



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2025 JUL -8 PM 3:24
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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:

Alberto Carlos Alvarez
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: 7/3/2025 TIME: 2:25 ☐ 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.

City workers were repairing the street on North Pepper Ave and San Bernardino Ave in the city of Rialto. I was driving Southbound on N. Pepper Ave at the time of incident

3. HOW DID DAMAGE OR INJURY OCCUR?

City workers were repairing the asphalt on the street and were letting vehicles through. Tar got stuck on all 4 wheels. Vehicle can't be driven on highway.

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.

City Street workers poured fresh asphalt on road and let vehicles drive through the fresh asphalt causing major damage to my 4 tires.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1,141.21

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

DAMAGES INCURRED TO DATE:

Item/Date: 7-3-25
4 tires on my 2023 Toyota tundra Amount: \$ 1,141.21
Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,141.21

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 4 tires 7-3-25

Amount: \$ 1,141.21

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: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

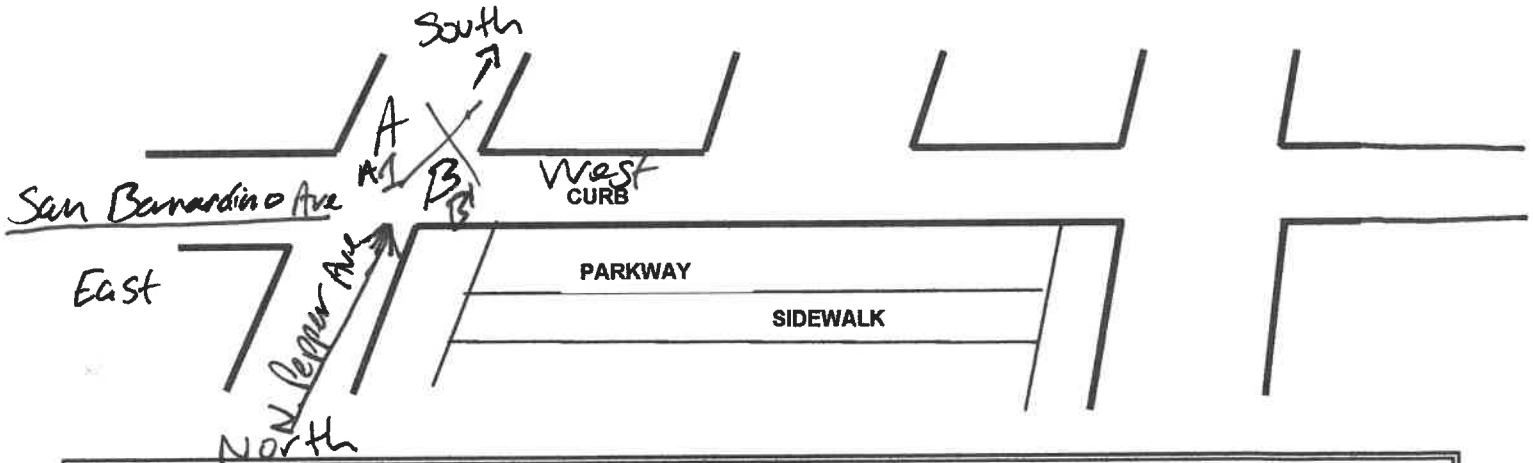
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Alberto Carlos Alvarez

TYPE OR PRINT NAME

7-7-2025
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



1630 E 1st Street
Beaumont, CA 92223
951-845-0505

Store: 585
Quote: 58500223621
Salesperson: Mia E P

ARD 303011

Customer Information

Customer ID: A05857071
Name: ALBERTO ALVAREZ
Address:
City, State, Zip:
Phone:

Vehicle Information

Vehicle: 2023 TOYOTA TUNDRA PICKUP
Color: WHITE
Mileage:
License:

Comments: TIRES HAVE TAR ON THEM COMPROMISING THE TREAD

Les Schwab Quote

Qty	Product Code	Product Description	Price/ea	FET	Amount
4	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
4	15676	265/70R18 DUELER H/T 685	\$232.48	\$0.00	\$929.92
4	13718	WHEEL SPIN BALANCE	\$17.99	\$0.00	\$71.96
4	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$8.99	\$0.00	\$35.96
4	1046759	PASSENGER TIRE DISPOSAL	\$4.99	\$0.00	\$19.96
4	1260064	AMERICAS BEST TIRE WARRANTY	\$0.00	\$0.00	\$0.00
Sales Tax:					\$76.41
Tire Fee:					\$7.00
Quotation Total:					\$1141.21

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JUL - 8 PM 3:24
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* indicates sale price

For more information on our products and services, visit www.LesSchwab.com.

