



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2025 DEC -8 PM 5:26  
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:**

Bryan Morales

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: 09/15/2025 TIME: 11:07 pm ☐ 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.

Traffic Collision report. I was involve in a traffic collision on 09/15/2025 at 11:07pm.  
The street were the car accident happen was on Foothill Blvd & N Willow Ave., Rialto  
CA, 92376. Some land marks are a Sacks in the box in one corner, O-Rielly in one corner, and Hill in one corner  
and stop in front of 7/11.

3. HOW DID DAMAGE OR INJURY OCCUR?

A white Dodge Ram 1995 t-bone me on a white 2010 Toyota Corolla. My car  
ended up on the right side of the door. I sustaim a traumatic Brain Injury and other  
injuries include fracture skull and ribcage puncture lung and kidney.

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.

Police Station sent me to city clerk since they stated that my items were misplaced  
in transport from the location of the accident to the police station.

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

\$ 1,720

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Iphone 15 pro

Amount: \$ 1,090

Item/Date: Lasike Glasses

Amount: \$ 220.00

**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:** \$ 1,720

**ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

Item/Date: 6-shock Amount: \$ 180.00

Item/Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:** \$ 186.00

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

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

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

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

NAME: Arrowhead Regional Medical Center NAME: Loma Linda University Medical Center East Campus

ADDRESS: 400 N. Pepper Ave Colton, CA 92376 ADDRESS: 25333 Burton Rd Loma Linda, CA 92354

TELEPHONE: (477) 873-2762 TELEPHONE: (909) 825-8601

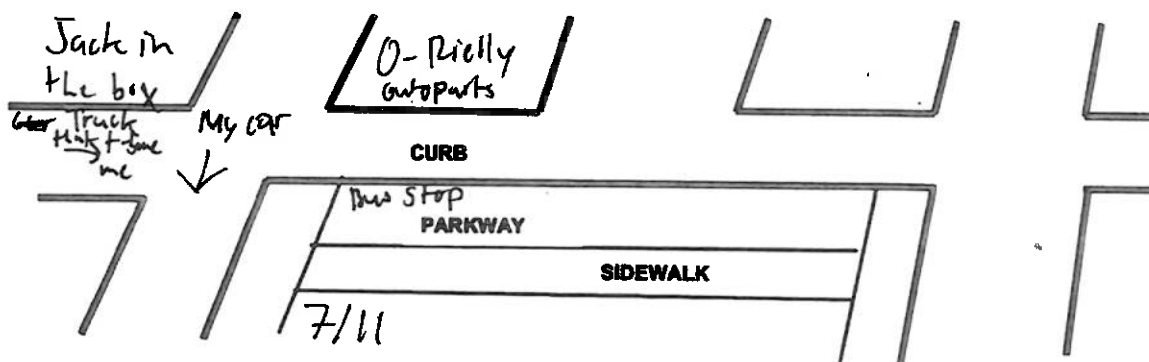
DATE: 09/16/2015 TIME: 12:00 ☒ AM ☐ PM DATE: 09/23/15 TIME: 8:30 ☐ AM ☒ PM

**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

Bryan Morales

TYPE OR PRINT NAME

Myself

RELATIONSHIP TO CLAIMANT

DATE

12/08/25

**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**