



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 MAR 20 PM 1:10

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:

Anessa Raylene Medina

FULL NAME

[REDACTED] San Bernardino
HOME ADDRESS INCLUDING CITY, STATE & ZIP CA 92410

DATE OF BIRTH

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: 02/08/2023 TIME: 10:00 ☒ 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.

Rialto CA cross streets Baseline and cactus

3. HOW DID DAMAGE OR INJURY OCCUR?

After making a phone call on my cell phone and returning it to officer Aguirre (badge 267) my phone was left on the hood of his police car causing it to fall as

4. WERE POLICE AT THE SCENE? ☐ YES ☐ NO WERE PARAMEDICS AT THE SCENE? ☐ YES ☐ NO he took off and it shattered.

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.

He was forgetful and didn't even recall placing the phone. He searched his entire vehicle before returning back to the place I was pulled over.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 400

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

DAMAGES INCURRED TO DATE:

Item/Date: The entire phone needs to be replaced

Amount: \$ 400

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: CASE, # [REDACTED]

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

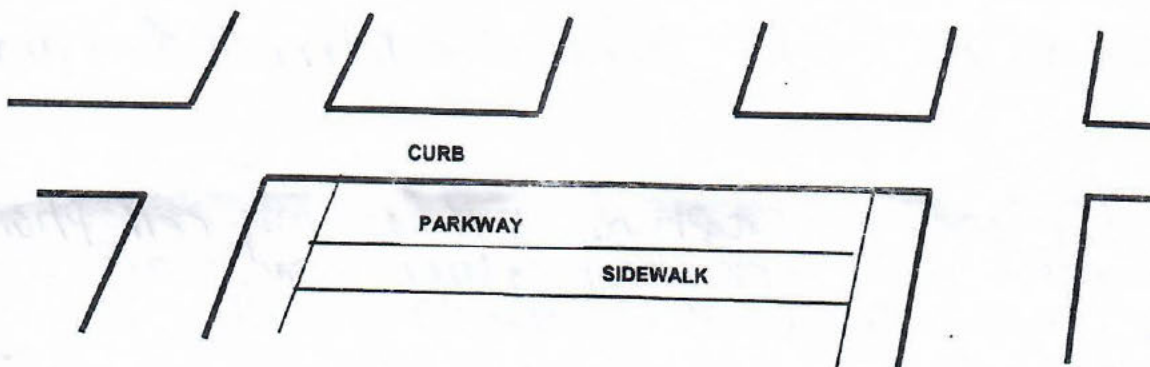
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Anessa R Medina

