



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2019 OCT -2 AM 11:12  
RECEIVED  
CITY CLERK

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:**

PAULA M. ESQUIVEL

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

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):

CA 92376

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 09-10-19 TIME: 6:50 ☐ 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.

9500 ETIWANDA AVE. RANCHO CUCAMONGA CA 91739  
I WAS BEING SEARCHED. HE SAID IT'S ON  
BODY CAM. HE TOOK PICTURES OF IT.

3. HOW DID DAMAGE OR INJURY OCCUR?

POLICE OFFICER AGUIRRE PUT ON HIS PATROL  
CAR AND IT FELL, WHILE WIFE SEARCHING ME.

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.

AGUIRRE MALE OFFICER PLACED NEW PHONE ON TOP  
OF PATROL CAR IT FELL OFF. HE SAID TO CLAIM  
AND WILL BE REPLACED.

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

\$ 89.00

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

DAMAGES INCURRED TO DATE:

Item/Date: 9-10-19 SAMSUNG GALAXY Amount: \$ 89.00  
Item/Date: SERIAL # 357092100140496 Amount: \$



\$ 89.00

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

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

\$ \_\_\_\_\_

## NAME: \_\_\_\_\_

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

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

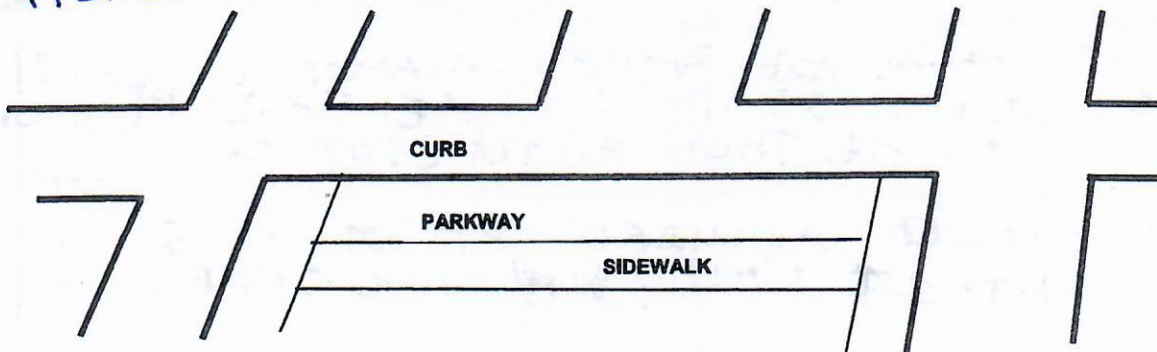
NAME: \_\_\_\_\_

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

TELEPHONE: ( )

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

IT HAPPENED IN PARKING LOT OF DETENTION FACILITY.



10/02/19  
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**

See back of receipt for your chance  
to win \$1000 ID #:7N788NNT9C6

ST 35 CARD 35.00  
CARD # 2259276636

**Walmart\***

909-899-1441 Mgr: ARMANDO VALENZUELA  
12549 FOOTHILL BLVD

RANCHO CUCAMONGA CA 91739

ST# 01922 OP# 008725 TE# 70 TR# 04191  
ST 35 CARD 061696022849 35.00 0

PRODUCT SERIAL #  
840357092100140496

POP# 86891254015995871219679

MOBILE PHONE 061696028744 89.00 X

SUBTOTAL 124.00

TAX 1 7.750 % 6.90

TOTAL 130.90

DEBIT TEND 130.90

786 MINUTES

CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY

130.90 TOTAL PURCHASE

DEBIT \*\*\*\* \* 9438 I 0

REF # 925300007760

NETWORK ID. 0081 APPR CODE 812978

DEBIT

AID A0000000042203

TC 295805F06CA0DA48

\*Pin Verified

TERMINAL # SC010949

09/09/19 20:06:33

# ITEMS SOLD 2

TC# 9977 8934 9760 7357 3595 3



09/09/19 20:06:41

Scan with Walmart app to save receipts



CITY OF RIALTO  
2019 OCT -2 AM 11:12  
RECEIVED  
CITY CLERK