



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2023 JUN 14 AM 10:57

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:

Daniel Berumen

FULL NAME

[REDACTED]

HOME ADDRESS INCLUDING CITY, STATE & ZIP

Rialto CA 92376

[REDACTED]

DATE OF BIRTH

[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):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 06/09/2023

TIME: 1:10

☐ 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.

North Willow Avenue in Rialto N/A Grove Street

~~Cross St~~ by Grove St and Willow Ave

3. HOW DID DAMAGE OR INJURY OCCUR?

Police searched my vehicle and damaged center console causing it to completely be torn off. Top left visor also lose as if pulled to hard. Rialto Police officers

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 of Rialto officer that pulled me over was C. Rodriguez officer ID 02511 he searched my vehicle aggressively causing damage

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

\$ 920.44

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

DAMAGES INCURRED TO DATE:

Item/Date: Center Console Arm Rest 06/09/23

Amount: \$ 603.92

Item/Date: Driver Sunvisor 06/09/23

Amount: \$ 316.52

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: Amanda Colles

NAME: _____

ADDRESS: _____

ADDRESS: _____

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

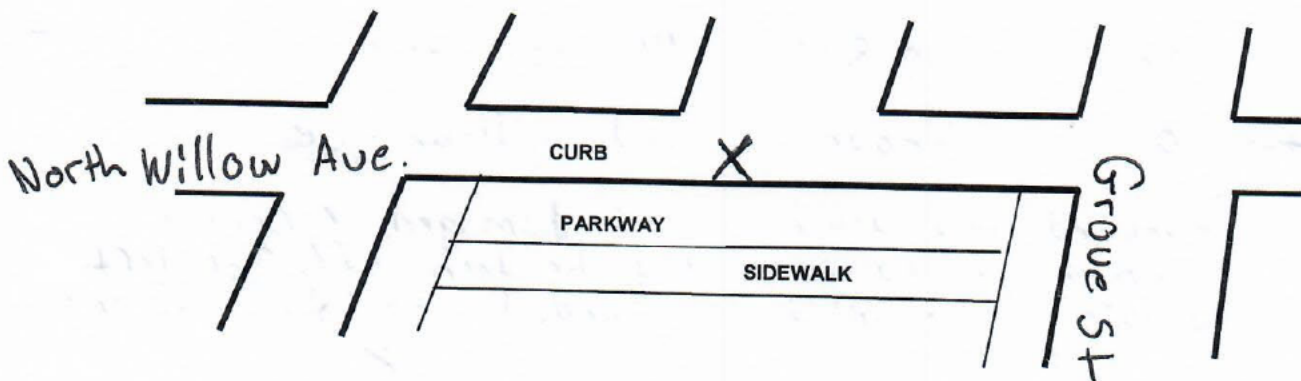
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

Daniel Berumen
SIGNATURE OF CLAIMANT OR AGENT

Daniel Berumen
TYPE OR PRINT NAME

06/14/23
DATE

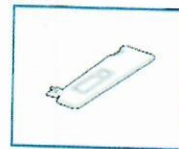
Self
RELATIONSHIP TO CLAIMANT

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



ie > BMW 51-16-7-349-345

n-Visor - BMW (51-16-7-349-345)



RP:

\$389.79

count:

\$70.56 (18.1% off)

Price:

\$319.23

NEW BMW X1 F48 CENTER CONSOLE ARMREST 51169321849 9321849 ORIGINAL

gtv-trading-uab (4756)
98.1% positive feedback

\$545.10 + \$125.00 Shipping

Est. delivery Sat, Jun 24 - Thu, Jul 6

Part Number(s), Keywords, or VIN

NO VEHICLE SELECTED

Home > BMW 51-16-7-425-434

Sun-Visor - BMW (51-16-7-425-434)

2015-2021 BMW - 51167425434



\$236.37

MSRP:









BMW of Ontario

SUGGESTED SERVICES

| Job | | | Quote | |
|---|---------------------------|---------------------|----------------|-----------|
| BODY EQUIPMENT DRIVER SUNVISOR COMING APART IMMEDIATE ATTENTION | | | 316.52 | |
| Qty | Part Number | Part Description | Price | Ext Price |
| 1.00 | 51-16-8-065-553 | SUN VISOR WITH LABE | 187.60 | 187.60 |
| Misc Code | Misc Description | | | Ext Price |
| PVA | DONATION - PARALYZED VETE | | | 0.00 |
| | | | Labor 0.50 Hrs | 112.50 |
| | | | Parts | 187.60 |
| | | | Misc | |
| | | | Tax | 16.42 |
| | | | Total | 316.52 |
| Job | | | Quote | |
| INTERIOR TRIM CENTER CONSOLE ARM RESET ASSEMBLY COMING APART IMMEDIATE ATTENTION | | | 603.92 | |
| Qty | Part Number | Part Description | Price | Ext Price |
| 1.00 | 51-16-9-317-577 | CENTER ARM REST F T | 555.33 | 555.33 |
| Misc Code | Misc Description | | | Ext Price |
| PVA | DONATION - PARALYZED VETE | | | 0.00 |
| | | | Labor Hrs | 0.00 |
| | | | Parts | 555.33 |
| | | | Misc | 52 |
| | | | Tax | 48.59 |
| | | | Total | 603.92 |