



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2024 JUL -1 AM 11:09
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:

SEAN CHRISTOPHER MARIN

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: 2/7/24 TIME: 6:55 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.

1) Intersection of Pepper Ave and Rialto Ave. Pothole was in the middle of the intersection.
2) Northbound, left lane of Pepper Ave.

3. HOW DID DAMAGE OR INJURY OCCUR?

~~Area~~ Area caused suspension damage to multiple cars due to the potholes being in excess of 1 inch deep. I drove, at the speed limit, over multiple potholes that were not visible due to water/flooding.

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.

Driving at regular speed. Potholes were completely covered by water and were so large that all vehicles could not avoid them.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 3711.33

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>Labor + Parts DRAKE MASTERS 3/12/24</u>	Amount: \$ <u>2139.09</u>
Item/Date: <u>Labor + Parts SPREEN HONDA 6/26/24</u>	Amount: \$ <u>3711.33</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 3711.33

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Labor + Parts BRAKE MASTERS 3/12/24

Amount: \$ 2139.99

Item/Date: Labor + Parts SPREEN HONDA 6/28/24

Amount: \$ 3711.33

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 3711.33

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

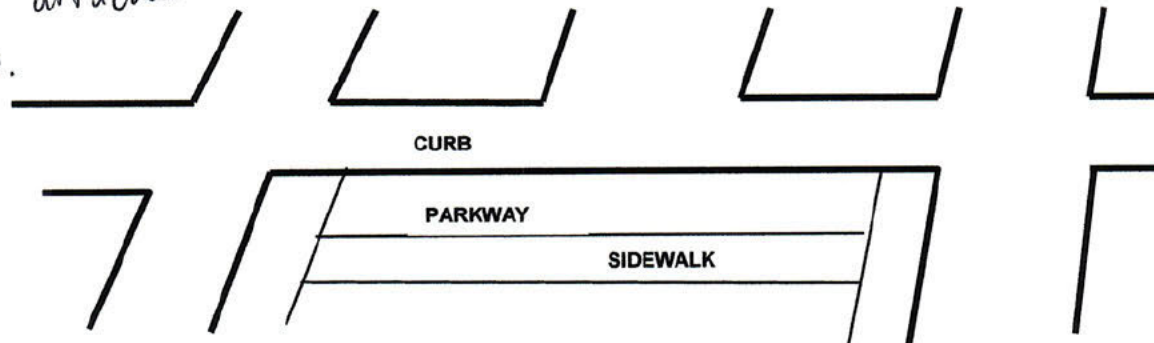
9. PLEASE READ THE FOLLOWING CAREFULLY:

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.

* See attached map.



