



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 JUL -2 AM 10:41
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:

Patricia Cordura
 FULL NAME _____ DATE OF BIRTH _____

HOME ADDRESS INCLUDING CITY, STATE & ZIP _____ HOME TELEPHONE NO. _____
 N/A N/A

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):
 Same as above

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6/27/25 TIME: 2:00 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.

In front of my house, my car that was currently registered was towed while we were in San Diego. Returned home to our car missing, called police, they informed

3. HOW DID DAMAGE OR INJURY OCCUR? car was towed and ticketed as parked more than 72 hours without movement.

Car was towed when it was parked on curb outside our residence. Listed as suspected abandoned when it is registered to our address.

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.

I believe this citation is ill warranted. I live here, I have a fully registered car and left for 5 days on my summer vacation (I'm an educator) only to return to deal with this unnecessarily.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 799.80

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

DAMAGES INCURRED TO DATE:

Item/Date: 6/27/25 vehicle release fee to Rialto police Amount \$ 216.80
 Item/Date: 6/27/25 \$583.00 paid to Amount \$ 583.00

pepe's towing to get vehicle back

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 799.80

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount \$ _____

Item/Date: _____

Amount \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

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

NAME: Dino Cordura

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

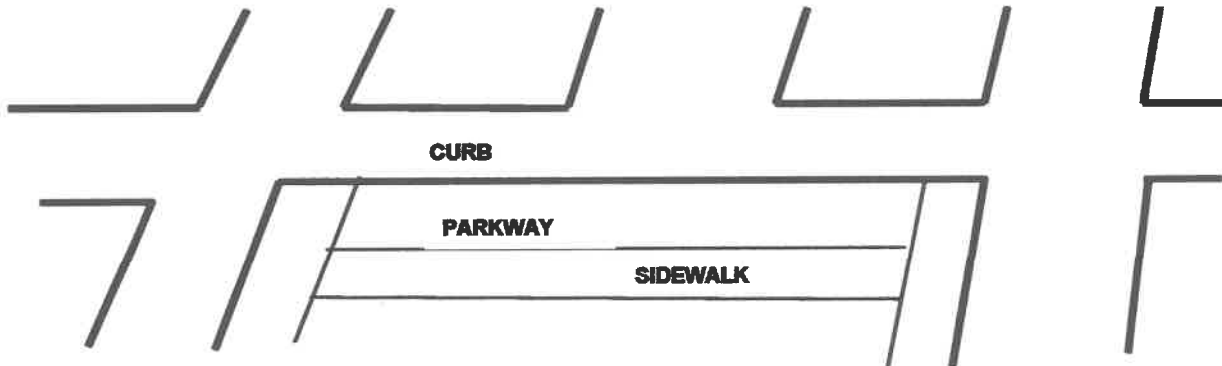
9. PLEASE READ THE FOLLOWING CAREFULLY:

documentation of stored report & receipts attached

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

Patricia Cordura

TYPE OR PRINT NAME

Self

7/1/25

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

VEHICLE REPORT

STORED

CHP 180 (Rev. 4-16) OPI 061

REPORTING DEPARTMENT RIALTO PD		LOCATION CODE 3609	DATE / TIME OF REPORT 06/27/2025 1334	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO. 932507553
LOCATION TOWED / STOLEN FROM 3040 N DAISY DR		ODOMETER READING DIGITAL	VIN CLEAR IN SVS7 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LIC. CLEAR IN SVS7 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED 06/27/2025 1334	LOG NO. N/A
YEAR 2008	MAKE CHEV	MODEL SUBURBAN	BODY TYPE SUV	COLOR WHITE	LICENSE NO. <input type="checkbox"/> ONE MONTH / YEAR <input checked="" type="checkbox"/> TRD 07/25
VEHICLE IDENTIFICATION NO.			ENGINE NO. N/A	VALUATION BY <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> OWNER <input type="checkbox"/> 0-500 <input checked="" type="checkbox"/> 601-4000 <input type="checkbox"/> 4001+ <input type="checkbox"/> \$	
REGISTERED OWNER CORDURA DINO E, OR CORDURA PATRICIA, RIALTO CA 92377			LEGAL OWNER <input checked="" type="checkbox"/> SAME AS R/O CORDURA DINO E, OR CORDURA PATRICIA, RIALTO CA 92377		

