



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 OCT 28 AM 10:16

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:

Raymond Ayers Jr
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: 10-21-24 TIME: 10:00 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.

my car was parked on lilac in front of 360 S lilac where it was towed for no reason

3. HOW DID DAMAGE OR INJURY OCCUR?

my vehicle was towed

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.

my truck was towed for no reason, which caused me to come out of pocket for a mistake made on Rialto P.D. behalf

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 634.00

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

DAMAGES INCURRED TO DATE:

Item/Date: tow Invoice Amount: \$ 634.00
Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 634.00 RA

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: _____

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

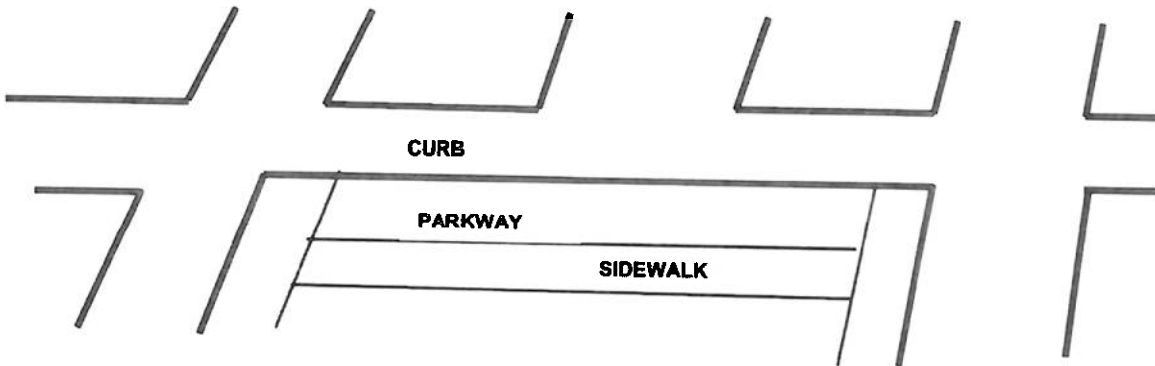
DATE: _____ TIME: _____ AM PM

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 AND DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Raymond Ayers Jr

TYPE OR PRINT NAME

Self

10.28.24
DATE

RELATIONSHIP TO CLAIMANT

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

PEPES TOWING SERVICE
14351 VETERANS WAY
MORENO VALLEY, CA. 92553
951-653-2423

DEBIT SALE

REF#: 00000001
Batch #: 239 RRN: 1022200825
10/22/24 13:08:25
Inv/Tkt #: 46582
APPR CODE: 401151
Trace: 1
DEBIT Chip

AMOUNT \$634.00

APPROVED

DEBIT
AID: A0000000980840
TVR: 80 80 04 80 00
TSI: 68 00

THANK YOU

CUSTOMER COPY



Pepe's Towing Service

PO Box 7450, Moreno Valley CA 92552
Phone: (951) 682-5682 | Fax : (951) 682-5030

Impound Invoice

Printed 10/22/2024

Released To **RAYMOND AYERS JR**

Invoice # 24-1021-46582
 Call # 46582
 Case # 932411654
 Case # 932411654
 Account RIALTO PD
 Date/Time Requested 10/21/2024 10:03 AM
 Date/Time Dispatched 10/21/2024 10:04 AM
 Date/Time Arrived to scene: 10/21/2024 10:15 AM
 Date/Time Towing Time: 10/21/2024 10:29 AM
 Date/Time Destination Arrival: 10/21/2024 10:45 AM
 Date/Time Completed: 10/21/2024 11:00 AM
 Date/Time Impounded: 10/21/2024 11:00 AM
 Driver Dustin D.
 Truck TRK 64
 Date/Time Released: 10/22/2024 1:05 PM
 Days Held in Impound 2 days

