



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 APR 10 PM 12: 21

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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:

Jaedin Sims
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: 03/04/2024 TIME: 10:30 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.
The accident occurred on Locust and Lowell

3. HOW DID DAMAGE OR INJURY OCCUR?
I was driving down the street and I hit a pot hole.

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.
The pot hole in Rialto off of locust and lowell

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 155.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Bent rim and Blown tire (used tire) Amount: \$ 155.00
Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: \$ 155.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Rim^{Repair} and Tire (Used tire) Amount: \$ 155.00

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: Jahlil Avers NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: _____ TELEPHONE: () _____

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

NAME: N/A NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: () _____ TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM DATE: _____ TIME: _____ AM PM

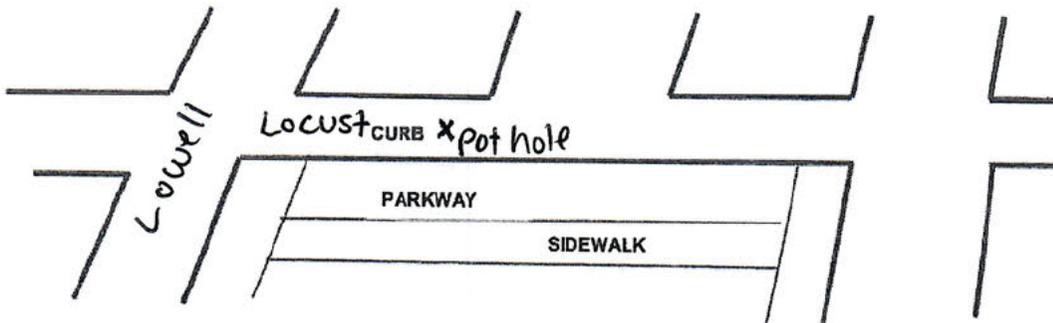
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9. PLEASE READ THE FOLLOWING CAREFULLY:

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.

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT: Jaedin Sims

TYPE OR PRINT NAME: Self

RELATIONSHIP TO CLAIMANT: _____

DATE: 03/27/24

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

Arrow TIRE & WHEEL

6183 SIERRA AVE. BLDG. 1 • FONTANA, CA 92336

ARROWTIRE@MSN.COM

(909) 349-1746

BAR#230081

NAME Jaedin Sims		DATE 3-5-24	
ADDRESS			
CITY		STATE	ZIP
E-MAIL ADDRESS		PHONE 997-4878	
MAKE & MODEL Aceord	MILEAGE	LIC. NO.	
QTY.	DESCRIPTION/SERVICE	PARTS	LABOR AMOUNT
1	wheel repair		100.-
	used tire		55.-
C/C#		Exp.	V-
	Wheel Alignment		
	Mount & Dismount		
	Tire Disposal Fee		
	Stems		
	Computer Balance		
<small>This estimate is based on our inspection at this time and does not cover additional parts or labor which may be required after work has started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. This estimate cannot cover such contingencies in cases where additional work is deemed necessary. Customer authorization will be assured prior to commencement of that additional work. This estimate expires 15 days from date. I hereby authorize the above work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to insure the amount of repairs. Dealer not responsible for unavailability of parts or delays in parts shipments beyond dealers control not for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control.</small>		SUB-TOTAL	155.-
		TAX	
<input checked="" type="checkbox"/> Repairs Authorized By _____		TOTAL	

LASER TREATMENTS



**Tubular
Steel Inc.**

2750 N. LOCUST AVE.

 **LOWELL** ST
1900W

OF FILING

48032 • EAR 823-0851
48041 • TPI 28203-0006

warehouse facility with
loading docks, storage, and
more.

Public Hearing:

PLANNING DIVISION
planning@lowellaz.gov

NOW HIRING

**PRECISION
SERVICES**

909-484-8259

HYDRAULIC MECHANICS
WELDER/FABRICATOR
PARTS DRIVER
CDL ASSEMBLER
M-F 7AM-3:30PM
BENEFITS/401K

JOIN THE FAMILY TODAY!

Class A Drivers
Plant Laborers
Equipment Operators

Sign-On Bonus, OT, 401K, Medical, PTO











