



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

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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:

Miguel Torres Contreras
FULL NAME

[REDACTED]
DATE OF BIRTH

[REDACTED]
HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
HOME TELEPHONE NO.

Anaheim, CA 92805
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):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 10/31/19 TIME: 7:57 ☐ 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.

Cross road of Locust Ave & Casmalia St
(see attached page for more details)

3. HOW DID DAMAGE OR INJURY OCCUR?

Damage occur do to poor lighting & Signaged in a
Street Construction area (see additional page for more details)

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.

Rialto City workers are at Fault for not
Placing Proper Signs and to indicate the danger in
the area & Poor lighting

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 418.12

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

DAMAGES INCURRED TO DATE:

Item/Date: Front tires & Driver Rim

Amount: \$ 244.12

Item/Date: Tow Truck Service

Amount: \$ 174.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 418.¹²

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Front Tires & Driver's Rim

Amount: \$ 244.¹²

Item/Date: Town Truck Service

Amount: \$ 174.⁰⁰

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 418.¹²

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

NAME: In delacio Castañeda

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: [REDACTED]

TELEPHONE: () _____

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

NAME: _____

NAME: _____

ADDRESS: N/A

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

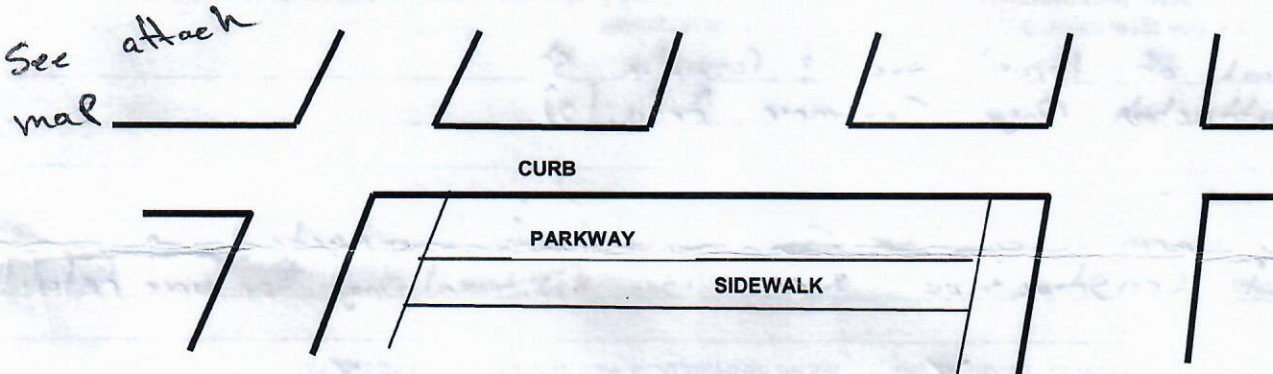
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Miguel Torres Contreras
TYPE OR PRINT NAME

11/11/19
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

Date of incident was October, 31, 2019 Halloween
around 7:59PM and it was pretty dark already. I was
heading down on locust Ave, ~~at the intersection between~~
~~Locust turning into Camalia st.~~ as I turn because the light
was green when I arrived at the intersection I quickly notice
some cones on the street pointing inwards to the middle
of the dark road and no other cones or signs at all
So I immediately move a little more center but when my
car had finish the turn I saw the bottom of two
"cone" sticks but by then it was too late, as I try to
get out of the divider I notice multiple other
cars on the side changing their Damage Tiers.
as I manage to get out of the divider I move to the
side looking for parking so I can see the damage.
when I manage to park in the intersection of ~~Camalia st.~~
corner of Camalia st and Baseline. Once I stop I got out
of my car and notice both front wheels are and the
driver's Rim was damage so it needed to be replace.
I couldn't drive back home to the O.C. on a Spare in the
Freeway at night so I had to call a Tow truck
to get home. ~~at~~ I'm asking with in an hour Somebody
Came to place new cones and signs. I know it was a
windy night but all I ask is to be re-invoice for
unexpected damage to my Property in Poor & Signed Construction
Area.

Michael Torres

CITY OF RIALTO

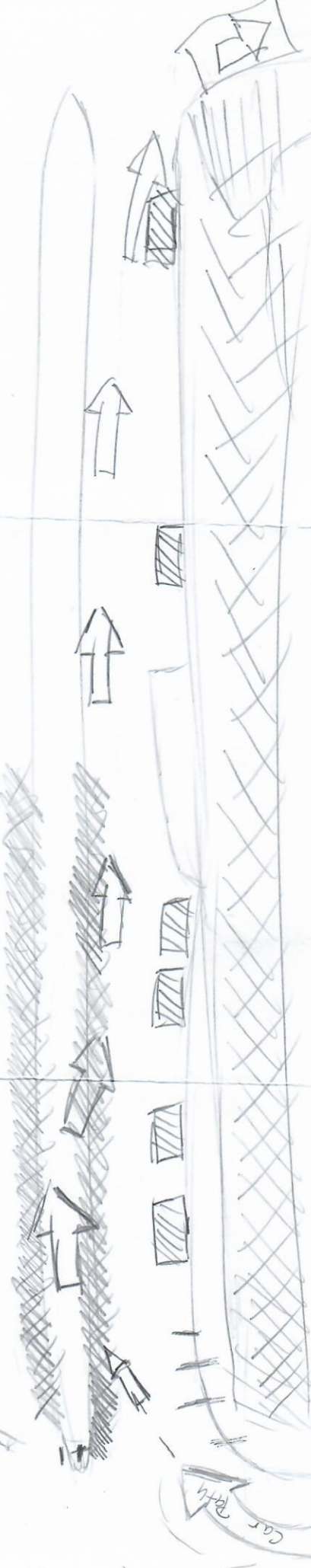
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Casmalia St

Baseline Rd.

light
signal



Locos Ave

Other cars affected as well

Final stop after incident
French

my car's movement that night

corners left at the time of accident

1237 E Flower St

Anaheim, CA, 92805

SANTA ANA CA 926

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

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