


Note about transcribed forms: this format exists to remove accessibility barriers, but some recipients prefer the original printed format. If you'd like help moving your entries into the original form, please use the live assistance options in the sidebar or contact the author.

 Seal of the City of Rialto, California, including the words 'City of Rialto, California' and 'Incorporated Nov. 17, 1911'.

City of Rialto Liability Claim for Damages to Person or Property

City clerk's date stamp

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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 form 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

Full name

Jennifer Petinaud

Date of birth

()

Home address including city, state & zip

Home telephone no.

Business address including city, state & zip

Business telephone no.

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Address at which claimant desires to receive notices or communications regarding this claim (if different from home address provided above):

Mailing Address:
2058 N. Mills Avenue #505
Claremont, CA 91711

1. When did damage or injury occur?

Date:

April 7, 2026

Time:

12:30

Time period

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.

Southbound Locust Avenue, past Bohnert Avenue and before the right-turn lane for westbound Casmalia Street, Rialto, CA.

3. How did damage or injury occur?

See attached Incident Statement and supporting exhibits.

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 attached cover letter and supporting exhibits.

6. Give total amount of claim *Include estimate of amount of any prospective injury or damage*

\$
2,724.30

How was the above amount computed? *Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.*

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Damages incurred to date:

Item/Date:

Vehicle repair invoice - HTW Auto Center 04/14/2026

Amount: \$

2,724.30

Item/Date:

AAA tow service verification attached - 04/07/2026. No out-of-pocket charge

Amount: \$

0.00

Additional content from previous item:

Total amount claimed as of presentation of this claim: \$

2,724.30

Estimated prospective damages, as far as known:

Item/Date:

None known at this time

Amount: \$

0.00

Item/Date:

Amount: \$ _____

Total estimated amount prospective damages: \$ 0

7.

Witnesses to Damage or Injury

List all persons known to have information (attach additional pages, if necessary)

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Name:

Marva A Jackson

Address: _____

Telephone: _____

Name:

None known at this time

Address: _____

Telephone: _____

8.

If Injured, Provide Name, Contact Information and Date/Time Doctor(s) or Hospital(s) Visited

Name:

Not applicable – no bodily injury claim being made.

Address: _____

Telephone: _____

Date: _____

Time:

AM PM

Name:

No medical treatment sought.

Address:

Telephone:

Date:

Time:

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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.


 Blank vehicle accident diagram template. A central street edge is labeled Curb. Inside the central area are two horizontal sections labeled Parkway and Sidewalk. Partial curb or corner outlines appear around the outside, creating a blank intersection-style layout where the claimant can add street names, directions, positions, and the point of impact.

Diagram labels: Curb, Parkway, Sidewalk.

Certification and Signature

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 _____

Type or print name _____

Jennifer Petinaud

Date _____

May 8, 2026

Relationship to claimant _____

Self

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**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**

Claimant: Mrs. Jennifer Petinaud

Date of Incident: April 7, 2026

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ATTACHMENT TO QUESTION #6

The claimed amount of \$2,724.30 is based upon the attached repair invoice and supporting repair statement from HTW Auto Center following inspection of the vehicle after the roadway incident.

The damages include replacement of four discontinued rims, replacement of two damaged tires, control arm replacement, labor, alignment, and associated taxes resulting from the pothole impact.

Only one repair estimate/invoice is available because the vehicle was not safely operable following the incident and required immediate towing and repair.

Supporting documentation attached includes:

- Repair Invoice
- Repair Shop Statement
- AAA Tow Verification
- Photographic Evidence of Roadway Condition and Vehicle Damage

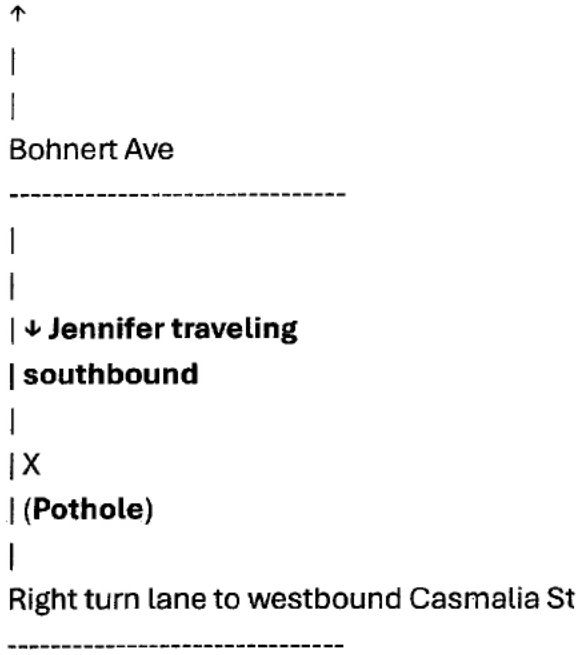
Submitted in support of claimant's Government Claim.

