



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
REC'D
CITY CLERK
JUN -5 AM 11:00

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:

José T Ordóñez
 FULL NAME

RIALTO, CA 92376
 HOME ADDRESS INCLUDING CITY, STATE & ZIP

RIALTO, CA 92376
 BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):

DATE OF BIRTH _____

HOME TELEPHONE NO. _____

BUSINESS TELEPHONE NO. _____

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 5/22/20 TIME: 2:30 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 the corner streets where W Morgan St. & N. Glifford Ave. merge at 750 N. Glifford Ave.

3. HOW DID DAMAGE OR INJURY OCCUR?

The car was towed for no apparent reason, it was not in a red zone, green zone, or by a fire hydrant

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 illegal towing of my vehicle

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

\$ 1,069.30

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

DAMAGES INCURRED TO DATE:

Item/Date: Police Fee to release my vehicle
 Item/Date: Towing & storage fee

Amount: \$ 216.80
 Amount: \$ 852.50

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,69.30

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 05/23/76

Amount: \$ 216.80

Item/Date: 05/23/76

Amount: \$ 852.80

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$

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

NAME: Krystal Gonzalez

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

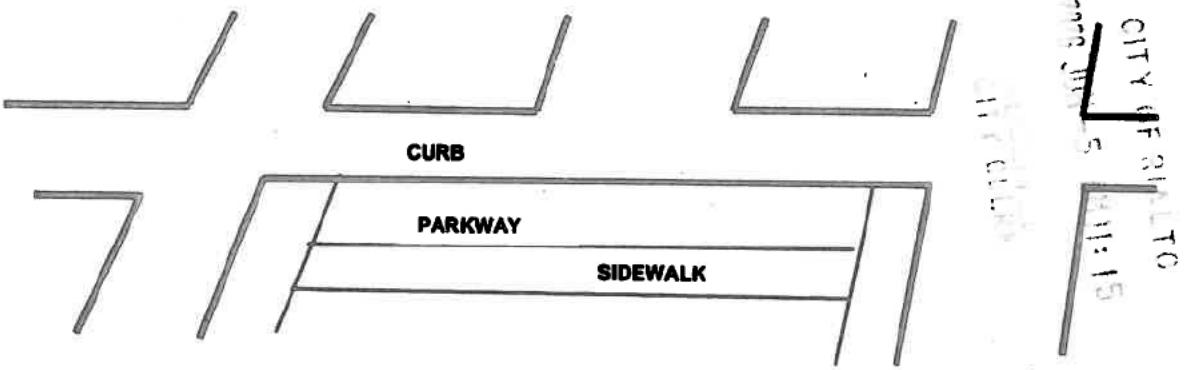
9. PLEASE READ THE FOLLOWING CAREFULLY:

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.

Pepe's
rowing
277 SN
ocust,
rialto CA
92377



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

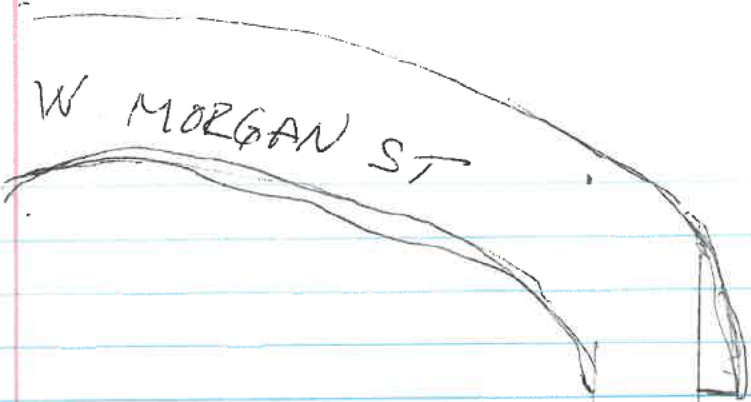
SIGNATURE OF CLAIMANT OR AGENT: Jose T. Cardoza

