



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2019 AUG 19 PM 1:07  
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:**

Esther Yancey

FULL NAME

DR

HOME ADDRESS INCLUDING CITY, STATE & ZIP

Rialto, ca 92377

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):

[REDACTED]  
DATE OF BIRTH

[REDACTED]  
HOME TELEPHONE NO.

[REDACTED]  
BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: April 22, 2019 TIME: 11:00 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.

April 22, 2019 West Valley Water District - did the Reading of my water - to the  
Next Bill payment came out \$300.00. They came to the house, check the leak on May 21, 2019  
call, plumbers found the Roots of the tree raped around the pipe and Broke the pipe  
making a leak water - was Repair June 13 cost me \$600.00

3. HOW DID DAMAGE OR INJURY OCCUR?

the Roots brake the water pipe - there are the  
pictures of incident occur on my property!

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.

Caused High Value of damage at Front Yard -  
lose the Tree and yard environment. But the  
most important my health - two very affected of this  
my Health was real affected ended at Hospital \$1,000.00

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. Please attach 2 estimates.

DAMAGES INCURRED TO DATE:

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,000 c.c.

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: April 5, May - June -

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: Neighbour's Next door

NAME: Brittany Yancey & Dominique Lee

ADDRESS: [REDACTED]

ADDRESS: [REDACTED]

Rialto, ca 92377

Rialto, ca 92377

TELEPHONE: [REDACTED]

TELEPHONE: [REDACTED]

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

NAME: Esther Yancey

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

ADDRESS: [REDACTED]

ADDRESS: [REDACTED]

Rialto, ca 92377

TELEPHONE: [REDACTED]

TELEPHONE: ( )

DATE: all May, 2011 TIME: 24/7  AM  PM

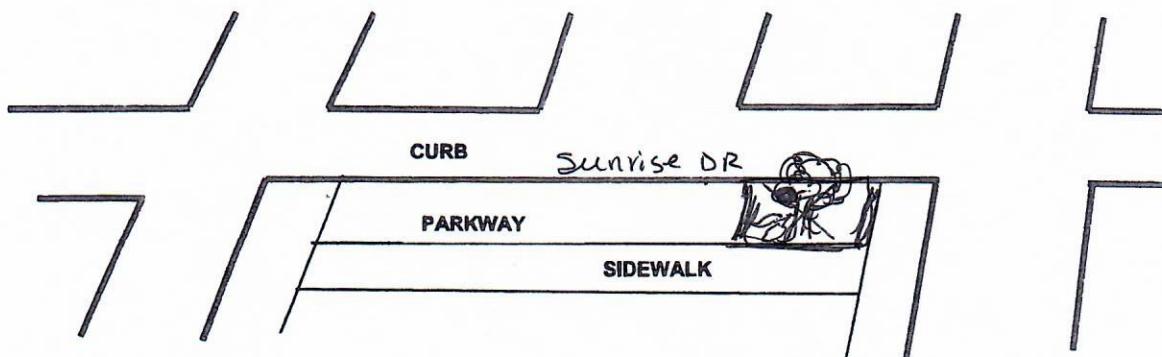
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

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

Esther Yancey

Aug. 19, 2019

TYPE OR PRINT NAME

Mysel 7.

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

