



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

CITY OF RIALTO  
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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:**

Antoinette Riojas  
FULL NAME

\_\_\_\_\_ DATE OF BIRTH

\_\_\_\_\_ HOME ADDRESS INCLUDING CITY, STATE & ZIP

450 Auto Center Dr. Corona Ca.  
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

\_\_\_\_\_ HOME TELEPHONE NO.

\_\_\_\_\_ 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: 2-22-2025 TIME: \_\_\_\_\_  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.

My home pool became full of dirt due to the construction going on behind my home. The dirt was loose and never watered down. When the wind blew which it blows alot the dirt covered my pool.

3. HOW DID DAMAGE OR INJURY OCCUR?

The dirt field with the wind blew into my pool and created it to get so dirty I needed to get my pool acid washed to get rid of the buildup. The dirt was caked onto my filters and ruined them

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.

N/A.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1200.00

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

DAMAGES INCURRED TO DATE:

Item/Date: 3/17/26 Amount: \$ 1200.00  
Item/Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1200.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: \_\_\_\_\_

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: \_\_\_\_\_

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

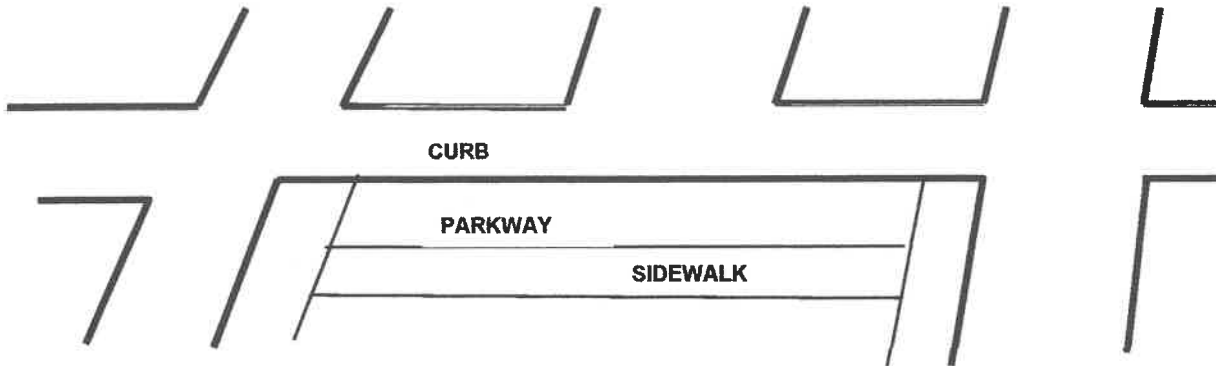
CITY OF PALMDALE  
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CITY CLERK  
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9. PLEASE READ THE FOLLOWING CAREFULLY:

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

Antoinette Riojas

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

3/25/26

DATE

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)  
RETURN CLAIM TO: PALM TO CITY CLERK'S OFFICE - 150 S PALM AVE PALM TO CA 92376

From: Toni Riojas  
 Subject:  
 Date: March 25, 2026 at 1:48 PM  
 To: Nana



Javi's Pool Inc.  
 651 Wickford Ave.  
 La Puente, CA 91744

# Invoice

Date 3/17/2026  
 Invoice # 19083

CITY OF RIALTO  
 MAR 25 PM 2:59  
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**Bill To**  
 Mrs. Toni