TYPE OR PRINT NAME: SELF

RELATIONSHIP TO CLAIMANT:

DATE: 06 4TH 26

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



W MORGAN ST

756 N

N ALIFFOR AVE

CAR parked

Jose T ORDONEZ

11/01/2013

CITY OF RICHMOND
JUN -5 AM 11:07
ALIFFOR AVE



Broken pipe →

This black car is my car

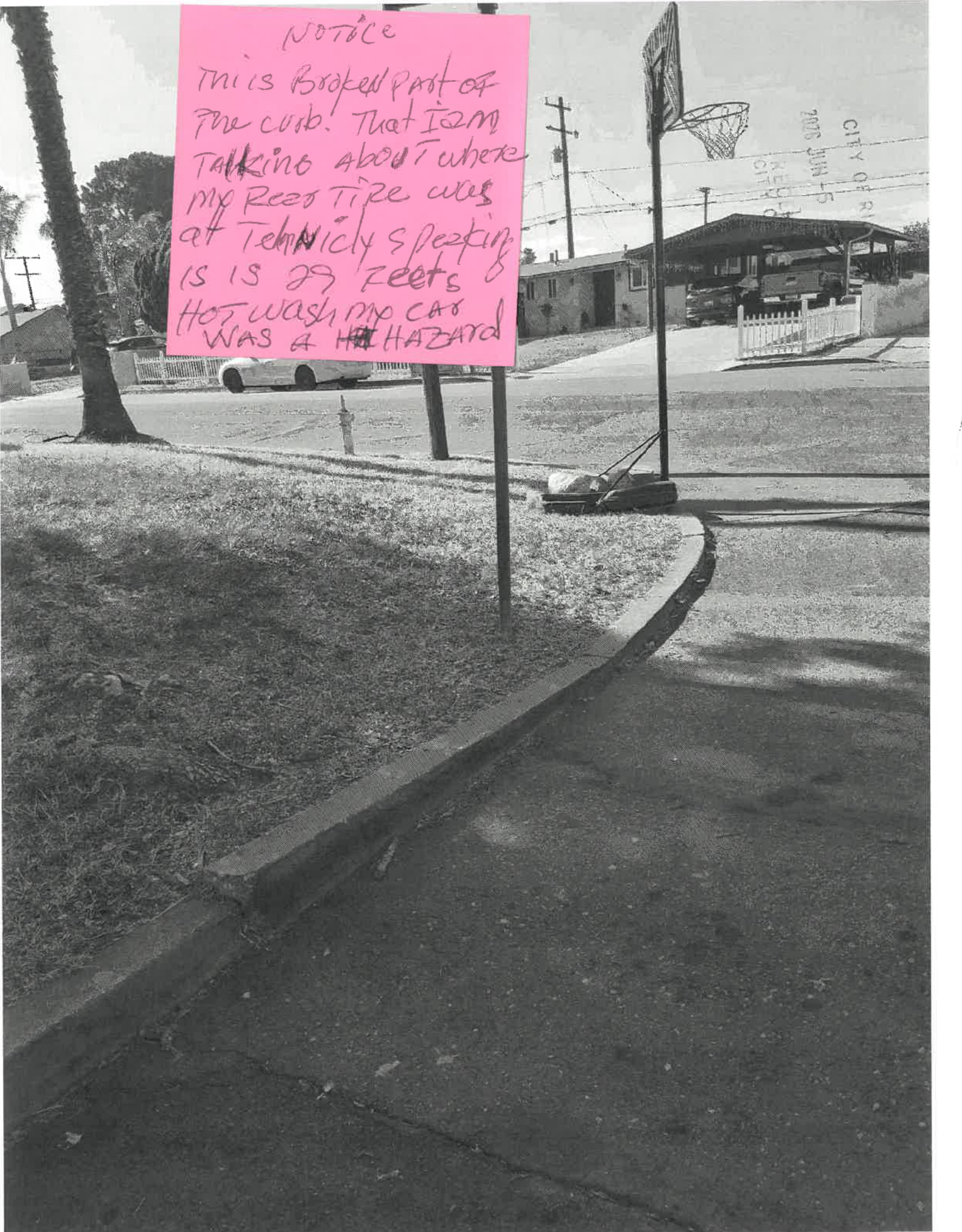
NOTICE

This is Broken part of
The curb. That I am
Talking about where
my Rear tire was
at Technich's parking
is 15 29 feet &
Hot wash my car
was a ~~HA~~ HAZARD

