



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 DEC 23 AM 10:59

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:

DAVID Vance RYAS
FULL NAME

2/7/47
DATE OF BIRTH

Denny Vance RYAS
HOME ADDRESS INCLUDING CITY, STATE & ZIP

909)641-5513
HOME TELEPHONE NO.

11424 Gentleleaf Rd CA 92337
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

() Rite
BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):
11424 Gentleleaf Rd Fontana Road 92337

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6-6-2024-11-24- TIME: 6:00 to 11:00 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.

3. HOW DID DAMAGE OR INJURY OCCUR?
Ball Road on Reservoir Rd. off of Riverside Ave South on Reservoir Dr.

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.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates

\$7,761.31
\$2,297.12

DAMAGES INCURRED TO DATE:

Item/Date: 6-6-2024 Amount: \$ 536.31

Item/Date: 6-6-2024 to 11-25-2024 Amount: \$ 2,761.31

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$2,297.12

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Brakes 6-1-2024

Amount: \$534.81

Item/Date: Front end

Amount: \$176.31

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$~~711.12~~

\$2,297.12

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: _____ 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: () _____

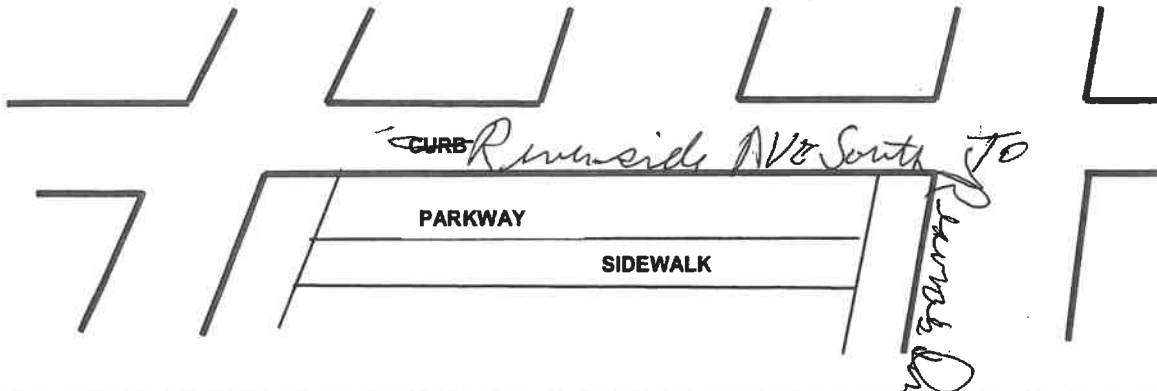
DATE: _____ TIME: _____ AM PM DATE: _____ TIME: _____ AM PM

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.

David Vance Rojas

SIGNATURE OF CLAIMANT, OR AGENT

DAVID VANCE ROJAS

TYPE OR PRINT NAME

12-21-2024

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



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- 4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:
Rialto City Clerk's Off
Mail: 150 S. Palm Ave., R
Address: 290 W. Rialto A

CLAIMANT INFORMATION:

FULL NAME

David Vance Rojas

DATE OF BIRTH

10/10

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

Retire
BUSINESS TELEPHONE

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: *6-6-2024 to 11-24-2024* TIME: *6 AM to 11 P.M*

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC - Describe fully and (if applicable) locate on diagram on reverse s
Where appropriate, give street names and addresses, measurements and landmarks.

3. HOW DID DAMAGE OR INJURY OCCUR?

*Road on Bad Road on Resource Dr, off of Riverside Ave going
south - Bad Road going West on Resource Dr.*

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
employee causing the injury or damage, if known.

Bad Road.

