



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2022 OCT -7 AM 11:25
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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

Report # 932211818

CLAIMANT INFORMATION:

Pricilla Nuñez
FULL NAME

Colton CA 92324
apt 2114
HOME ADDRESS INCLUDING CITY, STATE & ZIP

_____ HOME TELEPHONE NO.

_____ BUSINESS 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: 10/02/2022 TIME: 7:00 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.

Stoplight on first street and Riverside ave Rialto CA

3. HOW DID DAMAGE OR INJURY OCCUR?

I was at a stop light stopped and Police car came on the left side of me and side swiped my car hitting my drivers mirror. He left the scene came back after I called 911

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.

I wasn't given any information on the person who hit me. It was a Rialto police officer in an SUV.
Report # 932211818

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 781.62

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>left mirror housing</u>	Amount: \$ <u>781.62</u>
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: \$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____ Amount: \$ _____

Item/Date: _____ Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: \$ _____

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

NAME: _____
ADDRESS: _____
TELEPHONE: () _____

NAME: _____
ADDRESS: _____
TELEPHONE: () _____

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

NAME: _____
ADDRESS: _____
TELEPHONE: () _____
DATE: _____ TIME: _____ AM PM

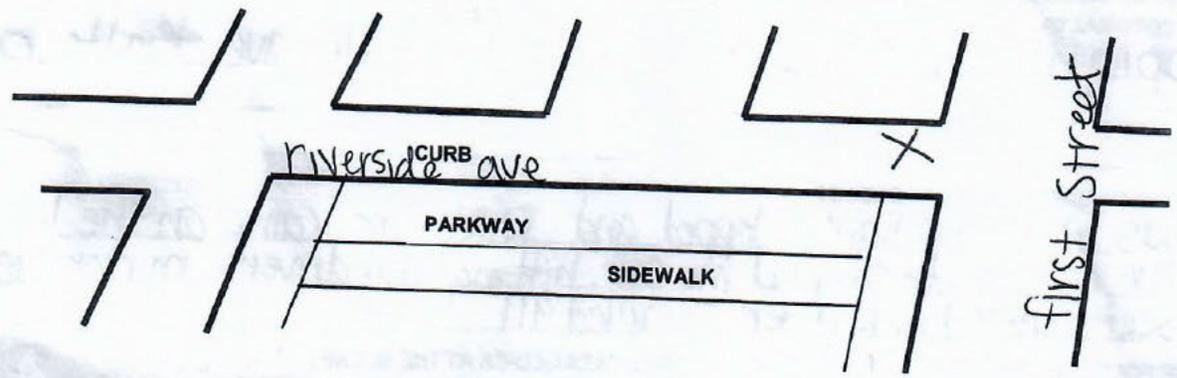
NAME: _____
ADDRESS: _____
TELEPHONE: () _____
DATE: _____ TIME: _____ AM PM

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.

