



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

CITY CLERK'S DATE STAMP

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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:**

Carmen Alice Gomez  
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

Rialto, Ca 92376

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):

same

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: Mon. Aug 22, 2022 TIME: around 1:00 ☐ 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.

3. HOW DID DAMAGE OR INJURY OCCUR?

A Hitch Fork peel off the Rialto City heavy duty truck.

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.

A city worker driving the maintenance truck driving about 40 mls per hr.

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

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Driver's side door handle  
Item/Date: Driver's side door scratch

Amount: \$

Amount: \$



TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:  
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

\$ 9,000<sup>00</sup>

Item/Date: toe, and ankle injury  
Item/Date:

Amount: \$

Amount: \$

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 9,000<sup>00</sup>

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: Valentino Miranda

NAME: Sergio Rangel

ADDRESS: Fontana, Cal.

ADDRESS: San Bernardino, Cal.

TELEPHONE:

TELEPHONE:

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

NAME: Dr. Santana

NAME:

ADDRESS: 400 W. Amber Rd.  
Brea Calif.

ADDRESS:

TELEPHONE: ( )

TELEPHONE: ( )

DATE: Sep 2, 2022 TIME: ☐ AM ☐ PM

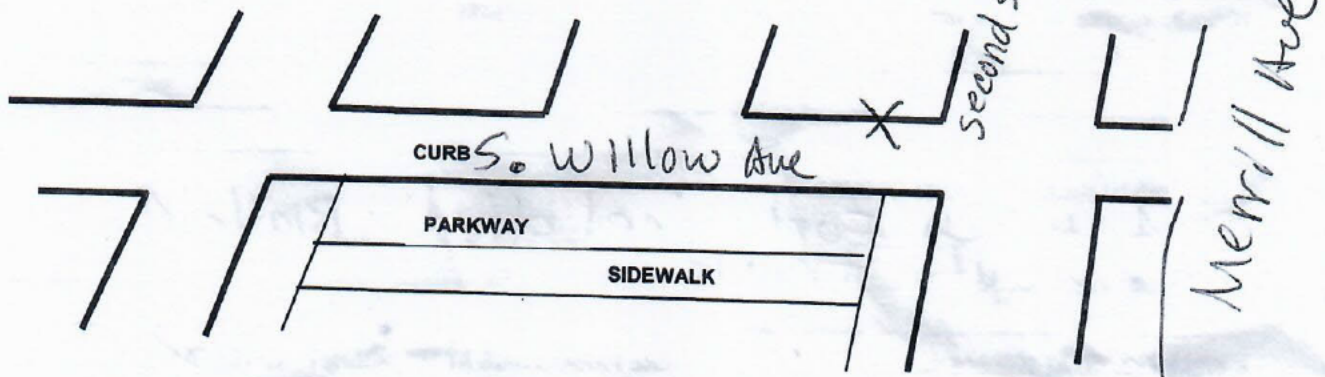
DATE: TIME: ☐ AM ☐ PM

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

Carmen Alice Gomez

TYPE OR PRINT NAME

9-16-22

DATE

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



On August 22, 2022. around 7:00 p.m.

my friend Valentino M. and I were parked across the st. on Willow Ave. from where I live facing North about 8 ft. from the corner of Second St. We were putting some stuff that were left from somebody's yard sale in the trunk of my car. I suddenly hear a metal noise that hit metal and that's when I feel the blow on my left toe and my left ankle, then I see the city truck, maintenance truck. I screamed loud. I was in pain, my friend said, what happened, what hit you. I started crying at that time I didn't know what it was, but my friend saw the hitch fork under my car. I was sure the truck<sup>guy in</sup> was going to stop because I saw the break lights, I was sure he heard my scream. but he keep driving and never returned. He knew I was able to see the round Bialto city logo on the heavy duty truck. I was all dress up to attend dinner for my daughter's birthday and I had to cancelled because I was in

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a lot of pain that went all the way to the hip and thrgh and my left ankle was red that later turned purple as well as my toe. I was wearing open toe sandals and my nail broke as well. A delivery man carrying beds was parked on willow Ave. facing south told me that he saw the fork that flew off the city truck. and he's willing to testify as well as my friend Valentino. The metal fork hit the handle of the driver's door and broke it and it scatched 6 inches too. I went in person to talked to the city maintenance and they said they were going to get in touch with me but I went back a second time but they did not. They said they were going to investigate and asked me to leave the Hitch Fork with them. I only know that one guy name was Mike. on arrow Ave.

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Corinne Alice Long