Mrs. Jennifer Petinaud 

Attachment to Question #9
Roadway Hazard Location Diagram

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NORTH



SOUTH

Submitted by:
Mrs. Jennifer Petinaud

CLAIM PACKAGE – ROADWAY HAZARD DAMAGE CLAIM

Claimant: Mrs. Jennifer Petinaud
Incident Date: April 7, 2026
Location: Locust Avenue, Rialto, California

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To:
City of Rialto – City Clerk / Claims Division

Re: Claim for Damages – Roadway Hazard Incident

Dear Claims Examiner:

Please accept this correspondence and attached documentation as a formal claim for damages resulting from a hazardous roadway condition located on Locust Avenue in Rialto, California.

On April 7, 2026, Mrs. Jennifer Petinaud sustained significant vehicle damage after striking a deep pothole while traveling southbound on Locust Avenue, just past Bohnert Avenue and prior to the right-turn lane for westbound Casmalia Street.

The roadway condition, as documented in the attached photographic evidence, reflects substantial deterioration and presents a clear hazard to motorists. The damage incurred required towing and extensive repair, as supported by the attached repair statement and invoice.

The hazardous condition remained present on April 10, 2026. Following rainfall on April 11, 2026, the roadway was subsequently repaired by April 13, 2026, indicating the condition existed long enough to have been identified and addressed prior to the incident.

Tow services were rendered through AAA membership roadside assistance benefits. Although no direct out-of-pocket towing charge was assessed at the time of service, the tow verification confirms the vehicle was not safely operable following the roadway incident and required transport to a repair facility.

We respectfully request review and reimbursement for damages incurred as a direct result of this unsafe roadway condition.

Sincerely,



Mrs. Jennifer Petinaud

Exhibit Index

- Exhibit A: Pothole – Wide View
- Exhibit B: Pothole – Close-Up
- Exhibit C1: Damaged Tire Mounted on Vehicle
- Exhibit C2: Bent Rim Damage
- Exhibit C3: Side View of Damaged Tire
- Exhibit C4: Cracked and Bent Rim
- Exhibit D: Signed Repair Shop Statement
- Exhibit E: Repair Invoice – HTW Auto Center (\$2,724.30)
- Exhibit F: AAA Tow Verification

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Exhibit A – Pothole Wide View



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Exhibit B – Pothole Close-Up



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Exhibit C1 – Damaged Tire Mounted on Vehicle



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Exhibit C2 – Bent Rim Damage



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Exhibit C3 – Side View of Damaged Tire



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Exhibit C4 – Cracked and Bent Rim



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Exhibit D – Signed Repair Statement

HyPerformance Tire & Wheel, Inc.

DBA HTW Auto Center

336 E. Foothill Blvd. • Upland, CA 91786
Tel: (909) 946-3338 • Fax: (909) 946-2453

4/14/2028

Inspection of a 2005 Chevrolet Express Van VIN#51185023 was conducted following a reported roadway incident.

Based on our evaluation, the damage observed is consistent with a significant impact from a road hazard such as a pothole.

The vehicle sustained damage to the rim, tire and suspension components. Due to the severity of the impact, the vehicle was not safely operable and required towing to our facility for inspection and repair.

The chrome rims originally installed on this vehicle have been discontinued by the manufacturer. As a result, replacement of all four rims is required to maintain proper fitment, balance, and safe operation of the vehicle.

Additionally, tire damage was observed, and replacement of two tires is also necessary due to compromised structural integrity resulting from the impact.

Further inspection revealed damage to the control arm, which is consistent with the force of the impact sustained. Replacement of the control arm is required, followed by an alignment to restore proper vehicle handling and safety.

In our professional opinion, the damage identified is not consistent with normal wear and tear, but rather the result of a sudden and forceful impact with a roadway hazard/pothole.

