



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

CITY OF RIALTO
CITY CLERK'S DATE STAMP
2026 FEB -2 PM 4:37
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:

Valerie Campobasso
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: 1-31-2026 TIME: 8:37 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.

I was driving North on N. Idyllwild Ave. on my way home when I drove over the manhole cover on the street. My passenger-side rear tire was punctured on the side wall.

3. HOW DID DAMAGE OR INJURY OCCUR?

I was driving, when suddenly the tire was immediately flat. There was exposed, raised manhole, with broken concrete debris surrounding it. I could not see the concrete chunks when driving. I pulled over right away and saw my sidewall rear tire had a puncture in it.

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 manhole surrounded by sharp concrete debris.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 218.02

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

DAMAGES INCURRED TO DATE:

- Item/Date: flat rear passenger-side tire Amount: \$
- Item/Date: American tire depot near my house Amount: \$

AMERICAN TIRE DEPOT



FIND STORE HOURS
AND LOCATIONS ONLINE
AMERICANTIREDEPOT.COM

Start Time: 1/31/2026 11:27:45 AM
Invoice Time: 1/31/2026 11:57:59 AM

Invoice#: 1163-8345500

Customer Information	Vehicle Information	Store Location
CAMPOBASSO, MIKE Cust#: ED-6190516 Phone: Email:	2019 HONDA ODYSSEY EX-L Engine: 3.5L V6 SOHC J35Y7 I-VTEC Plate: VIN Number: Miles: 1	RIALTO #1163 185 E FOOTHILL BLVD RIALTO CA 92376 Phone: (909) 279-1567 Started By: AARON L. (AL317) Invoiced By: ROBERT (ROB) L. (RL105) BAR#: ard301169 EPA#: CAL000470360

Brand	Part	Description	Tech	Salesperson	Price	Qty	Total
General		Subtotal(No Tax): 203.99					
NEX	14911N	235/60R18XL 107H N PRIZ AH5 BSW NEX	CR778	AL317	\$191.99	1	\$191.99
Tire Serial#		05YEHEM1525					
<small>Minimum Mileage Warranty: 60,000</small>							
<small>***** CONSUMER ADVISORY ***** THIS IS A "H" RATED TIRE. IT HAS A MAXIMUM SPEED OF 130 MPH. IT HAS "H" RATED HANDLING CHARACTERISTICS. CONSULT YOUR OWNERS MANUAL FOR THE PROPER SPEED RATING RECOMMENDED FOR YOUR VEHICLE. CUSTOMERS INITIALS *****</small>							
CDF	CDF	TIRE RECYCLING	CR778	AL317	\$5.50	1	\$5.50
.BR	WBHS	HIGH SPEED WHEEL BALANCE	CR778	AL317	\$21.25	1	\$21.25
SHP	WW	PREMIUM WHEEL WEIGHTS	CR778	AL317	\$4.50	1	\$4.50
STF	STF	CALIF. STATE TIRE FEE	CR778	AL317	\$1.75	1	\$1.75
JSC	DISCOUNT	CUSTOMER DISCOUNT/REBATE	CR778	AL317	\$21.00	-1	\$-21.00
.BR	UCI	LOOSE TIRE FOR LISTED VEHICLE	CR778	AL317	\$0.00	1	\$0.00

Vehicle Tire Pressure - F: 35 R: 35

AMERICAN TIRE DEPOT



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Invoiced Summary

Payment	Invoice Totals
Type Amount EMV: APPLABEL:US DEBIT TVR:0000000000 IAD:06021203A00000 ARQC:64914824D8422E19 ARC:00 CVM:N	Parts: \$180.99 FET: \$0.00 Shop Fees: \$0.00 NonTax: \$23.00 Taxes: \$14.03 Total: \$218.02

acknowledge below and receipt of this invoice

This estimate is based on our inspection at this time and does not cover additional parts and labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. This estimate cannot cover such contingencies. In cases where additional work is deemed necessary, customer authorization will be secured prior to commencement of that additional work. This estimate expires 15 days from date. I hereby authorize the repair work to be done along with the necessary material and hereby grant you and or your employees permission to operate the vehicle herein described on the streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Dealer not responsible for unavailability of parts or delays in parts shipments beyond dealers control not for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control. 12 months/12,000 miles for parts and labor. 3 months/3,000 miles for alignment warranties. See website for additional warranty details. All parts are new unless otherwise specified.