2016 JUN 15

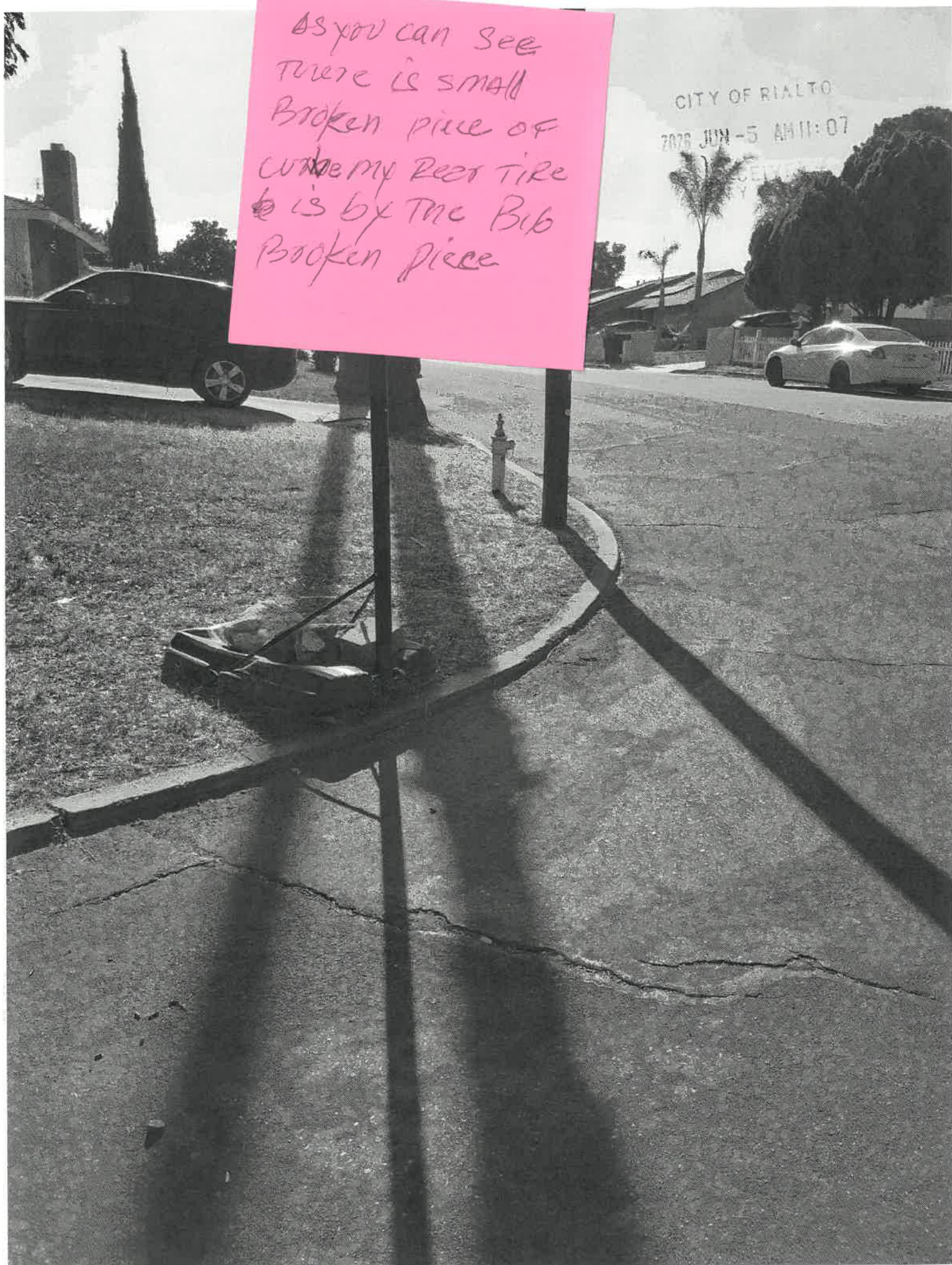
CITY OF RI

REPT
CITY



As you can see
there is small
Broken piece of
curb my rear tire
is by the Bob
Broken piece