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Brakes 6-6-2024

Amount: \$1368

Item/Date: Front end of Car

Amount: \$1761

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: _____

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

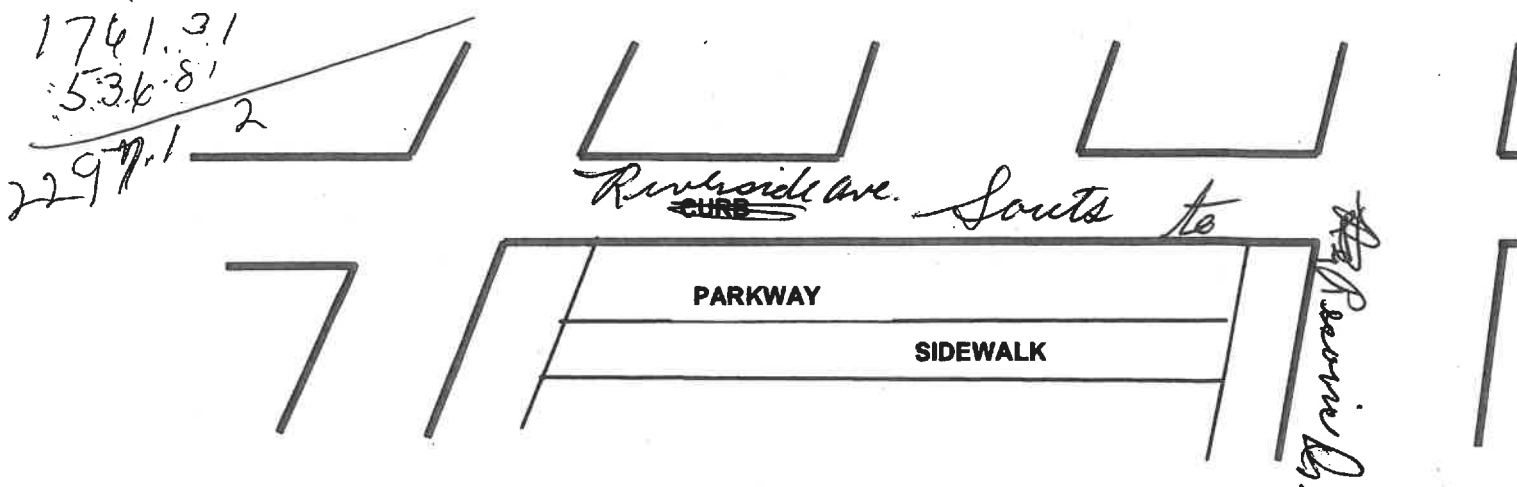
DATE: _____ TIME: _____

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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 yours 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 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 T



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE 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

12-21-2024

12-21-2024

I am a Veteran of the Vietnam War.

I have a hard time to do writing

on paper and forms. I am sorry for

my spelling & writing.

Thank you [redacted]

Store Coupon Amt. (-1.43)
2773386

Order #: 2251998

BRAKE SYSTM INSPECTN 1 @ 0.00 0.00 N
9581146
Order #: 2251998
Total Discount (50.00)
Sub-Total 512.22
Tax 24.59
Total 536.81
Total 536.81
Visa (D)

Account: XXXXXXXXXXXXX0846
Auth: 093530 (A)

Total Tender 536.81
Change Due 0.00

Application Label: VISA CREDIT
AID: A000000031010
TVR: 0880008000
TSI: E800
AC: F9FAFC3008A52CE2
ARC: 00

Thank you for shopping at Pep Boys.
We accept most returns within 90 days
with the original receipt. For more
details, please refer to the return
policy in-store or at www.pepboys.com
Submit your rebate on-line at
www.pepboys.com/rebates
Service Work Order Number

2251998



2251998

Customer Copy



Pep Boys #680
16711 VALLEY BLVD
FONTANA, CA 92335
(909) 823-7131
www.pepboys.com

06/06/2024 11:57:21 AM PST
Trans.: 126794 Store: 0680
Reg.: 105 Till: 105
Cashier: 492624

Service Work Order COMPLETE



068010512679420240606

ENV HAZ WASTE FEE 1 @ 0.25 T 0.25 T
LAB2688
Order #: 2251998
COMP VEHICLE INSP 1 @ 0.00 N 0.00 N
0787533
Order #: 2251998
FRONT ROTOR(S) PKG 1 @ 281.98 T 281.98 T
0068510
FRNT RTR W BRK SRV 0.00 N
2358530 2 @ 0.00
PROSTOP BRAKE ROTOR 281.98 T
9334784 2 @ 140.99
Order #: 2251998

