



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 JUN 23 PM 4:09
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:

Charlene Gross-Warren

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

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: 5/12/25 TIME: 6:00 p.m. ☐ 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.

at the sidewalk in front of 1085 N Sandalwood Avenue, Rialto CA 92376

I've attached photos/video of damage.

3. HOW DID DAMAGE OR INJURY OCCUR?

There is a city-owned tree on my yard. The roots from this tree damaged the water line that extends from my yard to the sidewalk, connecting to the water meter which caused extensive flooding.

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-owned tree on my property near sidewalk; tree roots have grown extensively causing the water line to break.

This caused the need for me to take the work day off and hire and pay someone to come out and fix it.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 751.66

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

DAMAGES INCURRED TO DATE:

Item/Date: 5/13/25 (water line repair) Amount: \$ 200.00

Item/Date: 5/13/25 (missed work day; no running water due to damage) Amount: \$ 477.30

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 751.66

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: estimate of increased water bill usage from the flooding on 5/12/25

Amount: \$ 74.36

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: Matt (Fontana Water Company employee)

NAME: _____

ADDRESS: 15966 Arrow Route
Fontana CA 92335

ADDRESS: _____

TELEPHONE: () 909-822-2201

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

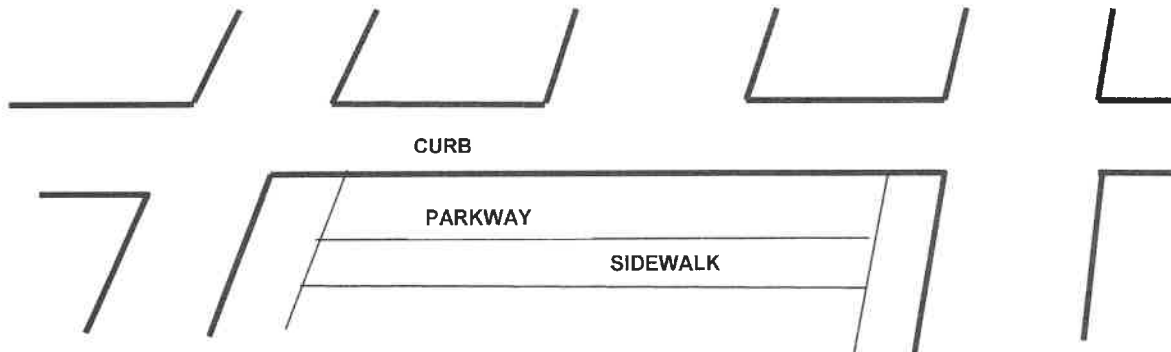
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

Charlene Gross-Warren

Digitally signed by Charlene Gross-Warren
Date: 2025.05.19 10:26:18 -07'00'

SIGNATURE OF CLAIMANT OR AGENT

Charlene Gross-Warren

6/23/25

TYPE OR PRINT NAME

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



June 16, 2025

Customer History Listing

Office: 5

6/16/2025 5:03:36 PM

Date Selection: 00/00/00 to 00/00/00

Customer Number: 10046403

Account Number: 104640

A/R Amount Due: \$223.75

Conn #: F66460

Meter Number: 54387906

Meter Size Code: 5/8"

Meter Location: 01 - RR LEFT CORNER

Turn On Date: 00/00/00

Number of Digits: 44

Bill To

Name: Charlene Gross

Service Address: Charlene Gross

Address:

Reading History:

Service	Meter	Read Status	Read Date	Previous Reading	Current Reading	Consumption	Unit Of Measure
Water	54387906	Actual Read	6/5/2025	1,420.	1,456.	36.	CCF
Water	54387906	Actual Read	5/7/2025	1,393.	1,420.	27.	CCF
Water	54387906	Actual Read	4/7/2025	1,367.	1,393.	26.	CCF
Water	54387906	Actual Read	3/6/2025	1,347.	1,367.	20.	CCF
Water	54387906	Actual Read	2/6/2025	1,333.	1,347.	14.	CCF
Water	54387906	Actual Read	1/7/2025	1,312.	1,333.	21.	CCF
Water	54387906	Actual Read	12/5/2024	1,291.	1,312.	21.	CCF
Water	54387906	Actual Read	11/5/2024	1,273.	1,291.	18.	CCF
Water	54387906	Actual Read	10/7/2024	1,244.	1,273.	29.	CCF
Water	54387906	Actual Read	9/4/2024	1,220.	1,244.	24.	CCF
Water	54387906	Actual Read	8/2/2024	1,195.	1,220.	25.	CCF
Water	54387906	Actual Read	7/3/2024	1,179.	1,195.	16.	CCF
Water	54387906	Verified Read	6/5/2024	1,164.	1,179.	15.	CCF

to increased water usage

Bill History:

INVOICE

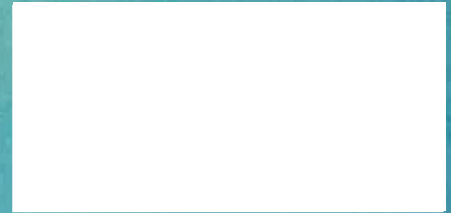
DATE

05/13/2025

INVOICE NO

No. 1

YOUR COMPANY



INVOICE TO



MICHAEL ARMENTA

MAINLINE SERVICE REPAIR

\$200.00

05/13/2025

Due on Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	Repair Water Mainline service	\$200	\$200

Michael Armenta