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

SEAN CHRISTOPHER MARIN

TYPE OR PRINT NAME

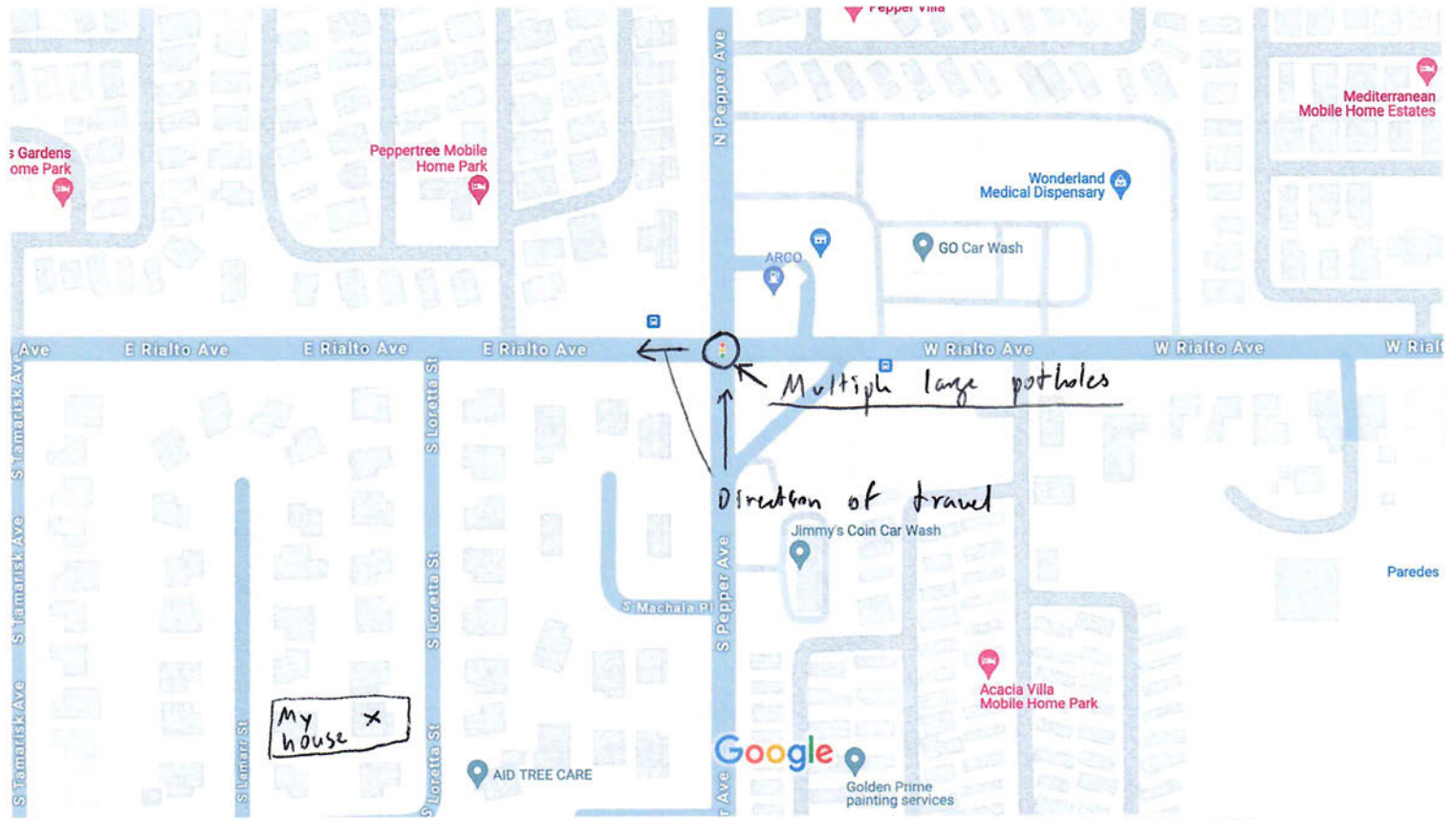
Self

RELATIONSHIP TO CLAIMANT

6/28/24

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



*On 2/07/24 The intersection @ Pepper Ave / Rialto Ave was completely flooded. Water was about 6 inches deep, multiple cars made extremely hard impact with deep potholes that also damaged my car.

~~After~~

After this storm the entire intersection was so damaged and dangerous that it was completely repaved.

~~After~~



Brake Masters #201

1705 W Lugonia Ave
Redlands, CA 92374
909-792-0351
redlands@brakemasterssocal.com

Invoice #221160

Page 1 of 2
03/12/2024 10:41 AM

SEAN MARIN

2001 Honda Civic

Advisor: 556 O.B.

GRAND TOTAL: \$69.95

Technician: 559 F.S.

Engine: 1.7L L4 (D17A2)

GAS FI

Plate:

Odometer In: 288968

Odometer Out: 288968

✓ PAID

SERVICES

1 CHECK IN SPEC

customer hit potholes on both sides of the car which caused damage to the suspension
both sway bar links are worn down, left side booth is torn
both lower ball joints are worn, boot is torn
both outer tie rod ends are also worn.
rear upper control arms are worn.
alignment is out of specs

SUBTOTAL: \$69.95

Labor: \$69.95

Parts: \$0.00

Fees: \$0.00

Sublet: \$0.00

LABOR

inspection

Terms of Service:

ALL PARTS ARE NEW UNLESS OTHERWISE STATED

1. "YES, DO THIS WORK"

I hereby authorize the corresponding service to be done along with the necessary materials.

2. "YOU MAY DRIVE MY CAR ON PUBLIC ROADS"

Brake Master staff may operate my vehicle for the purpose of testing, inspection, and delivery.

3. "NO PAYMENT, NO KEYS"

An express lien is acknowledged on my vehicle to secure the amount of services thereto.

4. "ONLINE COMMUNICATION OK"

I welcome email from Brake Master as a means of receiving copies of my estimate, work order, and invoice.

5. "CARFAX REPORTING OK"

I Authorize Brake Masters to Communicate with Carfax about my vehicle.

6. I acknowledge notice and oral approval of an increase in the original estimated price.

7. "HERE'S MY SIGNATURE"

I endorse the attached digital image of my signature as equivalent to my written signature and as proof of my agreement to these six terms.

