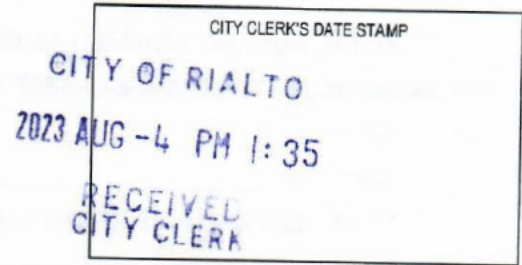




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

ADRIAN LEE JONES

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

N/A

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: JULY 8, 2023 TIME: 8:00 ☒ 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.

ON RIALTO AVE. JUST WEST OF PEPPER AVE. (I HAVE PICTURES AND VIDEO)
THE LARGE POTHOLE IS ON THE NORTH SIDE OF RIALTO AVE. JUST BEFORE
THE TRAILER PARK ENTRANCE.

3. HOW DID DAMAGE OR INJURY OCCUR?

LARGE POTHOLE IN STREET (PICTURES AND VIDEO). DAMAGED MY
TIRES.

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.

N/A THE POTHOLE IN THE STREET IS THE CAUSE.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 447.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Please see attached estimates (7/25/23) Amount: \$ _____
Item/Date: _____ Amount: \$ _____

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

\$ 447.00

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 447.00

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

NAME: N/A

NAME: Pictures and video

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: N/A

NAME: N/A (ONLY TIRE DAMAGE)

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

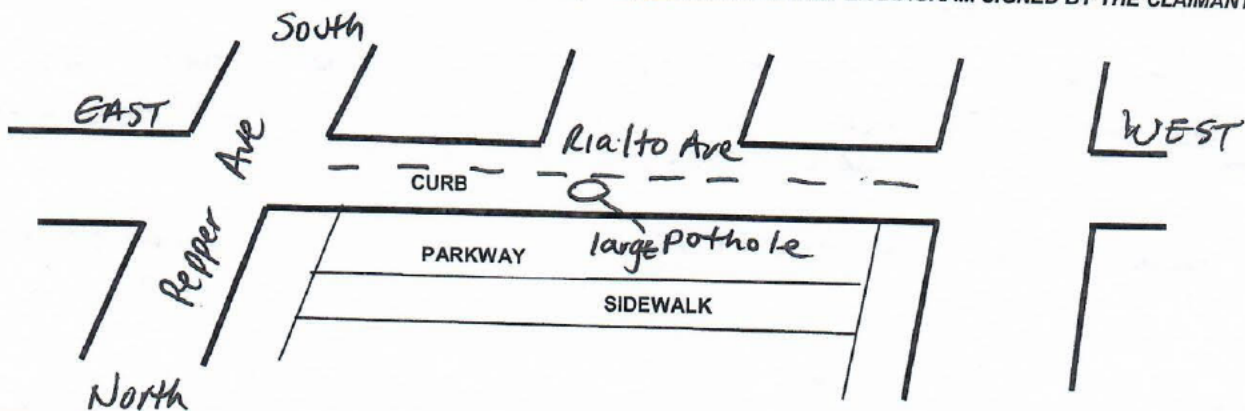
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

