



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

CITY CLERK'S DATE STAMP  
  
CITY OF RIALTO  
2024 JUN 26 AM 10:41

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

**RECEIVED  
CITY CLERK  
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:**

Maryann Sandoval  
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: 03/23/2024 TIME: 9:17  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.

East Bound on Sherman way and Etiwanda

3. HOW DID DAMAGE OR INJURY OCCUR?

Pothole was not visible with the low lighting from street lights  
Alignment became out of balance and ended up with a flat  
tire and the 2nd tire needing replacement

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.

Pothole was very large approximately 2 feet in diameter  
and 6-12 inches deep. Picture of pothole is attached for  
proof

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 465.06

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

**DAMAGES INCURRED TO DATE:**

Item/Date: <u>Alignment estimates - giving an avg of both</u>	Amount: \$ <u>104.97</u>
Item/Date: <u>Replacement of 2 tires (receipt is for four tires total @ 20.18)</u>	Amount: \$ <u>360.09</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ \_\_\_\_\_

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

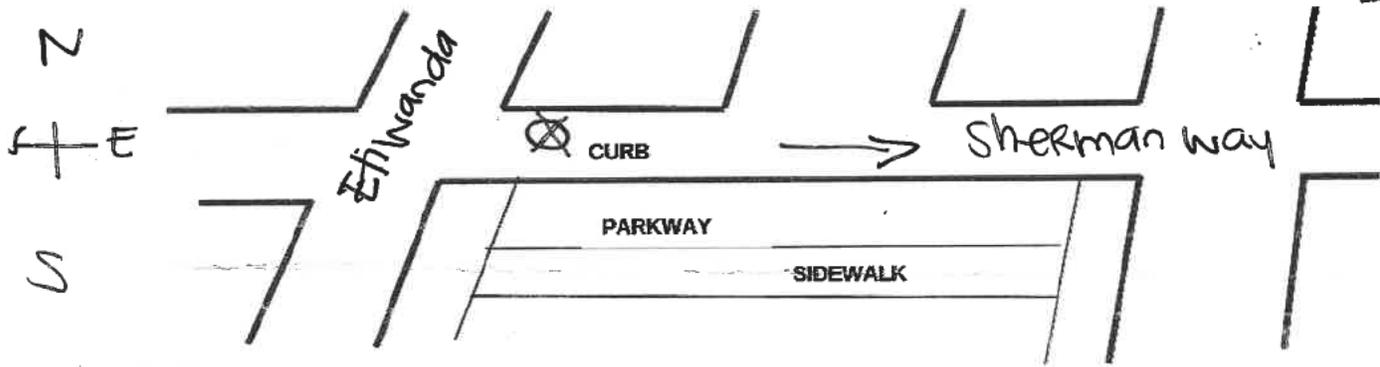
9. PLEASE READ THE FOLLOWING CAREFULLY:

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.

2024 JUN 10 AM 9:41  
CITY OF RIALTO  
RECEIVED  
CITY CLERK



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

Maryam Sandoral

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

06/10/2024

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



CITY OF RIALTO  
2024 JUN 26 AM 10:41  
RECEIVED  
CITY CLERK

Pothole on  
Sherman way  
and Etiwanda

# WELLS FARGO

2024 JUN 26 AM 10:41  
RECEIVED  
CITY CLERK  
CITY OF RIALTO

VISA SIGNATURE®

CARD

\$7,137.22  
Outstanding balance

## Balance Information

## Payment Due Information

Minimum payment (due on 04/12/24) [Make a payment](#)

## Balance Summary

Total credit limit

Outstanding balance

Available credit

Cash advance limit

Available for cash advances

Last statement balance 03/18/24

Last payment received 03/12/24

Next statement date

## Activity

Pending transactions

[First](#)

[Previous](#)

[Next](#)

Transaction Date	Posting Date	Description	Amount	Running balance
------------------	--------------	-------------	--------	-----------------

### Posted Transactions

03/31/24	03/31/24	TMOBILE*PREPD AUTOPY 877-778-2106 WA		
----------	----------	--	--	--

03/31/24	03/31/24	AFTERPAY 185-52896014 CA	
03/30/24	03/30/24	ALDI 79085 PALMDALE CA	
03/30/24	03/30/24	SMART AND FINAL 437 PALMDALE CA	
03/29/24	03/29/24	COSTCO GAS #0762 LANCASTER CA	
03/29/24	03/29/24	COSTCO WHSE #0762 LANCASTER CA	
03/29/24	03/29/24	COSTCO WHSE #0762 LANCASTER CA	
03/29/24	03/29/24	COSTCO WHSE #0762 LANCASTER CA	
03/29/24	03/29/24	ALDI 79085 PALMDALE CA	
03/29/24	03/29/24	CVS/PHARMACY #09785 LANCASTER CA	
03/28/24	03/28/24	AMERICAS TIRE CAL 44 PALMDALE CA	\$720.18
03/27/24	03/27/24	GRAND PANDA NEWHALL CA	
03/26/24	03/26/24	HP *INSTANT INK 855-785-2777 CA	
03/26/24	03/26/24	CVS/PHARMACY #09785 LANCASTER	