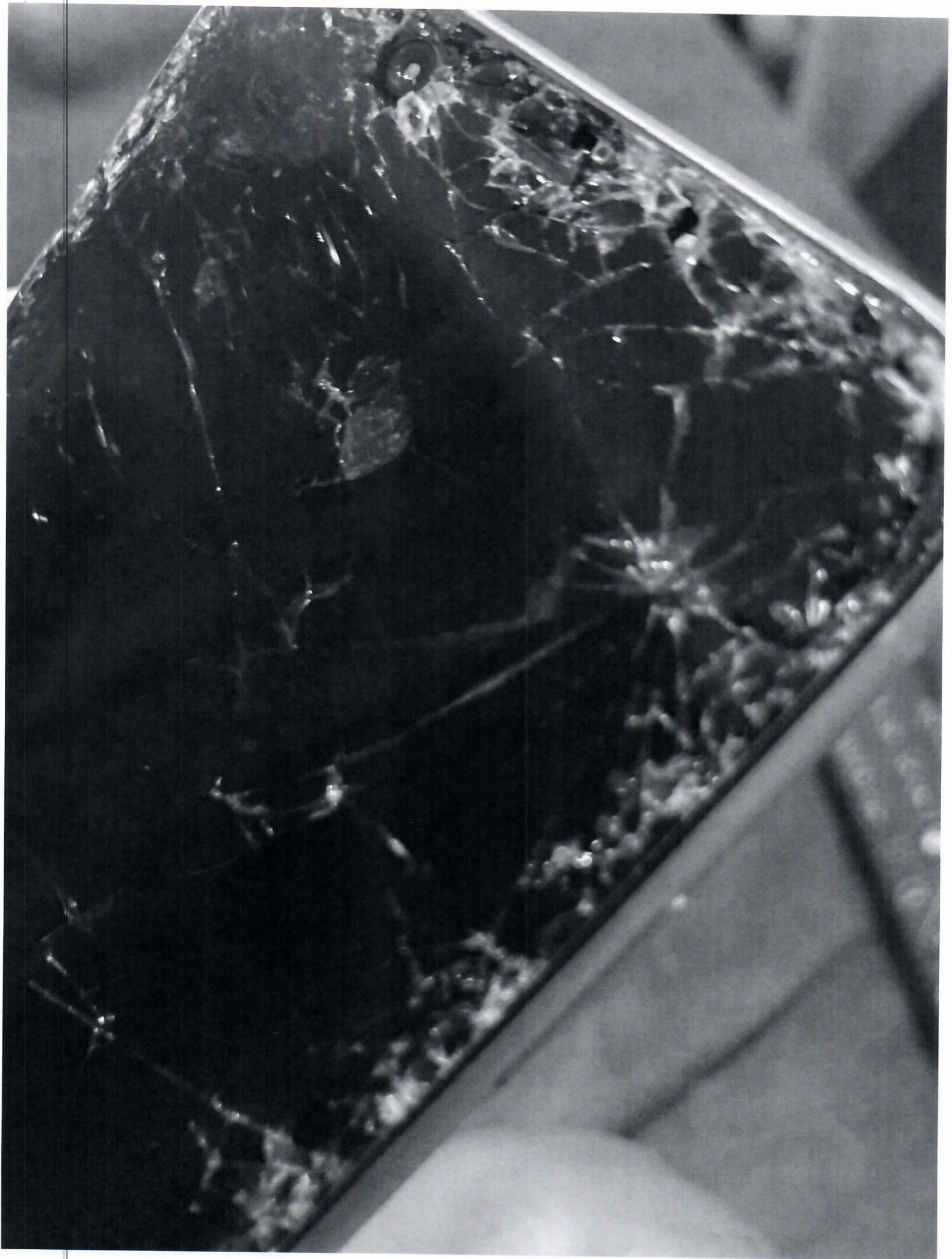
TYPE OR PRINT NAME

3/14/2023

DATE

RELATIONSHIP TO CLAIMANT

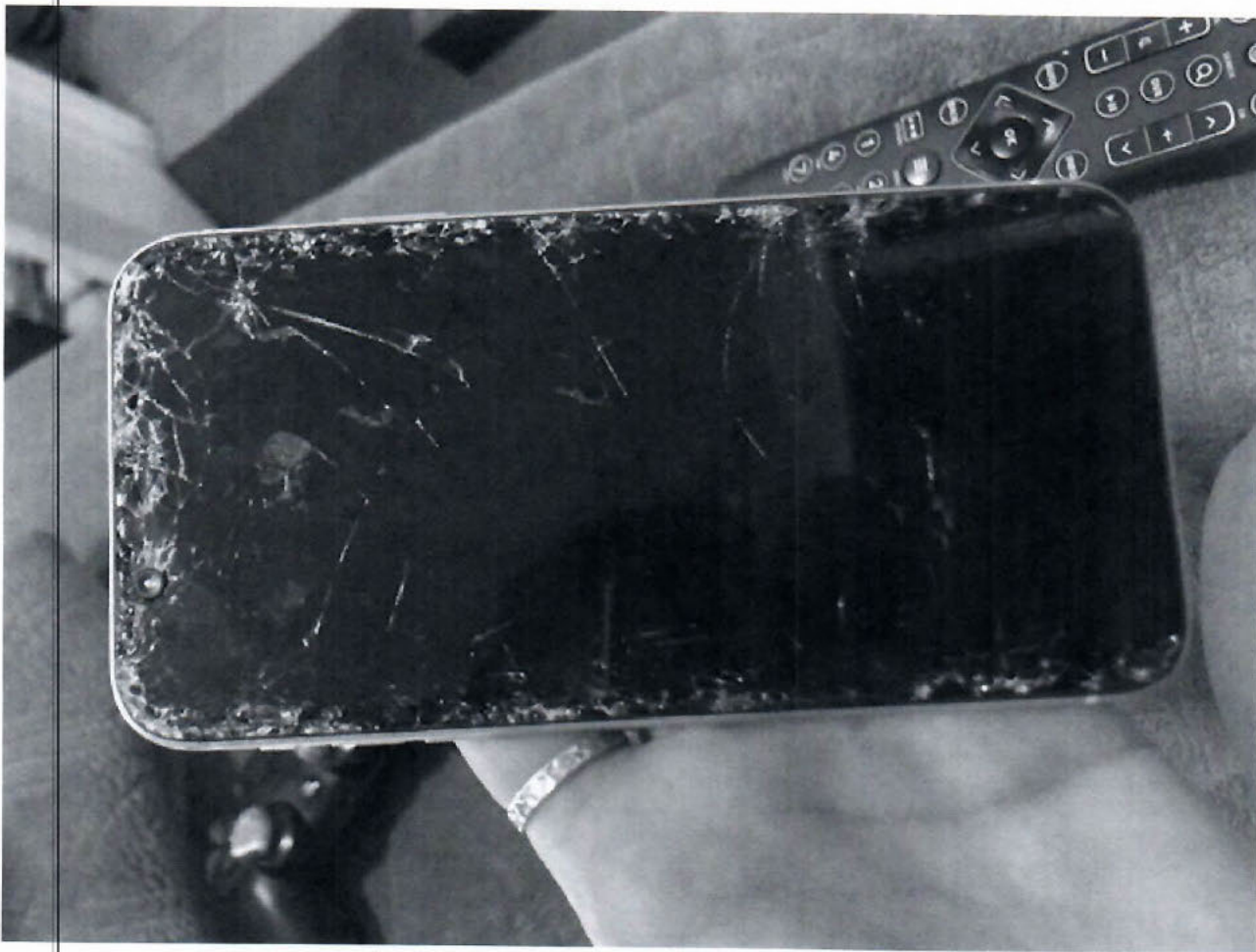
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376



