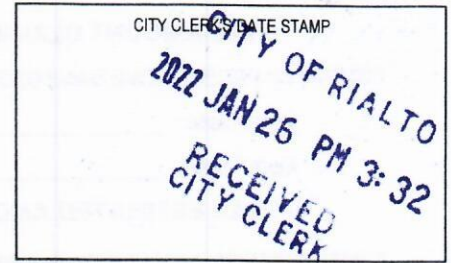




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

Francisco PERALTA

FULL NAME

1869 N. Millard Ave, Rialto, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

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):

5-22-58

DATE OF BIRTH

(909) 470-0166

HOME TELEPHONE NO.

()

BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12-14-21 TIME: 4:00 ☐ 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.

in my home.

3. HOW DID DAMAGE OR INJURY OCCUR?

Tree fell over onto vehicle

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.

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

\$ 2600.00

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

DAMAGES INCURRED TO DATE:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

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

\$ _____

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

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

NAME: Silvia Peralta

NAME: Sabrina

ADDRESS: 1869 N. Millard Ave
Rialto CA 92376

ADDRESS: 1879 N. Millard Ave
Rialto 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

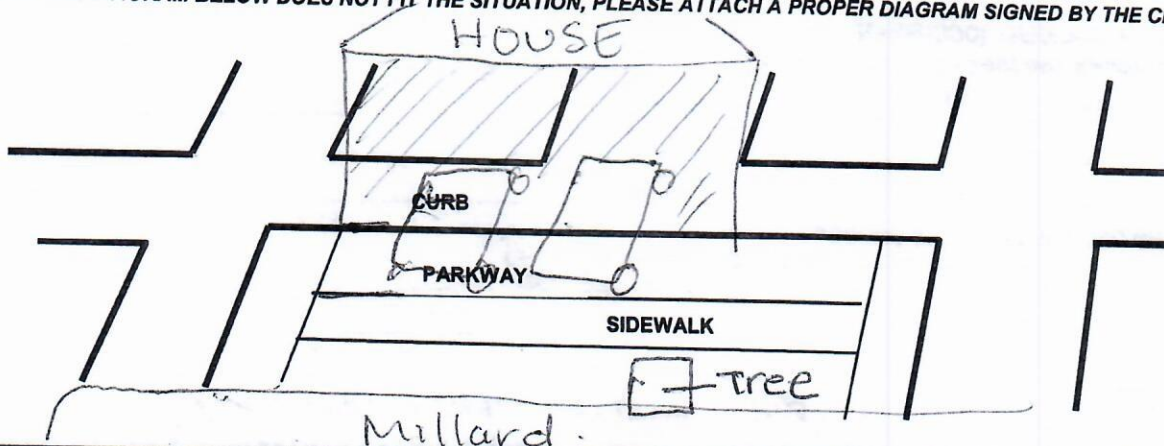
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

Cyndi Peacott
SIGNATURE OF CLAIMANT OR AGENT

CYNDI PEACOTT
TYPE OR PRINT NAME

Daughter
RELATIONSHIP TO CLAIMANT

1-26-88
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

JAN 6, 2022 COUNTER SALES

TOYOTA OF SAN BERNAR

V51/4505 2525

INVOICE#	CUST #	NAME	PHONE	PAY	CTR#	PL
LN#	PART# / DESCRIPTION	QORD	QSH	SALE	CORE	EXTENDED TC PL
1	90950-01956	PLUG, HOLE	1	1	3.74	3.74 S 200
2	65759-0C030	COVER, TAIL GA	1	1	186.99	186.99 S 200
3	65700-0C073	GATE ASSY, RR	1	1	639.53	639.53 S 200
4	65405-0C040	BOARD SUB-ASSY	1	1	480.29	480.29 S 200
5	65483-0C011	RAIL, HEADER B	1	1	159.67	159.67 S 200
6	65717-0C051	PROTECTOR, TAI	1	1	147.54	147.54 S 200
7	69090-0C051	HANDLE ASSY, B	1	1	122.11	122.11 S 200
8	65768-0C010	STRIKER, TAIL	2	2	11.72	23.44 S 200
9	65780-0C041	LOCK ASSY, TAI	1	1	45.14	45.14 S 200
10	65790-0C041	LOCK ASSY, TAI	1	1	45.14	45.14 S 200

MORE TO COME ...

AVAI	LIST	COMP	ASSOC
BN1	TRADE	STS	SRC
BN2	COST	GRP	COMPNT
NEW#			ALTER
			GP%
			OLD#

REMARKS

TOTAL 2606.62

(A=ADD) (D=DELETE) (E=ENTER) (CR=CONS REACH) (M=MODIFY) (N=NBR) (TAB)

JAN 6, 2022 COUNTER SALES

TOYOTA OF SAN BERNAR

V51/4505 2525

INVOICE#	CUST #	NAME	PHONE	PAY	CTR#	PL
LN#	PART# / DESCRIPTION	QORD	QSH	SALE	CORE	EXTENDED TC PL
11	65655-0C011	LINK, TAIL GAT	1	1	13.62	13.62 S 200
12	65656-0C011	LINK, TAIL GAT	1	1	14.83	14.83 S 200
13	69749-34010	CLAMP, DOOR LO	2	2	2.16	4.32 200
14	86790-34030	CAMERA ASSY, T	1	1	720.26	720.26 S 200

AVAI LIST COMP SRC ASSOC
BN1 TRADE STS COMPNT
BN2 COST GRP ALTER GP%
NEW# OLD#
REMARKS

TOTAL 2606.62

(A=ADD) (D=DELETE) (E=ENTER) (CR=CONS REACH) (M=MODIFY) (N=NBR) (TAB)