**Ship To**

P.O. # ACID AND UP...  
 Terms Net 15

Ship Date 3/17/2026  
 Due Date 4/1/2026  
 Other

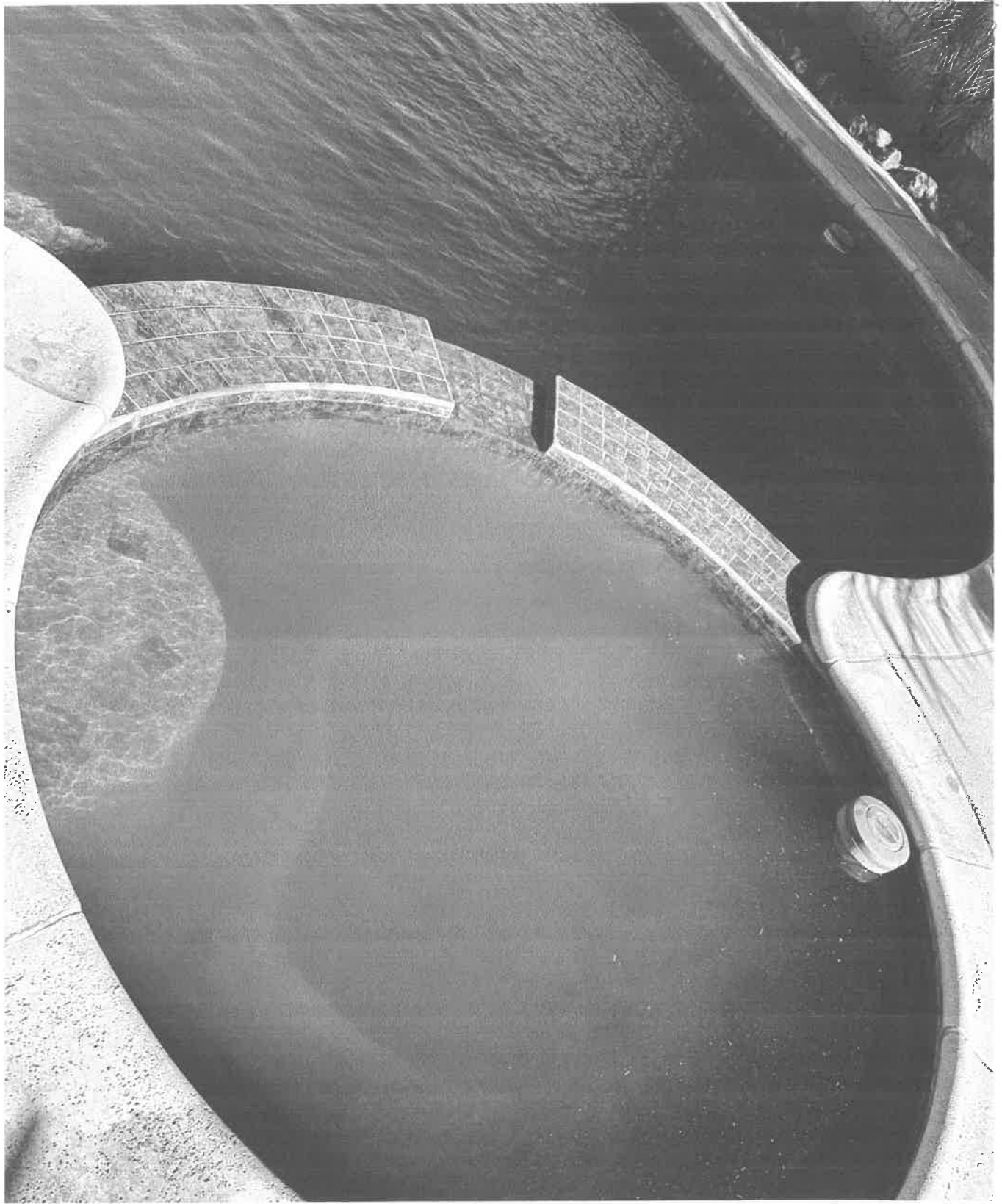
Item	Description	Qty	Price	Amount
00000123	SERVICE CALL ACID WASH POOL. DRAINED POOL COMPLETELY THEN GAVE IT AND ACID WASH NEUTRALIZE WATER AND DRAINED ALL ACID IN POOL. AFTER GAVE POOL A LIGHT CHLORINE WAS TO GET RID OF ALL BLACK ALGAE AND GREEN ALGAE. MADE SURE ALL WAS WELL WITH POOL AND SPA.	1	1,200.00	1,200.00
00000017	SERVICE CALL UPGRADE KIT ON JANDY SYSTEM. PROGRAMMED UNIT MADE SURE ALL WAS WELL WITH NEW UPGRADE KIT HELP SET UP APPLICATION ON PHONE	1	1,600.00	1,600.00

