

CITY OF RIALTO

CITY CLERK'S OFFICE

Mail: 150 South Palm Avenue, Rialto 92376

Street Address: 290 West Rialto Avenue, Rialto 92376



FILING DATE
(City Clerk Date Stamp)

CITY OF RIALTO
2020 FEB 11 PM 4:25

RECEIVED
CITY CLERK

Instructions for Filing Claims

1. CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY, MUST BE FILED NO LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE (GOVERNMENT CODE §911.2).
2. CLAIMS FOR DAMAGES TO REAL PROPERTY MUST BE FILED NO LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE (GOVERNMENT CODE §911.2).
3. READ ENTIRE CLAIM BEFORE FILING.
4. SEE PAGE TWO FOR DIAGRAM UPON WHICH TO INDICATE LOCATION OF ACCIDENT (IF APPLICABLE).
5. THIS CLAIM FORM MUST BE SIGNED ON THE BOTTOM OF PAGE TWO.
6. ATTACH SEPARATE SHEETS, IF NECESSARY TO PROVIDE FULL DETAILS— EACH SHEET MUST BE SIGNED.
7. THE CLAIM MUST BE FILED WITH THE CITY CLERK (GOVERNMENT CODE §915a).

Name of Claimant <i>Pacific Bell / AT&T / Diane Mancini</i>				Age of Claimant	
Home Address of Claimant			City	State	Zip
Business Address of Claimant			City	State	Zip
			<i>Ventura</i>	<i>CA</i>	<i>93001</i>
Address for mailing notices/communications concerning this claim.					
<i>SAME</i>					
When did the DAMAGE or INJURY occur? (Give day, date, and time)					
<i>8/23/2019</i>					
How did the DAMAGE or INJURY occur? (Give full details)					
<i>The City of Rialto hired contractor Gregg's Electric Inc USA ticket A192050332 this contractor dug beyond the Area they requested</i>					
Where did DAMAGE or INJURY occur? (Describe fully. Use diagram on page two if applicable. Provide street names, landmarks, measurements, etc., to give full details.)					
<i>327 W Santa Ana Av + Bloomington Rialto</i>					
What particular ACT or OMISSION do you claim caused the DAMAGE or INJURY? If known, list names of City employee(s) causing the DAMAGE or INJURY.					
<i>City hired contractor</i>					
What DAMAGE or INJURY do you claim resulted? Give full extent of DAMAGES or INJURIES claimed.					
<i>Fiber damaged</i>					
What AMOUNT do you claim for each item of DAMAGE or INJURY as of the date of presentation of this claim. (Provide basis for computation.)					
<i>\$15,762.73</i>					

Give ESTIMATED AMOUNT, as far as known, that you claim for each item of PROSPECTIVE DAMAGE or INJURY. (Provide basis for computation)

see demand

List the name(s) of your insurance company and list any insurance payments received.

none self insured

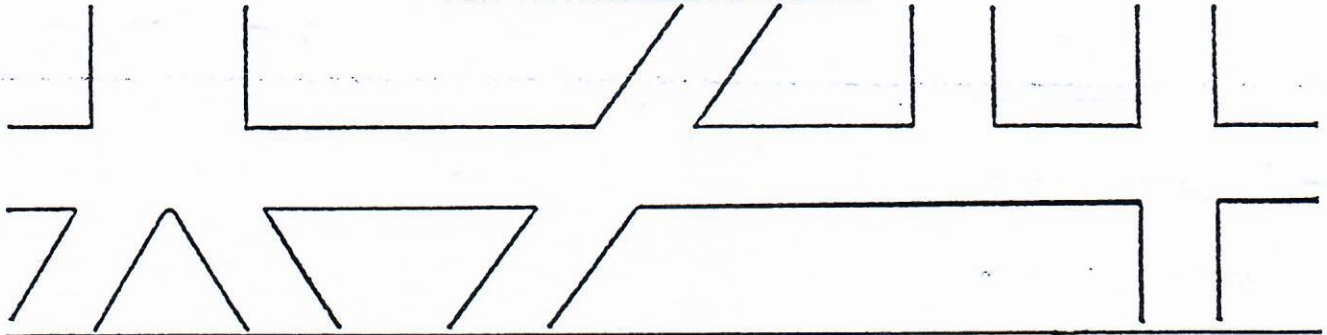
List any expenditures made, due to accident/injury. (List date, item and amount)

List names and addresses of witnesses, doctors and hospitals.

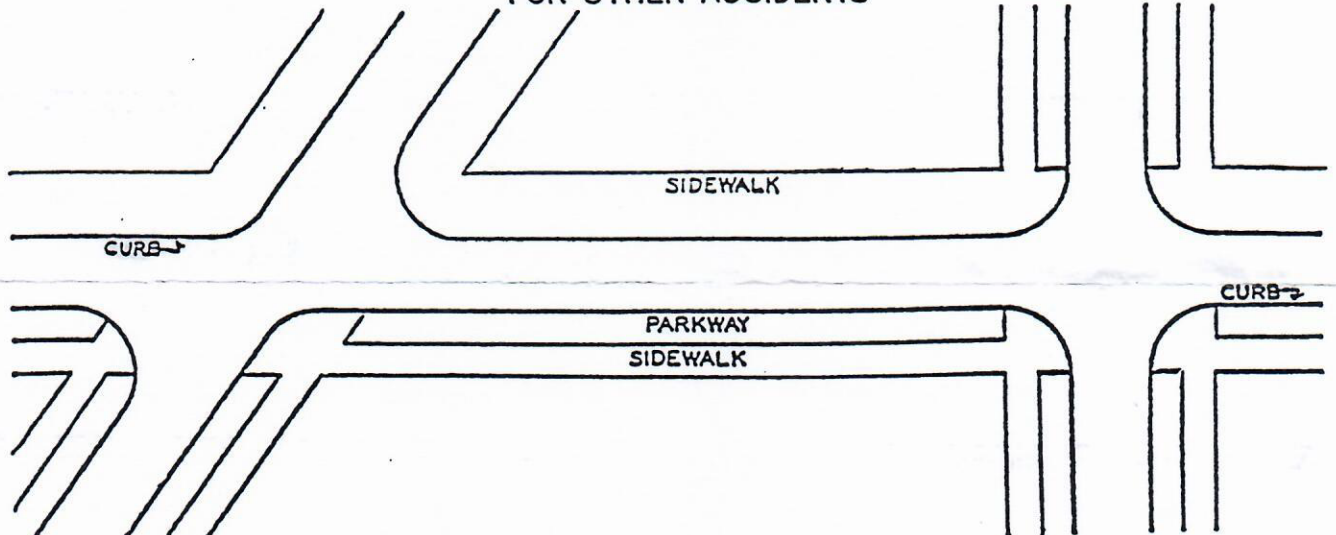
READ CAREFULLY

For all accident claims, place on the diagram names of streets, (including north, south, east or west); indicate location of accident by "X" and by showing house numbers or distances to street corners. If a City vehicle was involved, designate by the letter "A" the location of the City vehicle when you first saw it, and by "B" the location of you or your vehicle when you first saw the City vehicle. Designate with "A-1" and "B-1" the locations of the City vehicle and you or your vehicle at the time of the accident and the point of impact by "X." NOTE: If the diagram below does not fit the situation, attach a proper diagram to the claim, signed by the claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



Signature of claimant, or person filing on claimant's behalf. Give relationship to claimant.

Typed or printed name

Date

[Redacted signature]

Diane Mancini

2/7/2020

ALL CLAIMS MUST BE FILED WITH THE CITY CLERK (Government Code §915a)