



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 AUG 15 AM 10:32
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:

KEITH PHILLIPS

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

RIALTO, CA. 92376

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: 7/26/23 TIME: 4:45 ☒ 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.

630 E. VAN KOEYER RD RIALTO, CA. 92376 EAST side of
HOME FRONT gate TO ENTER BACK YARD.

3. HOW DID DAMAGE OR INJURY OCCUR?

RIALTO POLICE DEPT. (SGT. FARMER) BROKE DOWN gate IN
PURSUIT OF SUSPECT

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.

GATE BROKEN DOWN BY RIALTO POLICE DEPT. SGT. FARMER
CLAIM # 932308338

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

\$ 1,095⁰⁰

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

DAMAGES INCURRED TO DATE:

Item/Date: _____

Amount: \$ 1,095⁰⁰

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,095.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 1,095.00

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: SGT. FARMER RIALTO POLICE DEPT.

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

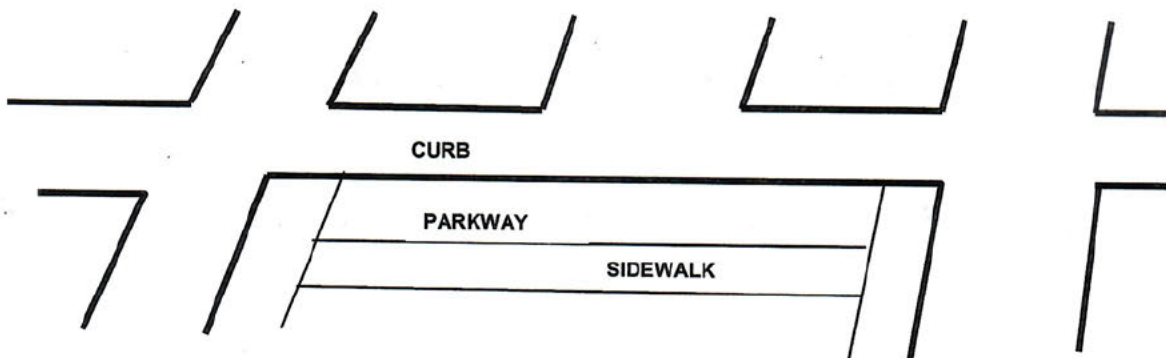
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

SIGNATURE OF CLAIMANT OR AGENT

KEITH PHILLIPS

TYPE OR PRINT NAME

SELF

RELATIONSHIP TO CLAIMANT

8/15/2023
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

Remit to Main Office**Main Office:**

2953 Jensen St.
Corona, CA 92881
951-737-6162



- WOOD
- MASONRY/CONCRETE
- VINYL
- IRON
- CHAINLINK

Installation

Date _____

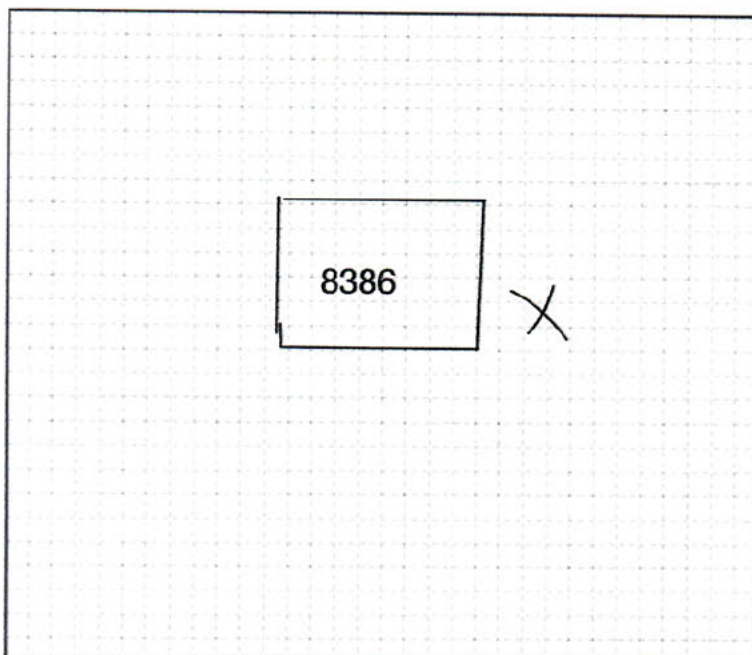
Temp _____

☐ Estimate☐ Contract/InvoiceEstimator Jeremy Smith

Cell (951) 808-2772 • jeremy@casavalenzuela.com

Est # _____

NAME	<u>Keith Phillips</u>		
ADDRESS	_____		
CITY	<u>Rialto</u>	ZIP	<u>92376</u>
HOME PHONE	_____	WORK PHONE	<u>N/A</u>
JOB ADDRESS	<u>N/A</u>	CITY	<u>N/A</u>
EMAIL CUSTOMER	_____		



FENCE SPECIFICATIONS				
Style	<u>5' wood fence</u>			
Color	<u>Redwood</u>			
Total Linear Footage	<u>3.5 gate</u>			
Footings - 10" x 24" (old footings left in ground)				
<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Iron	<input type="checkbox"/> Chain Link	
Description	Height •	Width •	Length •	Thickness •
Post	<u>2 x 4 redwood</u>			
Rails	<u>2 x 4</u>			
Boards	<u>1 x 6</u>			
Pickets	<u>-</u>			
Wire	<u>-</u>			
Single Gate	<u>5.5 wide x 5' tall wood gate</u>			
Double Gate	<u>-</u>			
Hardware	<u>S/S black</u>			
Bid Valid for 10 Days				

Comments - 3% convenience fee added for all credit card transactions -

Prior to install day Client is responsible to make sure all plants/Shrubs/ Decorative rocks/ Trash can are cleared from the fence line 2-3. X_____

☒ Tear Out☒ Removal☐ Core Drill☐ Jack Hammer☐ Generator☐ Pool

10% deposit required on acceptance of quote. Contracts without deposits will not be valid until deposit received.
CUSTOMER PAYMENT due day of completion. Please walk the job with the foreman upon completion.
 Payments not received upon completion will be charged 3% per day until paid. Customer has 1 year warranty for all materials and labor. Limited lifetime on vinyl materials from manufacturer.

ACCEPTANCE: The undersigned accepts the conditions and terms as stated hereon and agrees that this proposal becomes a contract between the two parties whose signatures appear below.
 Purchaser agrees to pay Casa Valenzuela Construction 10% of total in case of contract cancellation.
 We agree to furnish material, labor and installation complete as specified above.

CVC assumes no responsibility of utility lines or underground at property even with Dig Alert.

Total Contract Amount **\$ 950**

Customer X _____
 Core Wall Release X _____
 Work Satisfied X _____

932308338

SGT. FARMER

-REF DAMAGED
GATE.

CLAIM TO CITY

E/SIDE PED GATE.