



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2025 NOV 24 PM 3: 32
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:

ERIKA RAMIREZ-BARAJAS

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

N/A

() N/A

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: 11/17/2025 TIME: 7:35 ☐ 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.

Southbound Locust Ave between Lowell St and Stonehurst Dr.

3. HOW DID DAMAGE OR INJURY OCCUR?

There were 3 large potholes in the road. I drove over one of them and it popped my front left tire. It was also raining and there was low visibility.

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.

The potholes that were not (or had not been) taken care of by the city. I immediately submitted the information about the potholes to City of Rialto public works (online).

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 160.22

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 (item and installation) 11/19/2025

Amount: \$ 160.22

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 160.22

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: MARIA CRISTINA BARAJAS

NAME: SERGIO RAMIREZ

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

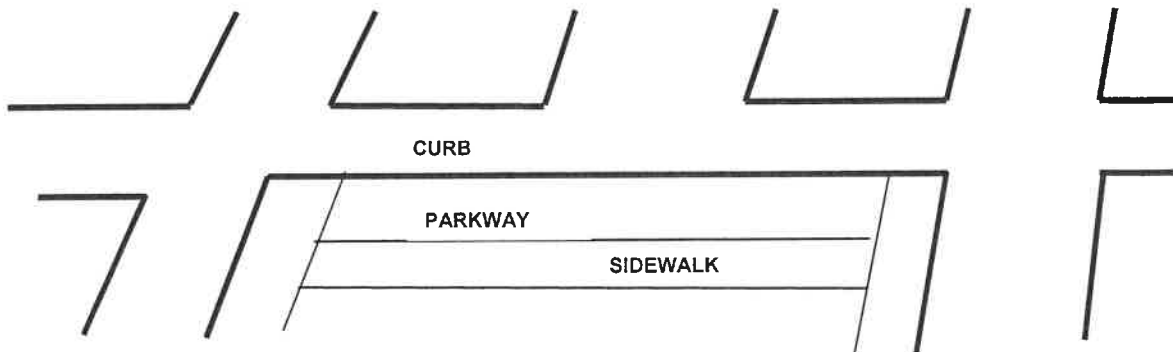
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

ERIKA RAMIREZ-BARAJAS

TYPE OR PRINT NAME

SELF

RELATIONSHIP TO CLAIMANT

11/24/2025

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



645 Auto Center Dr.
San Bernardino, California 92408
(909) 277-2700
BAR# ARD 312023 EPA# CAL-000492549

THIS FORM IS AN ITEMIZED LIST OF REPAIRS AND IS PART OF A
REPAIR ORDER. THIS REPAIR ORDER CONTINUATION IS SUBJECT TO
ALL THE CONDITIONS OF THE ORIGINAL REPAIR ORDER.

NOTICE TO CONSUMER: PLEASE READ
IMPORTANT INFORMATION BELOW

CUSTOMER NO. 122171	ADVISOR LAUREN HIRTLE	02890	TAG NO. 7017	INVOICE DATE 11/18/25	INVOICE NO. SUCS21221
ERIKA RAMIREZ BARAJAS	LABOR RATE	LICENSE NO.	MILEAGE 23,180	COLOR CRYSTAL BLA	STOCK NO.
	YEAR / MAKE / MODEL 22/SUBARU/LEGACY SEDAN/2022 LEGACY L			DELIVERY DATE 07/22/22	DELIVERY MILES 10
	VEHICLE I.D. NO.			SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.			P.O. NO.	R.O. DATE 11/18/25
ERB63873@YAHOO.COM					
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS E# N694367			MO: 23181

LABOR-----
J# 1 04SUZTIRE-1 REPLACE ONE TIRE HOURS: TECH(S):03018 30.00
CUSTOMER REQUESTS TO REPLACE LEFT FRONT TIRE
PART#: 25VR8AGT
REPLACED ONE TIRE
J# 2 05SUZ7 XPRESSMULTI SESINSP HOURS: 0.00 TECH(S):03018 0.00
CUSTOMER REQUESTS SUBARU MULTI POINT INSPECTION.
A \$49.95 value.....Complementary.
CUSTOMER REQUESTS SUBARU MULTI POINT INSPECTION.
SUBARU MULTI POINT INSPECTION COMPLETED. SEE ATACHED SHEET
FOR INFO.

TOTAL - LABOR 30.00

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----LIST PRICE-UNIT PRICE-
JOB # 1 1 25VR8AGT 225/50 18.0 136.99 136.11 136.11
TOTAL - PARTS 136.11

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
JOB # 1 LDS LABOR DISCOUNT-SUBARU -17.80
TOTAL - MISC -17.80

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$171.00 (+TAX)

COMMENTS-----
Mileage:23,180 VIN:4S3BWAN63N3025278 ### Modified By: Meleah@spreen
.net, Modified On: 11-18-2025, Status: Scheduled, Transport Type: D
ROP OFF

TOTALS-----

*****	TOTAL LABOR....	30.00
** WE APPRECIATE YOUR BUSINESS AND ARE **	TOTAL PARTS....	136.11
** 100% COMMITTED TO YOUR COMPLETE SATISFACTION **	TOTAL SUBLET...	0.00
** YOUR INPUT IS VERY IMPORTANT TO US **	TOTAL G.O.G....	0.00
** IF YOU SHOULD RECEIVE A PHONE CALL OR A QUESTIONAIRE **	TOTAL MISC CHG.	0.00
** PLEASE TAKE A MOMENT TO LET US KNOW HOW WE ARE DOING **	TOTAL MISC DISC	-17.80
** **	TOTAL TAX.....	11.91

TOTAL INVOICE \$ 160.22

THANK YOU!
YOUR SPREEN SUBARU SERVICE DEPT STAFF

ARE YOU SATISFIED WITH THE EXPLANATION OF WORK WE
PERFORMED TO YOUR VEHICLE?

CUSTOMER SIGNATURE

Spreen Subaru

Mountain Motorcars, Inc.

11/18/2025 11:13 AM PST

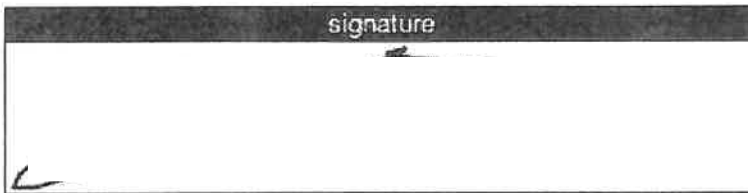
645 AUTO CENTER DR
SAN BERNARDINO, CA, 92408
909-300-5147 (Office)
www.spreensubaru.com
matt@spreen.net

BILLED TO

VISA CARDHOLDER

DETAILS

DETAILS	Approved (00)
TYPE	CREDIT CARD - SALE
APPROVAL	09180D
TRANS ID	11001
TERMINAL	230024
AID NAME	VISA CREDIT
AID	A0 00 00 00 03 10 10
TVR	0000000000
IAD	458E001000820000
ARC	00
INVOICE	21221



11/18/25 76.53.252.98

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

ACCOUNT	CHASE VISA *****3710
ENTRY MODE	Contactless Emv
CVM	SIGN
AMOUNT	USD \$160.22
TOTAL	\$160.22