



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2024 JUN 20 AM 11:53
**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:

Sonia Reyes
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: 4.6.24 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.
Pepe's towing

3. HOW DID DAMAGE OR INJURY OCCUR?
When the car was towed we noticed damages not on paper filled out on police report.

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 damages occurred when it was being towed.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 4,793.42

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

DAMAGES INCURRED TO DATE:

Item/Date: Front Bumper and Grill Amount: \$ _____

Item/Date: fender Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Instrument Panel

Amount: \$ _____

Item/Date: Console

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

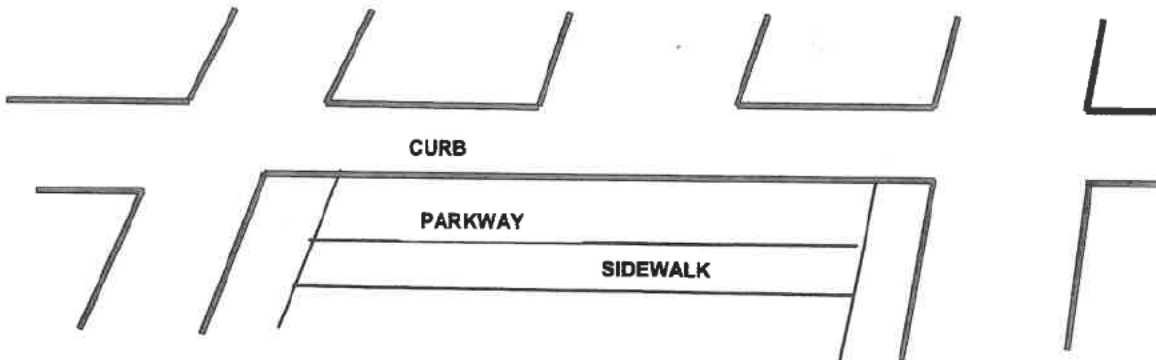
DATE: _____ TIME: _____ AM PM

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

Sonia Reyes

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

6-19-24

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



Timeline



Day

Trips

Insights

Places

Cities

W



Sun, Apr 7, 2024



3.4 mi
7 hr 3 min

1 visit



Driving

3.4 mi 7 hr 3 min
Arrived at 2:34 AM



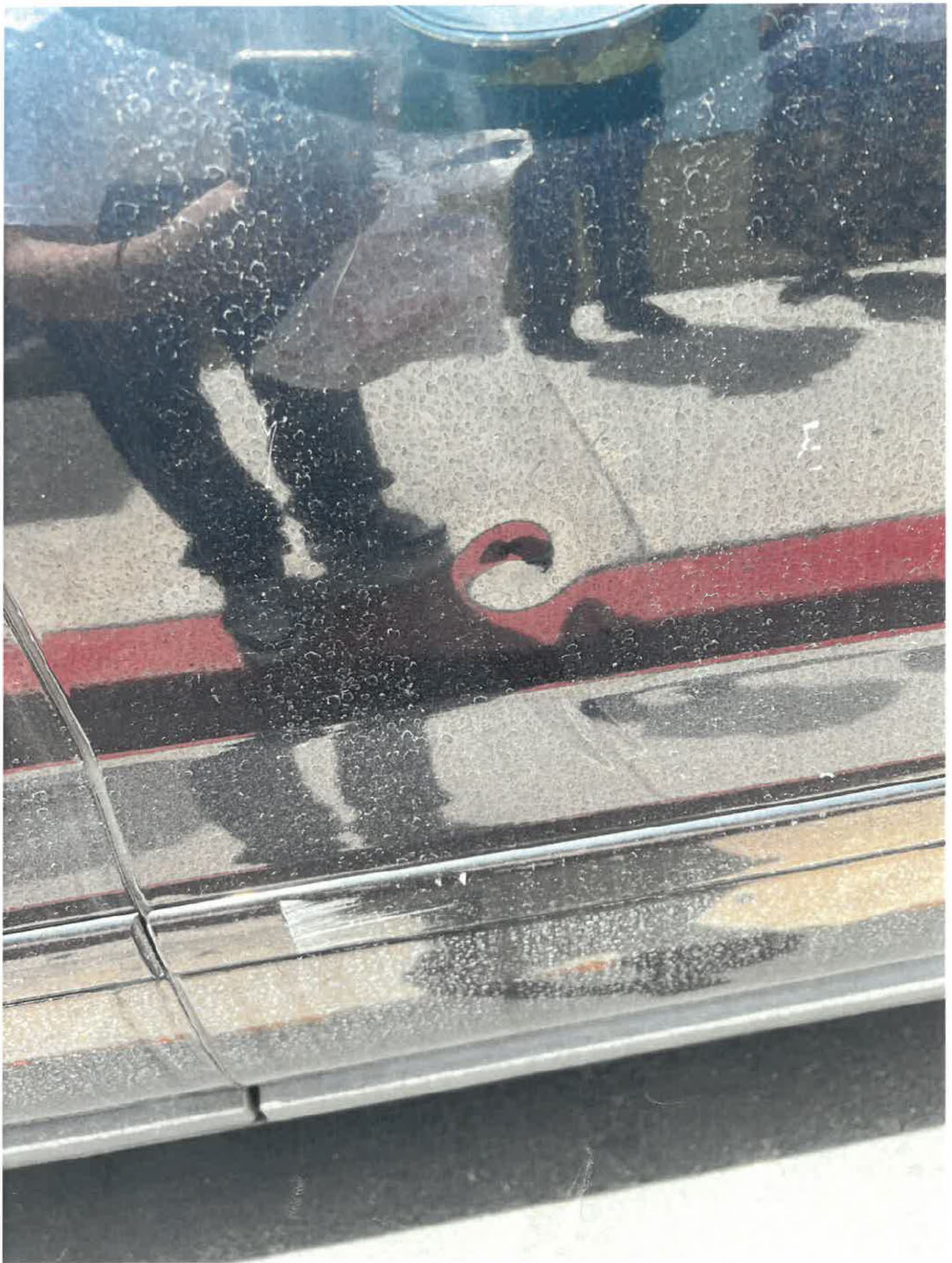
