



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 JUL 28 AM 10:58
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:

EDUARDO BENITEZ

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: JULY 10 2025 TIME: NOON ☐ 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.

SYCAMORE by MADRONA

3. HOW DID DAMAGE OR INJURY OCCUR?

THE SHOCK JUST DROP

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.

THE SHOCK DROPPED IN SYCAMORE BY MADRONA IN RIALTO

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.

DAMAGES INCURRED TO DATE:

Item/Date: 2 FRONT STRUTS \$1 ALIGNMENT

Amount: \$ 640

Item/Date: STRUT AND COIL SPRING ASSEMBLY
PARTS/SUPPLIES

Amount: \$ 956.57

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 956.57

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 7-25-2025

Amount: \$ 956.57

Item/Date: 7-25-2025

Amount: \$ 8640

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 956.57

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

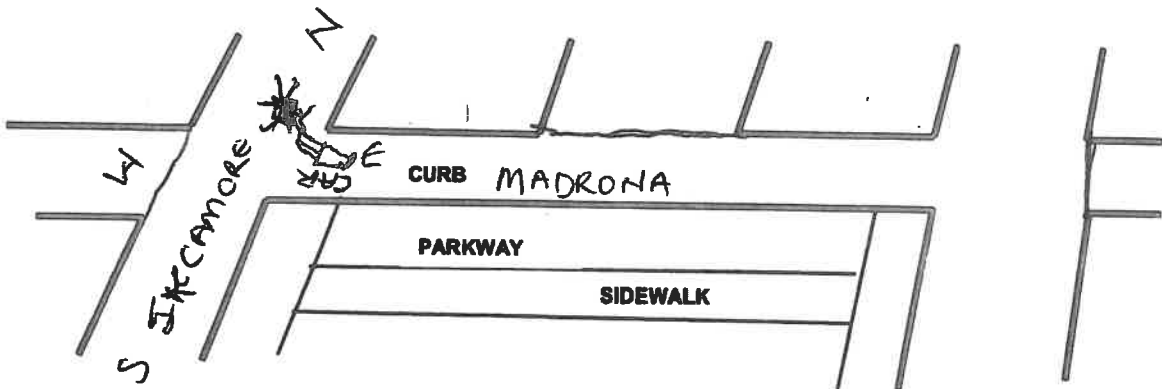
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

SIGNATURE OF CLAIMANT OR AGENT

EDUARDO BENITEZ

TYPE OR PRINT NAME

07/28/2025
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





CALIFORNIA TIRES

510 E. Foothill Blvd. Rialto, CA 92376

(909) 640-7009



| | | | | |
|------------------|-------------------|----------------------|------------------------|--------|
| YEAR 2008 | MAKE Mazda | MODEL 3 | DATE 07-25-2025 | |
| LICENSE PLATE | | SALESMAN Paco | CASH | CHARGE |
| NAME | | PHONE | | |
| ADDRESS | | CITY | | |
| | | ZIP | | |

| | | | | | | | |
|----------------------------------|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|--|--------------------------------|
| <input type="checkbox"/> MOUNT | <input type="checkbox"/> VALVE STEM | <input type="checkbox"/> PLUG | <input type="checkbox"/> ALIGNMENT | 1 <input type="checkbox"/> TIRE | 3 <input type="checkbox"/> TIRE | <input type="checkbox"/> SPECIAL ORDER | <input type="checkbox"/> MILES |
| <input type="checkbox"/> BALANCE | <input type="checkbox"/> PATCH | <input type="checkbox"/> DISPOSAL | <input type="checkbox"/> BRAKES | 2 <input type="checkbox"/> TIRE | 4 <input type="checkbox"/> TIRE | <input type="checkbox"/> OTHER | |

| QTY | DESCRIPTION | TOTAL |
|-----|--------------|--------------------|
| 2 | Front Struts | |
| 1 | Alignment + | |
| | | |
| | | VISA FEE |
| | | PARTS |
| | | LABOR |
| | | SUB-TOTAL |
| | | TAX |
| | | TOTAL \$640 |
| | | DEPOSIT |
| | | BALANCE |

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that California Tires will not be held responsible for loss or damage to car or articles left in cars in case of fire, theft, or any other cause beyond our control. California Tires is not responsible for lost, damaged or defective rims, lug nuts or hub caps.

FACTORY TIRE WARRANTY: To validate your warranty every 3 months rotation and alignment 2 times per year, if no proof the guarantee is lost.

Authorized Signature

THANK YOU

MT 19:26

RIALTO AUTO CARE CENTER

135 E. FOOTHILL BLVD

RIALTO, CA. 92376

Phone: 909-877-5446 Fax: 909-877-3829

ESTIMATE #

434245

ARD00269174

CAL000440415

Estimate Date : 7/25/2025

Estimate for Services**BENITEZ, EDUARDO**

2008 Mazda - 3 s Grand Touring - 2.3L, In-Line4 (138CI) VIN(4

Lic # :

Odom. In: 0

Rialto, CA 92376

Cellular:

VIN # :

| Part Description / Number | Qty | Sale | Ext | Labor Description | Hours | Extended |
|--|------|--------|--------|---|-------|----------|
| Strut And Coil Spring Assembly 33MZ1107 | 1.00 | 267.78 | 267.78 | SHOCK &/OR STRUT ASSEMBLY - Remove & Install or Remove & Replace - Both Sides. - [DOES NOT include disassemble or alignment.] | 2.30 | 379.50 |
| Strut And Coil Spring Assembly 33MZ1108 | 1.00 | 267.78 | 267.78 | | | |

Parts/Supplies: 535.56

Labor: 379.50

HazMat/Fees: 0.00

Tax: 41.51

Total: \$ 956.57

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. NOTE: NO CHECKS

Signature _____ Date _____ Time _____