

CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY OF RIALTO

2019 SEP 30 PH 2: 01

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

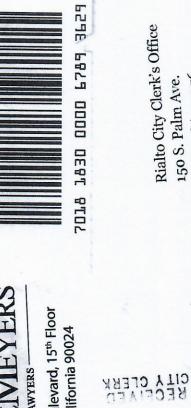
CLAIMANT INFORMATION:			
Luis Araiza			
FULL NAME		DATE OF BIRTH	
HOME ADDRESS INCLUDING CITY, STATE & ZIP		HOME TELEPHONE NO.	
10900 Wilshire Blvd. 15th Floor, Los Angeles, O	CA 90024	(
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP		BUSINESS TELEPHONE NO.	
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE	Jacoby & Meyers Attorne	Jacoby & Meyers Attorneys LLP	
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):		Floor, Los Angeles, CA 90024	
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE:	:0/2019 TIM	IE: _approx 9:30 🙇 AM 🗆 PM	
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Where appropriate, give street names and addresses, measurer At the intersection of Cactus Avenue and San Be	ments and landmarks.		
3. HOW DID DAMAGE OR INJURY OCCUR? Claimant Luis Araiza was traveling westbound officer Erik Steven Valtierra, who was travelling Mr. Araiza's vehicle. See attached Traffic Collis	g southbound on Cactus Aven		
	RE PARAMEDICS AT THE SCENE?	7 VEC EL NO	
5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIR employee causing the injury or damage, if known. Based on the acts and omissions of managemen staff members, and employees of the City of Ria	M CAUSED THE INJURY OR DAMAGE t, administration, maintenance	GES? Give the name of the city/town e personnel, inspectors, and/or the	
causing the collision occurring on 5/20/2019 th	at injured Claimant Luis Araiz	za.	
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amou	nt of any prospective injury or damage	\$TBD, an amount in	
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific	c, list doctor bills, repair estimates, etc. F	Please attach 2 excess of \$25,000.00.	
DAMAGES INCURRED TO DATE:			
Item/Date: TBD, total damages incurred	to date unknown at this	Amount: \$ TBD, an amount in	
Item/Date: time, but include ambulance	and emergency room care	Amount: \$_excess of \$25,000.00.	

OBY&MEYERS

10900 Wilshire Boulevard, 15th Floor Los Angeles, California 90024 -INJURY LAWYERS-

PN 2:

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Rialto City Clerk's Office Rialto, CA 92376 150 S. Palm Ave.

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