Pepe's Towing Service

2775 N Locust Ave, Rialto, CA 92377
Arrived at 2:34 AM















CALIBER - RIALTO

RESTORING THE RHYTHM OF YOUR LIFE
 421 West Rialto Avenue, RIALTO, CA 92376
 Phone: (909) 874-4470
 FAX: (909) 874-4561

Workfile ID: 341039cc
 Federal ID: 33-0730794
 State ID: N/A
 Federal EPA: N/A
 State EPA: CAL000265317
 BAR: ARD299767

Preliminary Estimate

Customer: Reyes, Sonia

Written By: Arnol Alvarez

Insured: Reyes, Sonia Policy #: Claim #:
 Type of Loss: Date of Loss: Days to Repair: 0
 Point of Impact:

Owner: Reyes, Sonia **Inspection Location:** CALIBER - RIALTO **Insurance Company:** CUSTOMER PAY
 421 West Rialto Avenue
 RIALTO, CA 92376
 Repair Facility
 (909) 874-4470 Business

VEHICLE

2016 CHEV Traverse LT2 FWD 4D UTV 6-3.6L Gasoline Direct Injection

VIN: Interior Color: Mileage In: 168,315 Vehicle Out:
 License: Exterior Color: Mileage Out:
 State: CA Production Date: 8/2015 Condition: Job #:

TRANSMISSION

Automatic Transmission

POWER

Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors
 Heated Mirrors
 Power Driver Seat

DECOR

Dual Mirrors
 Body Side Moldings
 Privacy Glass
 Console/Storage
 Wood Interior Trim

CONVENIENCE

Air Conditioning

Intermittent Wipers
 Tilt Wheel
 Cruise Control
 Rear Defogger
 Keyless Entry
 Message Center
 Steering Wheel Touch Controls

