



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2019 AUG 22 AM 9:38

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:

Laura Ochoa

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

Rialto, CA 92377

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):

same as above

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 2/24/19 TIME: 6:00 ☐ 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.

Head North on Locust Ave in Rialto
Pothole located - (provided pictures of
hole, location and post made when occurred)

3. HOW DID DAMAGE OR INJURY OCCUR?

pothole in street (very large)

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 not repaired by City of
Rialto.

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

\$ 179.94

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

DAMAGES INCURRED TO DATE:

Item/Date: Tire Replacement 2/25/19 Amount: \$ 179.94
Item/Date: (→ labor, Part, Tax
(attached invoice) Amount: \$ -

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 179.94

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) (none)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: (none)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

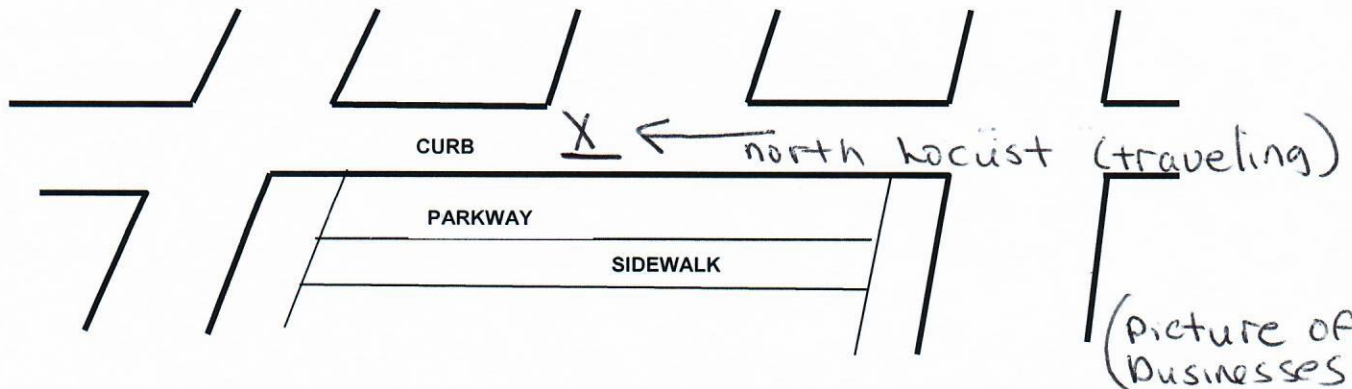
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Laura Duhoce

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

DATE

2/20/19

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



Pothole
Hit



6:13

LTE



General

Reply



Laura Ochoa
Las Colinas

Pothole on Locust!

Well, you would think I would have avoided Locust all together but not so! I am so upset that I too am now a victim of this huge pothole that has now ruined my tire! UGH!!!

Posted on 24 Feb to Las Colinas



Reply



6



4



[redacted] Feb 25

We will have to deal with this lack of workmanship until all these warehouses are finished. Yes it is a pain. I go out the back way to Sierra. Much easier on the car suspension.

Thank

Reply



1



Laura Ochoa, Las Colinas · Feb 25

I normally do not take Locust but decided it would be closer this time. Well, I paid for it literally 😞. I will be filing a claim with the City. We will see how that goes.



Add a reply...





ROCK HONDA
16570 S. HIGHLAND AVENUE
FONTANA, CA 92336
SERVICE & PARTS (909) 770-8400
www.rockhonda.com
MON-FRI: 7AM-7PM | SAT: 7AM-6PM | SUN: CLOSED



CUSTOMER NO **1306078**
Laura Ochoa
Rialto, CA 92377

BAR # **ARD225970**
ADVISOR 101092 Amanda Koop
LABOR RATE LICENSE NO
YEAR / MAKE / MODEL 2015 / Honda / Accord
VEHICLE ID NO
F.T.E. NO P.O. NO

EPA # **CAL000362668**
TAG NO 389
INVOICE DATE 02/25/19
INVOICE NO 566052
MILEAGE 68739
COLOR
STOCK NO
DELIVERY DATE
DELIVERY MILES
SELLING DEALER
PRODUCTION DATE
RO DATE 02/25/19

RESIDENCE PHONE (909)
BUSINESS PHONE (909)
COMMENTS (909)

Original Estimate: \$200.00
Original Est. Date: 02/25/19

Incr. Amt	New Amt	Date	Time	Person Cont.	How Cont.	Phone	Cont. By	Reason/Description
-----------	---------	------	------	--------------	-----------	-------	----------	--------------------

Labor and Parts

J# 1 EMOUNT1
MOUNT AND BALANCE 1 TIRE
\$167.35
GOODYEAR 235/45/R18
PER CUSTOMER REQUEST
REPLACED ONE TIRE DUE TO A ROAD HAZARD *** service declined by customer ***

Part Number(s)	Description	Qty	Unit Price	
42751-GYR-046	TIRE (235/45R18 94)	1	137.35	137.35
42753-SB8-661	VALVE, RIM	1	2.56	2.56
Job # 1 Total Parts				139.91
TIRE DISPOSAL FEE				1.75
Job # 1 Total Labor & Parts				169.10

Tech(s) 101059 27.44

DISCLAIMER OF WARRANTY

The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

All parts installed are new or remanufactured unless specified otherwise. When used parts are installed no warranty on labor applies unless specified otherwise.