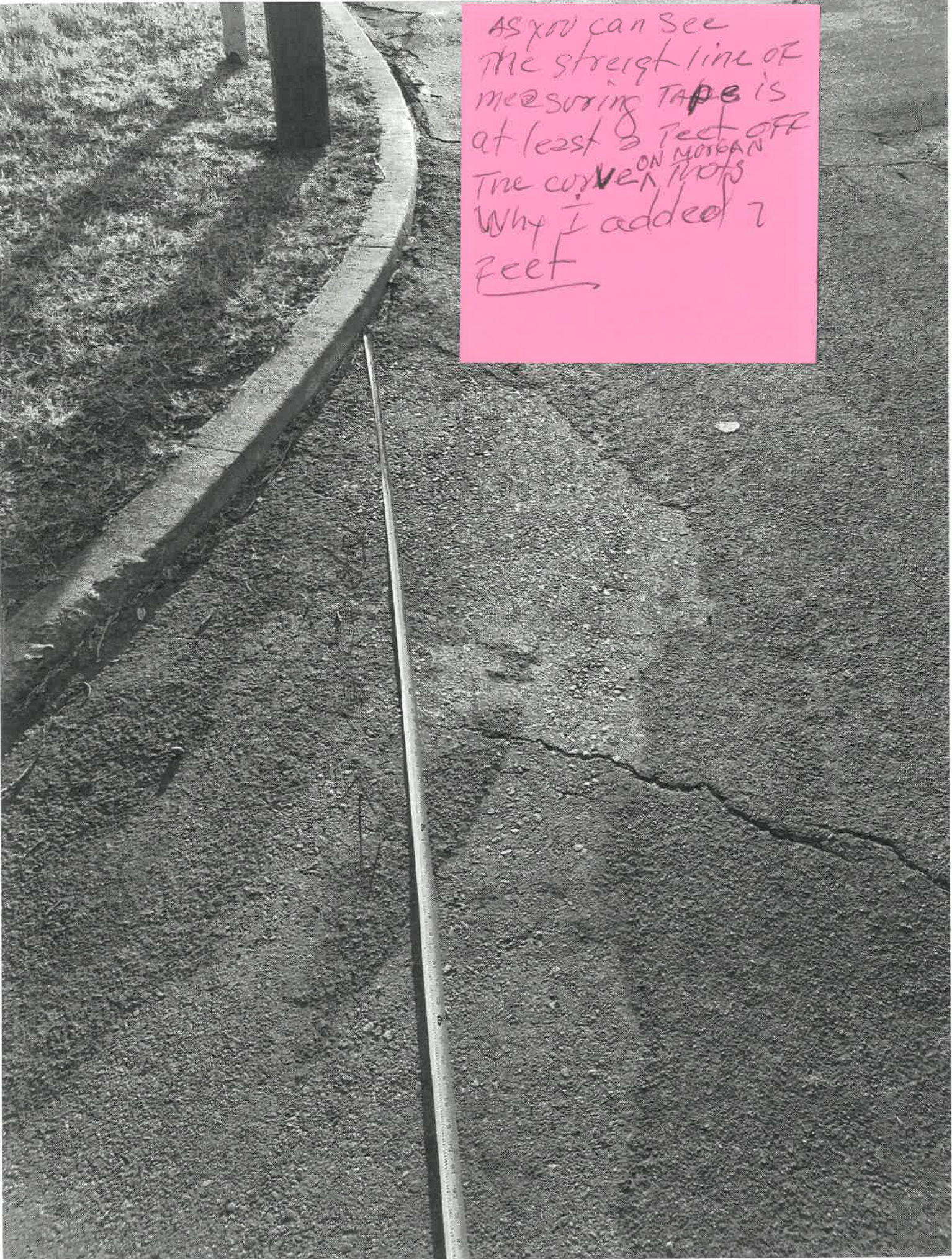
CITY OF RIALTO
2026 JUN -5 AM 11:07



OK RIGHT HERE IS
VERY CLEAR FROM BROKEN
PIECE OF THE CURVE
^{ON CLIFFORD}
TO ALMOST STRAIGHTLINE
OF MORGAN, WHICH IS
IS 22 FEET, AND
REMEMBER ADD ~~TO~~
~~NOT~~ 7 FEET OF
CARS PARKED ON MORGAN
FACIN EAST.