Phone: _____

Reason for Impound 22651-O EXPIRED REGISTRATION
 VIN Number _____
 Model 2004 Chevrolet Suburban (Tan)
 Drivable No
 Keys No
 Towed from 630 S LILAC AVE RIALTO
 Stored at Willow Yard
 2879 S. Willow Avenue, Bloomington CA 92316

Notes

Storage charges	Quantity	Price	Line Total
(Storage - Storage Fees) Impounds/Storage: Daily Impound Rate	2	\$77.00	\$154.00
Towing charges	Quantity	Price	Line Total
(Towing) Admin Fee	1	\$95.00	\$95.00
(Towing) TOWING FEE PORT TO PORT (price per hour)	1 (1 h)	\$385.00	\$385.00
		Towing SubTotal	\$480.00
		Storage - Storage Fees SubTotal	\$154.00
		Subtotal	\$634.00
		Taxes	\$0.00
		Grand Total	\$634.00
		Amount Due:	\$0.00 / Paid

Visa payment (Ref # 3997/AUTH/401151) of \$634.00 applied on 10/22/2024

Pepe's Towing Service appreciates your business; if you have any questions regarding this invoice, please contact us at 951-682-5682. Thank you.

Damage Disclaimer:

I Have been advised that my vehicle may be damaged if winched, towed, unlocked, jump started, tire changed or left on unattended premises. I recognize the difficulty involved and I agree not to hold Pepe's Towing Service responsible for such damages should it result. I, the undersigned do hereby certify that I am legally authorized and entitled to take possession of the vehicle described and all personal property therein. I have received the vehicle and all personal property in satisfactory condition.

Signature: _____ Date: _____

CA# 117433 USDOT: 1005094

Upon request, you are entitled to receive a copy of the Towing and Storage Fees and Access Notice



Pepe's Towing Service

PO Box 7450, Moreno Valley CA 92552
 Phone: (951) 682-5682 | Fax : (951) 682-5030

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Printed 10/22/2024

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VEHICLE REPORT

CHP 180 (Rev. 4-16) OPI 061

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

REPORTING DEPARTMENT RIALTO PD		LOCATION CODE 3609	DATE / TIME OF REPORT 10-21-24 1000	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO. 932411654
LOCATION TOWED / STOLEN FROM 630 S LILAC AVE			ODOMETER READING ---	VIN CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LIC. CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED 10-21-24 1000
YEAR 2004	MAKE CHEV	MODEL SUBURBAN	BODY TYPE 4DR	COLOR TAN	LICENSE NO. <input checked="" type="checkbox"/> ONE <input type="checkbox"/> TWO 05/2023
VEHICLE IDENTIFICATION NO.			ENGINE NO. ---	VALUATION BY <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> OWNER <input type="checkbox"/> 0-500 <input checked="" type="checkbox"/> 501-4000 <input type="checkbox"/> 4001+ <input type="checkbox"/> \$	

REGISTERED OWNER

SAME AS R/O

LEGAL OWNER

**ILLO JOSEPH D
8691 MOODY ST
CYPRESS CA 90630**

**BK ONE NA
PO BX 11606
LEXINGTON, KY 40576**

STORED IMPOUNDED RELEASED RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE) **PEPES TOW - 2775 N LOCUST AVE RIALTO, CA 92376 (909) 574 - 1490** STORAGE AUTHORITY / REASON **22651(O)(1)(A)**

