

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

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CITY OF RIALTO
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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:	
_____ Jose Garcia FULL NAME	_____ [REDACTED] DATE OF BIRTH
_____ [REDACTED] Rialto, CA, 92376 HOME ADDRESS INCLUDING CITY, STATE & ZIP	_____ [REDACTED] 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):	_____ Montgomery I Steele 2151 E. Convention Center Way Ste. 231, Ontario, CA 91764

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 02/16/2021 TIME: 3:15 ... AM ..xPM

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.
WB Merril Ave. and 484 S. Riverside Ave (ARCO) in Rialto, CA (see attached TCR)

3. HOW DID DAMAGE OR INJURY OCCUR?
Claimant was traveling WB on Merril Ave. put his signal on to turn right into 484 S. Riverside Ave (ARCO) when Officer failed to see claimants turn signal and swerved to avoid collision but still collided to the rear left corner of claimants vehicle.

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.
Officer Shaughn C. Edward J Ford

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ est. over \$25k

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>'04 Honda Accord Total Loss (see estimates)</u>	Amount: \$ <u>\$8,000.00</u>
Item/Date: <u>Medical Bills (UC, MRI, Pain Mgmt)</u>	Amount: \$ <u>\$12,500.00</u>

