



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2022 SEP 12 AM 11:37
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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:

Maria Hernandez

FULL NAME

Private

DATE OF BIRTH

Private

HOME ADDRESS INCLUDING CITY, STATE & ZIP

200 Spectrum Center Dr, Ste 1230, Irvine, CA 92618

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):

200 Spectrum Center Dr, Ste 1230, Irvine, CA 92618

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 08/05/2022 TIME: 11:35 ☐ 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 Ave and Agua Mansa Rd

3. HOW DID DAMAGE OR INJURY OCCUR?

Maria was the driver in a vehicle that was t-boned by a Rialto police officer. She sustained bodily injuries not limited to her back, and shoulders. She was also psychologically affected, and her property was damaged.

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.

Additional information on Rialto police officer will be on police report with Rialto Police Department.

Report number 932209069

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

\$ greater than \$25,000

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

DAMAGES INCURRED TO DATE:

Item/Date: Medical specials

Amount: \$ TBD

Item/Date: General damages

Amount: \$ TBD

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ TBD

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Medical Specials

Amount: \$ TBD

Item/Date: General damages

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: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: Integrated Medical Center

NAME: _____

ADDRESS: 370 W 6th St Suite 100
San Bernardino, CA 92401

ADDRESS: _____

TELEPHONE: (909) 381-3492

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

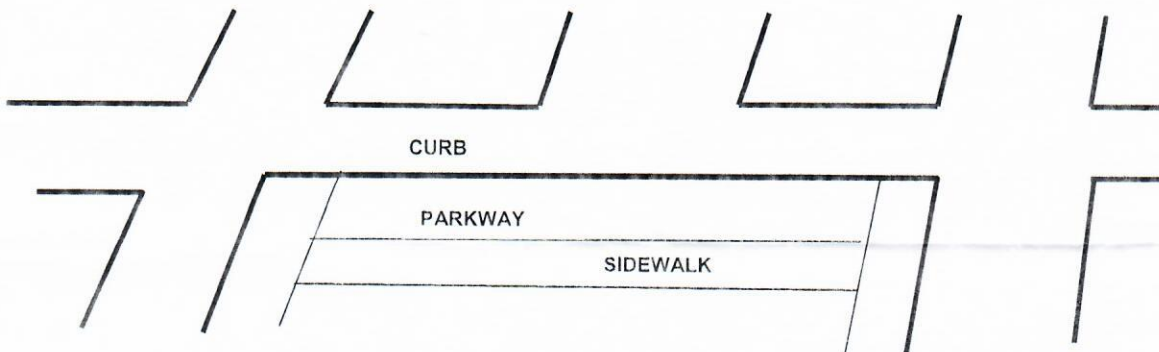
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Juan Angeles, Esq.

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

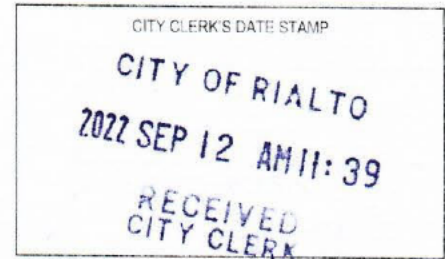
DATE

09/08/2022

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



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Mail: 150 S. Palm Ave., Rialto, CA 92376
Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

Jose Desales Lopez

FULL NAME

Private

DATE OF BIRTH

() Private

HOME ADDRESS INCLUDING CITY, STATE & ZIP

200 Spectrum Center Dr, Ste 1230, Irvine, CA 92618

HOME TELEPHONE NO.

(949) 727-9300

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS TELEPHONE NO.

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Riverside Ave and Agua Mansa Rd

3. HOW DID DAMAGE OR INJURY OCCUR?

Jose was the passenger in a vehicle that was t-boned by a Rialto police officer. He sustained bodily injuries not limited to his shoulders and back.

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.

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Report number 932209069

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TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

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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: Integrated Medical Center

NAME: _____

ADDRESS: 370 W 6th St Suite 100

ADDRESS: _____

San Bernardino, CA 92401

TELEPHONE: (909) 381-3492

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

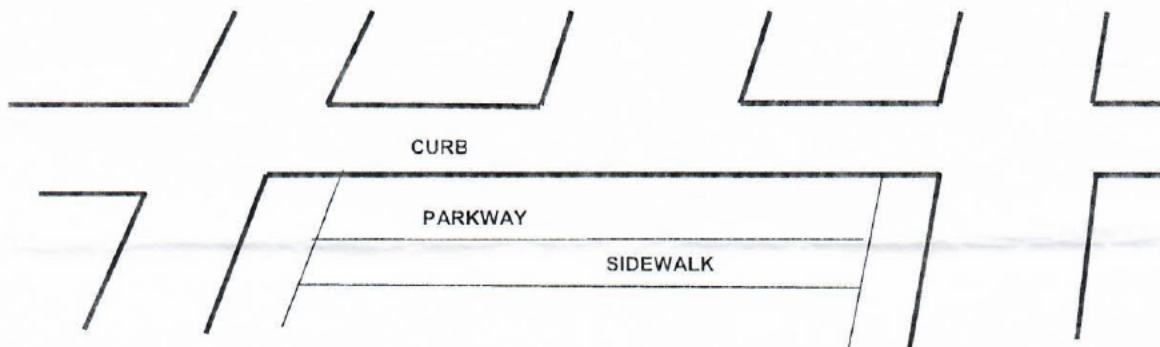
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SIGNATURE OF CLAIMANT OR AGENT

Juan Angeles, Esq

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

09/08/2022
DATE

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RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376

MANAGING PARTNER

Samer Habbas



— LAW OFFICES OF —
SAMER HABBAS
— & ASSOCIATES, PC —

200 Spectrum Center Dr, Ste 1230, Irvine, CA 92618
habbaspilaw.com | ph: 949-727-9300 | fx: 949-727-9308

ASSOCIATES

Kristina Akers
Johnny Angeles
Llambri Duda
Gregory Grigorian
Michelle Hunter
Faran Imani
Christopher Lee

OF COUNSEL

Jennifer Eseed*

Scott Hanssler

*Licensed to practice in Arizona
California, Colorado, Illinois and
Washington

September 8, 2022

Rialto City Clerk's Office
150 S Palm Ave,
Rialto, CA 92376
Tracking No.:

RE: Client Names : Fiorella Hernandez & Jose Desales Lopez
Date of Accident : 04/04/2022

To Whom It May Concern:

Enclosed is a Claim for Damages to Person or Property form.

Please notify this office if you should have any questions concerning the above.

Thank you for your anticipated courtesy and cooperation.

Best Regards,

LAW OFFICES OF SAMER HABBAS

Johnny Angeles
Attorney at Law
johnny@habbaspilaw.com

CITY OF RIALTO
2022 SEP 12 AM 11:39
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Law Offices of Samer Habbas
&
Associates Inc. P.C.
200 Spectrum Center Drive Ste 1230
Irvine CA 92618

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Rialto CA 92376

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