



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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
2024 MAR 19 PM 3:51  
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:**

Natalie Duarte  
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: March 14, 2024 TIME: 5:20  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.

W. Rialto Ave & N Meridian Ave. The Pothole was located on W. Rialto Ave between Meridian Ave and the railroad track on W. Rialto Ave near a lot full of dirt & trucks.

3. HOW DID DAMAGE OR INJURY OCCUR?

I was coming back from dropping off my boyfriend at work at 5am in Colton I was on W. Rialto Ave to go back home when the pothole damaged my tire it now has a bump.

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 claim the city of Rialto responsible for damaging my tire due to the immense potholes that are found near the railroad track on W. Rialto Ave near the end of crosssection

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 120 Meridian Ave.  
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>3/19/24 Tire / Balance / Mounting</u>	Amount: \$ <u>95</u>
Item/Date: <u>3/19/24 Tire</u>	Amount: \$ <u>120</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 140

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 3/19/24 New Tire

Amount: \$ 120

Item/Date: mounting & Balance needed

Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 140

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

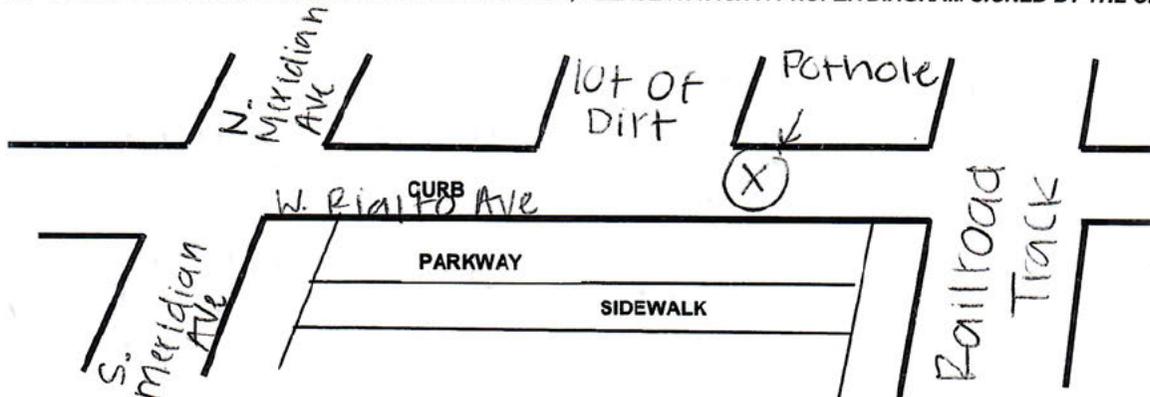
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