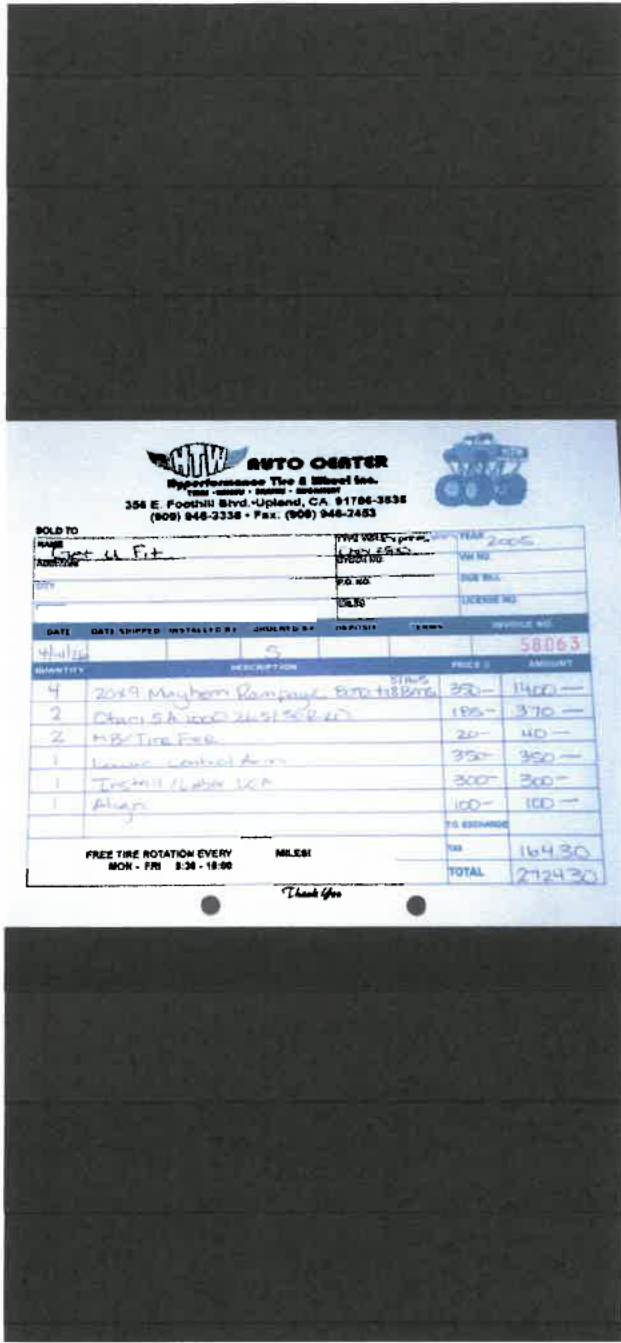
Scott Stringo
HTW Motorsports

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Exhibit E – Repair Invoice



AUTO CENTER

Performance Tire & Wheel Inc.
 354 E. Foothill Blvd. • Upland, CA 91786-3538
 (909) 948-2338 • Fax: (909) 948-2483



SOLD TO

Make: Get a Fit Year: 2006
 Model: 1000 VIN:
 PA: REG:
 DLN: LICENSE:

DATE: DATE SHIPPED: INSTALLED BY: CHECKED BY: SERVICE: TERMS: INVOICE NO: 58063

QUANTITY	DESCRIPTION	PRICE	AMOUNT
4	2009 Mayhem Kampour 800x180mm	350-	1400-
2	2009 SA 1000 24x1.50R12	185-	370-
2	MS Tire Fee	20-	40-
1	Brake Control Act	350-	350-
1	Tire Mill Labor 100	300-	300-
1	Align	100-	100-
			TAX
			164.30
			TOTAL
			2724.30

FREE TIRE ROTATION EVERY
 MON - FRI 8:30 - 10:00

Thank You

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Exhibit F – AAA Tow Verification

AAA Verification Page 1



Automobile Club of Southern California

AAA.com

May 06, 2026

JENNIFER PETINAUD

Member No. 004-92040534

Dear Jennifer Petinaud:

As you have requested, a synopsis of the call(s) you placed for Emergency Roadside Assistance are located on the next page(s).

The SERVICE CHARGE (YES/NO) field:

NO = the call counted as part of your service call entitlements.
YES = you were charged for this service call.

The SERVICE CHARGE AMOUNT is the monetary value of the service.

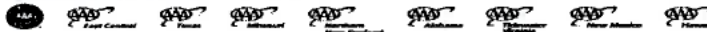
Should you have any questions, or if I may be of further assistance, please do not hesitate to call me at the number below or Toll Free: 888-222-9441.

Sincerely,

Jennifer Gomez
714-850-5261
ERS Administrative Services

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Administrative Offices: P.O. Box 2111, Anaheim, CA 92709-5001 Headquarters: 2601 S. Hollywood Blvd., Anaheim, CA 92807-3754



We're always with you.®

AAA Verification Page 2



Automobile Club of Southern California

AAA.com

Call: 1 Date: 04/07/2026 Time: 1:25 PM
Location: 3356 N Carnation Dr Service Type: Tow
Rialto, CA Tow Dest: 356 E Foothill Blvd
Upland, CA
Vehicle: 2005 Chevrolet Express Cargo Miles: 17
Service Charge: No Service Charge Amount:
Service Status: Completed
Provider: ANGELO'S TOWING & RECOVERY

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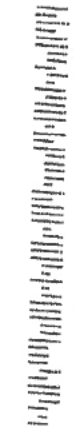
Administrative Offices: 1715 S. 21st St., Suite 100, Los Angeles, CA 90007-5007 Headquarters: 2601 S. Figueroa, Los Angeles, CA 90007-1254
Member clubs are independent businesses operating under license from AAA Southern California.



We're always with you.®

JENNIFER
2058 N.

CLAREMONT, CA 91711



9589 0710 5270 2415 0803 91

THE RIGHT
ED LINE
MAIL

Retail



92376

U.S. POSTAGE PAID
FCM LG ENV
RANCHO CUCAMONGA
CA 91701
MAY 08, 2028

\$12.14

S2324W500693-16

RDC 99

RETURN RECEIPT
REQUESTED

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RIALTO CITY CLERK'S OFFICE
150 So. PALM AVE.
RIALTO, CA 92376

ATTN: City Clerk - Government Center