AS you can see
The straight line of
measuring TAPE is
at least 2 feet off
The curve ^{ON MORGAN} ~~is~~ ^{THATS}
Why I added 2
feet



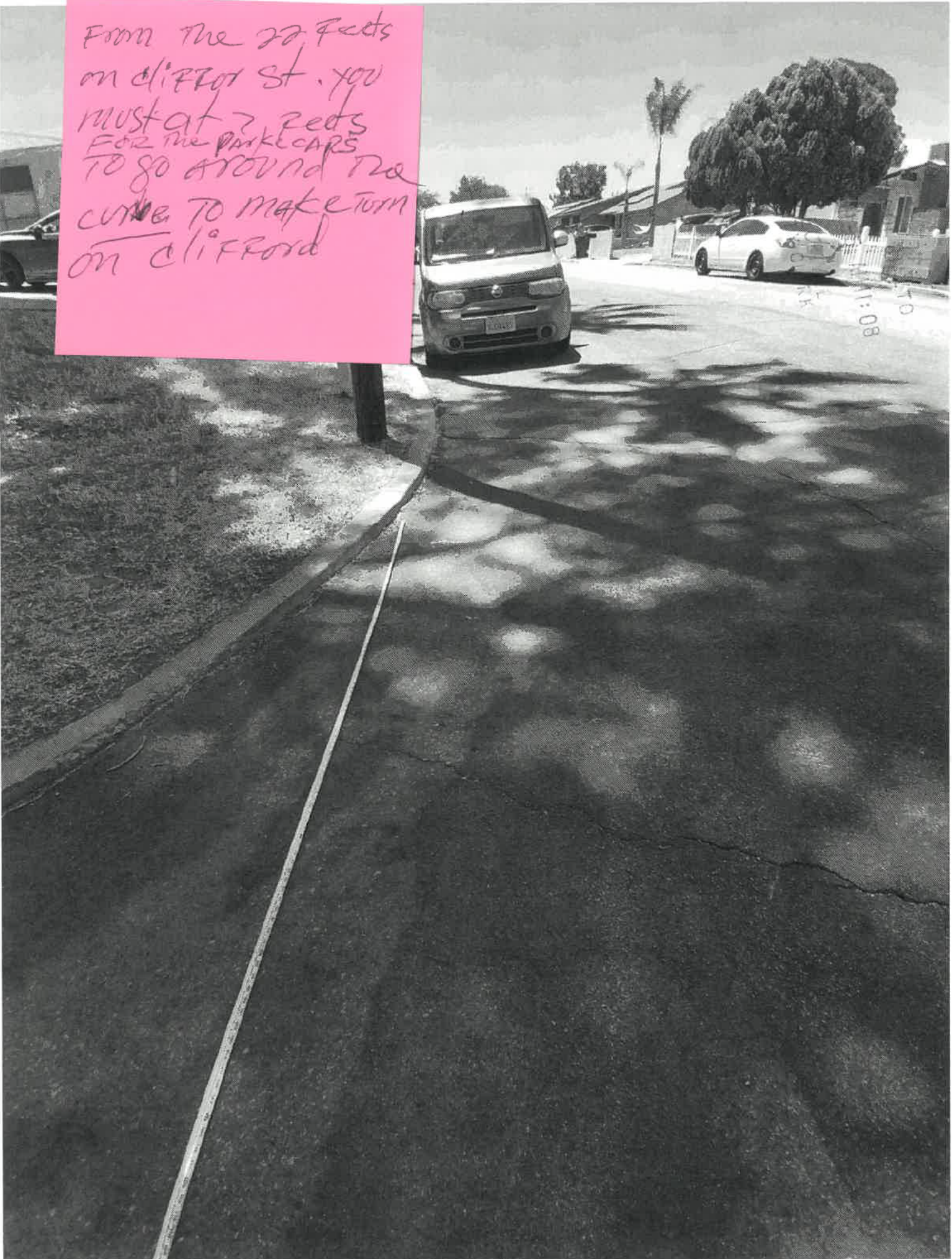
27 feet from
Broken part of the
curve or dead tire
of my car + 7
feet equal 29
feet. The car was not
legally parked



