





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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
2025 MAR 10 AM 10:10  
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:**

California Auto Insurance Company as subrogee of Michael Garcia  
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

ATTN: CAPA-02499170 PO Box 10730 Santa Ana, CA 92711

( 888 ) 917-6372

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: 01/27/2025 TIME: 11:25  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.  
210 FWY E/B at Ayala exit, Rialto, CA

**3. HOW DID DAMAGE OR INJURY OCCUR?**

Our insured was exiting the 210 FWY E/B at Ayala exit. Our insured was in the center of three lanes and Rialto Fire Dept Ambulance was in the right lane, and when the light turned green the ambulance went forward and struck the p/s rear of our insured's vehicle. Ambulance was in the right turn only lane and went straight without using emergency lights or siren.

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.

Unknown driver of Rialto Fire Dept Ambulance (License plate # CA 1608202) merged into our insured's vehicle.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 2,892.65

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

**DAMAGES INCURRED TO DATE:**

Item/Date: <u>Repairs</u>	Amount: \$ <u>2,392.65</u>
Item/Date: <u>Deductible</u>	Amount: \$ <u>500.00</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 2,892.65

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

CITY OF RIALTO

Item/Date: \_\_\_\_\_

2025 MAR 10 AM 10:10

Amount: \$ \_\_\_\_\_

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

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\$ 2,892.65

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

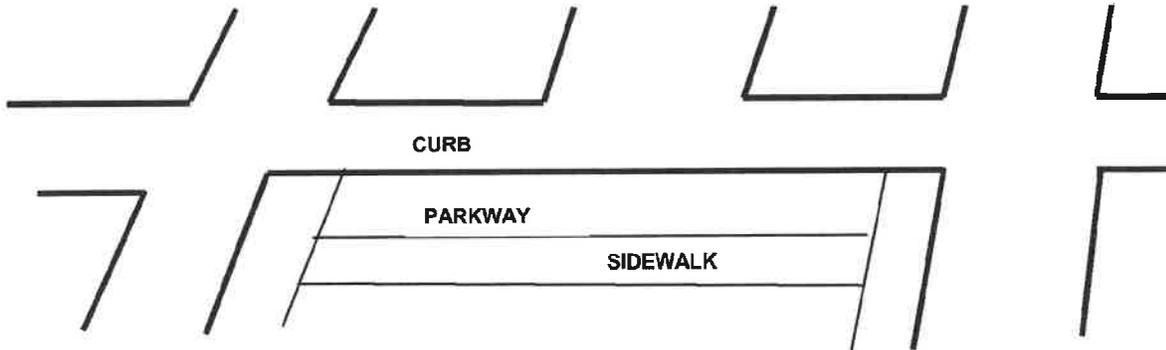
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

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.

\_\_\_\_\_ on behalf of California Auto Insurance Company

SIGNATURE OF CLAIMANT OR AGENT

Tiffany Stallard on behalf of California Auto Insurance Company

03/06/2025

TYPE OR PRINT NAME

DATE

Insurer

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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Scheduled Send Date	Issue Date	Check Number	Payment Channel	Payment Method	Check Type	Pay To	Amount	Status
03/03/2025	03/03/2025	<u>8731171463</u>	Digital Vendor	Direct Deposit	Indemnity	CARSTAR AVALON COLLISION RIALTO	<u>\$2,392.65</u>	Cleared

CITY OF RIALTO  
CARSTAR AVALON COLLISION RIALTO  
2479 W Walnut Ave, Rialto, CA 92376-3014

Office: (909) 742-7136

steve@avaloncollision.com

Carstar.com

EPA: CAR000358234 Bar ID: ARD00306633 Tax ID: 923724604

FINAL

Estimate ID

21845976

S2;

Claim Number

CAPA-0249917000101

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Owner  
MICHAEL GARCIA

Insured  
MICHAEL GARCIA

Appraiser  
Brian Estrada  
bestrada@avaloncollision.com

Classification  
None

Supplemented By  
Brian Estrada  
bestrada@avaloncollision.com

Classification  
None

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MERCURY INSURANCE GROUP

Loss Type Collision	Claim Number CAPA-0249917000101	Policy Number	Adjuster Fanny Campa (888) 263-7287+27869 (Work)
Deductible 500.00 - Not Waived	Reported Date 01/27/2025	Loss Date 01/27/2025	Inspection Site CARSTAR AVALON COLLISION RIALTO 2479 W Walnut Ave Rialto, CA 92376