Reference estimate/Work Order # _____

GRAND TOTAL: \$69.95

Total Labor: \$69.95

Total Parts: \$0.00

Total Fees: \$0.00

Total Sublets: \$0.00

Sales Tax: \$0.00

✓ PAID

03/12/2024 10:41 AM

Paid by Credit Card - MASTERCARD: \$69.95

Authorization:



Brake Masters #201

1705 W Lugonia Ave
Redlands, CA 92374
909-792-0351
redlands@brakemasterssocal.com

Estimate #245446

Page 1 of 2
06/28/2024 3:39 PM

SEAN MARIN

2001 Honda Civic

Advisor: 556 O.B.

GRAND TOTAL: \$2,069.14

Engine: 1.7L L4 (D17A2)
GAS FI
Plate:
Odometer In: 1

SERVICES

1 Remove & Replace Suspension rear upper Control Arm

SUBTOTAL: \$1,880.70

LABOR

Remove & Replace rear upper Suspension Control Arm
remove and replace lower ball joints
remove and replace outer tie rods
remove and replace sway bar links

Labor: \$1,098.00
Parts: \$782.70
Fees: \$0.00
Sublet: \$0.00

PARTS

	PART #	QTY	EACH	TOTAL
rear upper Control Arm	RK90351	2.0	\$198.00	\$396.00
outer Steering Tie Rod End	GES3581	2.0	\$49.35	\$98.70
front lower Suspension Ball Joint	GK90332	2.0	\$69.00	\$138.00
sway Bar Link	MK90454	2.0	\$75.00	\$150.00

2 4 WHEEL ALIGNMENT

SUBTOTAL: \$119.95

LABOR

4-WHEEL ALIGNMENT

Labor: \$119.95
Parts: \$0.00
Fees: \$0.00
Sublet: \$0.00

Total: Parts + Labor ⇒ 2069.14
+ Inspection Fee ⇒ 69.95
\$2139.09

CUST NO. 274034 TAX EXEMPT NUMBER CUST. P.O. NO. SHIP VIA PAY CASH SOLD BY GLENN WEYNSCHENK INVOICE DATE 06/28/24 INVOICE NO. P056527
 CELL: 909-246-5177

B I L
 L O SEAN MARTIN
 S H I T
 1 0
 H O R

SHIP QTY	B. O. QTY	PART NUMBER / DESCRIPTION	BIN	LIST	NET	AMOUNT
2	0	51321-SSA-003 LABOR 7.3 @ \$189 =	012D1	44.99	44.99	89.98
1	0	51321-SSA-003 LINK, L.	012D1	44.99	44.99	44.99
1	0	51210-SSA-310 LINK, L.	SOP	742.99	742.99	742.99
1	0	51215-SSA-310 KNUCKLE,	SOP	742.99	742.99	742.99
1	0	51320-SSA-003 LINK, R.	SOP	44.99	44.99	44.99
2	0	52390-SSD-901 ARM, RR.	SOP	248.99	248.99	497.98
				SUBTOTAL	2163.92	2163.92
				RESTOCK CHARGE	0.00	0.00
				TAX	167.71	167.71
				FREIGHT	0.00	0.00
				PAY THIS AMOUNT	2331.63	2331.63

ANY WARRANTIES ON THE PARTS AND/OR ACCESSORIES SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER, SPREEN HONDA, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ALL IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR THE PARTICULAR PURPOSE, AND SPREEN HONDA NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE PARTS AND/OR ACCESSORIES.

FOR YOUR CONVENIENCE WE ACCEPT THE FOLLOWING:
 MASTERCARD VISA ATM
 DISCOVER AMERICAN EXPRESS
 NO GOODS WILL BE ACCEPTED FOR CREDIT OR REFUND AFTER 30 DAYS. ANY RETURNS MUST HAVE OUR PRIOR APPROVAL AND CANNOT BE ACCEPTED IF PACKAGING IS BROKEN OR UNSEALED. 20% HANDLING CHARGE ON RETURNED ITEMS. NO REFUNDS ALLOWED ON ELECTRICAL ITEMS OR SPECIAL ORDER PARTS.

CUSTOMER COPY
SPREEN LOMA HONDA
 25050 Redlands Blvd.
 Loma Linda, California 92354
 (909) 799-7070

SPREEN HONDA
 1080 Pomona Road
 Corona, California 92882
 (951) 281-1080

SPREEN CORONA
 8101 Auto Dr.
 Riverside, California 92504
 (951) 462-2649

SPREEN ACURA
 25140 Redlands Blvd.
 Loma Linda, California 92354
 (909) 363-1000

*Note: Labor cost of \$1379.70 not included in the parts total.
 Total labor + parts = \$3711.33