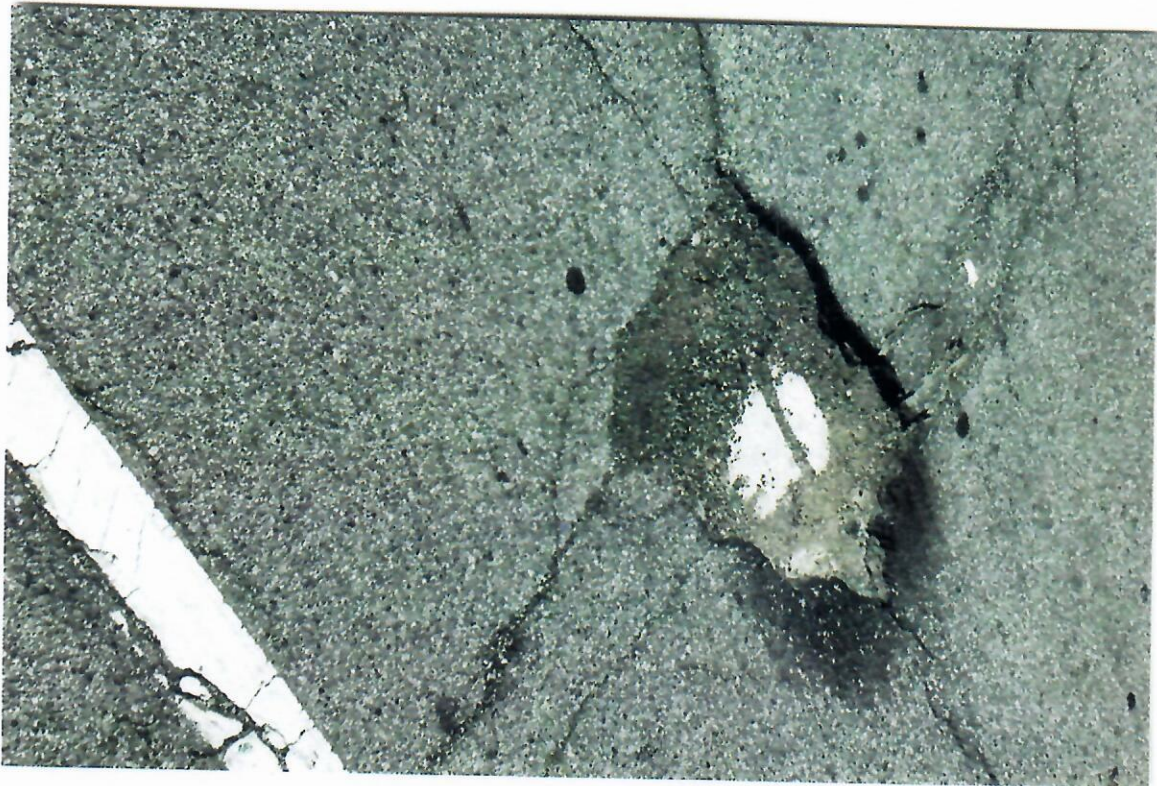
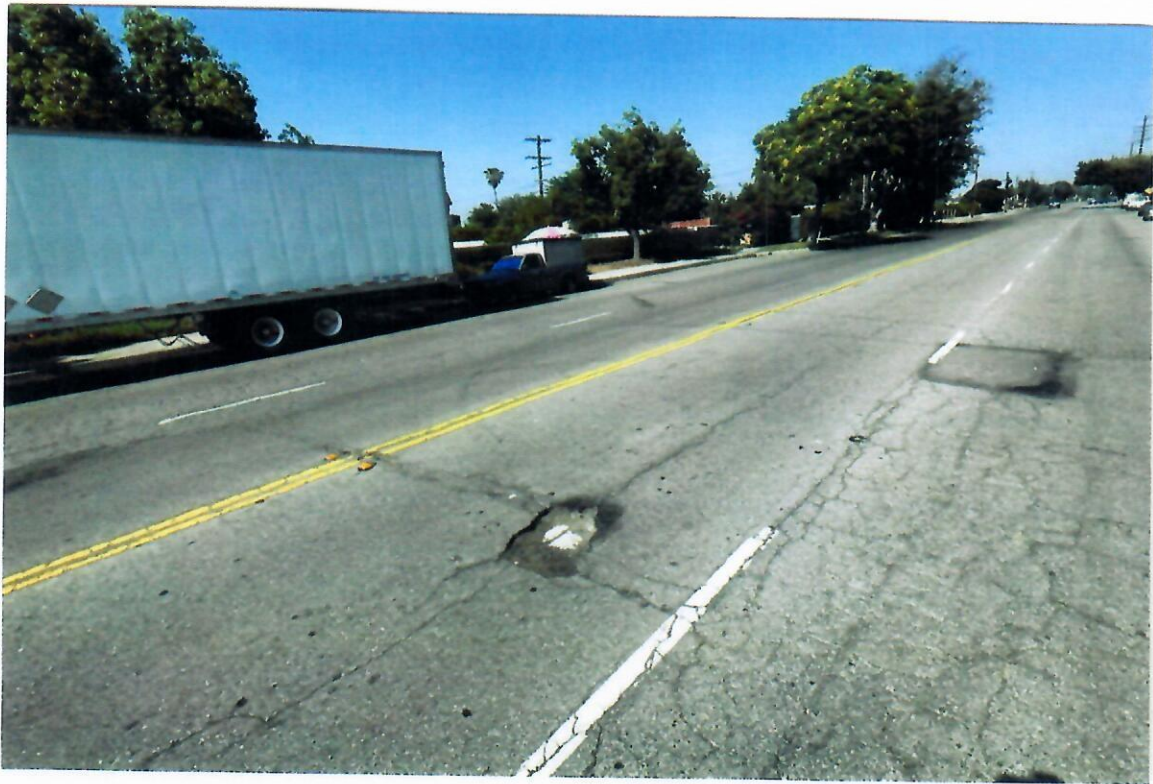
Adrian Jones