Repair Facility  
CARSTAR Avalon Collision  
Rialto  
2479 W Walnut Ave  
Rialto, CA 92376-3014

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2011 Kia Soul + 4 Door Utility 2.0L 4 Cyl Gas Injected Base FWD

Exterior Color Silver	License	VIN	Drivable Yes
Odometer 188618	Production Date 01/2011	Mitchell Service Code	
Primary Point of Impact Right Rear Side (4)	Secondary Point(s) of Impact Right Rear Corner (5)		

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Options

Air Conditioning	Alum/Alloy Wheels	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)	Automatic Headlights
Auxiliary Input	Bluetooth Wireless Connectivity	CD Player	Cloth Seat	Cruise Control
Driver-Front Air Bag	Electric Defogger	Electronic Stability Control	First Row Bucket Seat	Keyless Entry System
Left-Curtain Air Bag	MP3 Player	Passenger-Front Air Bag	Power Door Locks	Power Remote Mirror
Power Steering	Power Windows	Privacy Glass	Rear Bench Seat	Rear Gate Wiper
Satellite Radio	Second Row Side Airbag With Head Protection	Side Airbags	Steering Wheel Mounted Audio Control	Tilt Steering Wheel
Tire Pressure Monitoring System	Traction Control/Electronic	Trip Computer		

MICHAEL GARCIA | 2011 Kia Soul +

Parts Profile CA CARS Shop Profile      Parts Profile Version 36.0

Line #	Description	LABOR		Total Units	CEG	Type	PART			
		Operation	Type				Number	Qty	Total Price	Tax
Rocker / Pillars / Floor										
1	100585 R Roof Rail	Blend	Refinish	0.6# C	1.6	Existing				
2	900500 Clear Coat Adjustment-RT Roof Rail	Refinish Only	Refinish*	-0.1*	0.0	Existing				
Front Door										
51	3 100656 R Frt Add For Jambs	Refinish Only	Refinish	0.5 C	0.5	Existing				
51	4 101386 R Frt Door Shell	Repair	Body	2.0*#	4.6	Existing				
5	101388 R Frt Door Repair Panel	Repair	Body	3.0*#	6.6	Existing				
6	AUTO R Frt Door Outside	Refinish Only	Refinish	2.0 C	2.0	Existing				
7	100662 R Frt Rear View Mirror	Remove / Install	Body	INC#	0.7	Existing				
8	100664 R Frt Otr Door Belt Moulding	Remove / Install	Body	0.9#	0.9	Existing				
9	100172 R Frt Door Moulding	Remove / Replace	Body	0.2	0.2	New	87712 2K000	1	\$40.14	Yes
10	100668 R Frt Door Trim Panel	Remove / Install	Body	INC	0.4	Existing				
11	100595 R Frt Otr Door Handle	Remove / Install	Body	0.3#	0.7	Existing				
12	900500 Basecoat reduction-RT FT Door	Refinish Only	Refinish*	-0.2*	0.0	Existing				
Rear Door										
S2	13 101802 R Rear Door Shell	Remove / Replace	Body	4.3#	4.3	Qual Recycled Part	RF6733	1	\$134.00*	Yes
S2	14 900510 Line Markup 20.0%								\$26.80	
S2	15 AUTO R Rear Door Outside	Refinish Only	Refinish	1.6 C	2.0					
S2	16 AUTO R Rear Add For Jambs & Interior	Refinish Only	Refinish	1.0 C	1.0					
17	900500 LKQ Door Labor Adjustment	Additional Labor	Body*	-0.3*	0.0	Existing				
18	100498 R Rear Door Front Blackout Tape	Remove / Replace	Body	0.2#	0.2	New	86391 2K000	1	\$15.12	Yes