REASON FOR STOP **1124** AIRBAG? YES NO 1 2 DRIVEABLE? YES NO JUNK UNK VIN SWITCHED? YES NO

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED		<input checked="" type="checkbox"/>	SEAT (FRONT)	<input checked="" type="checkbox"/>		REGISTRATION		<input checked="" type="checkbox"/>	CAMPER		<input checked="" type="checkbox"/>	LEFT FRONT	FAIR
BURNED HULK per 431(c) CVC		<input checked="" type="checkbox"/>	SEAT (REAR)	<input checked="" type="checkbox"/>		ALT. / GENERATOR	<input checked="" type="checkbox"/>		VESSEL AS LOAD		<input checked="" type="checkbox"/>	RIGHT FRONT	FAIR
VANDALIZED		<input checked="" type="checkbox"/>	RADIO	<input checked="" type="checkbox"/>		BATTERY	<input checked="" type="checkbox"/>		FIREARMS		<input checked="" type="checkbox"/>	LEFT REAR	FAIR
ENG. / TRANS. STRIP		<input checked="" type="checkbox"/>	TAPE DECK		<input checked="" type="checkbox"/>	DIFFERENTIAL		<input checked="" type="checkbox"/>	OTHER		<input checked="" type="checkbox"/>	RIGHT REAR	FAIR
MISC. PARTS STRIP		<input checked="" type="checkbox"/>	TAPES	<input checked="" type="checkbox"/>		TRANSMISSION	<input checked="" type="checkbox"/>					SPARE	UNK
BODY METAL STRIP		<input checked="" type="checkbox"/>	OTHER RADIO	<input checked="" type="checkbox"/>		AUTOMATIC	<input checked="" type="checkbox"/>					HUB CAPS	YES
SURGICAL STRIP per 431(b) CVC		<input checked="" type="checkbox"/>	IGNITION KEY	<input checked="" type="checkbox"/>		MANUAL		<input checked="" type="checkbox"/>				SPECIAL WHEELS	NO

RELEASE VEHICLE TO: R/O OR AGENT AGENCY HOLD 22850.3 CVC GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE) **DUSTIN / PEPES** DATE / TIME **10-21-24 1000**

NAME OF PERSON / AGENCY AUTHORIZING RELEASE **D. PEOE / RIALTO PD** I.D. NO. **01760** DATE **10/21/24** CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.
SIGNATURE OF PERSON AUTHORIZING RELEASE SIGNATURE OF PERSON TAKING POSSESSION

STOLEN VEHICLE / COMPONENT EMBEZZLED VEHICLE PLATE(S) REPORT

DATE / TIME OF OCCURRENCE	DATE / TIME REPORTED	NAME OF REPORTING PARTY (R/P)	DRIVER LICENSE NO. / STATE
LAST DRIVER OF VEHICLE	DATE / TIME	ADDRESS OF R/P	TELEPHONE OF R/P ()

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. SIGNATURE OF PERSON MAKING REPORT

REMARKS

(LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS)

DRIVER'S NAME PARKED	ARRESTED / SECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REPORTED BY CSANCHEZ	CARGO / TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE \$ <input type="checkbox"/> BILL OF LADING ATTACHED
--------------------------------	--	--------------------------------	---	--

VEH PARKED ON POSTED NO PARKING RMV 10.28.040(D). VEH TEMP PLATE UTL, VIN SHOWS VEH REGISTRATION EXPIRED OF 05/2023.

NOTHING OF VALUE MISC TOOLS AND ITEMS. 3&S 360.

