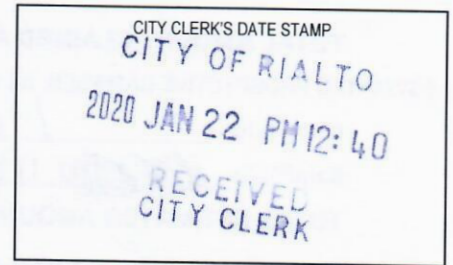




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

Marquisa L Smith

FULL NAME

[REDACTED] Rialto CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]

DATE OF BIRTH

[REDACTED]

HOME TELEPHONE NO.

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):

[REDACTED]

BUSINESS TELEPHONE NO.

San Bernardino CA 92413

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: Jan-5-6-2020 TIME: 12:43 ☒ 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.

Julia plan Senior Apartments 245 E First St apt 1066

3. HOW DID DAMAGE OR INJURY OCCUR?

Officer fail to arrest assailant, left him in which he maliciously with malice intent backed punched a hole in my water wall and stole several high valued items while officer

4. WERE POLICE AT THE SCENE? ☒ YES ☐ NO WERE PARAMEDICS AT THE SCENE? ☐ YES ☒ NO D. Cunto assisted him

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.

Police-Rialto Police department. all officers on scene as well Lt. Hardy for doing nothing, as well D. Cunto for assisting in lobby of my home and assisted him with getting ready

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

\$ 20,000

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

DAMAGES INCURRED TO DATE:

Item/Date: Total of items stolen

Amount: \$ 2,562.00

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 70,000

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date:

1-05-2020 - 1-26-2020

Amount: \$ 20,000

Item/Date:

~~mental & physical damages, Dress~~

Amount: \$ 20,000

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 20,000

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

NAME:

Alexis McDevitt

NAME:

Lyndee & Mark Smith

ADDRESS:

[Redacted]

ADDRESS:

[Redacted]

TELEPHONE:

90 CA 02410

TELEPHONE:

[Redacted]

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

NAME:

Lyndee Smith

NAME:

[Redacted]

ADDRESS:

Went to Community Hospital

ADDRESS:

[Redacted]

TELEPHONE: ()

[Redacted]

TELEPHONE: ()

[Redacted]

DATE:

TIME:

☐ AM ☐ PM

DATE:

TIME:

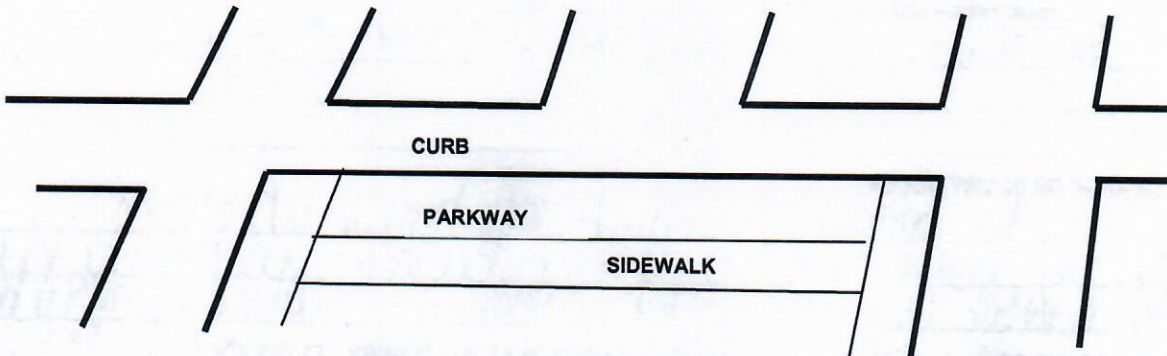
☐ AM ☐ PM

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

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

Lyndee L Smith

Self

DATE

1-22-2020

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