



CITY OF RIALTO
2019 AUG 19 AM 8:41

RECEIVED
CITY CLERK

August 13, 2019

Rialto City Clerk's Office

150 S. Palm Ave., Rialto, CA 92376

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

Re: HOA Block Wall Damage / Adjacent [REDACTED]

To Whom It May Concern:

This letter is being sent on behalf of the Andover Square homeowner's Association regarding the above captioned matter affecting the HOA and the property owner.

Enclosed please find a completed claim form and two proposals obtained for the repair to the block wall due to the roots of a tree located in the City of Rialto's planter bed adjacent to the HOA's block wall along Cedar Ave and to the rear yard of the property located at [REDACTED]

I was advised by Mr. Hector Gonzalez; City Engineer, that this submittal is required to open a claim. The HOA is seeking that the block wall be replaced due to the damage sustained by the City's tree. The property owner is also seeking immediate resolution regarding this matter. Enclosed please find to proposal for the demo and rebuilding of the wall.

Your immediate response to this matter is greatly appreciated. Should you have any additional questions, please feel free to contact me at [REDACTED] or by email at [REDACTED]

Sincerely,

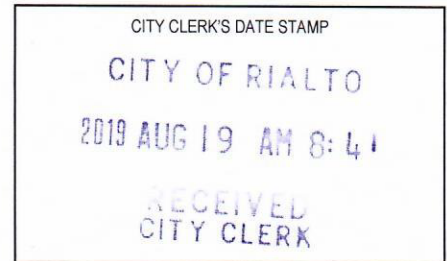
[REDACTED]
Martha Bryan

Community Manager

Andover Square Homeowner's Association



**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:

Andover Square Homeowner's Association ; Attn: Martha Bryan / Comm. Mgr. NA
FULL NAME
[REDACTED] Rialto CA
HOME ADDRESS INCLUDING CITY, STATE & ZIP
c/o [REDACTED] Upland Ca 91786
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP
FirstService Residential
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above): [REDACTED] Upland, CA 91786
DATE OF BIRTH
[REDACTED]
HOME TELEPHONE NO.
[REDACTED]
BUSINESS TELEPHONE NO.
[REDACTED]

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: May 2019 TIME: ☐ 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.

City tree located in City maintained planter located along Cedar Ave, between Etiwanda and W Victoria.

3. HOW DID DAMAGE OR INJURY OCCUR?

Overgrown City tree root system has caused the Association's block wall significant damage (fractures) from footing to the top of the block wall.

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.

It appears the City's tree was not routinely inspected/maintained to prevent the block wall to be damaged beyond repair.

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: 2 proposal obtained for submission puposes

Item/Date: <u>Oakwood Construction</u>	Amount: \$ <u>21,287.53</u>
Item/Date: <u>Paul Davis Construction</u>	Amount: \$ <u>18,635.00</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

*** SEE ABOVE ESTIMATE***

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: Shonelle Morrow/ property owner affected

NAME: _____

ADDRESS: _____

ADDRESS: _____

Rialto, CA

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

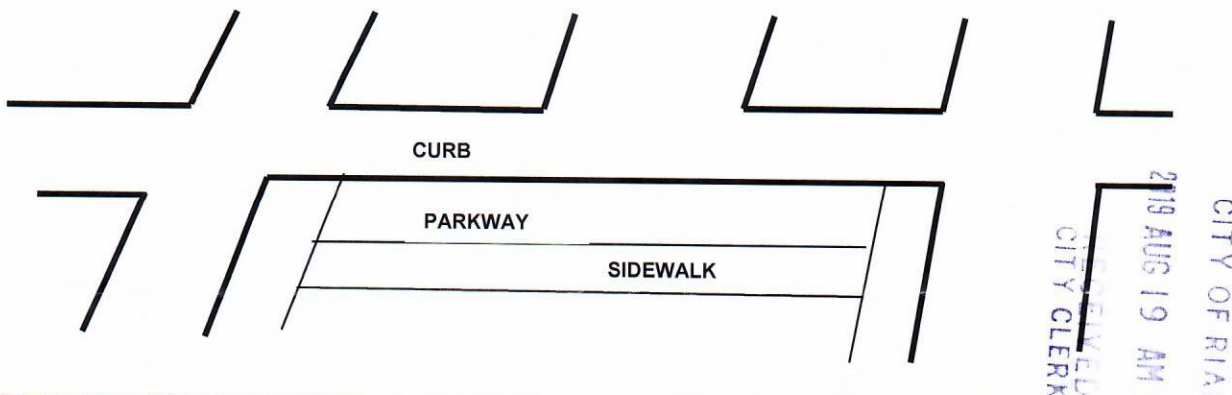
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