Priscilla Nuñez I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

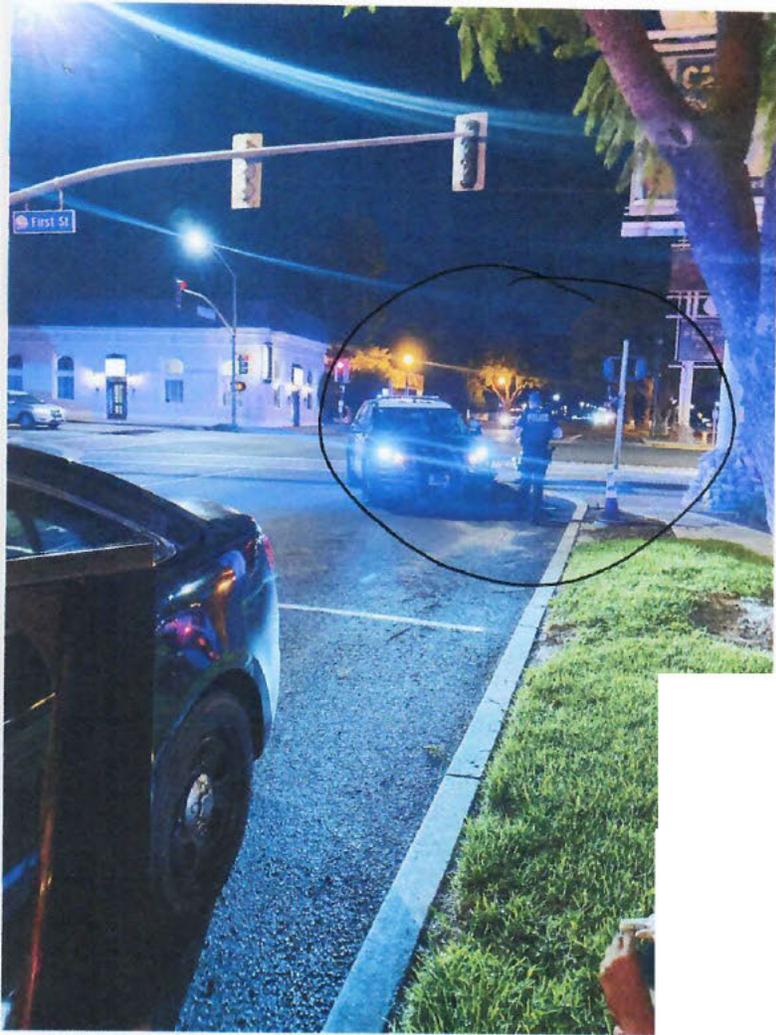
SIGNATURE OF CLAIMANT OR AGENT

Priscilla Nuñez
TYPE OR PRINT NAME

10/5/22
DATE

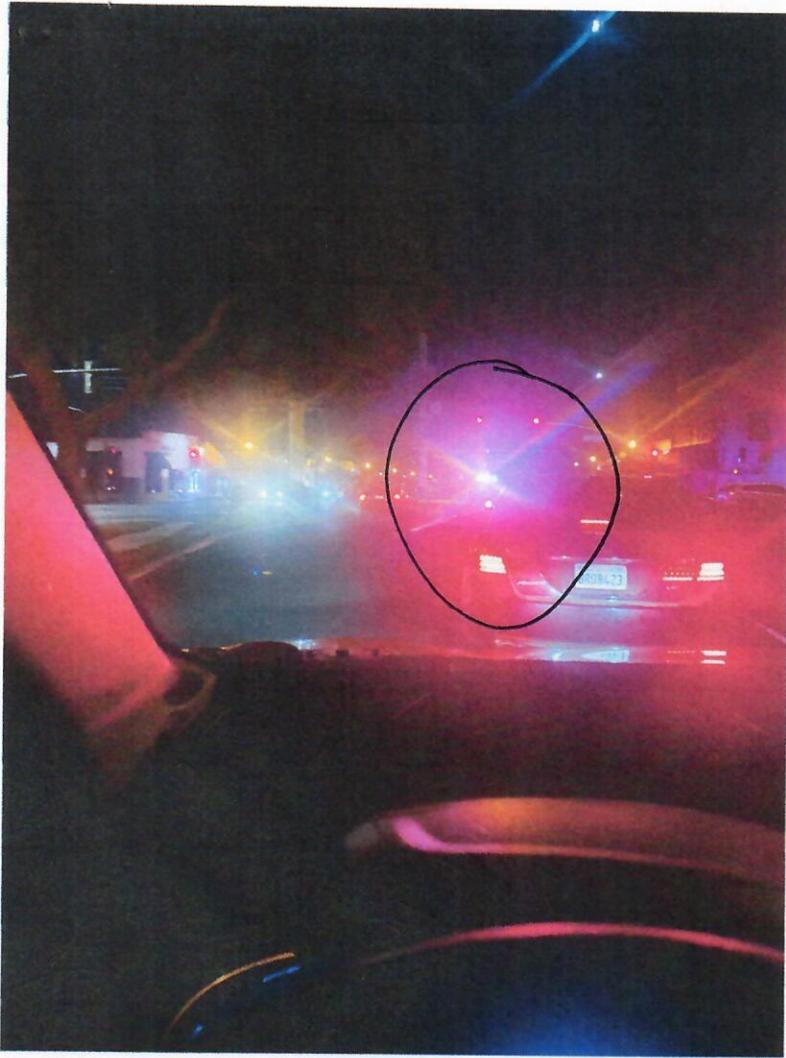
RELATIONSHIP TO CLAIMANT

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



this is the only info
I got on the officer
who hit me.

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Tried to take photo
of ~~the~~ ~~vehicle~~ before he drove
away.

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CELL:

208992

BERNIE

CASH TJ WHITE

10/06/22

PQ374473
CVR

VIN

DE LOS RIOS MONIC
FONTANA, CA 92336

661155

1	0	84626244 MIRROR	10.185	TEST	408.00	408.00	408.00
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LABOR \$342-

A large handwritten signature, possibly 'Bernie', is written over a large scribble. There is also a vertical line to the left of the signature.

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RESTOCK CHARGE	0.00
TAX	31.62

FREIGHT	0.00
	439.62