



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

CITY CLERK'S DATE STAMP  
  
CITY OF RIALTO  
2023 AUG -3 PM 1:05  
  
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:**

RICHARD ALLEN GOINGS  
FULL NAME

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_ HOME ADDRESS INCLUDING CITY, STATE & ZIP \_\_\_\_\_  
RIALTO, CA 92376-3651

\_\_\_\_\_ HOME TELEPHONE NO. \_\_\_\_\_

N/A  
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP \_\_\_\_\_

\_\_\_\_\_ BUSINESS TELEPHONE NO. \_\_\_\_\_  
( ) N/A

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: 08-02-23 TIME: APPROX 1:30  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.

BASELINE AT ACACIA AVE (UNCONED AREA)

3. HOW DID DAMAGE OR INJURY OCCUR?

I WAS DRIVING N/E ON ACACIA AVE. WHEN I ARRIVED AT BASELINE, I HAD TO TURN (R) (BLOCKED OFF WITH CONES). AFTER I GOT HOME (WITHIN 45 MIN) I NOTICED THE PASSENGER SIDE REAR TIRE WAS LOW BY 200 PSI TOTAL FLAT. I CALLED AAA; RAIL IN TIRE. (CONED AREA IS THE ONLY LEGAL AREA I GOT TO)

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.

SEE ABOVE

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

\$ 148.90

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:

\$ 148.90

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 148.90

**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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

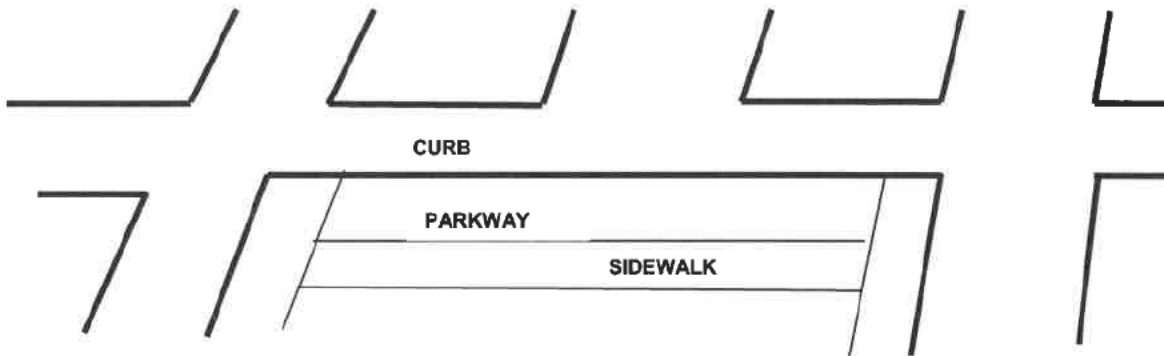
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

**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

RICHARD ALLEN GOINGS  
TYPE OR PRINT NAME

08-03-23  
DATE

SELF  
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

# AMERICA'S TIRE

8/03/2023  
8:13 AM

RICHARD GOLINGS

RIALTO, CA 92376  
909.875.6303 (H)

2003 FORD  
RANGER  
2WD XL

Mileage Unknown  
Torque Specs: 100

CAL 40 CA# ARD271871  
16065 SIERRA LAKES PKWY  
FONTANA, CA 92336  
909.770.5001

Invoice #  
1454946

CITY OF RIALTO  
2023 AUG -3 PM 1:05

RECEIVED  
CITY CLERK

Salesperson 2  
NICHOLAS B S

Estimated Completion Time 09:29 AM

Article	Qty	Description	EET	Price	Amount
32662	-1	225 /70 R15 100T SL BSW RHZ PHA PHANTOM A/P BOLT PATTERN: 5-114.3		81.00	-81.00
32662	1	225 /70 R15 100T SL BSW NRW PHA PHANTOM A/P TIRE MILEAGE WARRANTY: 45000 INFLATION F.035 R.035		91.00	91.00
80075	1	CERTIFICATES FOR NRW REFUND, REPLACEMENT For tire certificate details, see <a href="http://www.americastire.com/customer-service/certificates">www.americastire.com/customer-service/certificates</a>		16.71	16.71
80075	1	STATE REQUIRED NRW TIRE FEE		1.75	1.75
98937	1	ADJUSTMENT/BAL & VAL LIFETIME NRW W/CERTS		.00	.00
32662	1	225 /70 R15 100T SL BSW NRW PHA PHANTOM A/P TIRE MILEAGE WARRANTY: 45000 left front and right rear to sp new to rear INFLATION F.035 R.035		81.00	81.00
80017	1	CERTIFICATES FOR NRW REFUND, REPLACEMENT For tire certificate details, see <a href="http://www.americastire.com/customer-service/certificates">www.americastire.com/customer-service/certificates</a>		16.71	16.71
80075	1	STATE REQUIRED NRW TIRE FEE		1.75	1.75
80224	1	WASTE TIRE NRW DISPOSAL FEE		2.50	2.50
81111	1	INSTALLATION & NRW LIFE OF TIRE MAINTENANCE		22.00	22.00

When replacing less than four tires, America's Tire recommends that the new tires will be placed on the rear of the vehicle

The tire and/or wheel you have chosen is different from the original equipment provided with your vehicle and may change its handling or stability characteristics.

Further information is available from your America's Tire salesperson.

Sub Total: 142.42  
Sales Tax: 6.48  
Sales Total: 148.90

Ref: 818888888888 Ath# 93390P

Tendered: 148.90 (MSC)  
Tendered Today: 148.90  
Tendered Total: 148.90

Please register your new tires.  
Be sure to mail in the tire registration card  
OR go online

[www.americastire.com/tire-registration](http://www.americastire.com/tire-registration)

CITY OF RIALTO  
2023 AUG -3 PM 1:06

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CITY CLERK

ACACIA AVE.

# AD 224  
AD 224  
AD 224

BASELINE



*Richard [Signature]*

EUCALYPTUS AVE.