SIGNATURE OF CLAIMANT OR AGENT

Martha Bryan

TYPE OR PRINT NAME

08.13.2019

DATE

Community Manager
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**



August 13, 2019

To: **FirstService – Andover Square**
195 N. Euclid Avenue
Upland, CA 91786

Attn: Martha Bryan

Proposal: 0819_FSR ANDOVER SQUARE_RPR

CITY OF RIALTO
2019 AUG 19 AM 8:42
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Below is our proposal to:

Remove and replace the root damaged section of block wall. It includes to tie the wall into the existing wall, demo, haul away, and replace with new matching slump stone blocks.

\$18,635.00*

Scope of work to be performed:

- 1) Remove the root damaged section of block wall.
- 2) Tie into the existing wall.
- 3) Demolish and haul away damaged section of block wall.
- 4) Tie in rebar to existing footings.
- 5) Replace with new matching (as close as possible) slump stone blocks.

Qualifications, Inclusions and/or Exclusions:

- 1) This estimate is based on visual observations only.
- 2) This proposal assumes that onsite utilities (a water source and electricity) will be made available.
- 3) All bushes and landscaping need to be trimmed and or tied back prior to work commencement of work.
- 4) Paul Davis employees are very experienced at working around fragile areas and we will make every effort to avoid unnecessary damage. However this proposal does not include the cost of labor or materials for repair or replacement of sprinklers, plant materials, shrubs and ground cover.
- 5) It is our hope to provide you with an accurate estimate, estimates can change once work commences due to unforeseen circumstances.
- 6) The above estimate does not include permitting*
- 7) Work on this estimate is quoted as being done during normal working hours Monday – Friday, 8:00 am – 5:00 pm excluding national holidays.
- 8) If additional damage is found, Paul Davis will inform Martha Bryan at FirstService and discuss next steps.



Thank you for choosing Paul Davis. We look forward to working with you in the near future. If you have any questions or need further clarification regarding our proposal please do not hesitate to contact us at (951) 270-5304.

Sincerely,

Deb Wedemeier

**Deb Wedemeier
Business Development**

Letter of Acceptance

As representative for (FirstService), I accept the following proposal and am requesting a work order with the amount and scope listed.

Proposal: 0819_FSR ANDOVER SQUARE_RPR

My Signature represents our intent to move forward and award the project to Paul Davis.

Board Member Signature Date

Board Member Signature Date

Property Manager Signature Date

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Oakwood Construction and Restoration Services, Inc.

4955 E. Hunter Ave., Anaheim, CA 92807
(714) 529-8300 Tel - (714) 529-7939 Fax
General@oakwoodteam.com
CA Lic# 762828 - Fed ID# 95-4249409

Insured: [REDACTED]
Property: [REDACTED]
Rialto, CA 92376

Home: [REDACTED]

Estimator: Sherwood Cook

Business: (714) 661-8389

Contractor:
Company: Oakwood Construction
Business: 4955 E Hunter Ave
Anaheim, CA 92807

Business: (714) 529-8300

Claim Number:

Policy Number:

Type of Loss: <NONE>

Date of Loss:
Date Inspected:

Date Received:
Date Entered: 7/9/2019 10:36 AM

Price List: CABD8X_JUL19
Restoration/Service/Remodel
Estimate: ANDOVER_SQUARE

This is to remove and replace 50 lineal feet of block wall that is affected by tree roots.

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FirstService
RESIDENTIAL

195 N Euclid Ave
Upland, CA 91786

CITY OF RIALTO

APR 19 11 00 AM '12

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CITY CLERK

**ADDRESS SERVICE
REQUESTED**



U.S. POSTAGE >>> PITNEY BOWES



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