

CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGESTO PERSON OR PROPERTY

CITY OF RIALTO
2025 MAR -3 PM 3: 25

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:			
Franklin Luces Rojas Jr.			
FULL NAME	DATE OF BIRTH		
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.		
HOME ADDRESS INCLUDING CITT, STATE & ZIP	HOWE TELEFHORE NO.		
N/A	()		
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):			
(If different from home address provided above).			
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/31/2024 TIME	:: <u>8:00</u> □ AM ☒ PM		
PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) locate Where appropriate, give street names and addresses, measurements and landmarks. Parking lot located: 1312 E. Ontario Ave. Corona, CA 92881	on diagram on reverse side of this sheet.		
3. HOW DID DAMAGE OR INJURY OCCUR? I was entering the mall parking lot when the officer driving an un-marked white patrol unit, reversed out the rear right passenger door, tire and fender, causing significant damage to my vehicle.	of a parking space and collided with		
4. WERE POLICE AT THE SCENE? ☑ YES ☐ NO WERE PARAMEDICS AT THE SCENE? ☐ 5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGE employee causing the injury or damage, if known.			
Rialto police officer driving an un-marked patrol unit			
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage	\$ Unknown		
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. PI			
DAMAGES INCURRED TO DATE:			
Item/Date:	Amount: \$		
Item/Date:	Amount: \$		

Item/Date:	TOTAL AMOUNT CLAIMED AS OF PRESE	NTATION OF TH	US CLAIM:	RIALTO	\$_Pendir	g
Item/Date: TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: CITY CLERK \$ WITNESSES TO DAMAGE OR INJURY List all porsons known to have information (attach additional pages, if necessary) MAME: ADDRESS: ADDRESS: ADDRESS: IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: MAME: Pageting ADDRESS: ADDRESS: ADDRESS: ADDRESS: IT ELEPHONE: TREE PROBING AMME: PLEASE READ THE FOLLOWING CAREFULLY: For all weblicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions, Indicated accident by "As and by showing bose numbers or dislances 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 when you first saw it, and by "B" location of City/Town vehicle when you first saw it, and by "B" location of yourself or your when you first saw it, and by "B" location of City/Town vehicle at time of socident by "A-f" and location of yourself or your vehicle at the time of socident by "A-f" and location of yourself or your vehicle at the time of the caccident by "B-f" and the point of times to by "THE CLAIM" ONTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIM INNER READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF, AND CERTIFY THAT THE SAME IS TRUE or MY OWN INNOWALEDGE EXCEPT A THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF, AND AS TO THOSE MATTERS IS BELIEVE THEM TO BE TRUE. Firmalian Luces Rojas Jr. TYPE OR PRINT NAME DATE DATE	ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN	:				
TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: CITY CLEPK \$ WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary) ME:	Item/Date:		5 MAR -3			
TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: CITY CLERK \$ WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary) MME: Corona Police Department Traffic Collision Report attached. NAME: ADDRESS: BEPHONE: TELEPHONE: DAMAGES: IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: MME: Panding NAME: ADDRESS: ADDRESS: BEPHONE: TIME: DAMID PM DATE: TIME: DAME PLEASE READ THE FOLLOWING CAREFULLY: For all weblicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicat of accident by "X" and by showing brosse numbers of 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 if, and by "B" location of yourself or your when you first saw (Lind Your vehicle), location of City/Town vehicle when you first saw if, and by "B" location of yourself or your when you first saw (Lind Your vehicle) at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "A-1" and			NEUEL	V E Li	:: \$	
AME: Corona Police Department Traffic Collision Report attracted. NAME: ADDRESS: ADDRESS: ADDRESS:	TOTAL ESTIMATED AMOUNT PROSPECT	IVE DAMAGES:	CITY CL	ERK	\$	
ADDRESS: ADDRESS:	7. WITNESSES TO DAMAGE OR INJURY List all persons know	n to have information	n (attach additio	onal pages, if nece	ssary)	
TELEPHONE: TELEP	NAME: Corona Police Department Traffic Collision Report attached.	NAME:	<u> </u>			
TELEPHONE: TELEP	ADDRESS:	ADDRE	SS:			
IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: ME: Pending NAME: ADDRESS: TELEPHONE: ADDRESS: TELEPHONE: TIME: TIME: TIME: TIME: TIME: TIME: TIME: AMDRESS TELEPHONE: TIME: TIME: TIME: AMDRESS TELEPHONE: TIME: TIME	TELEDIANE: /	TELEBLONE: /				
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Franklin Luces Rojas Jr. 02/04/2025 TYPE OR PRINT NAME DATE	THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION	ON AND BELIEF; AND AS	TO THOSE MAT	TERS ! BELIEVE THEN	TO BE TRUE.	
TYPE OR PRINT NAME DATE	SIGNATURE CHERLAIMANT OR AGENT					
RELATIONSHIP TO CLAIMANT						
	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	NOTE: PRESENTATION OF A FA	LSE CLAIM IS A F	ELONY (CA	PENAL CODE 7	2)	



Culver Legal LLP 5670 Wilshire Boulevard Suite #1370 Los Anaeles, CA 90036





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