legal center
2922 Daimler st. Santa Ana CA, 92705

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6/24/25 TIME: 7:45 ☒ 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.

Riverside Ave North of I-10 W/B

3. HOW DID DAMAGE OR INJURY OCCUR?

our client turned right on riverside Dr went to #2 lane came to a stop due to traffic when was rear-ended by defendant.

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.

David Padilla, city of Rialto P.D

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

\$ 54,008.14

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

DAMAGES INCURRED TO DATE:

Item/Date: repair estimate

Amount: \$ 2,318.14

Item/Date: medical bills

Amount: \$ 51,690

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 350,000

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

CITY OF RIALTO

Item/Date: prospective medical expenses 2025 DEC 11 PM 1:48 Amount: \$ 15,000

Item/Date: Amount: \$

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

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\$ 15,000

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

NAME: N/A

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

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

NAME: IE Injury Care

NAME: Southern California orthopedic & Reha

ADDRESS: 6800 Indiana Ave Ste. 280

ADDRESS: 3420 Bristol St ste 700 specialist

Riverside CA 92506

Costa Mesa CA, 92626

TELEPHONE: 951 783-9198

TELEPHONE: 714 485-3599

DATE: 6/24/25 - present TIME: ☐ AM ☐ PM

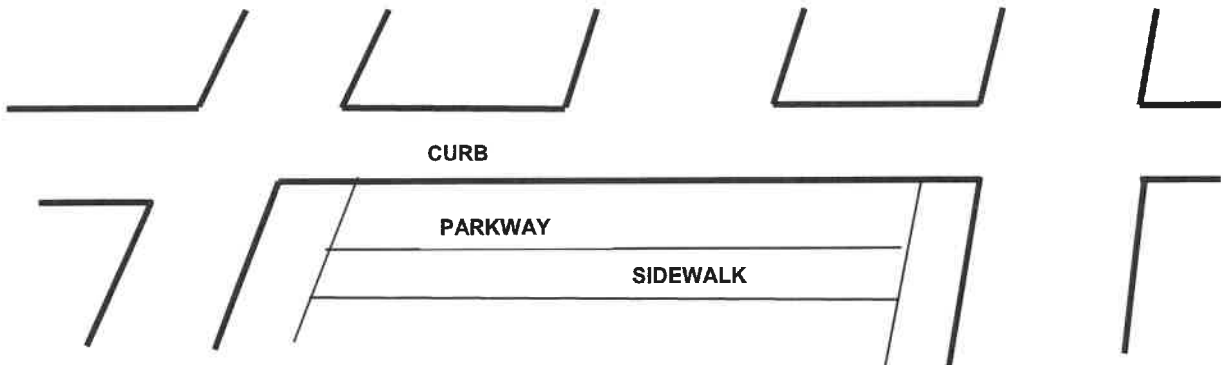
DATE: 8/1/25 - present TIME: ☐ AM ☐ PM

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

SIGNATURE OF CLAIMANT OR AGENT

Giovanni Chavez

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

DATE

12-8-26

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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CLAIMANT'S DESIGNATION OF ATTORNEY

Pursuant to section 2695.2 of California Code of Regulations, Title 10, Chapter 5:

I, David A. Linguror hereby designate **INJURY LEGAL CENTER, P.C.** to act as my duly authorized and designated attorney to handle any and all claims for property damage, bodily injury, or any type of damages whatsoever arising out of the accident of June 24, 25. This authorization shall be valid for only two years from the date below unless renewed by the undersigned. Any and all prior authorizations are hereby revoked by the undersigned as of the date of this authorization.

Signed this 25 day of June, 2025.



Signature

David Linguror

Name-Printed

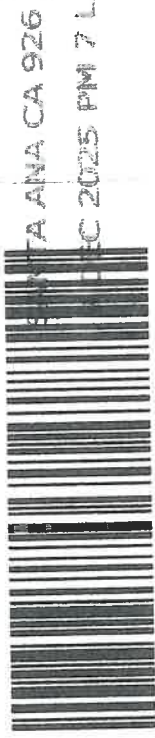
Social Security

Signature of Parent or Guardian
(Ad Lit Litem)(if applicable)

INJURY LEGAL CENTER
2922 DAIMLER ST
SANTA ANA CA 92705-5801

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