



CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 JUN -9 PM 12:08

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:

Andrea Ellis

FULL NAME

[REDACTED], Rialto, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

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: 4/2/23 TIME: 08:27 AM ☒ 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.

Making a left turn from Eucalyptus St
going south unto Merrill Ave in Rialto

3. HOW DID DAMAGE OR INJURY OCCUR?

A large pothole in the middle of the intersection
causing cracked rim and tire damage.

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.

Unfilled potholes that were unavoidable

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

\$ 150

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

DAMAGES INCURRED TO DATE:

Item/Date:

Used Tire Replacement

Amount: \$

100

Item/Date:

Cracked Rim Repair

Amount: \$

50

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

\$ 150-

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: Ethan McFadden

NAME: _____

ADDRESS: _____

ADDRESS: _____

Rialto, Ca 92376

TELEPHONE: () (minor child)

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

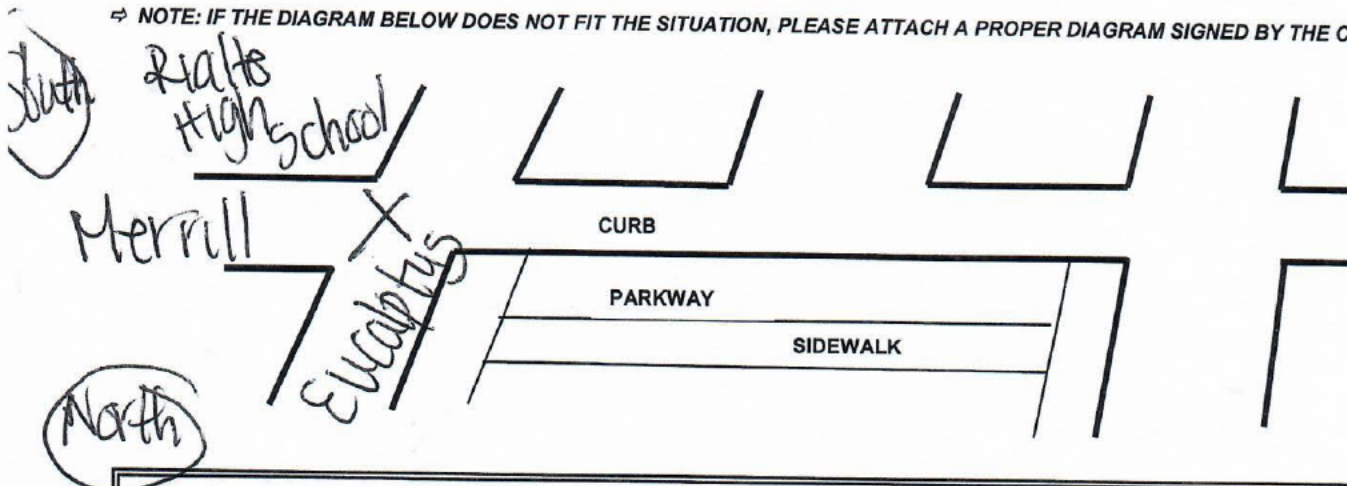
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

4/24/23
DATE

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



Shop: (909) 990.5002

18829 Valley Blvd. • Bloomington, CA 92316

NO #

DATE 08/14/2027

METHOD OF PAYMENT
(#123)

☐ CASH ☐ CHECK

☐ CHARGE

☒ DEBIT CARD ☐ CREDIT CAR

NAME Andrea Ellis

PHONE HOME BUSINESS

YEAR, MAKE & MODEL

ADDRESS

STATE

ZIP

VIN NUMBER

GVW

ODOMETER READING

LICENSE NO.

ENGINE SIZE

DESCRIPTION

AMOUNT

☐ NEW TIRE

☒ USED TIRE 255/35/18

☐ VALVES

☐ PATCHES

☐ PLUGS

☐ RIMS REPAIR

☐ ROTATION

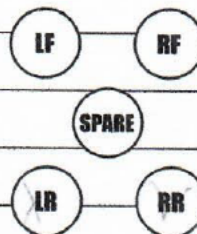
☐ COMPUTER BALANCE

☐ ALIGNMENTS

☐ BRAKES

☐ SHOCKS

☐ SUSPENSION



Tire Disposal Fee

USED TIRES NO GUARANTEE

BLOOMINGTON TIRES #1 do not guarantee used tires or used wheels. All work is final. No refunds or exchanges. Customer is satisfied based on signing this invoice. Note: All used tires are only for temporary used and must be replaced as soon as possible with a new tire. BLOOMINGTON TIRES is not responsible for lost articles, i.e. Center caps, hub caps attached to wheels, spacers and/or loose lug nuts, etc.; as well as not responsible for damage or inconvenience any used tire may cause you and/or your vehicle.

If the customer wants to keep the tires or wheels that were removed from their vehicle, they must request it before leaving the location. If the client requests that we retain their vehicle, we will hold it for 7 days (No exceptions).

All Deposits Are final.

Print

Sign

Sub Total

Deposit

TAX

TOTAL



Shop: (909) 990.5002

NEW & USED

18829 Valley Blvd. • Bloomington, CA 92316

NO #

DATE

04/03/2013

METHOD OF PAYMENT

CARD

☐ CASH

☐ CHECK

☐ CHARGE

☐ DEBIT CARD ☐ CREDIT CARD

NAME

PHONE HOME BUSINESS

YEAR, MAKE & MODEL

ADDRESS

CITY

STATE

ZIP

VIN NUMBER

GVW

ODOMETER READING

LICENSE NO.

ENGINE SIZE

DESCRIPTION

AMOUNT

☐ NEW TIRE

☒ USED TIRE 205/40/18

☐ VALVES

☐ PATCHES

☐ PLUGS

☒ RIMS REPAIR

☐ ROTATION

☐ COMPUTER BALANCE

☐ ALIGNMENTS

☐ BRAKES

☐ SHOCKS

☐ SUSPENSION

LF

RF

SPARE

LR

RR

1150 00

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Print

Sign

Sub Total

Deposit

TAX

TOTAL

1150 00