Rear Window Wiper
 Telescopic Wheel
 Climate Control
 Dual Air Condition
 Backup Camera
 Parking Sensors
 Remote Starter
 Home Link

RADIO

AM Radio
 FM Radio

Stereo
 Search/Seek
 CD Player
 Auxiliary Audio Connection
 Premium Radio
 Satellite Radio

SAFETY

Drivers Side Air Bag
 Passenger Air Bag
 Anti-Lock Brakes (4)
 4 Wheel Disc Brakes
 Traction Control
 Stability Control
 Front Side Impact Air Bags
 Head/Curtain Air Bags
 Communications System
 Hands Free Device

SEATS

Cloth Seats
 Bucket Seats
 Reclining/Lounge Seats
 Heated Seats
 3rd Row Seat

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
 Rear Spoiler
 Signal Integrated Mirrors

TRUCK

Power Trunk/Liftgate

Preliminary Estimate

Customer: Reyes, Sonia

2016 CHEV Traverse LT2 FWD 4D UTV 6-3.6L Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2		O/H bumper assy				3.0	
3	*	Repl Bumper cover	23328140	1	900.20	Incl.	<u>0.0</u>
4		Add for fog lamps				0.3	
5		Repl Lower grille w/chrome trim	20988622	1	491.40	Incl.	
6		Repl License bracket	22757025	1	46.50	0.2	
7		FENDER					
8		Repl RT Fender liner front	20914932	1	136.65	0.4	
9		Repl RT Fender liner rear	22850700	1	124.42	0.3	
10		INSTRUMENT PANEL					
11		Repl Center bezel w/auto temp control ebony	23132405	1	19.90		
12		CONSOLE					
13		Repl Trim plate traversa wood	23132407	1	164.42		
14		FRONT DOOR					
15	*	Rpr RT Outer panel				<u>4.0</u>	2.1
16		Add for Clear Coat					0.8
17		R&I RT Belt molding chrome				0.2	
18		Repl RT Lower molding	22923502	1	195.42	0.4	
19		R&I RT Mirror assy 2nd design				0.3	
20	*	Rpr RT Mirror assy 2nd design				<u>1.0</u>	<u>1.0</u>
21		R&I RT R&I trim panel				0.5	
22		REAR DOOR					
23	*	Blnd RT Outer panel					<u>2.0</u>
24		R&I RT Belt molding black				0.2	
25		Repl RT Side molding w/o body color	23104172	1	152.48	0.3	
26		R&I RT Handle, outside				0.3	
27		R&I RT R&I trim panel				0.4	
28	#	Pre-repair scan		1	40.00 X	0.5	
29	#	Post-repair scan		1	80.00 X	0.5	
30	#	Cover Car for Overspray		1	12.00 X	0.3	
31	#	Mask for Primer		1	12.00 X	0.3	
32	#	Mask Jambs, Opening, Entry		1	12.00 X	0.3	
33	#	Repl Corrosion Protection / Primer		1	15.00 T	0.3	
34	#	Flex Additive		1	12.00 T		
35	#	Refn Color Tint					0.5
36	#	DeNib and Polish		1	18.00 X	1.0	
37	#	Adhesion Promoter		1	15.00 T	0.1	
SUBTOTALS					2,447.39	15.1	6.4

Preliminary Estimate

Customer: Reyes, Sonia

2016 CHEV Traverse LT2 FWD 4D UTV 6-3.6L Gasoline Direct Injection

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			2,231.39
Body Labor	15.1 hrs @	\$ 82.00 /hr	1,238.20
Paint Labor	6.4 hrs @	\$ 82.00 /hr	524.80
Paint Supplies	6.4 hrs @	\$ 59.00 /hr	377.60
Miscellaneous			216.00
Subtotal			4,587.99
Sales Tax	\$ 2,650.99 @	7.7500 %	205.45
Grand Total			4,793.44

