



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2026 JUN 16 AM 11:29
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:

Juan J. Hernandez
FULL NAME

_____ DATE OF BIRTH

_____ HOME TELEPHONE NO.

_____ BUSINESS TELEPHONE NO.

_____ BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

_____ 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: June 9, 2026 TIME: 10:30 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.
Rialto Ave. in front of Rialto Middle School, Rialto Ca.
I was traveling westbound in right lane on Rialto Ave.

3. HOW DID DAMAGE OR INJURY OCCUR?
While driving westbound in front of Rialto Middle school. Me and My wife heard an object strike the windshield of our car a 2017 Ford Fusion LP# 9XUV630, as we heard the strike from the right side we saw a city of Rialto worker operating a weed eater along the grass edge in school parking lot.

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.

After I stop check the windshield saw a small crack in the upper right area of windshield, a rock was propelled by the weed eater and struck the windshield. I returned to the school immediately and spoke to a city worker who stated that the worker operating the weed eater had left the site. Identify as Johnny

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 607.30

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

DAMAGES INCURRED TO DATE:

Item/Date: June 9, 2026 Windshield 2017 Ford Fusion Amount: \$ 607.30

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 607.30

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 2017 Windshield for a

Amount: \$

Item/Date: Ford Fusion Hybrid

Amount: \$ 607.30

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 607.30

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

NAME: Juan Hernandez

NAME: Lorena Rojas

ADDRESS:

ADDRESS:

TELEPHONE:

TELEPHONE:

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

NAME:

NAME:

ADDRESS: None

ADDRESS: None

TELEPHONE: ()

TELEPHONE: ()

DATE: TIME: AM PM

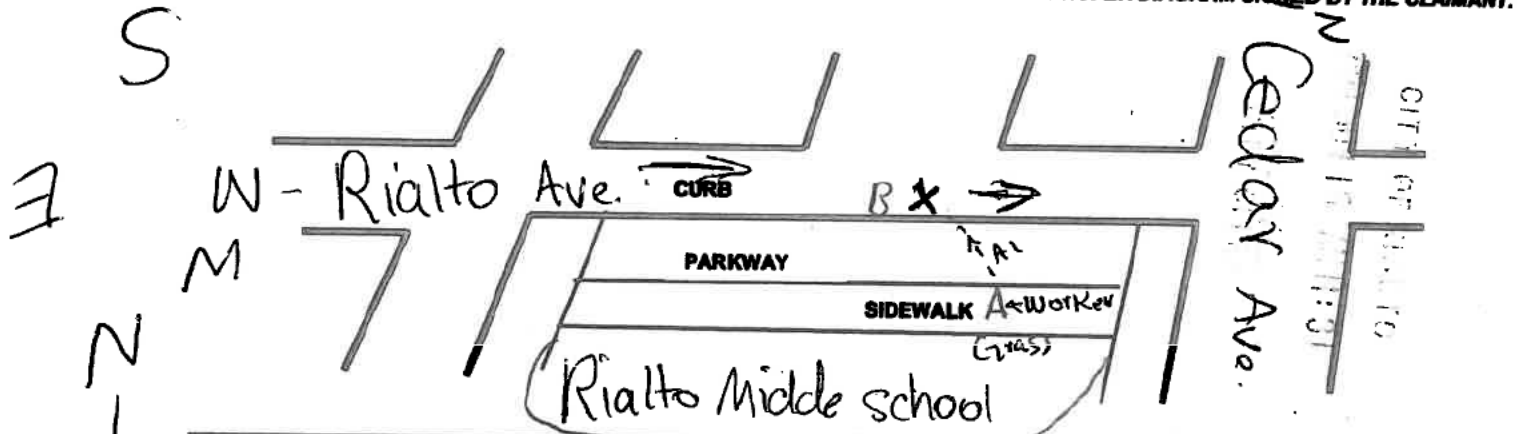
DATE: TIME: AM PM

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

Juan Hernandez

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

DATE

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

CITY OF RIALTO

7026 JUN 16 AM 11:29

RECEIVED
CITY CLERK





CITY OF RIALTO
2026 JUN 16 AM 11:29
RECEIVED
CITY CLERK

Invoice

Invoice no.: 422
Invoice date: Jun 9, 2026
Due: Jun 10, 2026



From

Right Way Autoglass
Gilbertmorones@gmail.com
9095454223
Fontana, California

Bill to

Juan Hernandez

DESCRIPTION	RATE, USD	QTY	AMOUNT, USD
Windshield Replacement with lifetime warranty 2017 Ford Fusion Hybrid	\$564.35	1.00	\$564.35
Ca Taxes	\$42.95	1.00	\$42.95

Payment Instruction

Paypal email:
"N/A"

Bank Transfer:
"N/A"

*Cash wallet\nPaid cash\n\nCash payment
\nCash payment \n"

Subtotal: \$607.30
(0%): incl. \$0.00
Total: \$607.30

Balance Due: \$607.30

CITY OF RIALTO
RECEIVED
CITY CLERK
2026 JUN 16 AM 11:29

Invoice

Invoice no.: 422
Invoice date: Jun 8, 2026
Due: Jun 9, 2026



From

Right Way Autoglass
Gilbertmorones@gmail.com
9095454223
Fontana, California

Bill to

Jaun Hernandez

DESCRIPTION	RATE, USD	QTY	AMOUNT, USD
Windshield Replacement with lifetime warranty	\$564.35	1.00	\$564.35
2017 Ford Fusion Hybrid with Recalibration			
Ca Taxes	\$42.95	1.00	\$42.95

Payment Instruction

Paypal email:
"N/A"

Bank Transfer:
"N/A"

*Cash wallet\nPaid cash\n\nCash payment
\nCash payment \n*

Subtotal:	\$607.30
(0%):	incl. \$0.00
Total:	\$607.30
Balance Due:	\$607.30

RECEIVED
CITY CLERK

2026 JUN 16 AM 11:29