FRONT BRAKES PREMIUM PKG 229.99 T
0635109 1 @ 229.99
FRONT BRAKE LBR 175.00 N
0635428 1 @ 175.00
Store Coupon Amt. (-31.25)
2773386
BRAKE PADS 34.99 T
2741888 1 @ 34.99
Store Coupon Amt. (-6.25)
2773386
BRKE FLUID CHANGE LB 62.01 N
9045347 1 @ 62.01
Store Coupon Amt. (-11.07)
2773386
MAG1 DOT 3BRKFI DT27 7 ea T

PEP BOYS AUTO # 680
 16711 VALLEY BLVD.
 16711 VALLEY BLVD
 FONTANA, CA 92335
 (909) 823-7131
 BAR# ARD303408

EPA# CAL000082946

Service Manager: ANDY MEDRANO

TRACKING ID# *	
Store ID #	Service Work Order #
0680	2256196

Insurance :
 Policy Number :

If you have any questions
 or concerns, please call:
 (909) 823-7131

Name: DAVID ROJAS Address: City: State: Zip: Home Phone: Contact Phone:	Year: 2007 Make: TOYOTA Model: COROLLA Engine: 4-1794 1.8L 1ZZ-FE Vin No.: License No.: Mileage: 78834 Color:	Date: 2024-11-25 Entered By: ANDY M Time In: 08:25:23 Date/Time Promised: 2024-11-25 12:11:48 Old Parts Returned: no Customer Waiting
Storage Charges: Any vehicle that is left unattended for more than 7 business days may be towed at the owner's expense. For more information, please see Store Manager.		

I HEREBY AUTHORIZE PEP BOYS TO PERFORM THE REPAIRS ON THIS WORK ORDER AND TO FURNISH THE NECESSARY MATERIALS AND ITS EMPLOYEES TO OPERATE THE VEHICLE FOR PURPOSES OF INSPECTION, TESTING AND DELIVERY. I UNDERSTAND THAT ANY COST QUOTED IS AN ESTIMATE. I UNDERSTAND THAT UNLESS DIRECTLY CAUSED BY PEP BOYS, IT IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS. THAT THE VEHICLE MAY BE PARKED IN THE PEP BOYS PARKING LOT AND THAT VEHICLES ARE LEFT OVERNIGHT AT OWNERS RISK.

David Rojas
 X

Initial Estimate	Parts \$:	Labor \$:	Total \$:	Date and Time:
	978.70	633.63	1761.31	2024-11-25 08:25:23

I acknowledge notice and oral approval of an increase in the original estimated price

(signature or initials)

YOU WILL NOT BE CHARGED A TIRE HANDLING CHARGE IF YOU CHOOSE TO DISPOSE OF YOUR OWN TIRES.
NOTICE: - IF YOU ELECT TO DISPOSE OF YOUR OWN TIRES, YOU ARE RESPONSIBLE FOR PROPERLY DISPOSING OF YOUR USED TIRES IN ACCORDANCE WITH EPA GUIDELINES AND ANY APPLICABLE LAWS

CUSTOMER SIGNATURE

TYPE	PART	DESCRIPTION	CODE	MECHANIC	HLRY RATE	HRS	QTY	SOURCE	EACH	TOTAL
PK	2758776	PROTECTED TIRE INSTALLATION PKG								
LB	1801	90 DAYS WHEEL BALANCE UNDER 16	N	RAFAEL D			4		22.81	91.24
LB	1897	TIRE MOUNTING	N	RAFAEL D			4		0.00	0.00
PN	6001	TIRE HANDLING CHARGE PEPBOYS	N				4		3.00	12.00
PN	TV413	30413500PEP 1 14 RUBBER VALVE STEM	N				4		4.19	16.76
PN	4002	ROAD HAZARD WARRANTY	N				4		22.50	90.00
Package SubTotal : 210.00										
PN	9000080714	Cooper Adventurer All Seaso 195/65R15 91H PROMO Warranty: 65K Buy 2 Tires, Get 2 Free when Installed 65,000 MILE PRORATED	N				4		149.99	299.96
									-75.00	
LB	1113	FREE ALIGNMENT CHECK	N	RAFAEL D			1		0.00	0.00
PN	520-449	LOWER CONTROL ARM PC# 10605183	N				1	OP	279.99	279.99
PN	520-450	LOWER CONTROL ARM PC# 10605183	N				1	OP	279.99	279.99
LB	1716	Remove & Replace F Control Arm - Lower, Both	N*	RAFAEL D	158.00		1		442.40	442.40
OT	9690163	PEPGUARD LIMITED EXTENDED LABOR WARRANTY					1		75.21	75.21
LB		COMPUTERIZED WHEEL ALIGNMENT	N	RAFAEL D			1		99.99	99.99
LB		COMPLIMENTARY VEHICLE INSPECTION	N	RAFAEL D			1		0.00	0.00