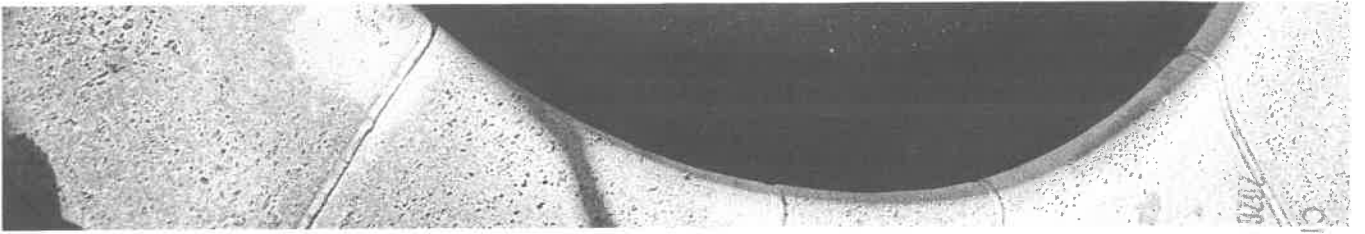
<b>Subtotal</b>		\$2,800.00
<b>Sales Tax (0.0%)</b>		\$0.00
<b>Total</b>		\$2,800.00
<b>Payments/Credits</b>		\$0.00
<b>Balance Due</b>		\$2,800.00

Javi's Pool Inc.

