



**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
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

N/A

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 04/16/2024 TIME: 6:40 ☐ 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.

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: \$ 5,305.00

Item/Date: CA Sports & Spine Center

Amount: \$ 7,059.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ Ongoing investigation

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Ongoing investigation

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: Investigation ongoing

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Dr. Edgardo C Suarez D.C.

NAME: CA Sports & Spine Center

ADDRESS: 236 N. Riverside Ave.

ADDRESS: 399 E Highland Suite #319

Rialto, CA 92376

San Bernardino, CA 92404

TELEPHONE: (909)820-2011

TELEPHONE: (213) 465-0994

DATE: _____ TIME: _____ ☐ AM ☐ PM

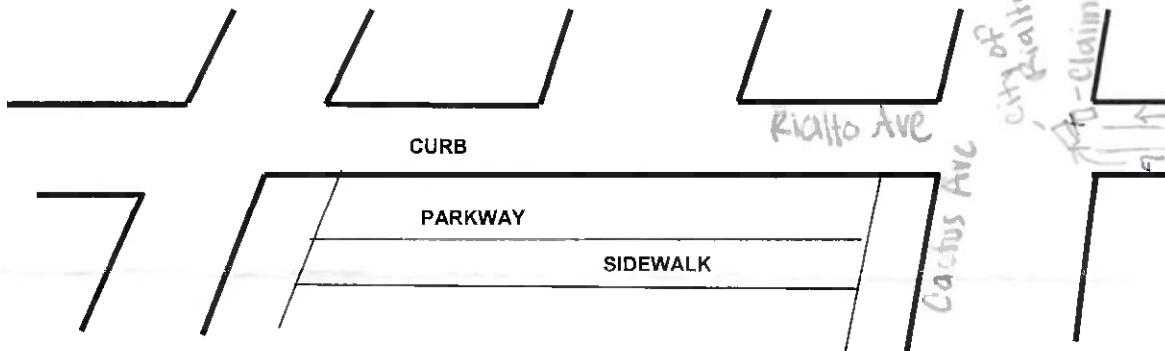
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

SIGNATURE OF CLAIMANT OR AGENT

Z Dean Hakkak, Esq

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

10/02/2024

DATE

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

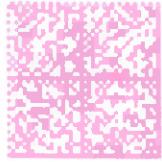


314 E. Rowland St.

Covina, CA 91723

CERTIFIED MAIL

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FIRST-CLASS

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CITY OF MILTO

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

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