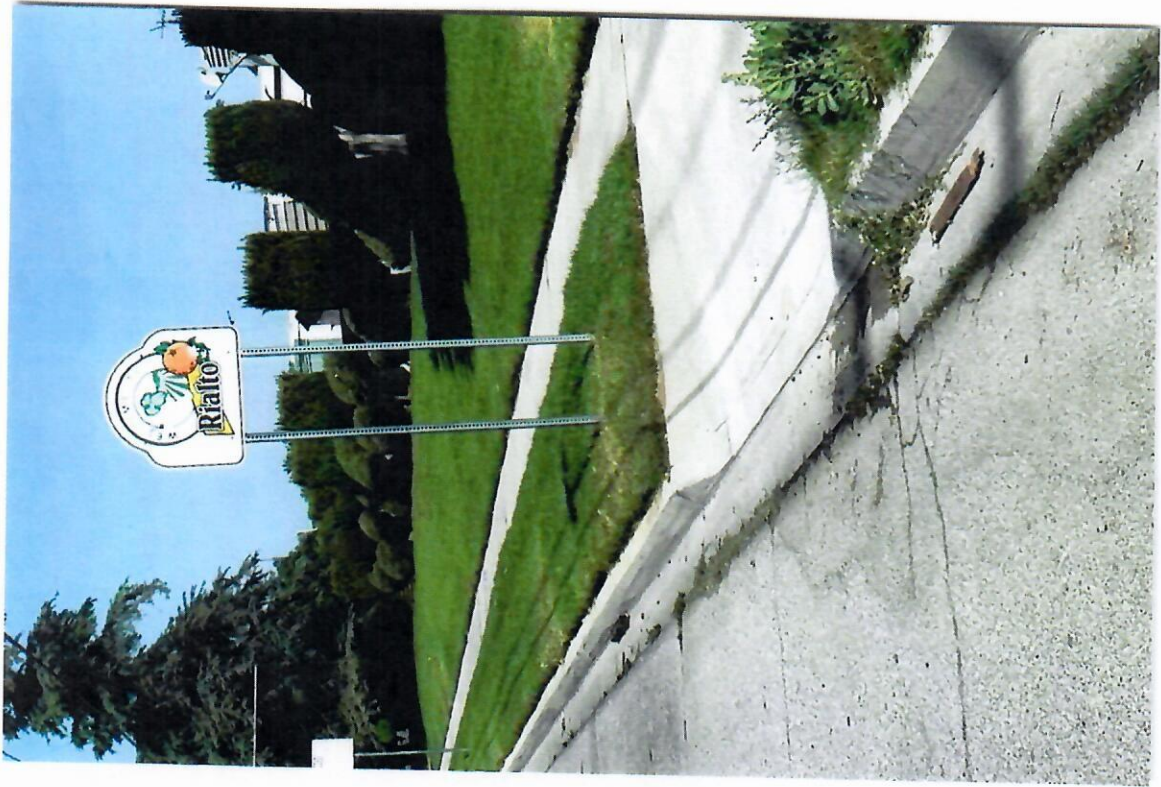