STORED IMPOUNDED RELEASED RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE) PEPE'S TOWING 2775 N LOCUST AVE, RIALTO, CA 92377 (909) 574-1490				STORAGE AUTHORITY / REASON CVC 22651(K)																																																																																																																	
REASON FOR STOP 1124 FU		AIRBAG? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		DRIVEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JUNK <input checked="" type="checkbox"/> UNK																																																																																																																	
VIN SWITCHED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<table border="1"> <thead> <tr> <th>CONDITION</th> <th>YES</th> <th>NO</th> <th>ITEMS</th> <th>YES</th> <th>NO</th> <th>ITEMS</th> <th>YES</th> <th>NO</th> <th>ITEMS</th> <th>YES</th> <th>NO</th> <th>TIRES / WHEELS</th> <th>CONDITION</th> </tr> </thead> <tbody> <tr> <td>WRECKED</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>SEAT (FRONT)</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>REGISTRATION</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>CAMPER</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>LEFT FRONT</td> <td>FAIR</td> </tr> <tr> <td>BURNED HULK (per 439(-) CVC)</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>SEAT (REAR)</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>ALT. / GENERATOR</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>VESSEL AS LOAD</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>RIGHT FRONT</td> <td>FAIR</td> </tr> <tr> <td>WRECKED</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>RADIO</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>BATTERY</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>FIREARMS</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>LEFT REAR</td> <td>FAIR</td> </tr> <tr> <td>ENG. / TRANS. STRIP</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>TAPE DECK</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>DIFFERENTIAL</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>OTHER</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>RIGHT REAR</td> <td>FAIR</td> </tr> <tr> <td>MISC. PARTS STRIP</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>TAPES</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>TRANSMISSION</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>MISC ITEMS</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>SPARE</td> <td>NO</td> </tr> <tr> <td>BODY METAL STRIP</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>OTHER RADIO</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>AUTOMATIC</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>HUB CAPS</td> <td>NO</td> </tr> <tr> <td>SURGICAL STRIP (per 439(-) CVC)</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>IGNITION KEY</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>MANUAL</td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>SPECIAL WHEELS</td> <td>NO</td> </tr> </tbody> </table>				CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION	WRECKED		<input checked="" type="checkbox"/>	SEAT (FRONT)	<input checked="" type="checkbox"/>		REGISTRATION		<input checked="" type="checkbox"/>	CAMPER		<input checked="" type="checkbox"/>	LEFT FRONT	FAIR	BURNED HULK (per 439(-) CVC)		<input checked="" type="checkbox"/>	SEAT (REAR)	<input checked="" type="checkbox"/>		ALT. / GENERATOR	<input checked="" type="checkbox"/>		VESSEL AS LOAD		<input checked="" type="checkbox"/>	RIGHT FRONT	FAIR	WRECKED		<input checked="" type="checkbox"/>	RADIO	<input checked="" type="checkbox"/>		BATTERY	<input checked="" type="checkbox"/>		FIREARMS		<input checked="" type="checkbox"/>	LEFT REAR	FAIR	ENG. / TRANS. STRIP		<input checked="" type="checkbox"/>	TAPE DECK		<input checked="" type="checkbox"/>	DIFFERENTIAL	<input checked="" type="checkbox"/>		OTHER	<input checked="" type="checkbox"/>		RIGHT REAR	FAIR	MISC. PARTS STRIP		<input checked="" type="checkbox"/>	TAPES		<input checked="" type="checkbox"/>	TRANSMISSION	<input checked="" type="checkbox"/>		MISC ITEMS	<input checked="" type="checkbox"/>		SPARE	NO	BODY METAL STRIP		<input checked="" type="checkbox"/>	OTHER RADIO	<input checked="" type="checkbox"/>		AUTOMATIC	<input checked="" type="checkbox"/>					HUB CAPS	NO	SURGICAL STRIP (per 439(-) CVC)		<input checked="" type="checkbox"/>	IGNITION KEY	<input checked="" type="checkbox"/>		MANUAL		<input checked="" type="checkbox"/>				SPECIAL WHEELS	NO
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RELEASE VEHICLE TO: <input checked="" type="checkbox"/> IND OR AGENT <input type="checkbox"/> AGENCY HOLD <input type="checkbox"/> ZRSO.3 CVC				GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE) JAVIER/PEPES																																																																																																																	
NAME OF PERSON / AGENCY AUTHORIZING RELEASE D. Smith				DATE 06/27/25																																																																																																																	
SIGNATURE OF PERSON AUTHORIZING RELEASE				CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.																																																																																																																	
SIGNATURE OF PERSON TAKING POSSESSION				DATE / TIME 06/26/2025 1338																																																																																																																	

STOLEN VEHICLE / COMPONENT EMBEZZLED VEHICLE PLATE(S) REPORT

DATE / TIME OF OCCURRENCE	DATE / TIME REPORTED	NAME OF REPORTING PARTY (R/P)	DRIVER LICENSE NO. / STATE
LAST DRIVER OF VEHICLE	DATE / TIME	ADDRESS OF R/P	TELEPHONE OF R/P ()
I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.		SIGNATURE OF PERSON MAKING REPORT	