Prices good for 30 days, excluding promotions.

Quote Expires on 08-04-2025.

Quote Date/Time: 07-05-2025 03:31 PM

Page 1 of 1

INNER-CITY AUTO REPAIR & TIRES

373 E 5th St

Beaumont, CA. 92223

Phone: 951-849-6552 Fax: 951-845-9000

Quality work you can trust

ESTIMATE #

003113

ARD00298209

CAL000331820

Estimate Date : 7/7/2025

Estimate for Services

alvarez, alberto


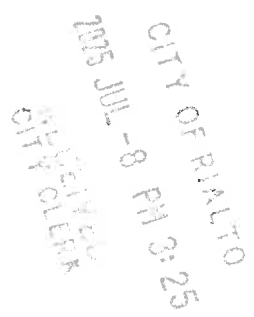
2023 Toyota - Tundra SR5 - 3.4L, V6 (210CI) VIN(A)

Lic # :

Odom. In: 0

Home:

VIN # :

Part Description / Number	Qty	Sale	Ext	Labor Description	Extended
				265/70R18 116T Michelin LTX Trai \$1200 quote	0.00
				All four tires covered in tar and makes driving unstable.	0.00
					
					

Parts/Supplies: 0.00

Labor: 0.00

Total: \$ 0.00

Thank you for your patronage!

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 vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within ____ days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts ____ . NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Signature _____ Date _____ Time _____



4 tires completely damaged.

I can't drive the truck on freeway, as it shakes violently and is going to ruin my suspension and brakes and other parts.

My driveway is also getting stained from all the tar on tires and I live in a association community.

Roads need to be closed when adding or repairing asphalt on city streets.

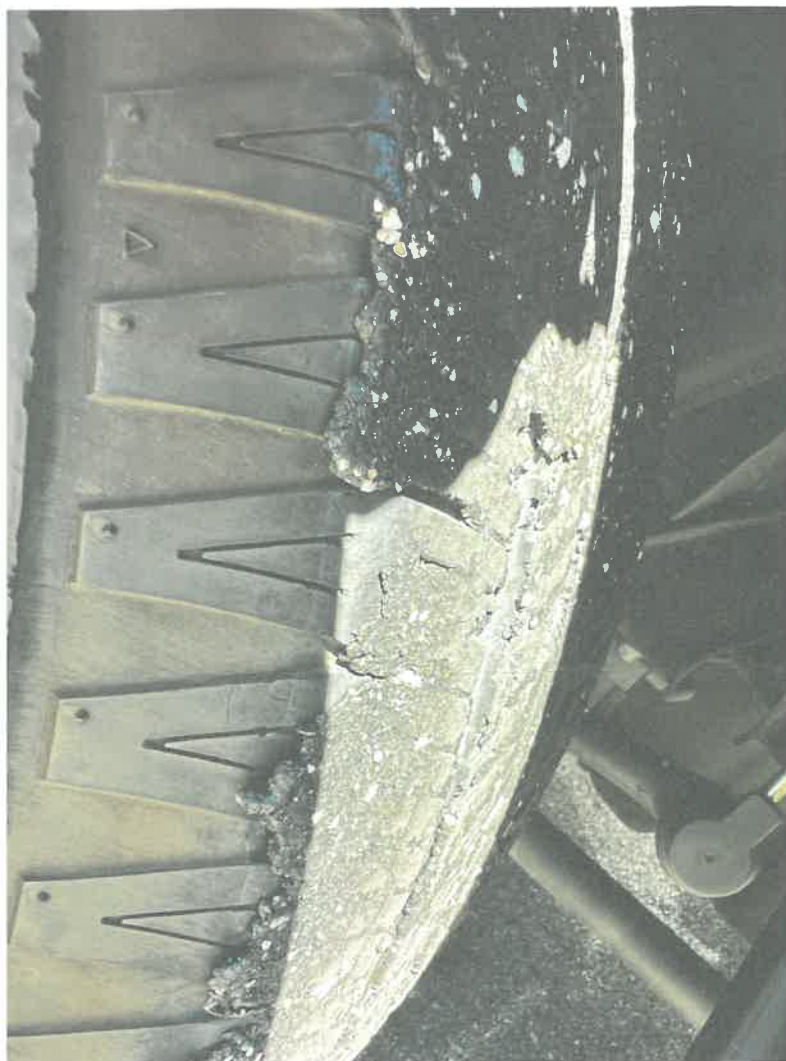
The original tires are only at LES SCHWAB tire company.

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A. Alvarez

SN BERNARDINO CA 923

7 JUL 2025 PM 6 L



City of Rialto
ATTN: City Clerks Office
150 S. Palm Ave
Rialto, Ca 92376

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