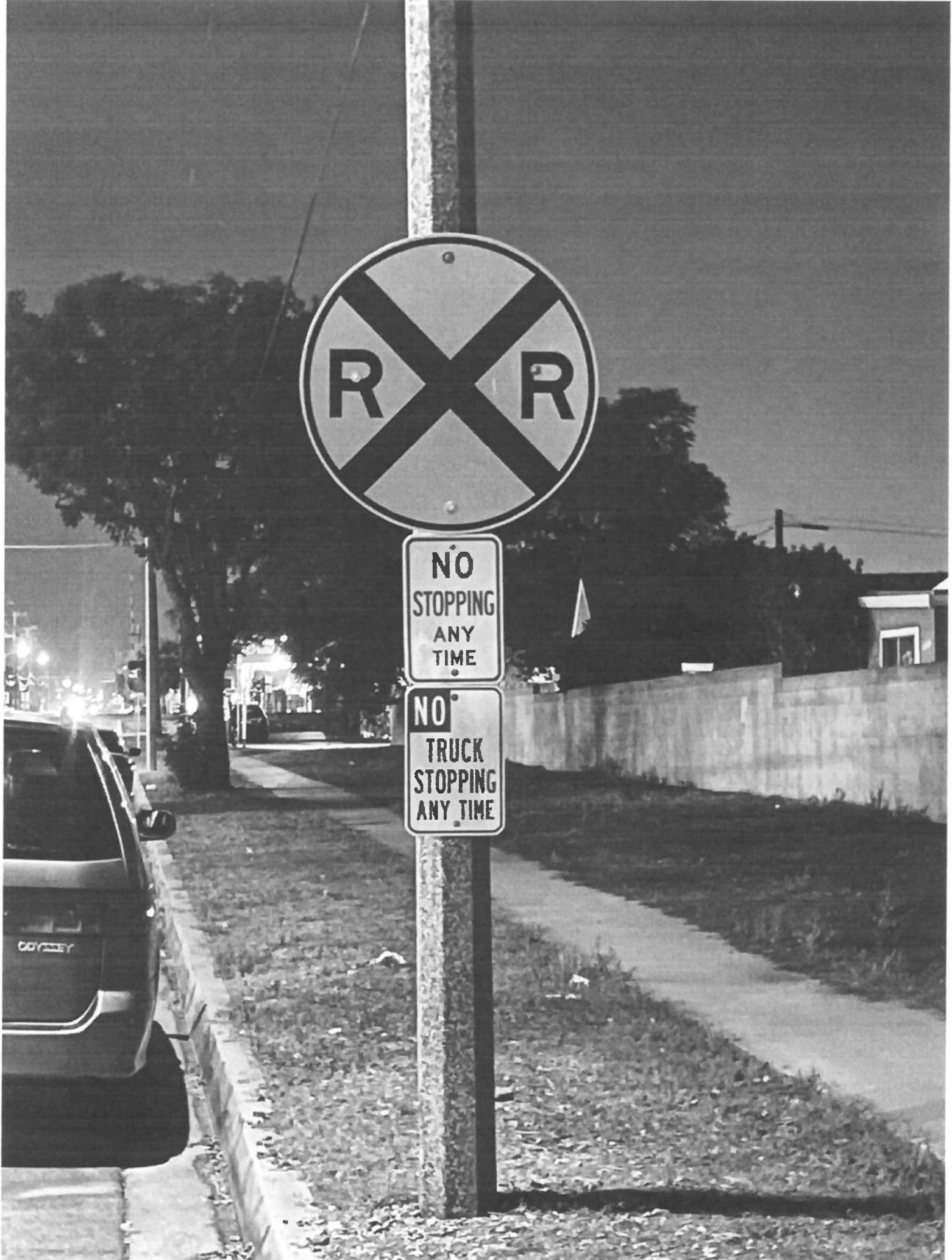


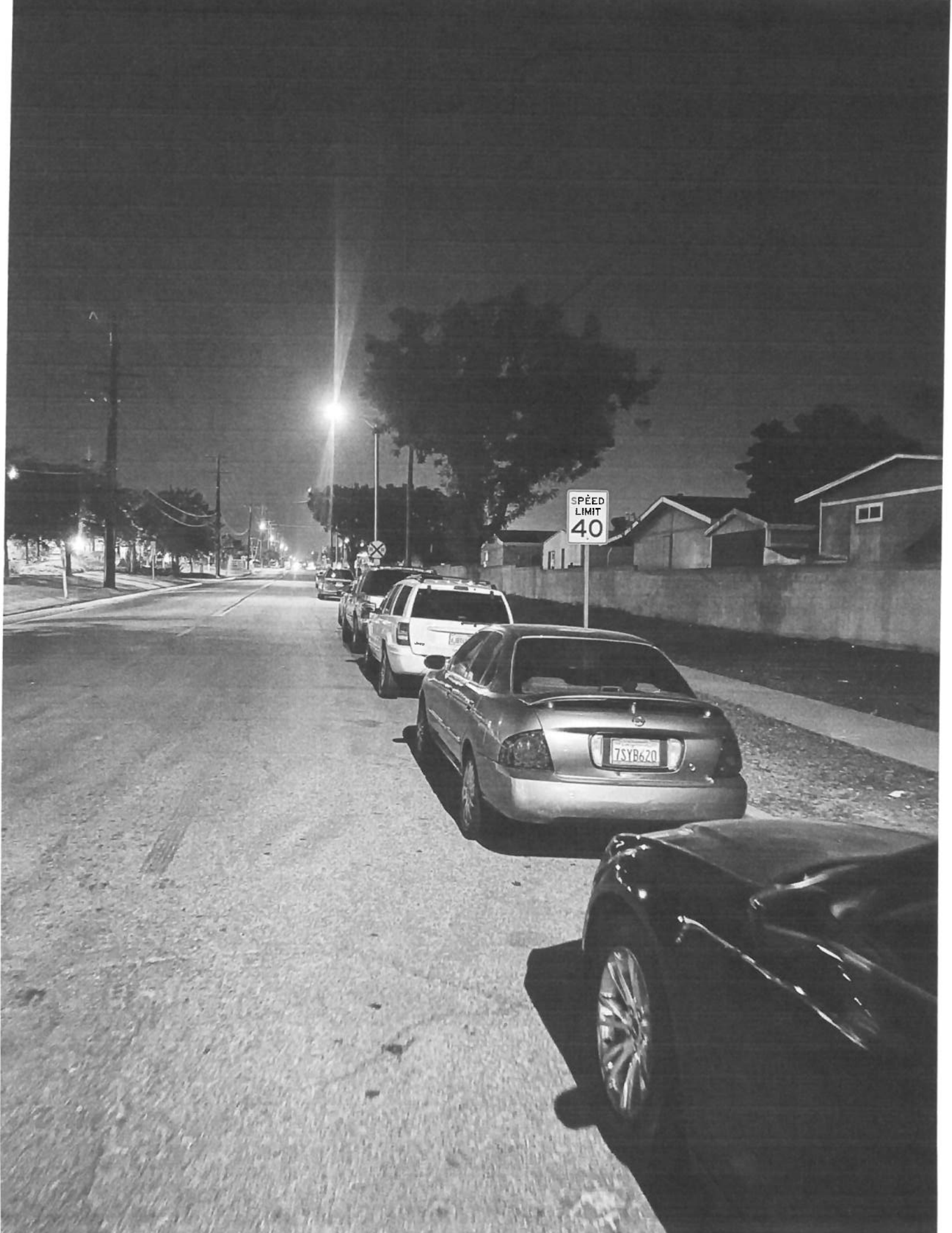
SIGNATURE OF OFFICER TAKING REPORT CSANCHEZ	I.D. NO. 02504	SUPERVISOR DS	REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 CVC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE NOTIFIED 10/21/24 MP
---	--------------------------	-------------------------	--	-------------------------------------



**NO
STOPPING
ANY
TIME**

**NO
TRUCK
STOPPING
ANY TIME**





SPEED
LIMIT
40

7SYB620

TEMPORARY IDENTIFICATION

(before delivery to the purchaser)

61046638

VEHICLE IDENTIFICATION NUMBER

[REDACTED]

TEMPORARY OR PERMANENT LICENSE PLATE NUMBER

[REDACTED]

DATE

09/17/02

REG. OFFICE

(2)

APL/STE NO CITY

STATE ZIP CODE

SAN BERNARDINO CA

92401

IMPORTANT! ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. THIS IS A notice of purchase of vehicle. Do not use as an application for registration or title.

Here

Harrieta

DEC

ROS# 61046638



California

CHEV

VIN: 3GNEC16T54G260861

2024

EXPIRES: 12/15/2024