CITY OF RIALTO

LABOR

PART

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Line #	Description	Operation Type	Total Units	CEG	Type	Number	Qty	Total Price	Tax
19	100500 R Rear Upr Door Blackout Tape	Remove / Replace Body	0.2#	0.2	New	86392 2K000	1	\$24.23	Yes
20	100502 R Rear Door Rear Blackout Tape	Remove / Replace Body	0.2#	0.2	New	88393 2K000	1	\$14.83	Yes
51 21	100504 R Rear Door Moulding	Remove / Replace Body	INC	0.2	New	87722 2K000	1	\$33.39	Yes
22	102745 R Rear Door Protector	Remove / Replace Body	0.2#	0.2	New	87549 2K010	1	\$18.70	Yes
<b>Roof</b>									
23	100155 R Roof Moulding	Remove / Install Body	0.3	0.3	Existing				
<b>Quarter Panel</b>									
24	101282 R Quarter Outer Panel	Repair Body	9.0*#	15.3	Existing				
25	AUTO R Quarter Panel Outside	Refinish Only Refinish	1.6 C	2.0	Existing				
26	102747 R Quarter Protector	Remove / Replace Body	0.2#	0.2	New	84126 2K000	1	\$27.27	Yes
<b>Quarter Glass</b>									
27	101275 R Qtr Glass Stationary	Remove / Replace Body*	0.0*#	2.0	Sublet		1	\$70.00*	
28	900510 Line Markup 20.0%							\$14.00	
29	101761 Qtr Glass Adhesive	Remove / Replace Body	0.0	0.0	Aftermarket New		1	\$18.00*	Yes
30	900510 Line Markup 20.0%							\$3.60	
31	900501 RT Qtr Glass								
<b>Rear Lamps</b>									
32	100823 R Rear Combination Lamp	Remove / Install Body	INC	0.4	Existing				
<b>Rear Bumper</b>									
33	100015 Rear Bumper Cover	Remove / Install Body	1.4#	1.4	Existing				
<b>Additional Costs &amp; Materials</b>									
34	AUTO Paint/Materials	Additional Cost						\$369.60	Yes
<b>Additional Operations</b>									
35	AUTO Clear Coat	Additional Operation Refinish	1.8	0.0				\$0.00	
36	900500 Mask for Overspray	Remove / Replace Body*	0.0*	0.0	Aftermarket New		1	\$10.00*	
37	933003 Tint Color	Additional Operation Body*	0.5*	0.0				\$0.00	
38	933017 Finish Sand And Buff	Additional Operation Body*	2.0*	0.0				\$0.00	
39	900500 Rope Windshield	Additional Labor Body*	0.3*	0.0	Existing		0		
51 40	900500 Pre Scan	Additional Labor Body*	0.5*	0.0	Existing				
51 41	900500 Post Scan	Additional Labor Mechanical*	0.5*	0.0	Existing				

\* Judgment Item

C Included in Clear Coat Calculation

T Included in Two Tone Calculation

A Included in Clear Coat and Two Tone Calculation

# Labor Note Applies

r CEG R&R Time Used for this Labor Operation

d Discontinued by Manufacturer

[ ] Verify the part number and price before ordering

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New OEM

OE Discount OE Discount

Aftermarket New Aftermarket New

Aftermarket Certified Aftermarket Certified

Remanufactured Remanufactured

Qual Recycled Part Quality Recycled Part

Sublet Sublet

Recored Recored

Rechromed Rechromed

Existing Existing

### Recycled Part Vendors

LKQ-Keystone- Northern California  
2850 Viking Way  
Redding CA 96003  
(800) 424-2002 (Work)  
(630) 563-4022 (Work)

Line	Part #	Total Price	Vehicle	Description	VIN
13	RF6733	\$134.00	2012 Kia SOUL	RH,,!5DR,WK R, (ELECTRIC), (RAISED OUTER	

Supplier Notes: RH,,!5DR,WK R, (ELECTRIC), (RAISED OUTER)

Disclaimer: Recycled part pricing may represent either actual pricing (the price at which the recycler is willing to sell the part for in its existing condition) or undamaged pricing (the price at which the recycler would sell the part if it was in undamaged condition). If you are unsure, please contact the automotive recycler. Some parts located for this quote may be interchangeable but may not be an exact match. If you are unsure, please contact the automotive recycler.

