

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:

\$ Unknown at this time

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

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: San Bern. Comm. Hosp.

NAME: _____

ADDRESS: 1805 Medical Ctr. Dr.

ADDRESS: _____

San Bernardino, CA 92411

TELEPHONE: 909 887-6333

TELEPHONE: () _____

DATE: 4/18/22 TIME: _____ ☐ AM ☐ PM

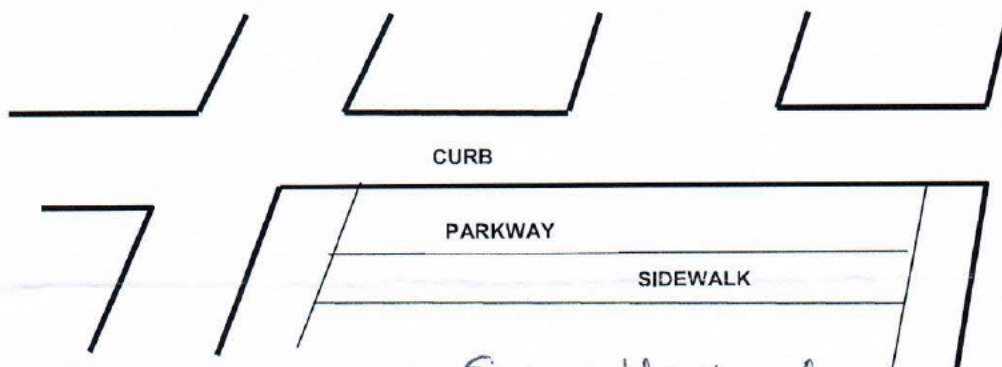
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.



See attached

2022 APR 22 AM 11:51
RECEIVED
CITY CLERK
CITY OF RIALTO

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

Walter J. Waddy

Attorney

4/18/22
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

Wattys Valley



LAW OFFICE OF WABBY & WABBY
A PROFESSIONAL CORPORATION

Walter J. Wabby, Esq. – walterjwabby@wabbylaw.com
Matthew D. Wabby, Esq. – matthew.wabby@wabbylaw.com

21031 Ventura Boulevard
Suite 921
Woodland Hills, California 91364

Telephone: (818) 347-6230
Facsimile: (818) 347-6554

April 19, 2022

Rialto City Clerk's Office
150 S. Palm Ave.
Rialto, CA 92376

Re: My Client : Miguel Valencia
Date of Loss : April 4, 2022

Dear Sir/Madam:

Please file the enclosed Claim for Damages form and return a stamped copy to my office in the envelope provided.

Thank you for your courtesy and cooperation herein. Should you have any questions, please do not hesitate to contact this office.

Very truly yours,



WALTER J. WABBY

WJW:lso
Encl.

CITY OF RIALTO
2022 APR 22 AM 11:51
RECEIVED
CITY CLERK

LAW OFFICES OF WALTER J. WABBY

21031 Ventura Boulevard

Suite 921

Woodland Hills, California 91364

SANTA CLARITA CA 91364

FIRST-CLASS MAIL

04/19/2022

20 APR 2022 PM 6 L

US POSTAGE \$000.73



ZIP 91364
011D10658599

CITY OF RIALTO
2022 APR 22 AM 11:51

RECEIVED
CITY CLERK

Rialto City Clerk's Office
150 S. Palm Ave.
Rialto, CA 92376

92376-646799

