

## CITY OF RIALTO LIABILITY

## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY OF RIALTO
2023 JUN 27 PM 12: 57

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:	
Clifford Moss &	
FULL NAME	DATE OF BIRTH
Zialto Ch. 92376	
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
	7
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: 1/16/23	TIME: 11:45 DAM D-PM
<ol> <li>PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) I Where appropriate, give street names and addresses, measurements and landmarks.</li> </ol>	ocate on diagram on reverse side of this sheet.
I was traveling Southbound on Rive	side Ave I had
passed Landall Ave Just befole Sun!	
when my car hit a large pot hole	2. anch Jaused
3. HOW DID DAMAGE OR INJURY OCCUR?	
when I h. t the large got hole it can: side front time to go flat and the next	se my drivers
side tront to the to got and the Next	meining my real
passenger side tite wast flott. The	
4. WERE POLICE AT THE SCENE?   YES   NO   WERE PARAMEDICS AT THE SCENE	
<ol> <li>WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DA employee causing the injury or damage, if known.</li> </ol>	MAGES? Give the name of the city/town
there was heavy vain that night	
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or dam	age \$
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates,	etc. Please attach 2 estimates.
DAMAGES INCURRED TO DATE:	
Item/Date: wheel bearing and not assent	
Item/Date:	Amount: \$

	UNI CLAIMED AS OF PRESEN		"AIM:	\$ 528. 10
	VE DAMAGES, AS FAR AS KNOWN:			
				: <b>\$</b> _
	AATER AMOUNT PROCESS			: \$
	MATED AMOUNT PROSPECTI			\$ 528.10
7. WITNESSES TO DAMA	GE OR INJURY List all persons known	to have information (attaci	h additional pages, if neces	sary)
	d Moss Fr	144		
ADDRESS:	0.0.7.4	_ ADDRESS:		
Pialto CA	9376			
TELEPHONE:		TELEPHONE: ()		
8. IF INJURED, PROVIDE	NAME, CONTACT INFORMATION A	ND DATE/TIME DOCTOR(	S) OR HOSPITAL(S) VISIT	ED:
NAME:		NAME:		
ADDRESS:		ADDRESS:	0	
		_		
DATE:	TIME: D AM D PM		TIME:	
9. PLEASE READ THE FO	DLLOWING CAREFULLY:	-		
For all vehicle accident cla	aims, place on the following diagram, the na	rmes of streets, including NOR	TH FAST SOLITH AND WE	PT dispution 1 0
,,	The or angelian and an angeliance to attitude	ou controla.		
If a city/town vehicle was i	involved, designate by letter "A" location of to	the City/Town vehicle when yo	ou first saw it, and by "B" locati	on of vourself or your vehicle
accident by "B-1" and the		time of accident by "A-1" and	location of yourself or your ve	hicle at the time of the
		TION DIFFER ATTACK		
	AM BELOW DOES NOT FIT THE SITUA	TION, PLEASE ATTACH	A PROPER DIAGRAM SIGI	NED BY THE CLAIMANT.
	/ /	, ,	,	
		/ /	/	- 1
		J L		
	SMACURB	ardino 40	10-	
	A LIST .			
/ 1	PARKWAY	<u> </u>	/ /	1
	Rade	SIDEWALK		
/			7/	1
			1. 11.	1
HAVE READ THE EOREGO	OING CLAMA AND KNOW THE CONTENTS THE	190		
THOSE MATTERS WHICH	DING CLAIM AND KNOW THE CONTENTS THE ARE HEREIN STATED UPON MY INFORMATION	REOF; AND CERTIFY THAT THE N AND BELIEF; AND AS TO THO	SAME IS TRUE OF MY OWN KN SE MATTERS I BELIEVE THEM T	OWLEDGE EXCEPT AS TO
ICERTIF	Y (OR DECLARE) UNDER PENALTY O	F PERJURY THAT THE FO	REGOING IS TRUE AND C	ORRECT.
	. 2127			
SIGNATURE OF CLAIM		•	*	1
	ford Moss tr	• 	6/27/	2 7
TYPE OR PRINT NAME	0		DATE	
521.				
RELATIONSHIP TO CL	AIMANT		p.	
	NOTE: PRESENTATION OF A FAI	SE CLAIM IS A FELON	Y (CA PENAL CODE 72)	1
RETU	RN CLAIM TO: RIALTO CITY CLE	RK'S OFFICE - 150 S. P.	ALM AVE., RIALTO, CA	92376



## A.C. TIRE SERVICE 654 West Rialto Ave.

Rialto, CA 92376



THIS TIRE HAVE LIMITED MANUFACTURE WARRANTY ONLY NO ROAD HAZARD  NO WARRANTY ON USED TIRES  REPAIR ORDER-LABOR INSTRUCTIONS  TOTAL PARTY  New Tires Mounted Balanced and Installed on Vehicle:  Wheel Alignment  New Brake Pads Installations Resurface Rotors  TIRES REPAIR  Rotate Tires  Balance Wheels:  Balance Whe	a	DITO	7720 548	Г
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# A.C. TIRE SERVICE 654 West Rialto Ave.

