



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 OCT 24 PM 6:00
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:

Lonnie Close

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: October 26, 2023 TIME: 12:30-1:00 ☒ 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

3. HOW DID DAMAGE OR INJURY OCCUR?

Back door damage was caused by officers kicking the door to enter of possible suspect/person inside residence

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.

Rialto Police kicked the back door to gain entry / Rialto, Ca

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

\$ 2,879.78

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

DAMAGES INCURRED TO DATE:

Item/Date:

Door / 10/24/2024

Amount: \$

2,879.78

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: Latasha Porter

NAME: _____

ADDRESS: _____

ADDRESS: _____

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

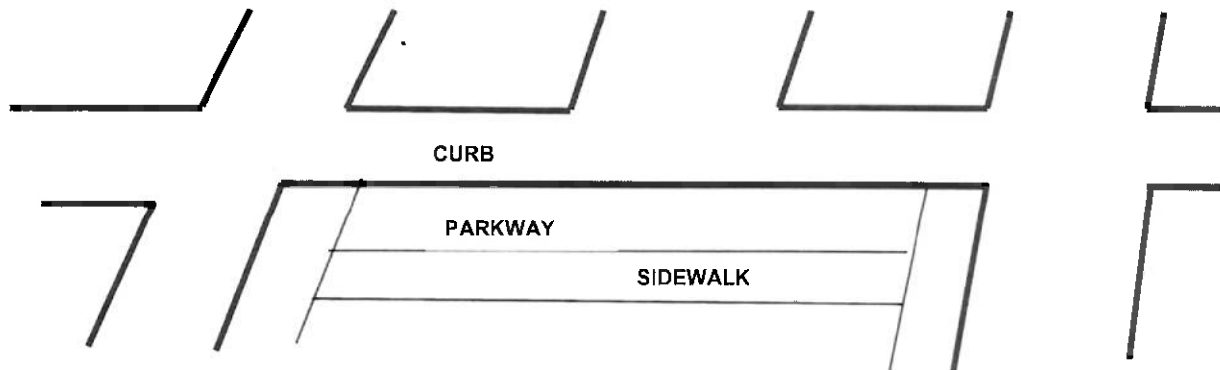
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Bonnie Close

TYPE OR PRINT NAME

Daughter

RELATIONSHIP TO CLAIMANT

10-20-2024
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











CUSTOMER PROPOSAL

10/24/2024

▶▶ **Let us
install it
for you.**



Prepared For

Latesha Porter
964 E. Mesa Dr. Pinalto, California 92376
lateshaway@yahoo.com
9094344522

Prepared By

Eddie Aguilar-Farias
eddie.aguilar-farias@lowes.com
951 509 5500



CALIFORNIA SERVICES SOLUTIONS INSTALLED SALES PROPOSAL

LOWE'S AUTHORIZED REPRESENTATIVE	SALES ID	DATE	CUSTOMER NAME
Eddie Aguilar-Farias	852977	10/24/2024	Letesha Porter

STORE NO	STREET ADDRESS	STREET ADDRESS
1700	16851 SIERRA LAKES PARKWAY	

CITY	STATE	ZIP	CITY	STATE	ZIP
FONTANA	CALIFORNIA	92336-1226	Rialto	California	92376

TELEPHONE	TELEPHONE
(909)350-7900	

EMAIL	EMAIL
eddie.aguilar-farias@lowes.com	

LOWE'S CONTRACTOR LICENSE #	LOWE'S REPRESENTATIVE LICENSE #	CREDIT/DEBIT	CHECK	LCC CARD	GIFT CARD
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This is only a quote for the merchandise and services printed below.

INSTALLATION STREET ADDRESS	CITY	STATE	ZIP
964 E Mesa Dr	Rialto	California	92376

Lowe's does not offer services to paint, seal or stain fences.

Additional charges may apply for permit fees. Installation services guaranteed by Lowe's labor warranty & available thru independent contractors, licensed, & registered where applicable. License numbers & certifications held by or on behalf of Lowe's Home Centers, LLC: #991832

IMPORTANT. This is an estimate only. This estimate is subject to change and does not bind you or Lowe's. This estimate is not a contract nor will it modify any future contract you may sign with Lowe's for the installation services. You may accept this proposal only by signing the appropriate Services Solutions Installed Sales Contract with Lowe's and making payment according to the terms and conditions therein. (Estimate good for 30 days. Roofing, Gutters and Fencing Estimates are good for 7 days). Installation fees will be, and additional charges may be, based on total product required to fulfill order (including waste). If you would like to discuss the measurements or would like a copy of this document, please contact the Lowe's Store Associate. Please review your contract carefully for all charges prior to signing.

MERCHANDISE AND INSTALLATION SUMMARY: (I.E. ITEM NUMBERS, COLORS, DIMENSIONS, CONSIDERATIONS):

Included

Product

Back laundry door install

Installation of back pre hung door for laundry area, removal and haul away included. Door is smooth fiberglass 1/2 ventlite not painted, includes screen, pre hung door new frame, new hinges, new threshold, new weatherstrip and new trim, door locks homeowner to buy, lead time about 4 weeks.

QUOTE TOTAL \$2,879.78
Payment (100%) \$2,879.78

Job Photos

