



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 MAY 29 AM 10:13
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:

David Vanke Rojas
FULL NAME

DATE OF BIRTH

1111 1st St, Rialto, CA 92376
HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

1111 1st St, Rialto, CA 92376
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):
1111 1st St, Rialto, CA 92376

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11-25-2024 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.

River Dr. FedEx 330

3. HOW DID DAMAGE OR INJURY OCCUR?

Page 1 Bad Road Condition see

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.

Vehicle

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1761.31

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

DAMAGES INCURRED TO DATE:

Item/Date: 11-25-2024

Amount: \$ 1761.31

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,761-81

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 11-25-2024 Repair

Amount: \$ 1,761-81

Item/Date: 11-25-2024 claim for 6-4-2024

Amount: \$ 536.31

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 2,293.12

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

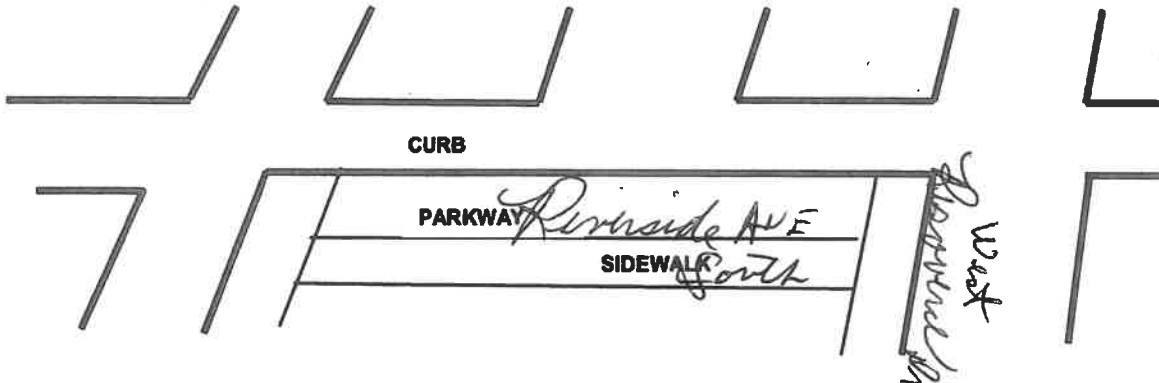
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

DAVID VANCE POTAS

TYPE OR PRINT NAME

May 26, 2025
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**



CITY OF RIALTO

2025 MAY 29 AM 10:12

RECEIVED
CITY CLERK

March 31, 2025

David Rojas
11424 Leatherleaf Rd.
Fontana, CA 92337-1420

RE: Our Client: City of Rialto
 Claim Number: GHC0079507
 Date of Loss: June 6, 2024

Dear David Rojas,

George Hills is the liability claims administrator for the City of Rialto. It is our function to review claims on behalf of the city and provide recommendations regarding them.

After completing our review of the referenced incident, we have determined that your claim should be rejected, as the required burden of proof to establish fault against the city has not been met.

You will be receiving a formal rejection notice which will provide additional information regarding your claim.

If you have any questions, please contact the undersigned.

Kindest Regards,
George Hills Company

Cynthia Lara
Claims Representative
Phone: (909) 632-4134
Email: cynthia.lara@georgehills.com

cc: City of Rialto

A picture is
Worth a Thousand
Words.