7 Feet added. to
22 Feet where
the rear tire of
my car is at on
clifford = 29 Feet

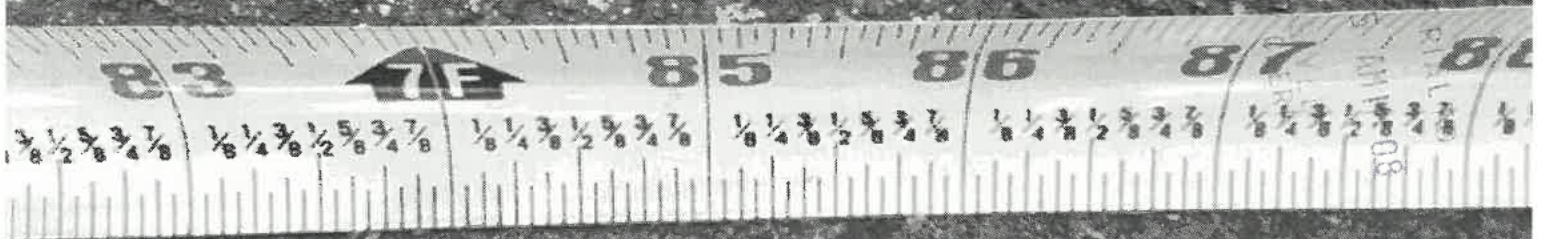


From the 22 feet
on clifford st. you
must at 7 feet
FOR THE PARKED CARS
TO GO AROUND THE
curve TO MAKE TURN
ON clifford



These are the
7 feet added
to the iron
(CLIFFORD.

$$\begin{array}{r} 22+ \\ 7= \\ \hline 29 \end{array}$$



LICENSE NUMBER	REGISTRATION VALID FROM	TYPE	TYPE VEHICLE USE	ENGINE NUMBER	MISC
	10/26/2025 TO 10/26/2026	11	AUTO		K17 10
VEHICLE IDENTIFICATION NUMBER	MAKE	VIF CLASS	*YR	YR MODEL	TYPE VEH
	HOND	AE	2017	2002	12
BODY TYPE MODEL	MP	AX	WC	UNLADEN / G / CGW	TOTAL FEES PAID
CP	2002	G			\$151
					- CC/ALCO
					36/

