



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 APR -3 PM 3: 22

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:

Tere Brooks
FULL NAME _____ DATE OF BIRTH _____

HOME ADDRESS INCLUDING CITY, STATE & ZIP _____ HOME TELEPHONE NO. (909) 659-9412

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: March 2nd, 2024 TIME: 4:15 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.

Locust Street / Riverside Ave
On Locust right after you pass Casa Grande Drive

3. HOW DID DAMAGE OR INJURY OCCUR?

Pot holes in the street as you go South on Locust towards Casanika street.

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.

Pot holes - Usually the city is good about filling the holes quickly. This street also has a leak that the city is currently addressing.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 145.00

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

DAMAGES INCURRED TO DATE:

Item/Date: March 2nd, 2024 Amount: \$ 145.00
Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 145.00

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: N/A

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

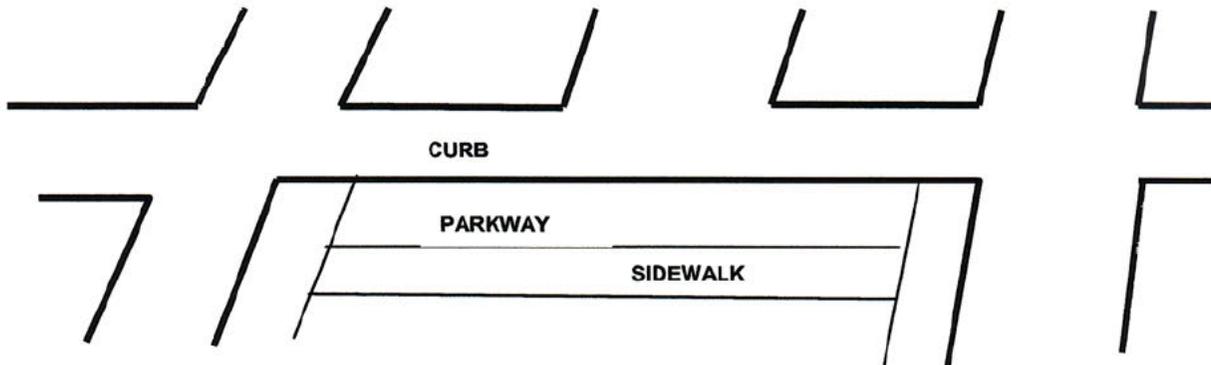
DATE: _____ TIME: _____ AM PM

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

Terri Brooks

TYPE OR PRINT NAME

4/3/2024

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



Certified Auto Care

1201 E. Foothill Blvd

Upland, CA. 91786

Phone: 909-949-1311 Fax: 909-920-9181

Complete Auto Repair

INVOICE

44715

Org. Est. # 081780

BAR # AE210519

EPA # CAL000248271

INVOICE

Printed Date: 03/14/2024

Work Completed: 03/14/2024

BROOKS, GRGORY

2010 Mercedes-Benz - E350 - 3.5L, V6 (213CI) VIN(Not Availabl

Lic # :

Odometer In : 159421

VIN # :

| Part Description / Number | Qty | Sale | Ext | Labor Description | Ext |
|---------------------------|-----|------|-----|--|--------|
| | | | | WHEEL REPAIR LEFT REAR | 125.00 |
| | | | | Mount & Wheel Balance 1 wheels | 20.00 |
| | | | | Remove wheels from vehicle. Inspect brakes. Computer spin balance. Reinstall wheels to vehicle and torque lug nuts to manufacturer's specifications. | |

Org. Estimate 145.00 Revisions 0.00 Current Estimate 145.00

| | |
|------------------|---------------|
| Labor: | 20.00 |
| Parts: | 0.00 |
| Sublet: | 125.00 |
| SubTotal: | 145.00 |
| Tax: | 0.00 |
| Total: | 145.00 |
| Bal Due: | \$0.00 |

[Payments - Visa - \$145.00]

Vehicle Received: 3/14/2024

Customer Number : 15496

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

Signature _____

Date _____