VIEW SALES INVOICE  
 AMERICA'S TIRE

3/28/2024  
 6:07 PM

MARYANN PHAM

2014 TOYOTA  
 COROLLA  
 17"BASE S

Plate#:  
 Miles: 127,796  
 Torque Specs: 80

CAL 44 CA# ARD278480  
 38235 47TH ST E  
 PALMDALE, CA 93552  
 661.998.2488

Salesperson 888  
 DAX G H

Estimated Completion Time: 06:52 PM

2024 JUN 26 AM 10:41  
 CITY OF RIALTO  
 RECEIVED  
 CITY CLERK  
 Invoice 1258009

Article	Qty	Description	FET	Price	Amount
106141	4	225 /45 R17 94W XL BSW		121.00	484.00
		NRM RHG ROAD HUGGER GTZ A/S			
TIRE MILEAGE WARRANTY: 45000					
BOLT PATTERN: 5-100					
INFLATION F:029 R:029					
80017	4	CERTIFICATES FOR		19.86	79.44
		NRM REFUND, REPLACEMENT			
For tire certificate details, see					
<a href="http://www.americastire.com/customer-service/certificates">www.americastire.com/customer-service/certificates</a>					
80075	4	STATE REQUIRED		1.75	7.00
		NRM TIRE FEE			
80224	4	WASTE TIRE		2.75	11.00
		NRM DISPOSAL FEE			
80219	4	INSTALLATION &		22.00	88.00
		NRM LIFE OF TIRE MAINTENANCE			

Terms and Conditions can be found at  
[www.americastire.com/customer-service/invoice-terms](http://www.americastire.com/customer-service/invoice-terms)

The tire and/or wheel you have chosen is different from the original equipment provided with your vehicle and may change its handling or stability characteristics. Further information is available from your America's Tire salesperson.

Sub Total: 669.44  
 Sales Tax: 50.74  
 Sales Total: 720.18  
 Tendered: 720.18 (VIS)  
 Tendered Today: 720.18  
 Tendered Total: 720.18

Tkn# XXXXXXXX Ath# 028590

3/29/2024



**Tom's TIRE AND AUTO REPAIR**

**Jeff Sage**  
Sales Manager

43104 10th St W., Lancaster, CA 93534  
P (661) 945-7173 F (661) 949-3560  
lancaster@teamtire.com  
www.teamtire.com

Tekion Repair Orders

Estimate # [ ]    Vehicle of Interest [ ]

[ ]

1. 00RBA - 4 WHEEL ALIGNMENT

Open    CP    1.30 hrs    \$139.95

Concern    C/S    C/R     None

4 WHEEL ALIGNMENT

Cause

Add Cause

Corrections

Pay Type*	Total Bill Hrs	Total Labor Price
<input type="checkbox"/> W <input type="checkbox"/> I	1.30	\$139.95

Op1. 4ALIGN - 4 WHEEL ALIGNMENT    Edit

OEM Opcode: 00RBA

Labor Hrs*	Labor Rate*	Bill Hrs*	Labor Price*
1.30 hr	Fixed	1.30 hr	\$ 139.95

Tech story

PERFORMED FOUR WHEEL ALIGNMENT.

Add Story Line

Parts    \$0.00

Part    Quantit

Select a value    1

Add / Edit Operations

Fees    \$0.00

Fee Code	Total Price	Total Cost
Select	\$ 0.00	\$ 0.00

Toyota of Lancaster  
43301 12th St. West  
Lancaster, CA 93534

CITY OF RIALTO

2024 JUN 26 AM 10:41



2 estimator  
- Toyota of Lancaster  
- Tom's Tire

W  I

Total \$139.95

Review Service

Life  
ness  
REVISION

U.S. POSTAGE PAID  
FCM LETTER  
PALMDALE, CA 93550-7122  
JUN 24, 2024

**\$0.92**

S2324A500832-9



92376

**Retail**



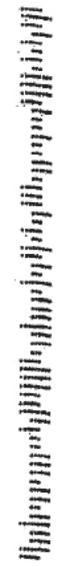
CITY OF RIALTO

2024 JUN 26 AM 10:41

**RDC 99**

RECEIVED  
CITY CLERK

FROM: M. Pham



92376-643050