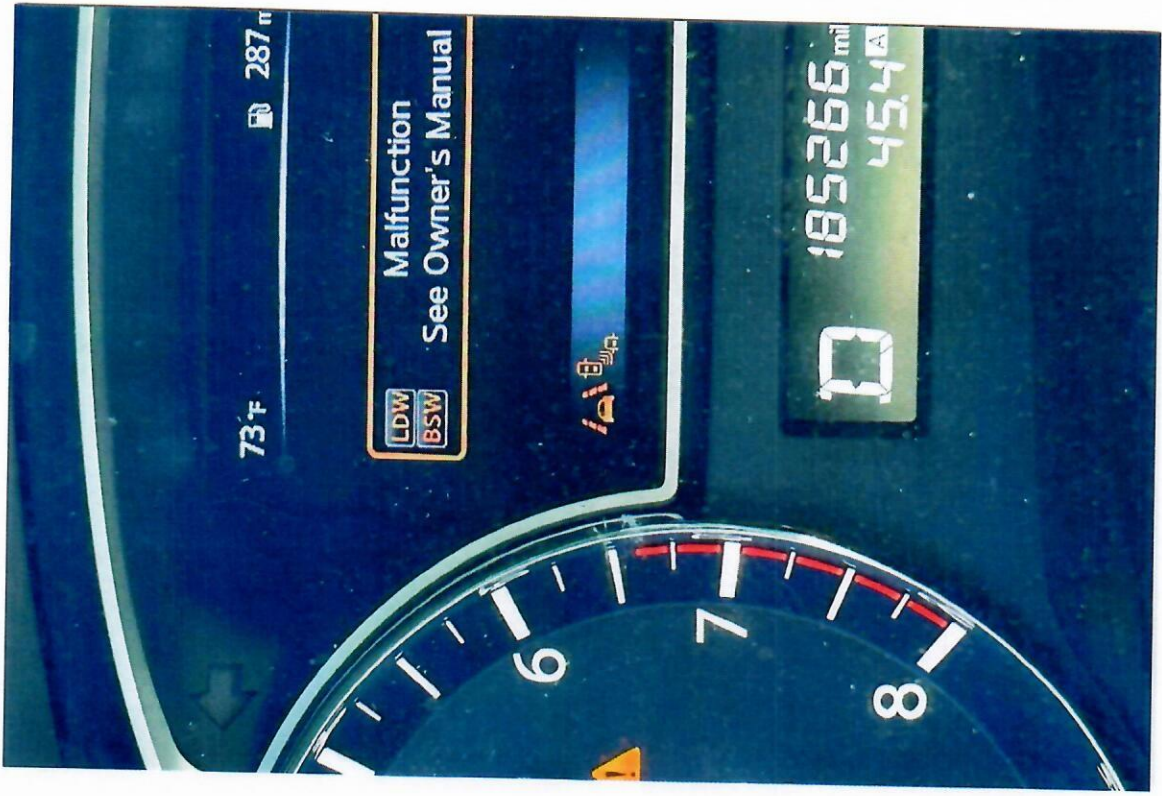
TYPE OR PRINT NAME