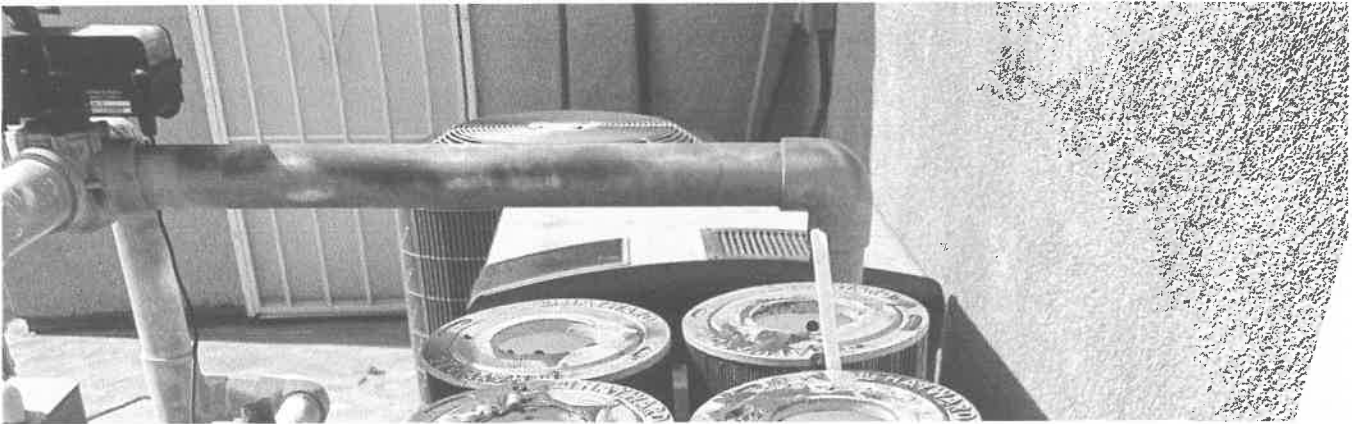
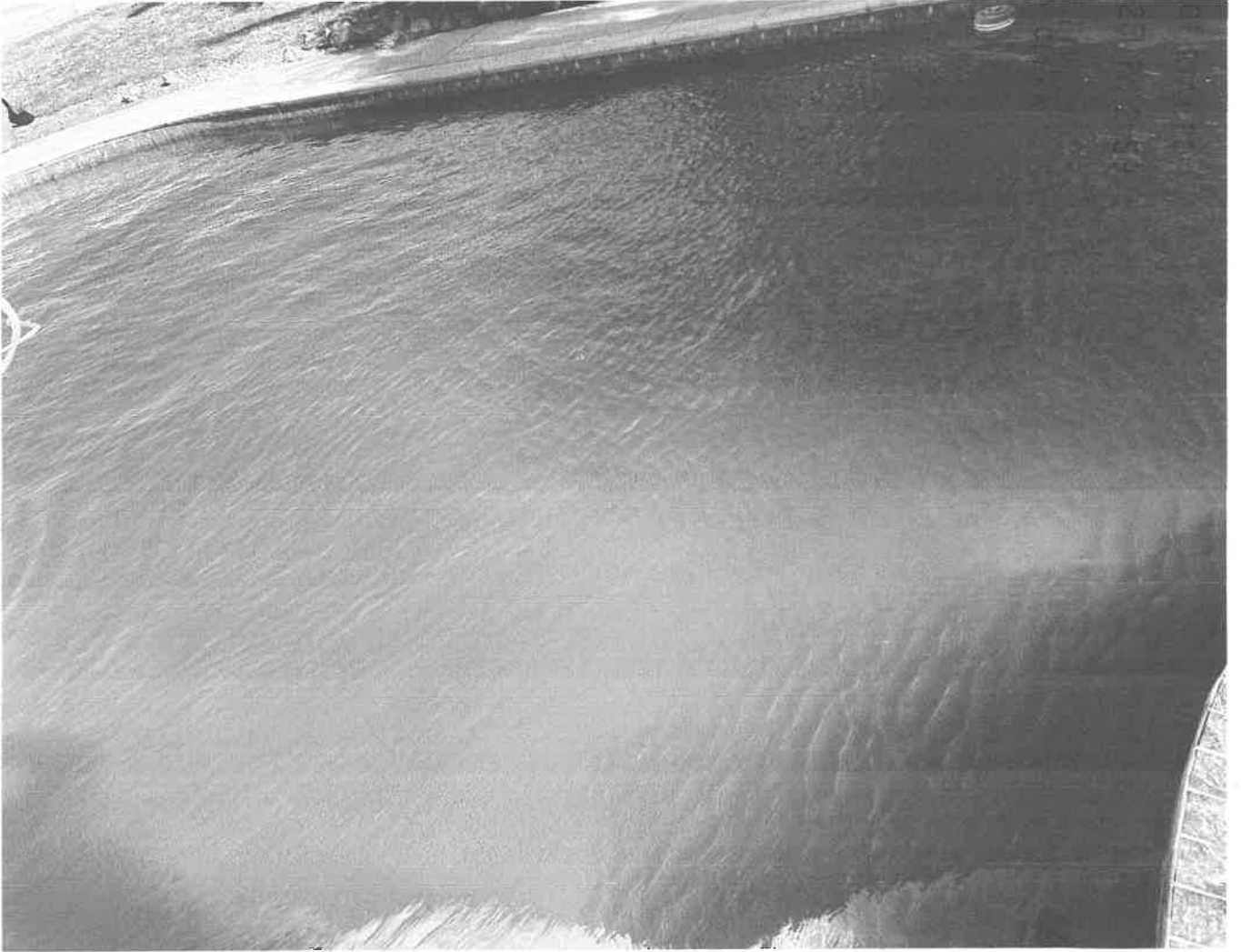
**From:** Toni Riojas  
**Subject:**  
**Date:** March 20, 2026 at 11:15 AM  
**To:** Nana I

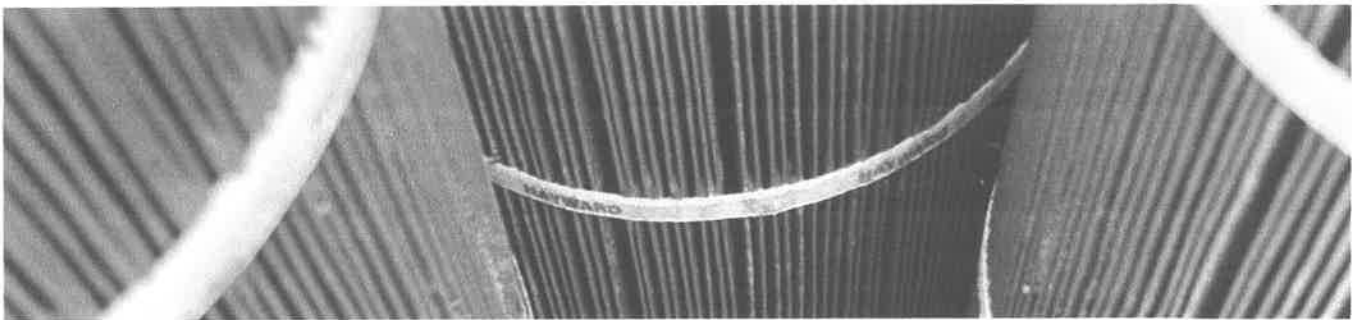
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2026 MAR  
CITY



