



# CLERKIN, SINCLAIR & MAHFOUZ, LLP

ATTORNEYS AT LAW

July 29, 2022

VIA CERTIFIED MAIL

USPS Tracking No.: 7020 0640 0002 1620 6666

City of Rialto

Date of Loss: 5/21/2022  
Our File Number: 30184860-2

Dear Sir or Madam:

Our firm has been retained by Garrison Property and Casualty Insurance Company to pursue their subrogation interest. Enclosed, please find a fully executed claim form and supporting documents. Should you require any additional information, or wish to discuss the matter further, please contact our office at (619) 308-6550 or **[kburns@clerkinlaw.com](mailto:kburns@clerkinlaw.com)**. Please reference matter number **30184860-2** in all correspondence with our office.

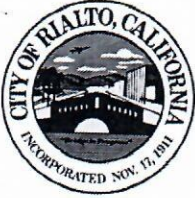
Thank you for your assistance. If you are not the proper entity to provide notice of our claim, please contact our office to provide information on the proper entity.

Kind regards,  
Clerkin, Sinclair & Mahfouz, LLP

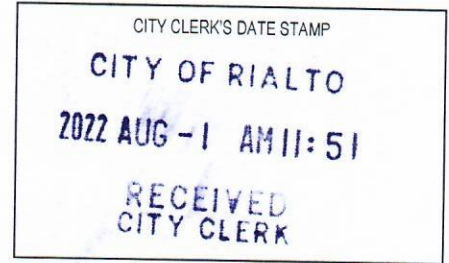
CITY OF RIALTO  
2022 AUG -1 AM 11:51  
RECEIVED  
CITY CLERK

2929 NORTH CENTRAL EXPRESSWAY  
SUITE 320  
RICHARDSON, TX 75080  
619-308-6550

WWW.CLERKINLAW.COM



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



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:**

Garrison Property and Casualty Insurance Company a/s/o Destany Gross

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

( )  
HOME TELEPHONE NO.

c/o CSM; 2929 N Central Expressway, Suite 320, Richardson, TX 75080

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

( 619 ) 308-6550  
BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE  
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM  
(if different from home address provided above):

Same as above

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: May 21st, 2022 TIME: 9:00 ☐ 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.

Riverside Avenue in Rialto, California

**3. HOW DID DAMAGE OR INJURY OCCUR?**

On May 21st, 2022, USAA's insured was traveling near Riverside Ave in Rialto, California, when a vehicle (2007 Ford Crown Victoria, California License Plate No.: 1256928), owned by the City of Rialto, driven by Anthony Taramona, struck the insured vehicle on the rear end, resulting in property damage.

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.

Negligence on behalf of the City of Rialto and their employee, Anthony Taramona.

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

\$ 762.99

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Property damage

Amount: \$ 762.99

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

Amount: \$ \_\_\_\_\_



**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:**

\$ 762.99

**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: N/A

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: \_\_\_\_\_

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

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

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

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

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

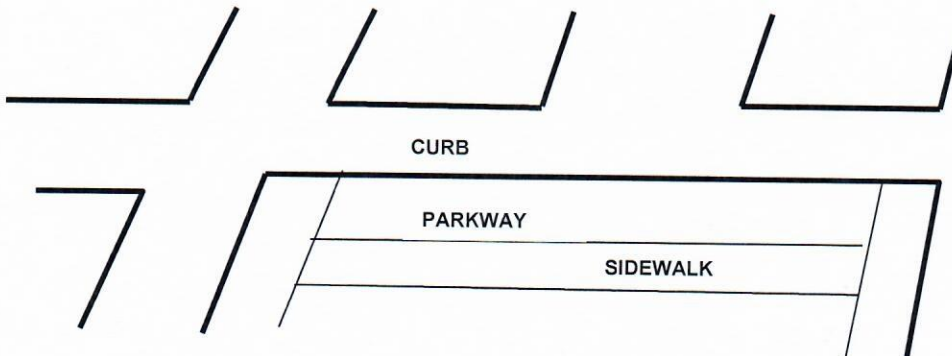
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

**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.**



CITY OF RIALTO  
2022 AUG -1 AM 11:51  
RECEIVED  
CITY CLERK

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

Joanna Rodriguez  
Joanna Rodriguez filing on behalf of Garrison Property and  
Casualty Insurance Company a/s/o Destany Gross

TYPE OR PRINT NAME

7/29/22  
DATE

Representative

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**

9000 Fredericksburg Road  
San Antonio, Texas 78208



### LIMITED POWER OF ATTORNEY

United Services Automobile Association, on behalf of itself and its subsidiaries and affiliates, including Garrison Property and Casualty Company, USAA Casualty Insurance Company, USAA County Mutual Insurance Company, and USAA General Indemnity Company ("USAA") hereby appoints Clerkin, Sinclair & Mahfouz, LLP ("Law Firm") to act as its attorney-in-fact for the limited purposes of filing claims, negotiating settlements, and executing settlement agreement documents, including Settlement Agreements, Stipulations for USAA and its subsidiaries and affiliates, received from the responsible party or their insurer on subrogation claim files placed with Law Firm for collection and/or litigation. Law Firm is herein authorized by and on behalf of USAA to bind USAA to enter into settlement agreements by settlement or stipulation in regards to collection and/or litigation of the subrogation claim files USAA has placed with Law Firm.

This Limited Power of Attorney is executed in connection with the Master Engagement Agreement for Legal Services entered into between USAA and Law Firm. Except as expressly stated herein, no other rights, powers, duties or authority is extended to Law Firm by the terms of this Limited Power of Attorney.

This Limited Power of Attorney will remain in effect until written revocation of the Limited Power of Attorney by USAA, but in no even shall it remain in effect after written notification to terminate the Master Engagement Agreement described above.

Dated: 5/25/16

UNITED SERVICES AUTOMOBILE ASSOCIATION

BY: Scott South

Litigation Manager  
(Title)

Subscribed and sworn before me this 25<sup>th</sup> day of May, 2016.

State of:

Texas

County of:

Bexar

Sylvia M. Gutierrez  
(Notary Public)

