



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2019 JUN 26 PM 3:38  
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:**

GINGER JENSEN

FULL NAME

[REDACTED]

HOME ADDRESS INCLUDING CITY, STATE & ZIP COLTON, CA 92324

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):

[REDACTED]  
DATE OF BIRTH

[REDACTED]  
HOME TELEPHONE NO.

( )  
BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 5/28/19 TIME: 1130 ☒ 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.

300 N. PEPPER AVE RIALTO, CA NORTHBOUND OUTSIDE  
OF EDISON BUILDING

3. HOW DID DAMAGE OR INJURY OCCUR?

HUGE, DEEP POTHOLE. UNABLE TO AVOID DUE TO  
TRAFFIC IN ADJOINING LANE. FRONT PASSENGER SIDE  
TIRE HIT POTHOLE. POTHOLE DAMAGED TIRE, HUBCAP & RIM

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.

NON REPAIR OF STREETS BY CITY

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 191.26

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

DAMAGES INCURRED TO DATE:

Item/Date: 5/30/19 SEE ATTACHED

Amount: \$ 191.26

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

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

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 191.26

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 5/28/19 SEE ATTACHED

Amount: \$

Item/Date:

Amount: \$

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 211.26

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

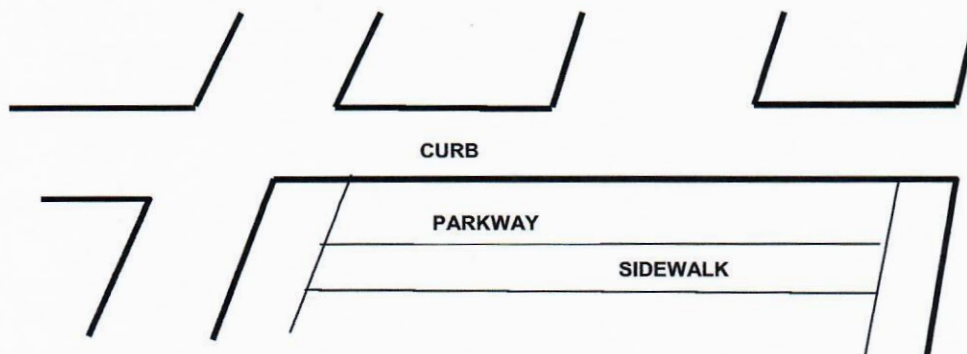
DATE: TIME: ☐ AM ☐ PM

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.



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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

GINGER J JENSEN

TYPE OR PRINT NAME

SELF

RELATIONSHIP TO CLAIMANT

6/21/19  
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



EDISON BUILDING

300 N. PEPPER AVE

RIALTO, CA

E





167 W San Bernardino Ave  
Rialto, CA 92376  
9095463405

Store: 579  
Quote: 57900039013  
Salesperson: Dustin A T

ARD 288535

### Customer Information

Customer ID:

Name:

Address:

City, State,

Phone:

### Vehicle Information

Vehicle:

Color:

Mileage:

License:

### Les Schwab Quote

Qty	Product Code	Product Description	Price/ea	FET	Amount
1	141135	16X6 5-4.25/4.5 MULTI FIT SNOW WHEEL	\$74.99	\$0.00	\$74.99
1	15814	AL7 4-WHEEL ALIGNMENT W/SHIMS	\$0.00	\$0.00	\$0.00
1	123308	4 WHEEL ALIGNMENT - DOMESTIC/IMPORT CARS (SHIMS INCLUDED)	\$109.99	\$0.00	\$109.99
1	648662	VALVESTEM REPLACEMENT/TIRE PRESSRE MONITORING SYSTEM REBUILD	\$6.00	\$0.00	\$6.00
1	13718	WHEEL SPIN BALANCE	\$14.00	\$0.00	\$14.00
Sales Tax:					\$6.28
Tire Tax:					\$0.00
Quotation Total:					\$211.26

ESTIMATE



\* indicates sale price

For more information on our products and services, visit [www.LesSchwab.com](http://www.LesSchwab.com).

Prices good for 30 days, excluding promotions.

Quote Expires on 06-27-2019.

Quote Date/Time: 05-28-2019 12:34 PM





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