Disclaimer: This estimate has been prepared based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. Any warranties applicable to these replacement parts are provided by the manufacturer or distributor of the parts, rather than by the original manufacturer of your vehicle.

### Estimate Totals

Labor	Units	Rate	Sublet	Add'l Amount	Totals
Body Labor	25.4	\$58.00			\$1,473.20
Refinish Labor	8.8	\$58.00			\$510.40
Mechanical Labor	0.5	\$85.00			\$42.50
<b>Total Labor</b>	<b>34.7</b>				<b>\$2,026.10</b>
				Taxable	\$0.00
				Tax 0.0000%	\$0.00
				Non-Taxable	\$2,026.10
				Pre-Tax Discount 0.00%	\$0.00
				<b>Labor Total</b>	<b>\$2,026.10</b>
<b>Parts</b>		<b>Amount</b>			
Taxable Parts		\$325.68			\$325.68

# Estimate Totals

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Parts Adjustments	\$35.71
Tax 7.7500%	\$26.92
Non-Taxable	\$80.00
Pre-Tax Discount 0.00%	\$0.00
<b>Parts Total</b>	<b>\$468.31</b>

Costs	Amount	
Paint Materials	\$369.60	\$369.60
Shop Materials	\$0.00	\$0.00
Other Additional	\$0.00	\$0.00

Paint Materials:		Taxable	\$369.60
- Refinish Units: 8.8 units		Tax 7.7500%	\$28.64
- Rate: \$42.00		Non-Taxable	\$0.00
- Rate Max: 99.9 units		Pre-Tax Discount 0.00%	\$0.00
- Additional Rate: \$650.00		<b>Costs Total</b>	<b>\$398.24</b>

Gross Totals	Amount		
<b>Gross Total</b>	<b>\$2,892.65</b>	<b>\$2,892.65</b>	
		Taxable	\$716.99
		Tax	\$55.56
		Non-Taxable	\$2,120.10
		Pre-Tax Discount 0.00%	\$0.00
		<b>Gross Total</b>	<b>\$2,892.65</b>

Adjustments	Amount	
Deductible	-\$500.00	-\$500.00
<b>Total Customer Responsibility</b>		<b>-\$500.00</b>

<b>Net Estimate Total</b>	<b>\$2,392.65</b>
Less Original Net Total	\$2,151.68
Net Supplement Amount	\$240.97

S1: Brian Estrada	\$273.30
S2: Brian Estrada	-\$32.33

Disclaimer: For your protection California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## Cycle Time Information

Due In	2/17/2025
Arrived At Shop	2/17/2025
Ready for Delivery	2/26/2025
Delivered	2/26/2025

## Estimate Event Log

Job Created	1/27/2025 12:38 PM
Supplement 2 Started	3/3/2025 11:50 AM
Supplement 2 Printed	3/3/2025 11:52 AM
Supplement 2 Committed	3/3/2025 11:52 AM
Estimate Version	3
Estimate Retrieval ID	1004662406

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**Delta Report**  
 Supplement 1 & Supplement 2

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 Profile ID  
 Mercury

Date & Time                      Estimate ID                      Supplement No.                      Profile ID  
 3/3/2025                      21845976                      Supplement 2                      Mercury  
 11:52:43 AM

**MICHAEL GARCIA | MICHAEL GARCIA | 2011 Kia Soul +**

Damage Assessed By                      Supplemented By                      Date of Loss  
 Brian Estrada                      Brian Estrada                      01/27/2025

**Global Changes**

No Deductible, Deductible Reduction Credit, Insurance Pre-Paid Amount, Part Adjustments, or Related Prior Damage changes were made.

**Estimate Line Changes - Primary Estimate**

Supp/	LABOR				PART			
Line #	Item Description	Operation	Type	Total Units	CEG	Type	Number	Price
<b>Changed Entries</b>								
S1	13 R Rear Door Shell	Remove / Replace	Body	4.30	4.30T	Recycled	RF6733	\$159.00
S2	13 R Rear Door Shell	Remove / Replace	Body	4.30	4.30T	Recycled	RF6733	<b>\$134.00*</b>
S1	14 Line Markup 20.0%	Line Markup						\$31.80
S2	14 Line Markup 20.0%	Line Markup						\$26.80

**Estimate Totals Changes**

Estimate Type	Total Tax	Gross Total	Customer Responsibility	Net Estimate Total
Supplement 1	\$57.89	\$2,924.98	-\$500.00	\$2,424.98
Supplement 2	\$55.56	\$2,892.65	-\$500.00	\$2,392.65

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**Net Estimate Totals**

Estimate Type	Net Amount
Supplement 1	\$273.30
Supplement 2	-\$32.33
<b>Net Supplement</b>	<b>\$240.97</b>
Original Estimate	\$2,151.68
<b>Net Estimate Total</b>	<b>\$2,392.65</b>

Estimate Type	Program Calc Version	Data Versions
Supplement 1	14	FEB_25_V
Supplement 2	9	FEB_25_V



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Photo02.jpg



Photo03.jpg



Photo04.jpg



Photo05.jpg

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Photo06.jpg



Photo07.jpg



Photo08.jpg



Photo09.jpg

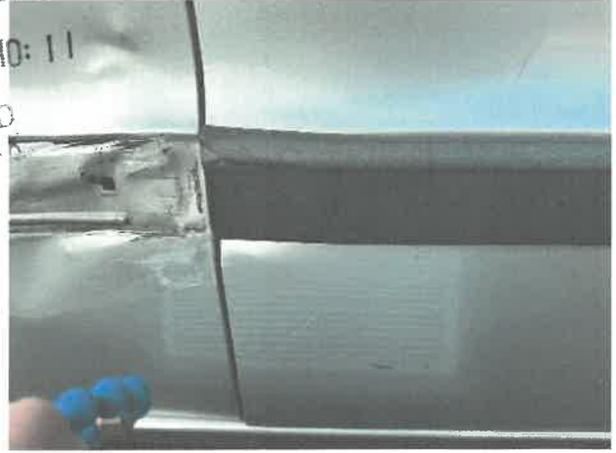


Photo10.jpg



Photo11.jpg



Photo12.jpg



Photo13.jpg

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Photo14.jpg



Photo15.jpg



Photo16.jpg



Photo17.jpg

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Photo26.jpg



Photo27.jpg



Photo27.jpg



Photo28.jpg

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Photo28.jpg



Photo29.jpg



Photo29.jpg



Photo30.jpg

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Photo32.jpg

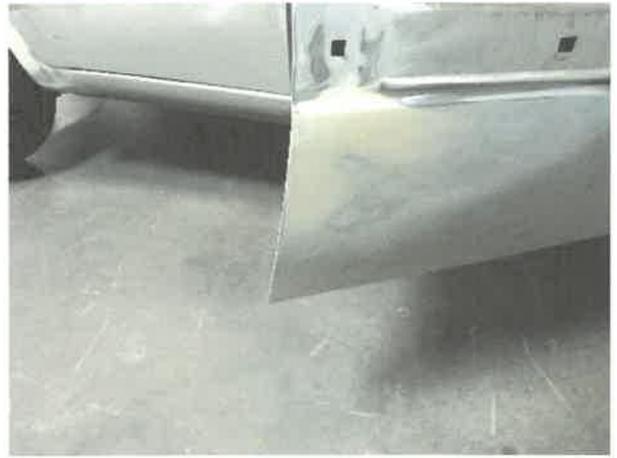


Photo33.jpg

Claim: CAPA-0249917000101 01

MICHAEL GARCIA



Photo34.jpg

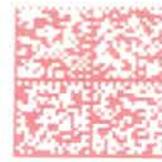


Photo35.jpg



CITY OF RIALTO

FIRST-CLASS



US POSTAGE



ZIP 92821 \$ 002.59<sup>0</sup>  
02 7W  
0008033818 MAR 06 2025

O. Box 10730 Santa Ana, California 92711-0730

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**FIRST CLASS**

March 6, 2025

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

RE: OUR INSURED: MICHAEL

Vertical barcode on the right edge of the envelope