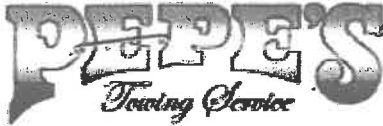
REMARKS
(LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS)

DRIVER'S NAME UNOCC/PARKED	ARRESTED / SECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REPORTED BY G. RIVAS	CARGO / TYPE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VALUE \$ <input type="checkbox"/> BILL OF LADING ATTACHED
--------------------------------------	--	--------------------------------	--	--

VEHICLE TAGGED FOR 72 HOURS ON 06/23/2025 AT 1256 HOURS. ON THE ABOVE DATE AND TIME, VEHICLE REMAINS ON CITY STREET WITH UNBROKEN CHALKMARK AND TAG ON WINDSHIELD. MISC DENTS+SCRATCHES 360 OF VEHICLE. MISC PROPERTY OBSERVED INSIDE VEHICLE. NOTHING OF SIGNIFICANT VALUE OBSERVED INSIDE VEHICLE. AXON FOOTAGE AVAILABLE. VEHICLE WAS CITED FOR RMC 10.28.050.



SIGNATURE OF OFFICER TAKING REPORT G. RIVAS	I.D. NO. 02745	SUPERVISOR JB	REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22652 CVC? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE NOTIFIED
---	--------------------------	-------------------------	---	---------------



Pepe's Towing Service
 PO Box 7450, Moreno Valley CA 92552
 Phone: (951) 682-5682 | Fax : (951) 682-5030

Impound Invoice

Printed 6/27/2025

Released To DINO CORDURA
Invoice # 25-0627-61155
Call # 61155
Case # 932507553
Case # 932507553
Account RIALTO PD
Date/Time Requested 6/27/2025 1:49 PM
Date/Time Dispatched 6/27/2025 1:50 PM
Date/Time Arrived to scene: 6/27/2025 1:56 PM
Date/Time Completed: 6/27/2025 2:49 PM
Driver Javier H.
Truck TRK 47
Date/Time Released: 6/27/2025 4:46 PM
Days Held in Impound 1 days

Reason for Impound 22651-K ABANDON OVER 72 HRS
VIN Number
Model 2008 Chevrolet Suburban (White)
License Plate
Drivable Yes
Keys No
Towed from , USA (3540 North Daisy Drive)
Stored at Rialto Yard
 2775 N Locust, Rialto CA 92377

Notes

Storage charges	Quantity	Price	Line Total
(Storage - Storage Fees) Impounds/Storage: Daily Impound Rate	1	\$77.00	\$77.00
Towing charges	Quantity	Price	Line Total
(Towing) TOWING FEE PORT TO PORT (price per hour)	1 (1 h)	\$385.00	\$385.00
(Towing) Admin Fee	1	\$121.00	\$121.00
Towing SubTotal			\$506.00
Storage - Storage Fees SubTotal			\$77.00
Subtotal			\$583.00
Taxes			\$0.00
Grand Total			\$583.00
Amount Due:			\$0.00 / Paid

Visa payment (Ref # CC 6797 APV 045931) of \$583.00 applied on 6/27/2025

Pepe's Towing Service appreciates your business; if you have any questions regarding this invoice, please contact us at 951-682-5682. Thank you.

Damage Disclaimer:

I Have been advised that my vehicle may be damaged if winched, towed, unlocked, jump started, tire changed or left on unattended premises. I recognize the difficulty involved and I agree not to hold Pepe's Towing Service responsible for such damages should it result. I, the undersigned do hereby certify that I am legally authorized and entitled to take possession of the vehicle described and all personal property therein. I have received the vehicle and all personal property in satisfactory condition.

Signature: _____ Date: _____

CA# 117433 USDOT: 1005094

Upon request, you are entitled to receive a copy of the Towing and Storage Fees and Access Notice

City of Rialto
POLICE
150 S Palm Ave
Rialto, CA 92376-6487
+1 (909) 820-2525
City of Rialto

06/27/2025 04:19PM
002679-0003 PD24-000006792
Payment effective date 06/27/2025

MISCELLANEOUS

Vehicle Release Fee
(629833)
2025 629833
1 @ \$216.80 \$216.80
Payment Id: 73083

\$216.80

Subtotal \$216.80
Total \$216.80

POLICE CC MERCHANT \$216.80
Visa *****6797
Ref=b12c60ca-816a-44d7-8cc1-e257299ca54f
Auth=07059I

Change due \$0.00

Paid by: DINO

Comments: 932507553

Thank you for your payment

City of Rialto COPY
DUPLICATE RECEIPT