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 \_\_\_\_\_

Natalie Duarte

TYPE OR PRINT NAME

Self

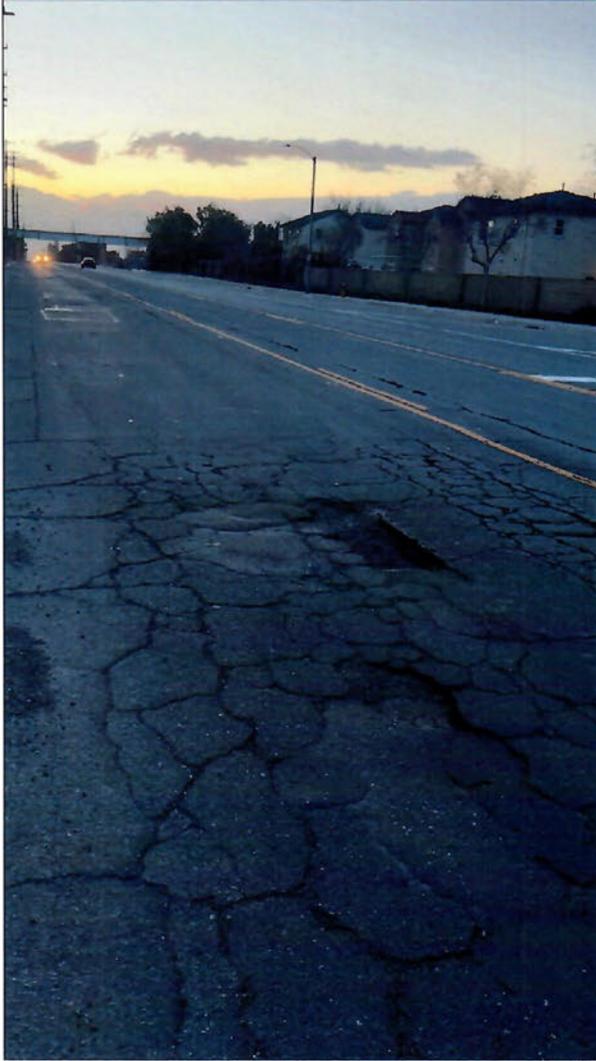
RELATIONSHIP TO CLAIMANT

03/19/24

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

## Pothole that damaged tire



## Damage to Vehicle: Tire



# VARGAS



*Tires & Wheels*

**951-640-0352**

**630 W. Rialto Ave., #A-7, Rialto, CA 92376**

CUSTOMER ORDER NO. \_\_\_\_\_ DATE 3-19-24

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT	MDSE RETD	PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	TIRE(S) <u>225 40 18 Arroyo</u>		
	USED TIRE(S)		
	WHEEL(S)		
	USED WHEEL		
1	BALANCE - MOUNTING		
	BRAKES		
	DISPOSAL FEES		
	FIX FLAT		
	LUG NUT(S)		
	VALVE STEM		
	MANUFACTURER - WARRANTY		
	<u>Estimado</u>		

All sales are final warranty is for the treadlife on any kind of defect on tires limited manufactures warranty unless road hazard insurance is obtained. Tires are prorated according to use. Not Responsible for tire clearance or stripped lugs or broken studs. If you are satisfied tell others, if not tell us. Drive with confidence your family deserves it thank-you for you purchase, with us you'll always have a friend. No Warranty On Used Tires.

No se admiten devoluciones, las llantas estan garantizadas por cualquier defecto solo en uso normal recargo por uso de llanta, si compra seguro esta le cubrira contra cualquier cosa de por vida de la llanta. Maneje con seguridad, su familia se lo merece. Gracias por su compra. Con nosotros siempre tiene un amigo. No Garantia en Llantas Usadas.

LABOR	
SUBTOTAL	
TAX SALES	
TOTAL	<u>795</u>
DEPOSIT	
BALANCE	

All claims and returned goods MUST be accompanied by this bill.



No.# 1163

Alignment & Balance • Brakes  
Shocks • Rims Repair

735 W. Rialto Ave • Ste D • Rialto, CA 92376

909.917.7547

Free Alignment when you buy 4 new tires

CUSTOMER ORDER NO. \_\_\_\_\_ DATE 03-19-24  
 NAME: Natalie  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT	MDSE RETD	PAID OUT
<u>150</u>						

QUAN	DESCRIPTION	PRICE	AMOUNT
1	TIRE(S) <u>NEW 225-40-18</u>	120	120
	USED TIRE(S)		
	WHEEL(S)		
	USED WHEEL		
	BALANCE-MOUNTING		
	BRAKES		
	DISPOSAL FEES		
	FIX FLAT		
	LUG NUT(S)		
	VALVE STEM		
	MANUFACTURER - WARRANTY		

All sales are final warranty is for the treadlife on and kind of defect on tires limited manufactures warranty unless road hazard insurance is obtained, Tires are prorated according to use. Not Responsible for tire clearance or stripped lugs or broken studs. If you are satisfied tell others, if not tell us. Drive with confidence your family deserves it thank-you for you purchase, with us you'll always have a friend. No warranty on used tire.

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LABOR	
SUBTOTAL	
TAX SALES	<u>120</u>
TOTAL	
DEPOSIT	
BALANCE	

All claims and returned good MUST be accompanied by this bill