



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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
2025 MAR 26 AM 11:46  
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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:**

Beshay Foods, Inc dba Jack in the Box #0162

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

316 W. Foothill Blvd, Rialto, CA 92367

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):

Attention Risk & Compliance 41760 Ivy St, Ste 201,  
Murrieta, Ca 92562

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11/09/2025 TIME: 4:57  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 Jack in the Box, 316 W. Foothill Blvd, Rialto, CA 92367, Sgt. Cordova who appeared to be in pursuit of a suspect, drove onto the property and struck a retaining wall/planter located on-site.

3. HOW DID DAMAGE OR INJURY OCCUR?

The impact damaged the low brick wall surrounding the planter box. The damaged section of the wall required reconstruction.

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.

Sgt. Cordova who appeared to be in pursuit of a suspect, drove onto the property and struck a retaining wall/planter located on-site.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ \$2,420.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Retaining Wall Estimate Amount: \$ \$2,420.00

Item/Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$2,420.00

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: N/A

NAME: N/A

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

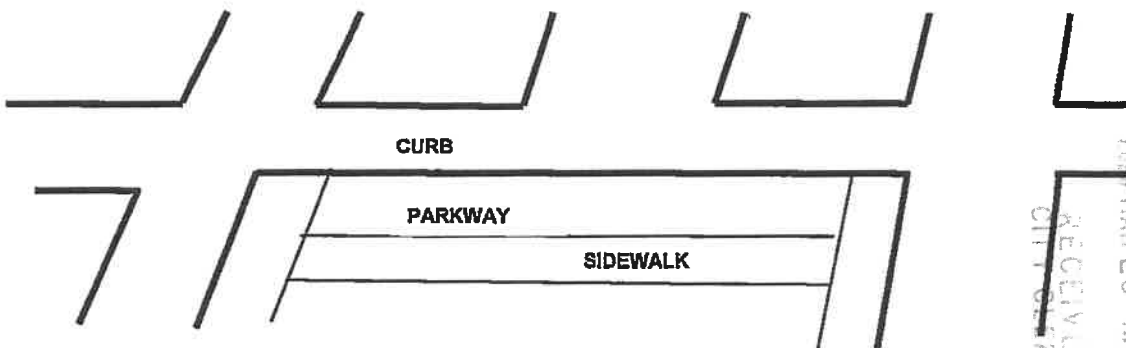
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

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.



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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

Dawood Beshay

TYPE OR PRINT NAME

President

RELATIONSHIP TO CLAIMANT

3/26/2020

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

Gavino's Lawn Service, Inc.  
PO Box 33410  
Riverside, CA 92519  
+19516606084  
andy@gavinolandscaping.com

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## Estimate

**ADDRESS**  
BFI  
Store #J162  
316 W Foothill Blvd  
Rialto, CA 92367

**ESTIMATE #** 6556  
**DATE** 11/17/2025

**CSLB NO.** G27-1027974

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	<b>Landscape Work</b>	Fix Retaining Wall that was impacted and damaged by car accident. Remove broken bricks. Clean-up dirt and debris. Install approximately 400 bricks. Install Mortar Type S Mason Mix.	1	2,420.00	2,420.00
TOTAL					<b>\$2,420.00</b>

Accepted By

Accepted Date