



**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

HOME ADDRESS INCLUDING CITY, STATE & ZIP

Rialto, CA 92377

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):

DATE OF BIRTH

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

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 - (provide pic 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 repaved 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: (7 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) (no ne)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: (no ne)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

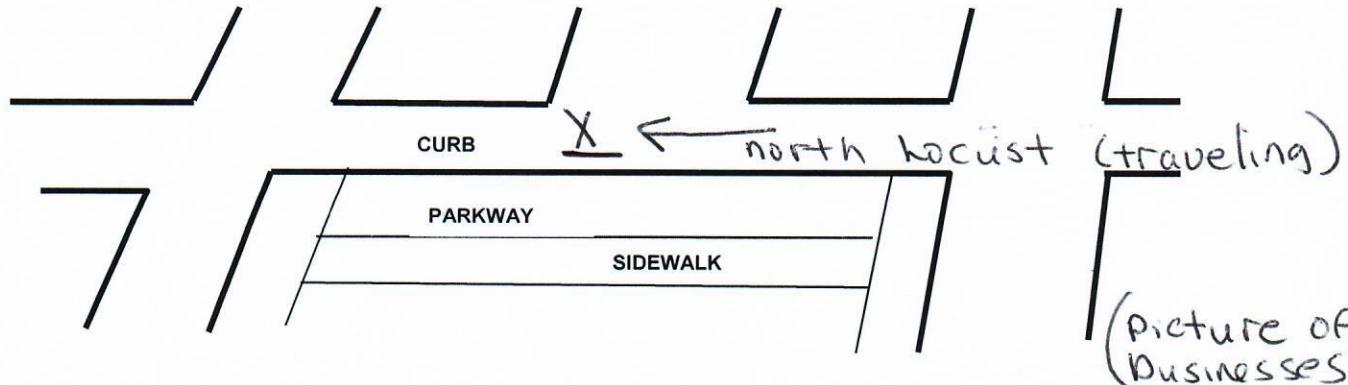
DATE: _____ TIME: _____ AM PM

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 O'hare

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

2/20/19

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



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



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
[REDACTED]

Rialto, CA 92377

BAR # ARD225970

EPA # CAL000362668

ADVISOR 101092	Amanda Koop	TAG NO 389	INVOICE DATE 02/25/19	INVOICE NO 566052
LABOR RATE	LICENSE NO	MILEAGE 68739	COLOR	STOCK NO
YEAR / MAKE / MODEL 2015 / Honda / Accord		DELIVERY DATE		
VEHICLE ID NO [REDACTED]		DELIVERY MILES		
F T E NO	P O NO	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>
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Labor and Parts

J# 1 EMOUNT1 Tech(s) 101059

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
				1.75
				169.10

TIRE DISPOSAL FEE

Job # 1 Total Labor & Parts	Tech(s) 101059	Internal Work
		Internal Work

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

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

Tech(s) 888

CASH

California Law States

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

J# 4 QUICKCHECK

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

CHECK

Internal Work

C/ Internal Work

Front

Rear

PERFORMED QUICK CHECK TREAD AND ALIGNMENT INSPECTION AND PROVIDED REPORT

Job # 4 Total Parts Internal Work

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.

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

THANK YOU
FOR YOUR
BUSINESS

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



ROCK HONDA
16570 S. HIGHLAND AVENUE
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MON-FRI: 7AM-7PM | SAT: 7AM-6PM | SUN: CLOSED



CUSTOMER NO

1306078

Laura Ochoa

Rialto, CA 92377

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

BAR # ARD225970

EPA # CAL000362668

ADVISOR

101092

Amanda Koop

TAG NO

389

INVOICE DATE

02/25/19

INVOICE NO.

566052

LABOR RATE

LICENSE NO

MILEAGE

68739

COLOR

STOCK NO.

YEAR / MAKE / MODEL

2015 / Honda / Accord

VEHICLE ID NO

DELIVERY DATE

DELIVERY MILES

F T E NO

P O NO

SELLING DEALER

PRODUCTION DATE

RO DATE

02/25/19

Labor and Parts

J# 5 TEXT

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.

Tech(s) 888 Internal Work

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

CUSTOMER HAS AUTHORIZED ROCK HONDA TO PERFORM A FREE MULTIPONT 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 MULTIPONT INSPECTION SERVICE AND PROVIDED A REPORT TO ADVISOR AND GUEST

Job # 5 Total Parts

Tech(s) 888

Internal Work

Internal Work

Job # 6 Total Parts

Internal Work

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

I acknowledge receipt of the above listed vehicle:

Signature

Date

Total Labor

27.44

Total Parts

139.91

THANK YOU
FOR YOUR
BUSINESS

Misc. Chrgs

1.75

Car Rental

0.00

Freight

0.00

Deductible

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

Special Tax

0.00

Haz Mat Chrg

0.00

Sales Tax

0.00

10.84

Front

Total Invoice \$

179.94

Rear

Signature

Page 2

Date

Customer Copy

2:48 PM