**Rialto, CA 92376** B.A.R.# AG211677



2606 S N TOTAL LABOR: SALES TAX TOTAL PARTS: 1/2 CELL PHONE: PARTS: LABOR: New Tires Mounted Balanced and Installed on Vehicle: WASTE LICENCE #: New Brake Pads Installations Resurface Rotors THIS TIRE HAVE LIMITED MANUFACTURE WARRANTY ONLY NO ROAD HAZARD REPAIR ORDER-LABOR INSTRUCTIONS Use Tires Mounted and Installed on Vehicle: (FIX FLAT) ACTRES SERVICE: Do not guizantee used these or used whethe all work is fleat no refunds or exchange. Contours to reducible with or or or to. ACTRES REMOVED, these All used these are for temperary use and mast replace or soon or possible with or or or or. ACTRES REMOVED is not responsible for lost articles. I.a. Center rays, the days attached to wheele, specime and order loose lagunds, etc., as not responsible for damage or incovenience any used the may course you endoy your vehicle. REAR SEA = NO WARRANTY ON USED TIRES ZIP CODE: MILEAGE STATE PART NO. OR DESCRIPTION Wheel Alignment Balance Wheels: MODEL: TIRES REPAIR Rotate Tires NEW TIRES BY: USED TIRES: MAKE SUSTOMER NAME: TREET ADDRESS: Service Note: Oper# YEAR: Dity

CUSTOMER SIGNATURE:

Thank Van East Vana Distinguille TOTAL AMOUNT:

WEED THIS SI ID FOR DEFENDENCES

Tr. ... t. V ... F ... V... III.

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### All Make Auto

26892 Base Line St. Highland, CA. 92346

Phone: 909-425-8200 Fax: 909-864-5649

Happy Car - Happy You

INVOICE 6362

Org. Est. # 010032 BAR#: ARD00227237

EPA#:/:CUPA# PT009876

### INVOICE

Moss, Clifford

Ref#: RTD

Printed Date: 01/25/2023

2015 Ford - Fusion SE - 2L, In-Line4 (122CI) VIN(9)

Work Completed: 01/25/2023

Lic#:

Odometer In: 128746

Odorneter Out: 128747

VIN # : \_\_ . \_\_ \_\_

Hat #: 8

Ext

Part Description	Qty	Sale	Ext	Labor Description
KITOIL FILTER	1.00	10.02	10.02	lof smoke
ENGINE OIL FULL SYNTHETIC	6.00	9.66	57.96	EVAP AND SMOKE TEST
Engine Oil Drain Plug Gasket	1.00	4.18	4.18	Performed complet EVAP test an
Wheel Bearing And Hub Assembly Sprayer Cleaner	1.00	207.36	207.36 4.00	VEHICLE SAFETY INSPECTION Performed vehicle safety inspect

Performed complet EVAP test and smoke EVAP and fuel tank.

65,00 n/c

Performed vehicle safety inspection. Checked all LIGHTS, fluids, belts, hoses, tires, brakes, engine cooling system, drive train, electrical, fuel system, exhaust system, A/C system, body. Road test vehicle.

### CHECK AND SET TIRE PRESSURE

n/c

Performed tire inspection and inflated all 4 tire to recommended tire pressure for this vehicle - Check spare tire as well... and set to manufacturer's specification.

### CHANGE OIL & FILTER

30.00

Drained engine oil - replaced with 6 quarts of new oil. Removed and replaced oil filter with new part. Checked and topped off all fluid levels, checked and adjust tire pressure. - Reset service reminder indicator

check exhaust /suspension noise noise

n/c

Symptoms: rattle noise coming from exhaust system

WHEEL HUB - Remove & Replace REAR RIGHT

131.40 4.00

Waste recovery Fee - EPA

### [ Recommendations ]

FRONT LEFT LOWER CONTROL ARM NEEDS REPLACING REAR LOWER CONTROL ARM LEFT BUSHING TORN FROM POT HOLE

PASSENGER AXLE BOOT RIPPIED

Org. Estimate 176.27 Revisions 363.67.

023 JUN 27 PM 12:

Current Estimate 539.94

Revision # 1, Previous Estimate Amount: 176.27, Additional Cost: 363.67, Revised Estimate: 539.94, Parts: \$207.36 Labor: \$131.40 Sublet: \$0.00 Taxes & Fees: \$24.91 Authorized by - Mass, Citiond, Date - 1/25/2023, Time - 12.12 PM, Initiated By - Shop, Written By - Mangione, Tom, Reason noisey, Phone Number - CELL1: 909-645-3920

Labor 226.40 Parts: 283.52 HazMat: 4.00 SubTotal: 513.92 Tax: 22.68 Total: 536.60 Bal Due: \$536.60

[ Payments - ]

Vehicle Received: 1/25/2023

Customer Number: 1635

An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Vehicle must be picked up in less than 3 days or pay \$35 per day storage. All Parts are New unless otherwise designated. Warranty on new parts and labor is one year or 12,000 miles; whichever comes first. Warranty on work has to be performed at this location only & cannot exceed the original cost of repair. Warrantly on USED parts is 30 days. No labor warranties if "USED" parts are installed. All Warrantly are for the Original owner at the time of repairs.

NO WARRANTY ON CUSTOMER SUPPLED PARTS.

Service Advisor: Mangione, Tom, Tech: Pert, Mangione, Tom Tech-Of

ALL MAJOR REPAIRS MUST RETURN WITH IN 500 MILES FOR INSPECTION - ENGINES AND TRANSMISSION - NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Signature

Date

All Make Auto 26892 Baseline St HIGHLAND, CA 92346 909-425-8200 TID: 275200122974-02

01/25/2023

17:31

Sale

CHIP \*\*\*\*1260

\$536.60

CVV Rsp. P=Nut Processed

App Name: AID: TVE TSI:

VISA DEBIT A0060000031010 8080008800 U800

Thank You Please Come Again!

CUSTOMER COPY











