



CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2024 OCT - 7 PM 4:25

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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:

Brianna Guadalupe Cervantes

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

N/A

()

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE

N/A

NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 04/16/2024TIME: 6:40 AM PM2. 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.

Cactus Ave and Rialto Ave in the city of Rialto, CA

3. HOW DID DAMAGE OR INJURY OCCUR?

Claimant a passenger in a vehicle driving on Rialto Ave when suddenly and without warning, the City of Rialto, failed to, negligently, and carelessly managed, maintained, insufficiently employed, trained, supervised, entrusted, monitored and/or operated their employees and/or vehicle so as to be the sole and proximate cause of the vehicular accident giving rise to the action herein.

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.

On April 16, 2024, the City of Rialto and each of them who negligently and carelessly managed, maintained, insufficiently employees, trained, supervised, entrusted, monitored and/or operated their employees and/or vehicle so as to be the sole and proximate cause of the vehicular accident giving rise to the action herein.

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: Dr. Edgardo C Suarez D.C.Amount: \$ 5,305.00Item/Date: CA Sports & Spine CenterAmount: \$ 7,059.00



FIRST LAW GROUP
YOUR LAWYERS FOR LIFE
314 E. Rowland St.
Covina, CA 91723

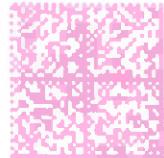
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Rialto City Clerk's Office
150 S. Palm Ave.,
Rialto, CA 92376

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CITY OF RIALTO

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