Sais, Irene

From: Anessa Medina <[REDACTED]>
Sent: Friday, March 10, 2023 9:53 AM
To: Sais, Irene
Subject: [EXTERNAL]

CAUTION: This message originated from outside the LLUH email system. Do not open attachments or follow links unless you have verified the legitimacy of the sender and its content. If you receive a suspicious email, you may forward it to EmailAbuse@llu.edu and then delete the suspicious email.



Sent from my iPhone

Sais, Irene

From: Anessa Medina <[REDACTED]>
Sent: Friday, March 10, 2023 10:42 AM
To: Sais, Irene
Subject: [EXTERNAL]

CAUTION: This message originated from outside the LLUH email system. Do not open attachments or follow links unless you have verified the legitimacy of the sender and its content. If you receive a suspicious email, you may forward it to EmailAbuse@llu.edu and then delete the suspicious email.



Sent from my iPhone



Please retain this document for your records.

Ca BEAR #E81411
Mar 19, 2023

Apple Victoria Gardens
Tel: 909-945-5395

Genius Bar Work Authorization



Repair No : R575740319

Customer Information

Anessa Medina
United States

Product Information

Warranty Status : Out of Warranty (OW)

Model : iPhone 11

Date of Purchase: Jul 5, 2020



Serial No : DNPCT4DTN72K

Problem Description/Diagnosis

Issue:

Customer states that the display has multiple cracks.

Customer states multi touch is too sensitive.

Steps to Reproduce:

Verified the issue

Ran SNR

Cosmetic Condition:

Cosmetic Condition: Display - multiple cracks Rear Enclosure - No damage observed Front Camera- No damage observed Rear Camera - No damage observed Volume Up - responsive Volume Down - responsive Ring/silent - responsive Side button - responsive Port - No damage observed Security Screws - No tampering indicated Liquid Contact Indicator - Not tripped

Proposed Resolution:

Replace the display at the out of warranty cost of 199 plus tax.

Customer is aware that during the repair if any liquid, 3rd party parts or physical damage is found, the repair cannot be done and the device will have to swap out for a new full unit device at the out of warranty cost.

Customer is aware we are not responsible for any data loss.

Customer is aware photo Id is needed for time of pickup.

If repair is not successful offer full unit replacement at the out of warranty cost of 399 plus tax.

Resolution: Service Referral

Reason: Other

Repair Estimate

Item Number	Description	Price	Amount Due	Customer KBB
		\$	\$	
Total (Tax not included)		\$ 0.00	\$ 0.00	

The above estimate does not include applicable taxes. Taxes will be calculated at the time of payment.

By signing below, I agree that:

- the Repair Terms and Conditions on the reverse side of this page will apply to the service of the product identified above;
- as unintentional loss of data may occur as a result of the service it is my responsibility to make a backup copy of my data before bringing my product to Apple for service;
- Apple is not responsible for any loss or corruption of the data on my product during service; and
- Apple may use parts or products that are new or equivalent to new in reliability and performance.

Customer Name: Anessa R. Medina

Signature: [Redacted]

Received By: _____

Date: _____

Important! See Terms and Conditions on the back.

800-APL-CARE, www.apple.com/support

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