## CITY OF RIALTO CITY CLERK'S OFFICE



FILING DATE (City Clerk Date Stamp)

CITY OF RIALTO 2020 FEB 11 PM 4: 25

Mail: 150 South Palm Avenue, Rialto 92376

Street Address: 290 West Rialto Avenue, Rialto 92376

Instructions for Filing Claims

CITY CLERK

- 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).
- 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.
- 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.
- 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).	
Pagac Bell /ATIT/ Diane Manani	Age of Claimant
Home Address of Claimant City State Zip	Home Telephone Good
Business Address of Claimant  City State Zip  A 93001	Business Phone
Address for mailing notices/communications concerning this claim.	the second secon
SAME	
When did the DAMAGE or INJURY occur? (Give day, date, and time)	
8/23/2019	
U. J.H. DAMAGE BUILDY A 101 CHALLES	
The City of Real to hered contractor Gregs Elec	the INC USA Ticket A1970s
this contractor due beyond the Area they reque	sted
This contractor due seguite	
Where did DAMAGE or INJURY occur? (Describe fully. Use diagram on page two if applicable. Provide street no	ames, landmarks, measurements, etc., to give full details.
327W Santa Ana AV +	Bloomington
	Leato
What particular ACT or OMISSION do you claim caused the DAMAGE or INJURY? If known, list names of City e	mployee(s) causing the DAMAGE or INJURY.
City hurd contra	ctor
What DAMAGE or INJURY do you claim resulted? Give full extent of DAMAGES or INJURIES claimed.	
What DAWAGE of INSORT do you claim resulted? Give full extent of DAWAGES of INSORIES claimed.	
Fiber das	uased
activities of the second and the second	
What AMOUNT do you claim for each item of DAMAGE or INJURY as of the date of presentation of this claim. (F	Provide basis for computation.)
\$ 15,762 72	
$F \left( \sum_{i} 100 \right) = 12$	

List the name(s) of your insurance company and list any insurance payments received.    Concern Section Sectio	Give ESTIMATED AMOUNT, as far as known, that you claim for each item of PROSPECTIVE DAMAGE or INJURY. (Frovide basis for computation)		
List any expenditures made, due to socident/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 socident by "X" and by showing house numbers distances to street corners. If a City vehicle was involved, designate by the letter "X" the location of the City vehicle who you first saw the City vehicle. Designate with "X" and "A" and "A" the location of the City vehicle who you for stave the life in of the socident and the location of the City vehicle and you you vehicle is the life of the socident and the location of the City vehicle and you you vehicle at the life of the socident and the situation, attach a proper diagram to the claim, signed by the claimant.  FOR AUTOMOBILE ACCIDENTS  FOR OTHER ACCIDENTS  PARKWAY  SIDEWALK		cee demand	
List any expenditures made, due to accident/linjury. (List date, item and amount)  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 distances to street corners. If a City vehicle was involved, designate by the letter "X" the location of the City vehicle when you first saw it, and by "8" the location of you vehicle when you first saw it, and by "8" the location of the City vehicle and you or your vehicle at the time of the accident and to point of impact by "X". NOTE: If the diagram below does not fit the shudion, ettech a proper diagram to the claim, signed by the claimant.  FOR AUTOMOBILE ACCIDENTS  FOR OTHER ACCIDENTS  PARKWAY  SIDEWALK	List the name(s) of your insurance company and list any insurance payments received.		
Est 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 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 your vehicle at the time of the accident and to point of impact by "X". NOTE If the diagram below does not lift the streams, retained as proper disgram to the claim, signed by the claimant.  FOR AUTOMOBILE ACCIDENTS  FOR OTHER ACCIDENTS  PARKWAY  SIDEWALK		none self insured	
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 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 "3" the location of you vour which we have you trist saw the Gity vehicle. Despine with "A" and "B" if the locations of the City vehicle and you or your vehicle at the times of the accident and to point of impact by "X." NOTE: If the diagram below does not fit the situation, ettach a proper diagram to the claim, signed by the claimant.  FOR AUTOMOBILE ACCIDENTS  FOR OTHER ACCIDENTS  FOR OTHER ACCIDENTS  PARKWAY  SIDEWALK	List any expenditures made, due to accident/injury. (List date, item and amount)		
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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 the time of the accident and to your vehicle when you first saw the time of the accident and to your vehicle when you first saw the time of the accident and to point of impact by "X." NOTE: If the diagram below does not fit the situation, ettach a proper diagram to the claim, signed by the claimant.  FOR AUTOMOBILE ACCIDENTS  FOR AUTOMOBILE ACCIDENTS  SIDEWALK  CURB->  PARKWAY  SIDEWALK			
FOR AUTOMOBILE ACCIDENTS  FOR OTHER ACCIDENTS  SIDEWALK  PARKWAY SIDEWALK  CURB-2  CUR	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	
FOR OTHER ACCIDENTS  SIDEWALK  CURB-3  PARKWAN SIDEWALK	point of impact by "X." NOTE: If the diagram below does not fit the situation, attach a pr	trons of the City vehicle and you of your vehicle at the time of the accident and the roper diagram to the claim, signed by the claimant.	
SIDEWALK  CURB->  PARKWAY SIDEWALK	FOR AUTOMOE	BILE ACCIDENTS	
SIDEWALK  CURB->  PARKWAY SIDEWALK			
SIDEWALK  CURB->  PARKWAY SIDEWALK			
SIDEWALK  CURB->  PARKWAY SIDEWALK			
SIDEWALK  CURB->  PARKWAY SIDEWALK			
SIDEWALK  CURB->  PARKWAY SIDEWALK			
SIDEWALK  CURB->  PARKWAY SIDEWALK			
PARKWAY SIDEWALK	FOR OTH	ER ACCIDENTS	
PARKWAY SIDEWALK			
PARKWAY SIDEWALK			
PARKWAY SIDEWALK			
PARKWAY SIDEWALK		SIDEWALK	
SIDEWALK	CURA		
	s s	DEWALK	
'/ ///			
Data	'/ ///		
Signature of claimant, or person filing on claimant's behalf. Give relationship to claimant.  Typed or printed name  Date	Signature of claimant, or person filing on claimant's behalf. Give relationship to claiman	t. Typed or printed name Date	

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