MyPriceLink Estimate ID / Quote ID:

1230998121450840064 / 137312311

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Caliber Collision is the industry leader in quality collision repair. Since day one, our highest purpose has been to get people just like you back on the road as quickly as possible and fully restored to the rhythm of your life. You can be sure we do everything possible to ensure your complete satisfaction including:

- Personalized, high quality service from the largest collision repair company in the U.S.
- Consistently ranked among the highest customer satisfaction scores in the industry.
- Approved by every major insurance company in the U.S.
- Expedited car rental and towing services to get you back on the road again in no time.
- Repair work backed by a written, lifetime warranty honored at every location.
- 24/7/365 customer service to answer questions and put your mind at ease.

This is a preliminary estimate based on visible damage. There may be additional repairs needed once the vehicle is taken apart by our I-CAR Gold Class technicians to identify any additional damage.

If an insurance company has written an estimate for you, please provide us with a copy. Properly endorsed insurance company checks are welcome as payment for the repair of your vehicle. Caliber Collision gladly accepts all major credit cards, debit cards, cashier's and traveler's checks. See your Caliber Collision center for details on acceptance of personal checks.

Before leaving your vehicle with us, please remove all important personal and valuable items from your vehicle. Caliber Collision is not responsible for belongings left in your vehicle.

Please let us know how we can be of further assistance, and when we can schedule an appointment for your vehicle to be repaired.

Caliber Collision - Restoring The Rhythm Of Your Life

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Preliminary Estimate

Customer: Reyes, Sonia

2016 CHEV Traverse LT2 FWD 4D UTV 6-3.6L Gasoline Direct Injection

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED:

MOTOR ABBREVIATIONS/SYMBOLS: D=DISCONTINUED PART, A=APPROXIMATE PRICE. LABOR TYPES: B=BODY LABOR, D=DIAGNOSTIC, E=ELECTRICAL, F=FRAME, G=GLASS, M=MECHANICAL, P=PAINT LABOR, S=STRUCTURAL, T=TAXED MISCELLANEOUS, X=NON TAXED MISCELLANEOUS. CCC ONE: ADJ=ADJACENT, ALGN=ALIGN, A/M=AFTERMARKET, BLND=BLEND, CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION, D&R=DISCONNECT AND RECONNECT, EST=ESTIMATE, EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY, INCL=INCLUDED, MISC=MISCELLANEOUS, NAGS=NATIONAL AUTO GLASS SPECIFICATIONS, NON-ADJ=NON ADJACENT, O/H=OVERHAUL, OP=OPERATION, NO=LINE NUMBER, QTY=QUANTITY, RECOND=RECONDITION, REFN=REFINISH, REPL=REPLACE, R&I=REMOVE AND INSTALL, R&R=REMOVE AND REPLACE, RPR=REPAIR, RT=RIGHT, SECT=SECTION, SUBL=SUBLET, LT=LEFT, W/O=WITHOUT, W/_=WITH/_ SYMBOLS: #=MANUAL LINE ENTRY, *=OTHER [IE..MOTORS DATABASE INFORMATION WAS CHANGED], **=DATABASE LINE WITH AFTERMARKET, N=NOTES ATTACHED TO LINE. OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT.

""CURE TIME"" MEANS THE LENGTH OF TIME THAT, PER THE ADHESIVE MANUFACTURER, THE WINDSHIELD ADHESIVE NEEDS TO CURE UNTIL THE WINDSHIELD CAN PROPERLY FUNCTION AS A SAFETY DEVICE PURSUANT TO THE FEDERAL MOTOR VEHICLE SAFETY STANDARDS AND THE VEHICLE MANUFACTURER'S SPECIFICATIONS.

Preliminary Estimate

Customer: Reyes, Sonia

2016 CHEV Traverse LTZ FWD 4D UTV 6-3.6L Gasoline Direct Injection

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR1GM09, CCC Data Date 05/16/2024, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.