LIENHOLDER

REGISTERED OWNER
ORDONEZ JOSE T

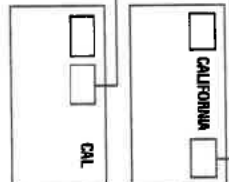


Registration Fee: \$151.00
 Total: \$151.00
 Payment Type: CASH
 Account Number: 388-940346
 Transaction Number:

W 00000
R 00138
L 00001

VEHICLES:
 In Top Right Corner

MOTORCYCLES ONLY:
 Right Half of This Wheel



IMPORTANT INSTRUCTIONS ON REVERSE SIDE

- STICKER INSTRUCTIONS**
- 1) CLEAN SURFACE - REMOVE OFF ACCUMULATED STICKERS
 - 2) REMOVE DECAL BY BENDING PAPER ALONG DOTTED LINE
 - 3) LIFT EDGE OF DECAL AND SLOWLY PEEL
 - 4) PLACE STICKER ON REAR PLATE AS SHOWN BELOW:



CITY OF RIVERSIDE
 RECEIVED
 2008 JUN -5 11:17:08
 CITY CLERK

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

05/23/2026 12:23PM
004352-0003 PD24-000010331
Payment effective date 05/23/2026

MISCELLANEOUS

Vehicle Release Fee
(629833)
2026 629833
1 @ \$216.80 \$216.80
Payment Id: 102102

\$216.80

Subtotal \$216.80
Total \$216.80

POLICE CC MERCHANT \$216.80
Visa *****
Ref=bedc90ca-9c02-4114-b149-3e23aca98047
Auth=067384

Change due \$0.00

Paid by: jose ordonez

Thank you for your payment

CUSTOMER COPY

RECEIVED
CITY CLERK
2026 JUN -5 AM 11:08
CITY OF RIALTO

VEHICLE REPORT

CHP 180 (Rev. 4-16) OPI 061

STORED

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

REPORTING DEPARTMENT RIALTO PD		LOCATION CODE 3609	DATE / TIME OF REPORT 5 22 26	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO. 932606235
LOCATION TOWED / STOLEN FROM 744 N CLIFFORD AVE			ODOMETER READING UNK	VIN CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LIC. CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED S.A.A.
YEAR 2002	MAKE HOND	MODEL CIV	BODY TYPE 4D	COLOR BLK	LICENSE NO. <input type="checkbox"/> ONE <input checked="" type="checkbox"/> TWO
VEHICLE IDENTIFICATION NO. 1 H G C G 3 2 7 5 2 A 0 1 8 2 6 8			ENGINE NO.	VALUATION BY <input type="checkbox"/> OFFICER <input type="checkbox"/> OWNER <input type="checkbox"/> 0-500 <input type="checkbox"/> 501-4000 <input type="checkbox"/> 4001+ <input type="checkbox"/> \$	
REGISTERED OWNER ORDONEZ. JOSE			LEGAL OWNER <input checked="" type="checkbox"/> SAME AS R/O ORDONEZ. JOSE		

STORED **IMPOUNDED** **RELEASED** **RECOVERED - VEHICLE / COMPONENT**

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE) PEPES NORTH				STORAGE AUTHORITY / REASON 22651(B) CVC										
REASON FOR STOP PARKING VIOLATION			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														
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	POOR	
BURNED HULK per 431(c) 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	POOR	
VANDALIZED		<input checked="" type="checkbox"/>	RADIO	<input checked="" type="checkbox"/>		BATTERY	<input checked="" type="checkbox"/>		FIREARMS		<input checked="" type="checkbox"/>	LEFT REAR	POOR	
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	POOR	
MISC. PARTS STRIP		<input checked="" type="checkbox"/>	TAPES		<input checked="" type="checkbox"/>	TRANSMISSION	<input checked="" type="checkbox"/>					SPARE	UNK	
BODY METAL STRIP		<input checked="" type="checkbox"/>	OTHER RADIO		<input checked="" type="checkbox"/>	AUTOMATIC	<input checked="" type="checkbox"/>					HUB CAPS	NO	
SURGICAL STRIP per 431(b) CVC		<input checked="" type="checkbox"/>	IGNITION KEY		<input checked="" type="checkbox"/>	MANUAL		<input checked="" type="checkbox"/>				SPECIAL WHEELS	NO	
RELEASE VEHICLE TO: <input checked="" type="checkbox"/> R/O OR AGENT <input type="checkbox"/> AGENCY HOLD <input type="checkbox"/> 22850.3 CVC			GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE) PEPES				DATE / TIME 5 22 26							
NAME OF PERSON / AGENCY AUTHORIZING RELEASE LT. REECE / RIALTO PD			I.D. NO. 01760		DATE 5/23/06		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 AUTHORIZING RELEASE			SIGNATURE OF PERSON TAKING POSSESSION											