Claim Number DHE0079507

CITY OF RIALTO

7025 MAY 29 AM 10:12

RECEIVED
CITY CLERK

①

May 25, 2025

Going on Riverside AV
~~road~~ to Resource Dr.
South

This is a picture to
entry to 330 FedEx
Parking lot. One block
looking west

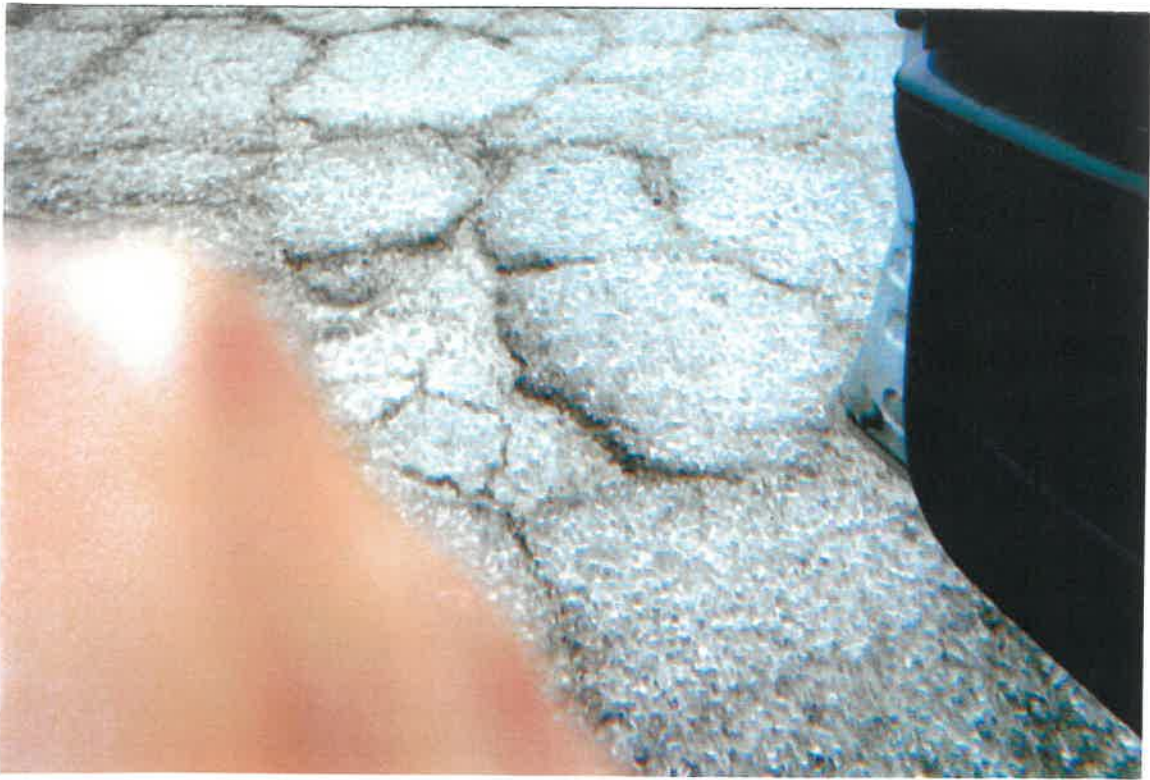
















PEP BOYS AUTO # 680
16711 VALLEY BLVD.
16711 VALLEY BLVD
FONTANA, CA 92335
(909) 823-7131
BAR# ARD303408

EPA# CAL000082946

Service Manager: ANDY MEDRANO

If you have any questions
or concerns, please call:
(909) 823-7131

TRACKING ID# *	
Store ID #	Service Work Order #
0680	2256196

Insurance :
Policy Number :

Name: DAVID ROJAS	Year: 2007	Date : 2024-11-25
Address:	Make: TOYOTA	Entered By: ANDY M
City:	Model: COROLLA	Time In: 08:25:23
State:	Engine: 4-1794 1.8L 1ZZ-FE	Date/Time Promised: 2024-11-25 12:11:48
Zip:	Vin No.:	Old Parts Returned: no
Home Phone:	License No:	Customer Waiting
Contact Phone:	Mileage: 78634	
	Color:	
Storage Charges: Any vehicle that is left unattended for more than 7 business days may be towed at the owner's expense. For more information, please see Store Manager.		

I HEREBY AUTHORIZE PEP BOYS TO PERFORM THE REPAIRS ON THIS WORK ORDER AND TO FURNISH THE NECESSARY MATERIALS AND ITS EMPLOYEES TO OPERATE THE VEHICLE FOR PURPOSES OF INSPECTION, TESTING AND DELIVERY. I UNDERSTAND THAT ANY COST QUOTED IS AN ESTIMATE. I UNDERSTAND THAT UNLESS DIRECTLY CAUSED BY PEP BOYS, IT IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS; THAT THE VEHICLE MAY BE PARKED IN THE PEP BOYS' PARKING LOT AND THAT VEHICLES ARE LEFT OVERNIGHT AT OWNER'S RISK.

David Rojas
X

Initial Estimate	Parts \$:	Labor \$:	Total \$:	Date and Time:	
	978.70	633.63	1761.31	2024-11-25 08:25:23	

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

(signature or initials)

YOU WILL NOT BE CHARGED A TIRE HANDLING CHARGE IF YOU CHOOSE TO DISPOSE OF YOUR OWN TIRES.
NOTICE: - IF YOU ELECT TO DISPOSE OF YOUR OWN TIRES, YOU ARE RESPONSIBLE FOR PROPERLY DISPOSING OF YOUR USED TIRES IN ACCORDANCE WITH EPA GUIDELINES AND ANY APPLICABLE LAWS
CUSTOMER SIGNATURE

TYPE	PART	DESCRIPTION	CODE	MECHANIC	HLRY RATE	HRS	QTY	SOURCE	EACH	TOTAL
PK	2758776	PROTECTED TIRE INSTALLATION PKG								
LB	1801	90 DAYS WHEEL BALANCE UNDER 16	N	RAFAEL D			4		22.81	91.24
LB	1897	TIRE MOUNTING	N	RAFAEL D			4		0.00	0.00
PN	6001	TIRE HANDLING CHARGE PEPBOYS	N				4		3.00	12.00
PN	TV413	30413500PEP 1 14 RUBBER VALVE STEM	N				4		4.19	16.76
PN	4002	ROAD HAZARD WARRANTY	N				4		22.50	90.00
Package SubTotal : 210.00										
PN	90000080714	Cooper Adventurer All Seaso 195/65R15 91H PROMO Warranty: 65K Buy 2 Tires, Get 2 Free when Installed 65,000 MILE PRORATED	N				4		149.99 -75.00	299.98
LB	1113	FREE ALIGNMENT CHECK	N	RAFAEL D			1		0.00	0.00
PN	520-449	LOWER CONTROL ARM PO# 10605183	N				1	OP	279.99	279.99
PN	520-450	LOWER CONTROL ARM PO# 10605193	N				1	OP	279.99	279.99
LB	1716	Remove & Replace F Control Arm - Lower, Both	N*	RAFAEL D	158.00		1		442.40	442.40
OT	9690163	PEPGUARD LIMITED EXTENDED LABOR WARRANTY					1		75.21	75.21
LB		COMPUTERIZED WHEEL ALIGNMENT	N	RAFAEL D			1		99.99	99.99
LB		COMPLIMENTARY VEHICLE INSPECTION	N	RAFAEL D			1		0.00	0.00

Parts: 978.70	Labor : 633.63	Other : 75.21	Tax : 73.77	Total : 1761.31
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Tender Date : 11/25/2024 Tender Time : 12:14 PM
POS Trans # : 129061 Store : 0680



NEED A TOW? CALL 1-800-PEP-BOYS or
1-800-737-2697

