



CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2019 JUN 10 PM 3:22

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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:

Adam K. Barboza
FULL NAME

[REDACTED]
HOME ADDRESS INCLUDING CITY, STATE & ZIP

Rialto CA 92377
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

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

DATE OF BIRTH

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 5/8/19 TIME: 6:45 ☐ 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.

On Locust Ave. and Persimmon St.
in between Casa Grande and Persimmon

3. HOW DID DAMAGE OR INJURY OCCUR?

2 way street pothole where road construction
is it was unavoidable without going in
opposite side of street

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.

Road Work and Weather

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

\$ 275

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

DAMAGES INCURRED TO DATE:

Item/Date: 5/14/19 Amount: \$

Item/Date: 3 used tires and 1 Rim Repaired Amount: \$ 275.00

tires \$ 125
Bent Rim Repair \$ 80

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 205

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ 205

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

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

NAME: Anna Barroza NAME: _____

ADDRESS: Rialto CA 92371 ADDRESS: _____

TELEPHONE: _____ TELEPHONE: () _____

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

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: () _____ TELEPHONE: () _____

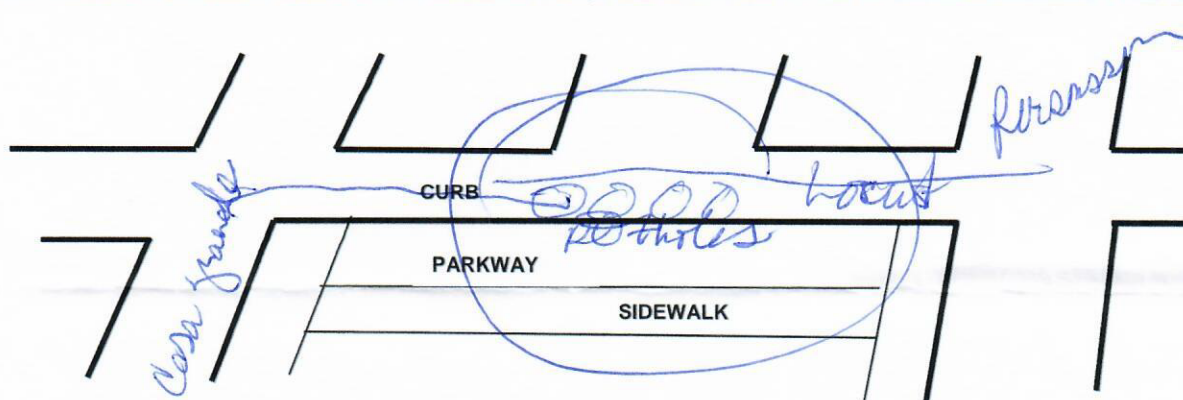
DATE: _____ TIME: _____ ☐ AM ☐ PM DATE: _____ TIME: _____ ☐ AM ☐ PM

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.



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.

Adrian Barroza
SIGNATURE OF CLAIMANT OR AGENT

Adrian Barroza
TYPE OR PRINT NAME

Ally
RELATIONSHIP TO CLAIMANT

5/14/19
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

CITY OF RIALTO

2019 JUN 10 PM 3:22

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CITY CLERK**TIRE & WHEEL**

6183 SIERRA AVE. BLDG. 1 • FONTANA, CA 92336

ARROWTIRE@MSN.COM

(909) 349-1746

BAR#230081

NAME <i>Anna Parionz</i>		DATE <i>5-13-19</i>	
ADDRESS			
CITY		STATE	ZIP
E-MAIL ADDRESS		PHONE	
MAKE & MODEL <i>BMW</i>	MILEAGE	LIC. NO.	
QTY.	DESCRIPTION/SERVICE	PARTS	LABOR AMOUNT
<i>3</i>	<i>used tires</i>	<i>255</i>	<i>135.18 / 100</i>
<i>1</i>	<i>18" wheel repair</i>	<i>225</i>	<i>40.18 / 45</i>
	<i>Tire Junk</i>		<i>80.-</i>
C/C#	Exp.	V-	
	Wheel Alignment		
	Shipping & Handling		
	Mount & Dismount		
	Tire Disposal Fee		
	Stems		
	Computer Balance		
<small>This estimate is based on our inspection at this time and does not cover additional parts or labor which may be required after work has started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. This estimate cannot cover such contingencies in cases where additional work is deemed necessary. Customer authorization will be assured prior to commencement of that additional work. This estimate expires 15 days from date. I hereby authorize the above work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to insure the amount of repairs. Dealer not responsible for unavailability of parts or delays in parts shipments beyond dealers control not for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control.</small>		SUB-TOTAL	
		TAX	<i>labor</i>
		TOTAL	<i>225.-</i>

☒ Repairs Authorized By



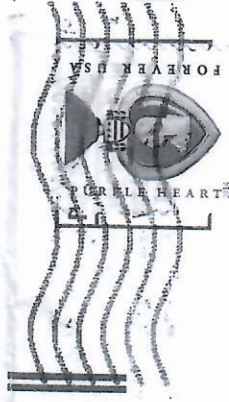
57406 4/11

Adam Barakat

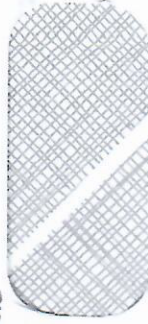


Rialto CA 92371

SANTA ANA CA 928
03 JUN 2019 PM 8 L



Rialto City Clerk Office
150 S. Palm Ave.
Rialto, CA



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