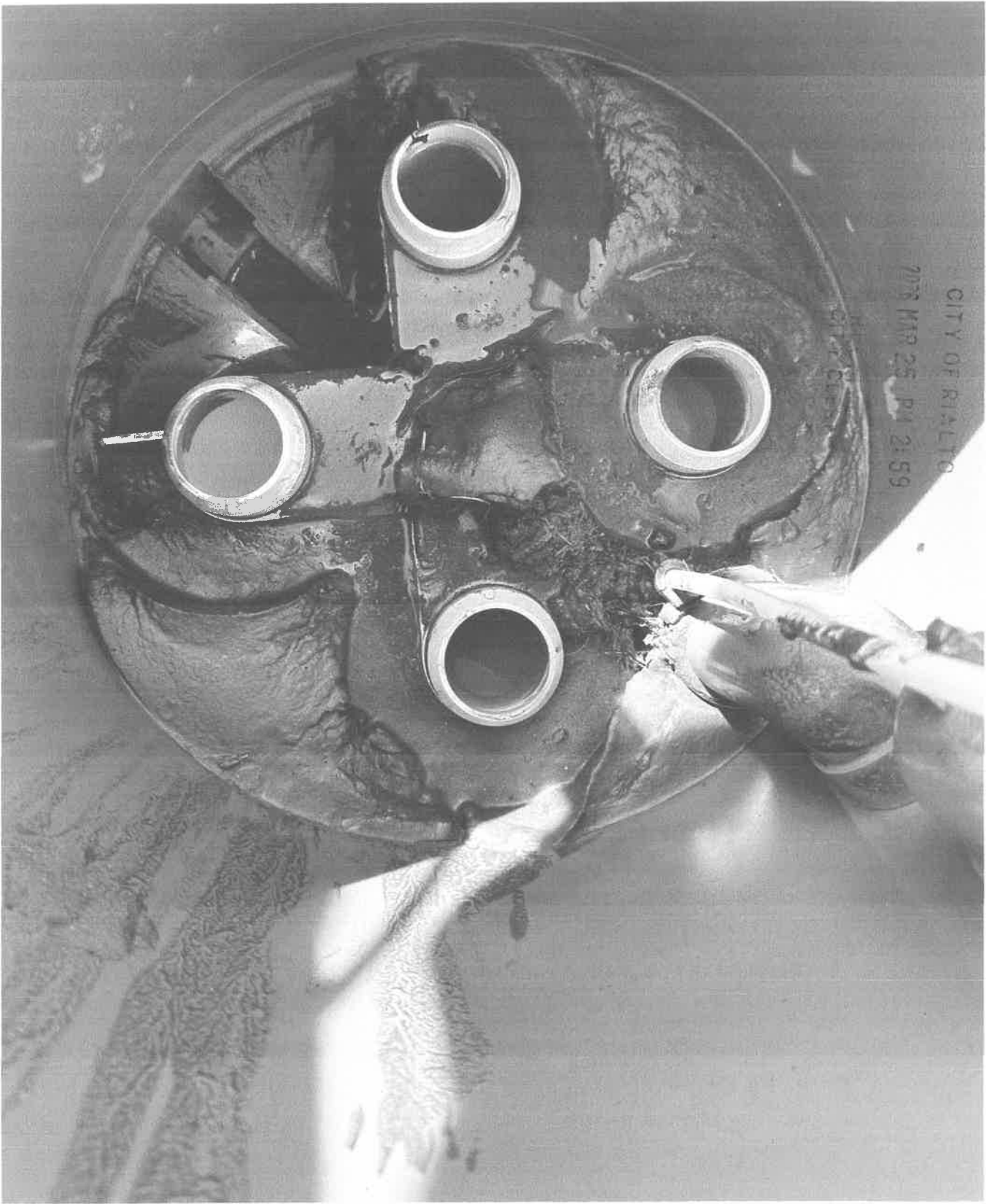


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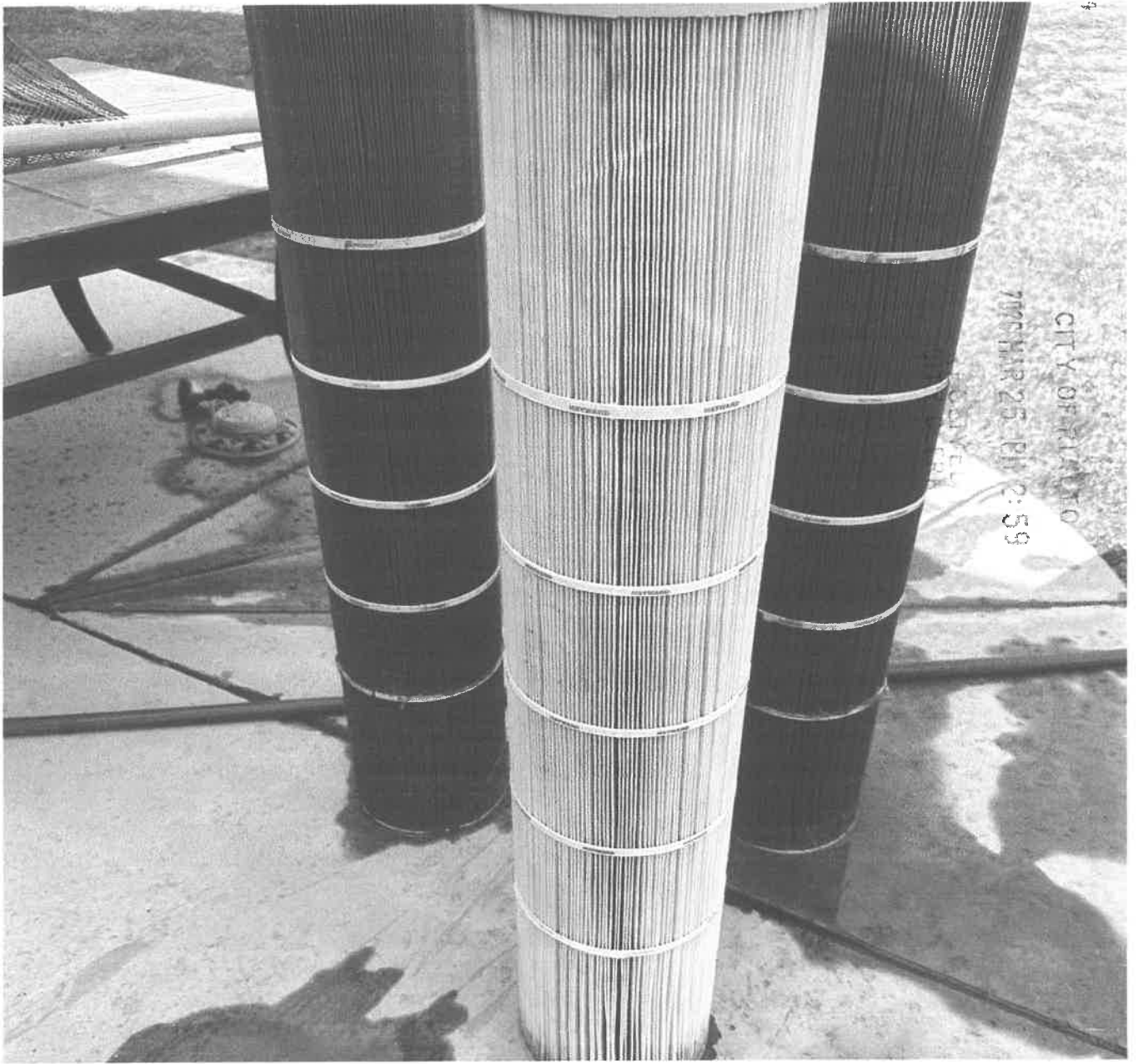






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2008 MAR 25 PM 2:59





CITY OF PALMDALE  
7/06/MAR 25 PM 2:59