



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2022 AUG -1 AM 11:43

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: 15 S. Palm Ave., Rialto, CA 92376

Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

Leasha Sharnell Taylor

FULL NAME

08/01/1993

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

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: 05/09/2022 TIME: 12:00 ☐ 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.

Intersection of S. Pepper Ave, & West Mill St., Rialto CA

3. HOW DID DAMAGE OR INJURY OCCUR?

The Rialto Police Department Officer failed to stop for the red traffic light, failed to yield the right of way, and failed to activate lights and sirens in a timely manner to warn ongoing traffic of his/her attempt to cross said intersection while on a red light.

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.

I was driving north bound on Pepper Ave. with a green light. When suddenly a Rialto Police Officer who was traveling east bound on Mills St. ran the red light and crossed the intersection without lights or sirens on, colliding with my vehicle.

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

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

DAMAGES INCURRED TO DATE:

Item/Date: TBD

Amount: \$ TBD

Item/Date: TBD

Amount: \$ TBD

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ TBD

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: TBD

Amount: \$ TBD

Item/Date: TBD

Amount: \$ TBD

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ TBD

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: Leasha Sharnell Taylor

NAME: Sincerie Ann Fleming

ADDRESS: [REDACTED] Rialto CA 92376

ADDRESS: [REDACTED] Rialto CA 92376

TELEPHONE: () _____

TELEPHONE: () _____

DATE: 05/09/2022 TIME: 12:30 ☐ AM ☒ PM

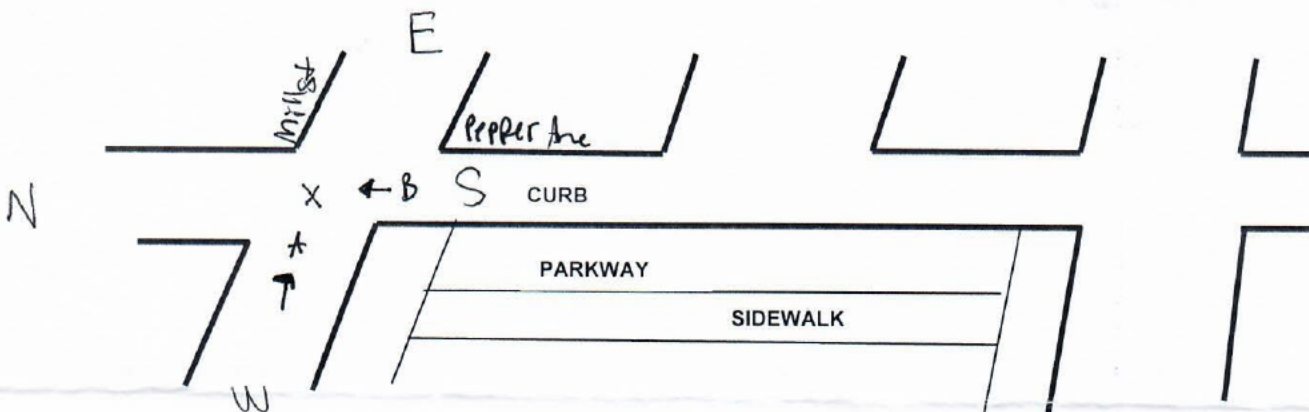
DATE: 05/09/2022 TIME: 12:30 ☐ AM ☒ PM

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

Leasha Sharnell Taylor

07/27/2022

TYPE OR PRINT NAME

DATE

Self

RELATIONSHIP TO CLAIMANT

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

1150 S ROBERTSON BLVD
LOS ANGELES CA 90035

ADAMSON AHDOOT
INJURY ATTORNEYS

P

US POSTAGE AND FEES PAID

JUL 28 2022

Mailed from ZIP 90035

1 lb Priority Mail Zone 1

Commercial Plus Price



stamps
endicia

062S11269756

USPS PRIORITY MAIL™

ADAMSON | AHDOOT LLP.
1150 S. ROBERTSON BLVD.
LOS ANGELES, CA 90035-

SHIP
TO:

RIALTO CITY CLERK'S OFFICE
150 S PALM AVE
RIALTO CA 92376-6406

LOS ANGELES CA 900
29 JUL 2022 PM 12 L

USPS TRACKING #



9405 5112 0253 0913 3441 02



stamps.