Parts: 978.70 Labor: 633.63 Other: 75.21 Tax: 73.77 Total: 1761.31

Tender Date : 11/25/2024
 POS Trans # : 129061

Tender Time : 12:14 PM
 Store : 0680



NEED A TOW? CALL 1-800-PEP-BOYS or
 1-800-737-2697



OJAS Catherine Rd -5513 -5513	Year: 2007 Make: TOYOTA Model: COROLLA Engine: 4-1794 1.8L 1ZZ-FE Vin No.: License No: Mileage: 75124 Color:	Date: 2024-06-06 Entered By: ANDY M Time In: 08:38:08 Date/Time Promised: 2024-06-06 11:53:20 Old Parts Returned: no Customer Waiting
Storage Charges: Any vehicle that is left unattended for more than 7 business days may be towed at the owner's expense. For more information, please see Store Manager.		

ON THIS WORK ORDER AND TO FURNISH THE NECESSARY MATERIALS AND ITS EMPLOYEES TO OPERATE THE VEHICLE FOR PURPOSES OF INSPECTION, TESTING AND ESTIMATE. I UNDERSTAND THAT UNLESS DIRECTLY CAUSED BY PEP BOYS, IT IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS, KING LOT AND THAT VEHICLES ARE LEFT OVERNIGHT AT OWNER'S RISK.

X

Parts \$:	Labor \$:	Total \$:	Date and Time:
317.28	194.69	536.81	2024-06-06 08:38:08

I hereby give my oral approval of an increase in the original estimated price

(Signature)

	CODE	MECHANIC	HRLY RATE	HRS	QTY	SOURCE	EACH	TOTAL
S) PKG								
DRUMS WITH BRAKE SERVICE	N	ERIC H			2		0.00	0.00
ROTOR	N				2		140.99	281.98
EAR WARRANTY								
Package SubTotal :							281.98	
S) PREMIUM PKG								
nty 24 Mo/24K Miles								
LABOR	N	ERIC H			1		175.00	143.75
							-31.25	
	N				1		34.99	28.74
							-6.25	
WARRANTY								
CHANGE LABOR	N	ERIC H			1		62.01	50.94
							-11.07	
WAX FLUID 32OZ	N				1		7.99	6.56
							-1.42	
Package SubTotal :							229.99	
HAZARDOUS WASTE FEE	N				1		0.25	0.25
VEHICLE INSPECTION	N	ERIC H			1		0.00	0.00
INSPECTION	N	ERIC H			1		0.00	0.00

Part : 194.69 Other : 0.25 Tax : 24.59 Total : 536.81

06/06/2024
 126794
 105
 492624

Tender Time : 11:57 AM
 Store : 0680
 Tender Till #: 105

NEED A TOW? CALL 1-800-PEP-BOYS or
 1-800-737-2697



Tire Tread Depth (32nds) LF:: 6

Tire Tread Depth (32nds) RR:: 6

State Inspection Expiration Date:: 6

Decimal Point Required For All Entries:

RF Brake Lining (32nds)::: 6

RR Brake Lining (32nds)::: 6

RF Rotors or Drums Thickness (in : 6

RR Rotors or Drums Thickness (in : 6

Parking Brake Operational

Tire Tread Depth (32nds) LR:: 6

Tire Tread Depth (32nds) RF:: 6

LF Brake Lining (32nds)::: 6

LR Brake Lining (32nds)::: 6

LF Rotors or Drums Thickness (in : 6

LR Rotors or Drums Thickness (in : 6

BRAKE FRICTION MEASUREMENTS: