



CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP
 CITY OF RIALTO
 2024 MAR 14 PM 3:41
 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:

Javier Navarro
 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: 3/12/24 TIME: 4:45 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.

About 200 Feet West of 2430 west Baseline Road.
In Between Alder and Tamarind Ave, In Front of an empty Field,
pothole is about 4 Feet Long and about 2 Feet wide

3. HOW DID DAMAGE OR INJURY OCCUR?

Changing Lanes, Hit pothole. Damaged sidewall of tire.
was told By Public works to file claim.

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.

City of Rialto Fails to inspect / Fill pot hole After
3 weeks on arterial Roads.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 168.89

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

DAMAGES INCURRED TO DATE:

Item/Date: Sidewall tire 3/12/24 Amount: \$ 168.89
 Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 168.89

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Side wall of tire 3/12/24

Amount: \$ 168.89

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 168.89

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

NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

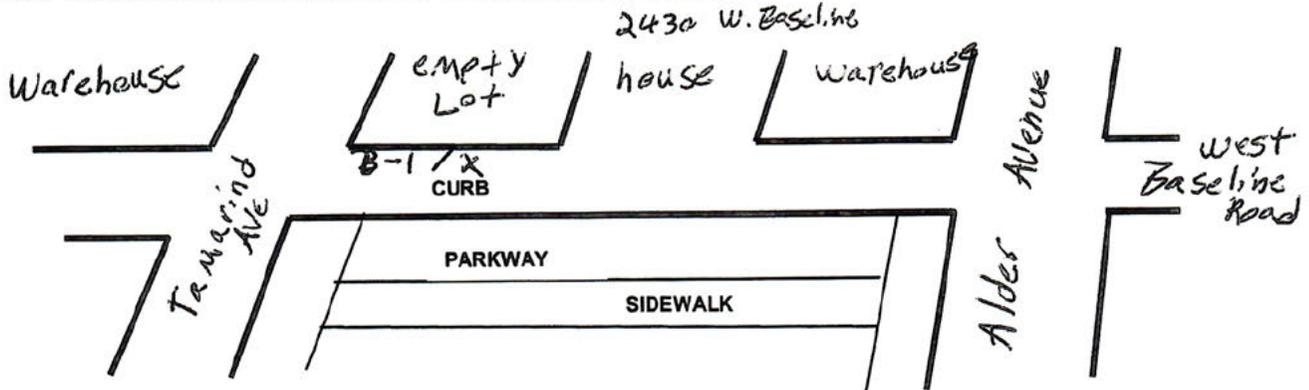
DATE: _____ TIME: _____ AM PM

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 DECARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Javier Navarro

TYPE OR PRINT NAME

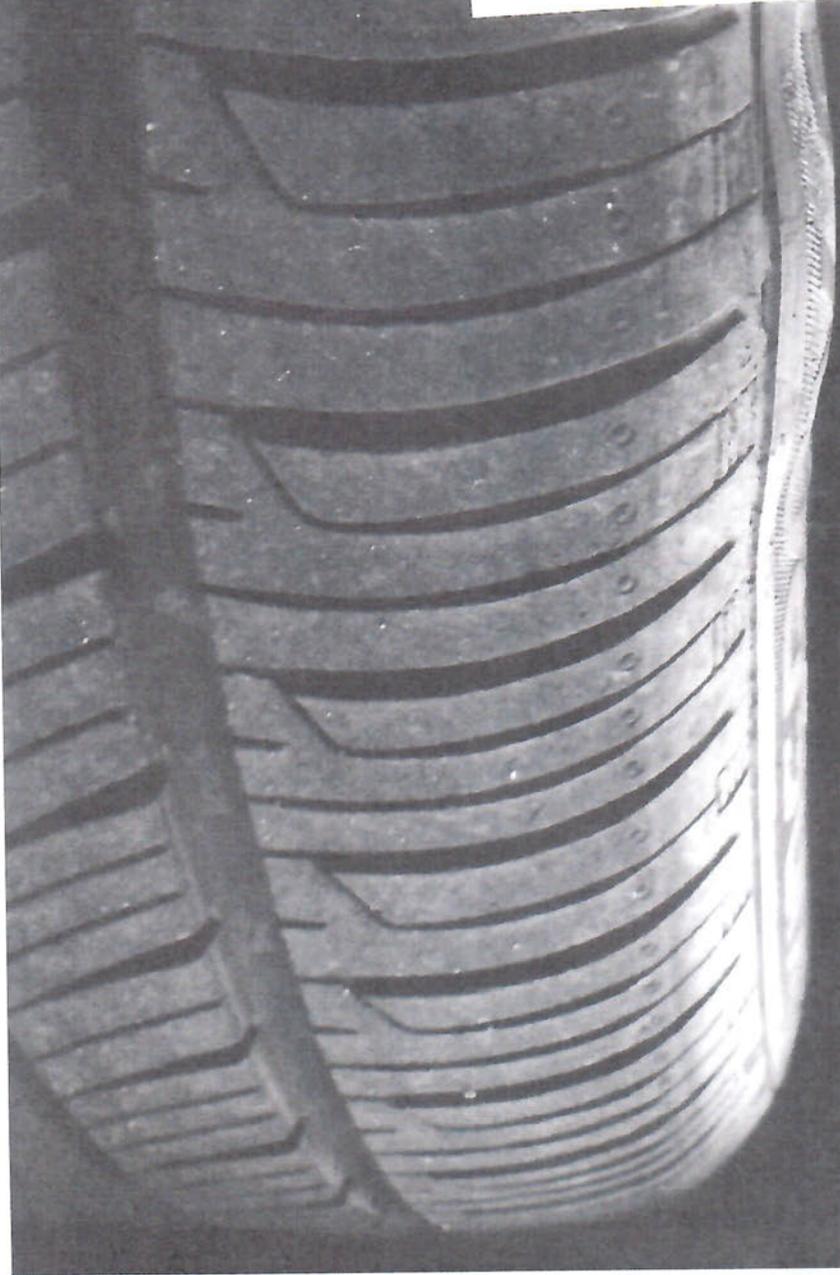
Self

RELATIONSHIP TO CLAIMANT

3/13/2024
DATE

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

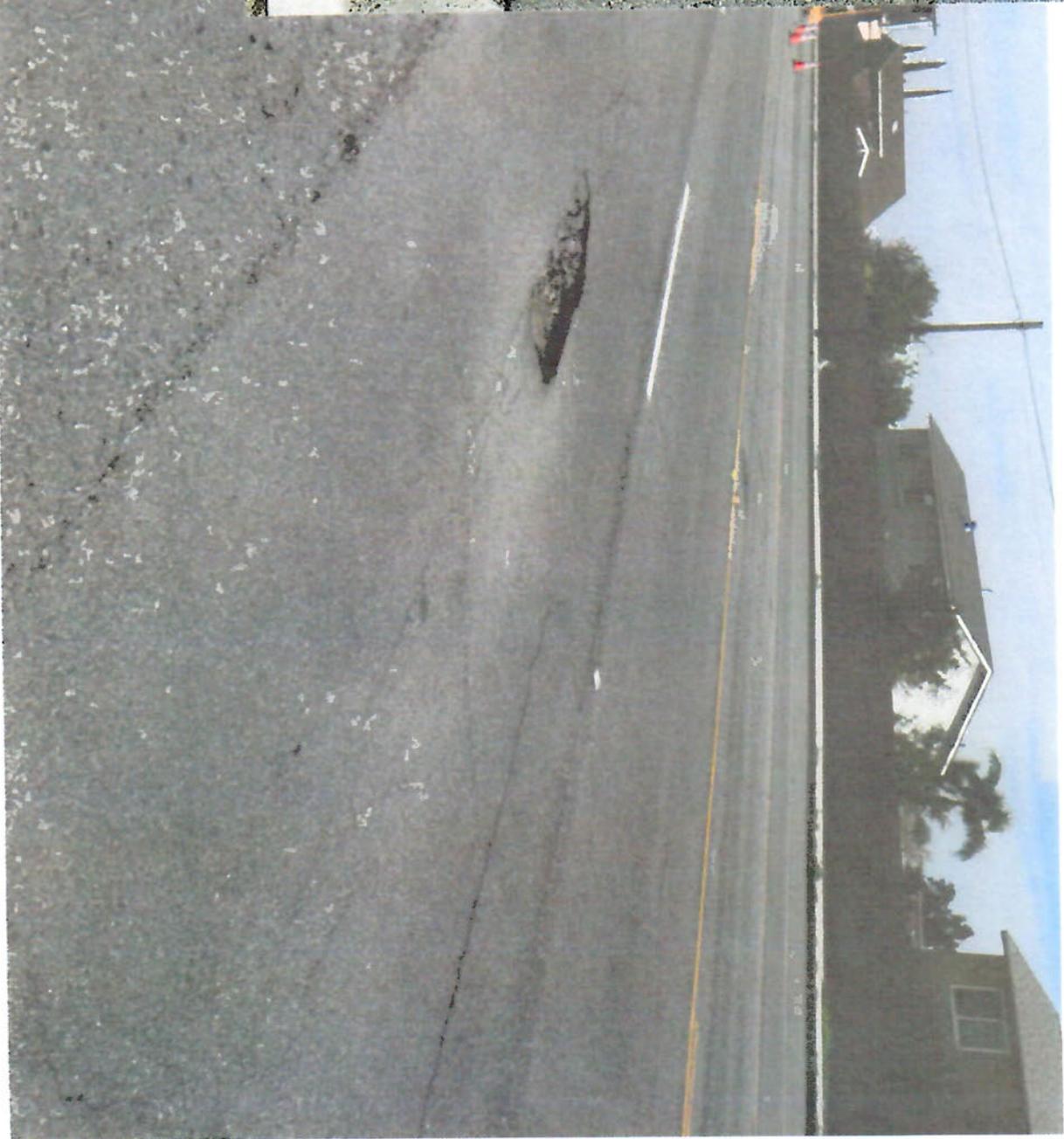












QUOTE

Quote ID: 227289903

Dealer Info

PADILLA TIRE & AUTO REPAIR INC
15808 FOOTHILL BLVD
FONTANA, CA 92335

(909) 350-4492
padillatire@sbcglobal.net

This is the similar tire to the damaged Hankook tire original tire was a 60K mile tire. This one is cheaper than original

Quote Information

Created By : ABE PADILLA

Printed On : 03/13/2024 07:31:53

Name	Description	Qty	Retail Cost	Total
04539	235/45R18 94V HER ROADTOUR CONNECT PCV	1	\$168.89	\$168.89
Mount	Mount	1	\$10.00	\$10.00
New Tire Fee	CA New Tire Tax	1	\$1.75	\$1.75
Balance	Tire Balance	1	\$10.00	\$10.00
Tire Disposal	Tire Disposal Fee	1	\$4.00	\$4.00

Call for an Appointment: (909) 350-4492

QUOTE SUMMARY

Sub Total	\$194.64
Tax	\$13.09
Total	\$207.73

235/45R18
235/45R18 94V HER ROADTOUR CONNECT PCV



Load/Speed	94V	Extended Mobility	N	Tread Depth	10.5
Mileage Warranty	70K	Load Range	Standard Load		
Ply	SL	Max Load Single	1477@44		
Season Designation	All Other	Overall Diameter	26.34		
Sidewall	Black Wall	Rim Width Max	9		
SHIP_WEIGHT	25.83	Rim Width Min	7.5		
UTQGL	620AA	Rpm	787		



6251 Sierra Ave
Fontana, CA 92336
9094286769

Store: 570
Quote: 57000349593
Salesperson: Patricia E

ARD 301931

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
1	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
1	1202858	235/45R-18 IMOVE GEN2 AS	\$96.99	\$0.00	\$96.99
1	13718	WHEEL SPIN BALANCE	\$16.99	\$0.00	\$16.99
1	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$7.99	\$0.00	\$7.99
1	1046759	PASSENGER TIRE DISPOSAL	\$2.99	\$0.00	\$2.99
					<i>30k</i>
					Sales Tax: \$8.37
					Tire Fee: \$1.75
					Quotation Total: \$135.08
1	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
1	1041791	235/45R-18 94V ROAD CONTROL 2	\$193.99	\$0.00	\$193.99
1	13718	WHEEL SPIN BALANCE	\$16.99	\$0.00	\$16.99
1	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$7.99	\$0.00	\$7.99
1	1046759	PASSENGER TIRE DISPOSAL	\$2.99	\$0.00	\$2.99
					<i>70k</i>
					Sales Tax: \$15.88
					Tire Fee: \$1.75
					Quotation Total: \$239.59
1	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
1	941798	235/45R-18XL 98Y EXTREME CONTACT DWS06+	\$244.99	\$0.00	\$244.99
1	13718	WHEEL SPIN BALANCE	\$16.99	\$0.00	\$16.99
1	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$7.99	\$0.00	\$7.99
1	1046759	PASSENGER TIRE DISPOSAL	\$2.99	\$0.00	\$2.99
					<i>50k</i>
					Sales Tax: \$19.84
					Tire Fee: \$1.75



6251 Sierra Ave
Fontana, CA 92336
9094286769

Store: 570
Quote: 57000349593
Salesperson: Patricia E

ARD 301931

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:		\$294.55
1	16958	Pass Tire TPMS Rebuild w/Disp	\$0.00	\$0.00	\$0.00
1	775873	235/45VR-18 94V REPUTATION NLW3	\$252.99	\$0.00	\$252.99
1	13718	WHEEL SPIN BALANCE	\$16.99	\$0.00	\$16.99
1	13537	TIRE PRESSURE MONITORING SYSTEM REBUILD KIT	\$7.99	\$0.00	\$7.99
1	1046759	PASSENGER TIRE DISPOSAL	\$2.99	\$0.00	\$2.99
					Sales Tax: \$20.46
					Tire Fee: \$1.75
			Quotation Total:		\$303.17

80K



* 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 04-12-2024.

Quote Date/Time: 03-13-2024 03:55 PM



PADILLA TIRE & AUTO REPAIR, INC.

15808 FOOTHILL BLVD.

FONTANA, CA 92335

(909) 350-4492

BAR# ARD00220653 EPA#CAL000171971

New & Used Tires - Brakes - Shocks - Struts - Rack n Pinion
4 Wheel Alignment - Engine Diagnostic & Scope

Invoice #80262

Page:1

NAVARRO, JAVIER

Phone:

Vehicle : 2022 Toyota Camry 2.5 L 2487 CC L4 DOHC 16 Valve

Tag/State :

VIN :

Fleet #/Driver :

Odometer In : 8850

Created : 3/14/2024 8:45:28 AM PDT

Invoiced : 3/14/2024 3:04:31 PM PDT

Labor/Notes

Qty	Technician	Reference	Description	Unit Price	Price
2		MOUNTED	TIRE MOUNTED	\$10.00	\$20.00
2		BALLANCED	TIRE BALANCED	\$10.00	\$20.00

Parts

Qty	Code	Reference	Description	Condition	Unit Price	Price
2	--	04539	235/45R18 94V HER ROADTOUR CONNECT PCV		\$168.89	\$337.78
2	--	TIREDISPOSAL	TIRE DISPOSAL FEE		\$4.00	\$8.00
2	-	CTF	CA TIRE FEE		\$1.75	\$3.50

Labor	\$40.00
Tires	\$337.78
Charges	\$11.50
Sales Tax	\$26.18
Sales Tax @ 7.75%	

Total \$415.46

Credit Card (VISA): \$415.46

PAYMENT \$415.46

BALANCE DUE \$0.00

Approvals

Approval #1 Previous Estimate Amount: \$0.00, Additional Cost: \$415.46, Revised Estimate: \$415.46, Parts: \$0.00 Labor: \$40.00 Tires: \$337.78 Wheels: \$0.00 Sublet/Misc: \$0.00 Charges: \$11.50 Shop Supplies: \$0.00 Haz Mat: \$0.00 Sales Tax: \$26.18, Authorized by NAVARRO, JAVIER, Date: 3/14/2024 1:26:59 PM Employee: TRACS Admin, Approval Method: In Person,

Approval Amount: \$415.46

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A \$25.00 PER DAY STORAGE FEE. NO WARRANTY ON USED TIRES. ALL PARST ARE NEW UNLESS OTHERWISE SPECIFIED.

Customer Signature _____