8/4/2023
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





Walmart Auto Care Center

Walmart #1862, 1366 S Riverside Ave, Rialto, CA 92376-7608
Phone: (909) 820-9912

Vehicle: N/A
Tire Size: 235/45R18

Print date: 07-25-2023 16:38:28
Service Writer / Greeter: SHERREE S.

Tire Quote

CITY OF RIALTO

2023 AUG -4 PM 1:35

GENERAL

GENERAL EXCLAM HPX A/S 235/45R18 94V

- Summer • 60,000 Miles • Speed Rating: V (149 mph) • Load Index: 94 (1477 lbs)

5.0 year tread life based on 12k miles/yr

RECEIVED
CITY CLERK

Available today

Description

Tire	Qty
	2

Price

CLEARANCE \$218.00

VALUE INSTALLATION PACKAGE

Life Time Balance and Rotation	2	\$30.00
TPMS Service Pack	2	\$6.00
Road Hazard Warranty	2	\$20.00
Tire Mounting	2	Included
50-Mile Re-Torque	2	Included

Total (Excluding Disposal, Tax & Govt. Fees): **\$274.00**



← Scan with Walmart App to view online.

Tire UPC: 051342190546
Tire Location: #101

Disclaimer

Walmart recommends purchasing 4 tires for better safety & performance.

Lifetime Balance includes balancing and rotating the covered tire for the life of the tire on the original vehicle it is installed on. Tire Pressure Monitor System reset is required on some vehicles. All vehicles with TPMS require a service pack when the tire is removed from the rim. Replacement of nonfunctional sensors and sensor packs are considered as additional costs. Road Hazard Warranty includes unforeseen hazards of the road, flat repair and free replacement of non-repairable tires within the first 25% of treadwear. Honored at all Wal-Mart Auto Care Center locations nationwide. Don't see your tires in-stock? 24-48 hour delivery with Special Ordering See an associate for details. Prices reflected on this quote are subject to change based on date and availability. For special order tires visit www.walmart.com

It is our intent to have every item in stock. Occasionally, items may not be available. We reserve the right to limit quantities. Prices do not include taxes and tire fees.



167 W San Bernardino Ave
Rialto, CA 92376
(909) 546-3405

Store: 579
Quote: 57900185528
Salesperson: Jesus V

ARD 303202

Customer Information

Customer ID:

Name:

Address:

City, State, Zip:

Phone:

Vehicle Information

Vehicle:

Color:

Mileage:

License:

RECEIVED
CITY CLERK
3 AUG - 4 PM 1:30
CITY OF RIALTO

Les Schwab Quote

Qty	Product Code	Product Description	Price/ea	FET	Amount
2	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
2	13718	WHEEL SPIN BALANCE	\$16.99	\$0.00	\$33.98
2	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$7.99	\$0.00	\$15.98
2	1046759	PASSENGER TIRE DISPOSAL	\$2.99	\$0.00	\$5.98
2	957429	235/45R-18XL 98W S FIT LH01	\$191.99	\$0.00	\$383.98
Sales Tax:					\$31.46
Tire Fee:					\$3.50
Quotation Total:					\$474.88
2	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
2	13718	WHEEL SPIN BALANCE	\$16.99	\$0.00	\$33.98
2	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$7.99	\$0.00	\$15.98
2	1046759	PASSENGER TIRE DISPOSAL	\$2.99	\$0.00	\$5.98
2	1134132	235/45R-18 94V PURE CONTACT LS	\$219.99	\$0.00	\$439.98
Sales Tax:					\$35.80
Tire Fee:					\$3.50
Quotation Total:					\$535.22
2	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
2	13718	WHEEL SPIN BALANCE	\$16.99	\$0.00	\$33.98
2	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$7.99	\$0.00	\$15.98
2	1046759	PASSENGER TIRE DISPOSAL	\$2.99	\$0.00	\$5.98
2	775873	235/45VR-18 94V REPUTATION NLW3	\$252.99	\$0.00	\$505.98
Sales Tax:					\$40.91
Tire Fee:					\$3.50



167 W San Bernardino Ave
Rialto, CA 92376
(909) 546-3405

Store: 579
Quote: 57900185528
Salesperson: Jesus V

ARD 303202

Customer Information

Customer ID:

Name:

Address:

City, State, Zip:

Phone:

Vehicle Information

Vehicle:

Color:

Mileage:

License:

Les Schwab Quote

Qty	Product Code	Product Description	Price/ea	FET	Amount
Quotation Total:					\$606.33

2023 AUG -4 PM 1:35
RECEIVED
CITY CLERK
CITY OF RIALTO



* 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 08-24-2023.

Quote Date/Time: 07-25-2023 04:28 PM