



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 MAR 21 PM 12:14
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:

LARRY H. TA

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

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: MANY MONTHS OF SINCE
ROOTS GROWTH CITY PLANTING TIME: ☐ 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.

ROOTS GROWTH IS DAMAGING FOUNDATIONS IN BACK YARD INTO FOUNDATIONS OF POOL
ALL SPRINKLER DAMAGE, BROKEN ALL CONCRETE, AND MORE FENCE

3. HOW DID DAMAGE OR INJURY OCCUR?

ROOTS DAMAGE OF BACK YARD FOUNDATION INCLUDING SWIMMING POOL AREA

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.

THE CITY OF RIALTO TREE ROOT'S GROWTH ONTO MY PROPERTY. AND
CITY OF RIALTO REMOVED THEM ON 9/12/23 BY DEVELOPMENT OFFICE

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

\$ 3300.00

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

DAMAGES INCURRED TO DATE:

Item/Date: 5/01/23 ROOTS DIGGING DEEP 2 FEET

Amount: \$ 1200.00

Item/Date: REPAIR CONCRETE, BRICKS, LABOR

Amount: \$ 2100.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

\$ 3300.00

Item/Date: 5/01/23

Amount: \$ 1700.00

Item/Date: 9/15/23

Amount: \$ 2800.00

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 4500.00

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

NAME: PHUNG K TANGUYEN

NAME: Alejandro Rodriguez

ADDRESS: RIALTO CA 92376

ADDRESS: Kc 110 CA 92376

TELEPHONE: _____

TELEPHONE: _____

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

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

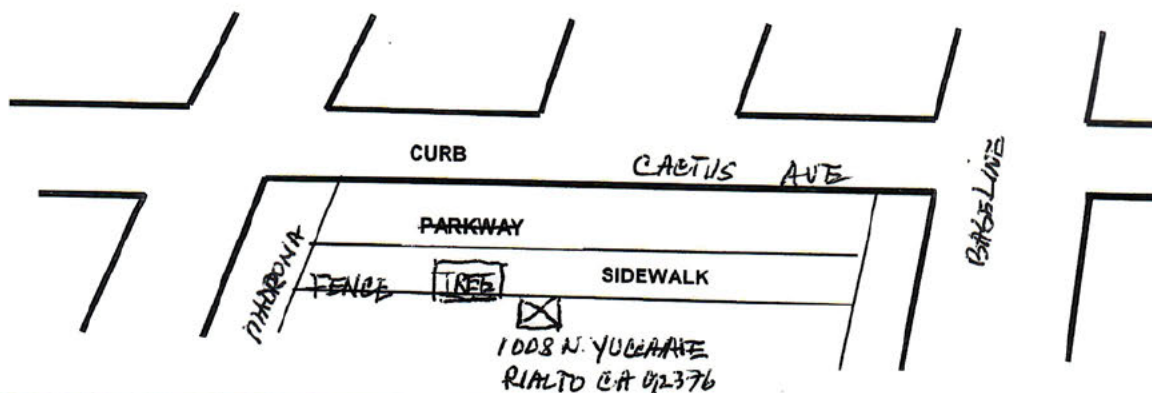
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

LARRY H. TA

TYPE OR PRINT NAME

MYSELF

RELATIONSHIP TO CLAIMANT

3/21/24

DATE

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

RECEIPT

No. 777878

DATE 5/01/2023

FROM Larry Ta

\$1,200

One Thousand Two Hundred ⁰⁰/₁₀₀ DOLLARS

FOR RENT

FOR Pool Structural Repair

ACCT.	
PAID	
DUE	

☐ CASH

☐ CHECK

☐ MONEY ORDER

☐ CREDIT CARD

FROM

TO

BY

Tim R. Gentry

A-2501
T-46820

415906

CUSTOMER'S ORDER NO.

DEPARTMENT

DATE

9/15/23

NAME

LARRY H. TA

ADDRESS

CITY, STATE, ZIP

Rialto CA 92376

SOLD BY

CASH

C.O.D.

CHARGE

ON ACCT

MOSE RETD

PAID OUT

QUANTITY

DESCRIPTION

PRICE

AMOUNT

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BRICK 1100
Laid 1012L

2100 ✓

[Signature]

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