



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2019 MAY 23 PM 4:32

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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

Pictures and Police Notice attached

CLAIMANT INFORMATION:

Anthony C. Fabrè
FULL NAME

[REDACTED] San Bernardino
HOME ADDRESS INCLUDING CITY, STATE & ZIP Ca 92404

N/A
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED] San Bernardino
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above): Ca 92404

DATE OF BIRTH: [REDACTED]
HOME TELEPHONE NO.: [REDACTED]
BUSINESS TELEPHONE NO.: [REDACTED]

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/29/18 TIME: 2030 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.

I was heading south bound on riverside ave in the left hand lane just before staterbros shopping center on Baseline ave. I switched from the left lane to

3. HOW DID DAMAGE OR INJURY OCCUR?
the right hand lane closest to the walmart shopping center on Baseline ave. When i hit a very large pot hole that dented and pinched my 24 inch rim and tires.

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.

City streets needs to be improved this pot hole did not just get that size over night from the size and depth it was surely overlooked or ignored.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 448.00

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

DAMAGES INCURRED TO DATE:

Item/Date: 24 inch Velocity rim VW12 blk. Amount: \$ 298.00
Item/Date: 24 inch tire 255/30ZR124 Amount: \$ 150.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 448.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 298.00

Amount: \$ 298.00

Item/Date: 150.00

Amount: \$ 150.00

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 448.00

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

NAME: Joanna Fabre / Swann

NAME: _____

ADDRESS: _____

ADDRESS: _____

San Bernardino ca 92404

TELEPHONE: _____

TELEPHONE: () _____

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

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

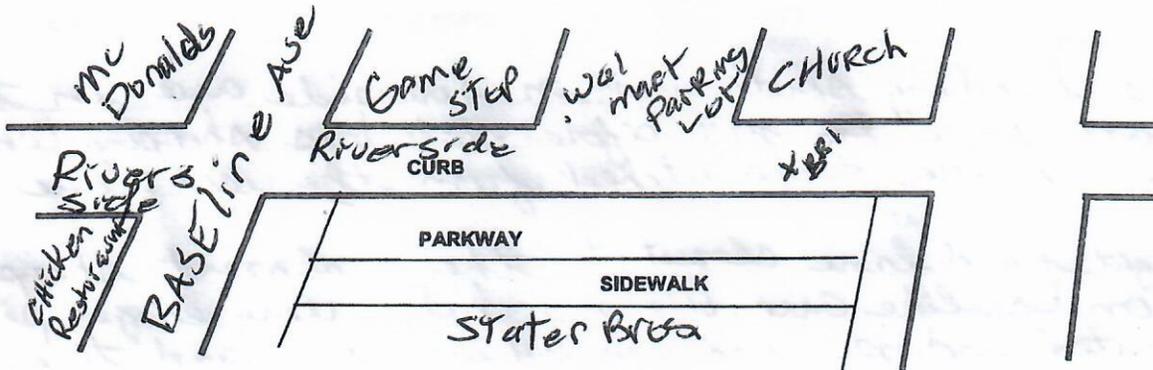
DATE: _____ TIME: _____ AM PM

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.

Anthony C. Fabre
SIGNATURE OF CLAIMANT OR AGENT

Anthony C. Fabre
TYPE OR PRINT NAME

1/16/2019 / 5/21/19
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

Rialto Police Courtesy Notice

Date 2/24/18 Time 2030 Day of Week SAT

Comment _____

_____ 18 1229-0212 _____

Officer D. COUTO Badge No. 281

CONTACT RIALTO P.D.-(909) 820-2550 FOR FURTHER INFORMATION

(Over)