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	ARRESTED / SECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REPORTED BY	CARGO / TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE \$	<input type="checkbox"/> BILL OF LADING ATTACHED

UNKNOWN PERSONAL ITEMS



SIGNATURE OF OFFICER TAKING REPORT SUMMERFIELD	I.D. NO. 02803	SUPERVISOR KB	REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852
--	--------------------------	-------------------------	--

PEPES TOWING SERVICE
 14351 VETERANS WAY
 Moreno Valley CA 92553
 951-653-2423

Pepe's Towing Service

PO Box 7450, Moreno Valley CA 92552
 Phone: (951) 682-5682 | Fax: (951) 682-5030

Impound Receipt

Printed 5/23/2026

Invoice

05/23/2026

15:22

Sale

Trans:6
 VISA

Batch:98

CHIP

***/*

AMOUNT:

\$52.50

APPROVAL

162223

Resp:

Code:

Ref#:

App Name:

AID:

TVR:

TSI:

614315680487

VISA DEBIT

40000000031010

8080008000

6800

Cardholder acknowledges receipt of goods and obligations set forth by the cardholder's agreement with issuer.

CUSTOMER COPY

Thank You

(Stc Powered By ValOrPay(v3.0.16)

Towing

(Towing) i

(Towing) Admin Fee

tiburcio 668 n verde ave rialto ca 92376

Phone: 3228162908

26-0522-81785
 81785
 932606235
 RIALTO PD
 5/22/2026 1:38 PM
 5/22/2026 1:38 PM
 5/22/2026 1:49 PM
 5/22/2026 2:11 PM
 5/22/2026 2:38 PM
 Manuel V
 TRK 54
 5/23/2026 3:15 PM
 2 days

Reason for Impound 22651-B BLOCKING HIGHWAY
VIN Number
Model 2002 Honda Accord (Black)
License Plate
Drivable No
Keys No
Towed from 744 N Clifford Ave, Rialto, CA 92376, USA
Stored at Rialto Yard
 2775 N Locust, Rialto CA 92377

	Quantity	Price	Line Total
Daily Impound Rate	2	\$77.00	\$154.00
	1	\$192.50	\$192.50
	Quantity	Price	Line Total
per hour)	1 (1 h)	\$385.00	\$385.00
	1	\$121.00	\$121.00
	Towing SubTotal		\$506.00
	Storage SubTotal		\$192.50
	Storage - Storage Fees SubTotal		\$154.00

Subtotal \$852.50

Taxes \$0.00

Grand Total \$852.50

Amount Due: \$0.00 / Paid

Cash payment (Ref # cash) of \$800.00 applied on 5/23/2026
 Debit payment (Ref # 162223) of \$52.50 applied on 5/23/2026

All towing services sales are final at time of payment. By authorizing payment, you agree to the following terms:
 No Cancellations/Changes: Once service is dispatched or rendered, payments cannot be canceled or modified.
 No Refunds: All fees (towing, recovery, storage, etc.) are non-refundable.
 No Chargebacks: Disputing valid charges may lead to additional fees.
 By proceeding with payment, you confirm acceptance of these terms.

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:

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