

CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO 2023 JUN 13 PM 5: 15

> 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:	
Fredy Gonzalez	
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):	DOSINESS TELEFTIONE NO.
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 04-01-23 TIM	E: 2 300 AM (\$00PM
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) locate Where appropriate, give street names and addresses, measurements and landmarks. OFICCEV /C - ball Lost my ID Card	on diagram on reverse side of this sheet.
3. HOW DID DAMAGE OR INJURY OCCUR? Car accident on linden/Foothill are	
A WEDE DOUGE AT THE COUNTY TO THE ANGLE AND THE COUNTY TO	^
4. WERE POLICE AT THE SCENE? PYES \ NO WERE PARAMEDICS AT THE SCENE? F 5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGE employee causing the injury or damage, if known. Officer K-bull fook my license ID an after I was facking to the IPR on Of my (ak wouldent -	ES? Give the name of the city/town
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage	\$
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Pro	lease attach 2 estimates.
DAMAGES INCURRED TO DATE:	
Item/Date: ID license card 4-1-23	Amount: \$
Item/Date:	Amount: \$

Item/Date:	THUNK J	5 6419	4-1-2		Amount: \$, ,
Item/Date:			· ·		Amount: \$	
TOTAL EST	IMATED AMOUN	T PROSPECTIVE	DAMAGES:		\$	
. WITNESSES TO DAM	IAGE OR INJURY Lis	t all persons known to	have information (att	ach additional pac	ges if necessary)	
AME:					you, ii noocasary)	
DDRESS:						
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PLEASE READ THE F					_ TIME.	LI AM LI PIV
For all vehicle accident of accident by "X" and by If a city/town vehicle was when you first saw City/Taccident by "B-1" and the NOTE: IF THE DIAGR	y snowing nouse number involved, designate by Town vehicle; location of e point of impact by "X".	's or distances to street of letter "A" location of the of City/Town vehicle at time	City/Town vehicle when e of accident by "A-1" ar	nd location of yourse	elf or your vehicle at	the time of the
If a city/town vehicle was when you first saw City/	s involved, designate by I Town vehicle; location of e point of impact by "X".	's or distances to street of letter "A" location of the of City/Town vehicle at time	City/Town vehicle when e of accident by "A-1" ar	nd location of yourse	elf or your vehicle at	the time of the
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