J# 2 COMPALIGN
CLIENT RETURNING FOR ALIGNMENT AFTER PURCHASING LIFETIME ALIGNMENTS
LIFETIME ALIGNMENT MEMBER
PERFORMED FOUR WHEEL ALIGNMENT-

Job # 2 Total Parts Internal Work
Tech(s) 888 Internal Work

NOTICE TO CONSUMER: Please read important information on back. This receipt is your proof of purchase. Please save it for warranty coverage.

J# 3 00HOZ0
TIRES SPECS LF () RF () LR () RR () TIRE PRESSURES SET....FRONT
REAR
TIRE SPEC COMPLETED/
CHECKED TIRE PRESSURES & ADJUSTED TO FACTORY SPECIFICATIONS
FRONT TIRES AT /32 REARS AT /32
FRONT BRAKES AT MM REAR BRAKES AT MM

Job # 3 Total Parts Internal Work
Tech(s) 888 Internal Work

**THANK YOU
FOR YOUR
BUSINESS**

J# 4 QUICKCHECK
CUSTOMER APPROVES ROCK HONDA TO PERFORM A FREE QUICK CHECK
WHEEL ALIGNMENT & TIRE TREAD INSPECTION WITH REPORT

Job # 4 Total Parts Internal Work
Tech(s) 888 Internal Work

PERFORMED QUICK CHECK TREAD AND ALIGNMENT INSPECTION AND PROVIDED REPORT

California Law States
Rock Honda must check and set your tire pressure to manufacturers specs every time your vehicle is in for any service.
Front
Rear

CASH

CHECK

C/ Internal Work

BY



ROCK HONDA
16570 S. HIGHLAND AVENUE
FONTANA, CA 92336
SERVICE & PARTS (909) 770-8400
www.rockhonda.com
MON-FRI: 7AM-7PM | SAT: 7AM-6PM | SUN: CLOSED



CUSTOMER NO

1306078

Laura Ochoa

Rialto, CA 92377

BAR # ARD225970

ADVISOR

101092

LABOR RATE

Amanda Koop

LICENSE NO

EPA # CAL000362668

TAG NO

389

MILEAGE

68739

INVOICE DATE

02/25/19

COLOR

DELIVERY DATE

INVOICE NO.

566052

STOCK NO.

DELIVERY MILES

SELLING DEALER

PRODUCTION DATE

RO DATE

02/25/19

RESIDENCE PHONE
(909)

BUSINESS PHONE
(909)

COMMENTS
(909)

Original Estimate: \$200.00

Original Est. Date: 02/25/19

<u>Incr. Amt</u>	<u>New Amt</u>	<u>Date</u>	<u>Time</u>	<u>Person Cont.</u>	<u>How Cont.</u>	<u>Phone</u>	<u>Cont. By</u>	<u>Reason/Description</u>
------------------	----------------	-------------	-------------	---------------------	------------------	--------------	-----------------	---------------------------

Labor and Parts

J# 5 TEXT

Tech(s) 888

Internal Work

I consent to being contacted & I have provided or was provided on my behalf, phone calls, text messages & emails to my cell phone. By providing my contact info., including but not limited to email addresses, cell phone number, I am giving my consent to be contacted and communicated with (including automated telephone dialing systems) via any of these means, by you, any related insurance company and your service providers, as it relates to the service being provided. Providing cell phone #'s, emails is not required for service.

DISCLAIMER OF WARRANTY

The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

J# 6 MPI101001

Job # 5 Total Parts

Internal Work

Tech(s) 888

Internal Work

CUSTOMER HAS AUTHORIZED ROCK HONDA TO PERFORM A FREE MULTIPOINT INSPECTION AND PROVIDE A REPORT AS PART OF OUR COMMITMENT TO OUR GUEST HERE AT ROCK HONDA WE PERFORM A FREE MULTI POINT INSPECTION- PERFORMED MULTIPOINT INSPECTION SERVICE AND PROVIDED A REPORT TO ADVISOR AND GUEST

All parts installed are new or remanufactured unless specified otherwise. When used parts are installed no warranty on labor applies unless specified otherwise.

NOTICE TO CONSUMER: Please read important information on back. This receipt is your proof of purchase. Please save it for warranty coverage.

Job # 6 Total Parts

Internal Work

I acknowledge receipt of the above listed vehicle:

Total Labor	27.44
Total Parts	139.91
Misc. Chrgs	1.75
Car Rental	0.00
Freight	0.00
Deductible	0.00
Special Tax	0.00
Haz Mat Chrg	0.00
Sales Tax	10.84

**THANK YOU
FOR YOUR
BUSINESS**

Signature

Date

I acknowledge notice of an oral approval of an increase in the original estimate price

Total Invoice \$

179.94

Front _____
Rear _____

Signature
Page 2

Customer Copy

Date

2:48 PM