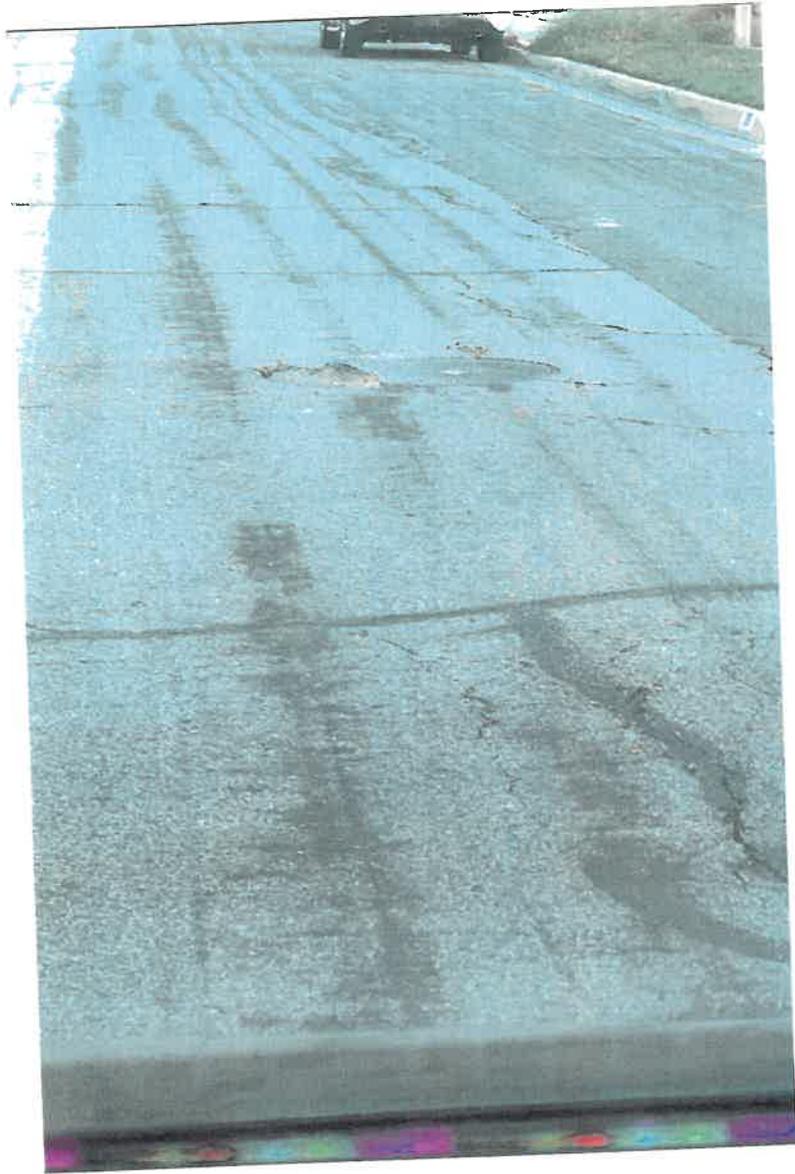
Customer Signature or Initials:

acknowledge notice and oral approval of an increase in the original estimated price.









TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 218.02

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: _____

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

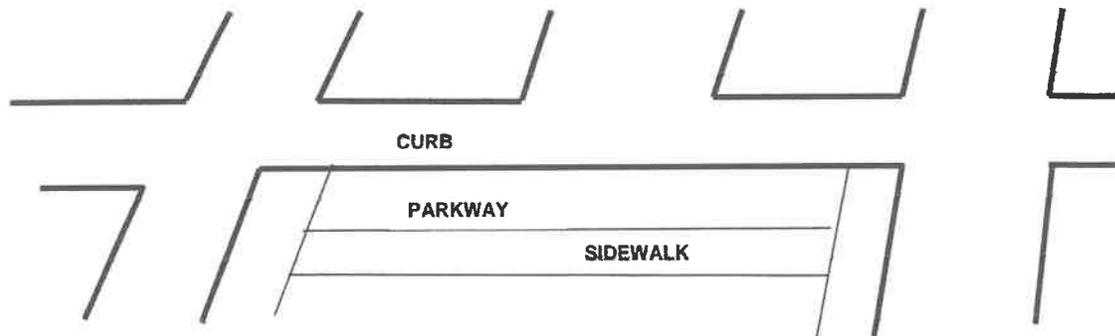
DATE: _____ TIME: _____ AM PM

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

Valerie Campobasso

TYPE OR PRINT NAME

myself

RELATIONSHIP TO CLAIMANT

2/2/2026
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