



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

CITY OF RIALTO
2023 JUN 27 PM 12:57
RECEIVED
CITY CLERK

CITY CLERK'S DATE STAMP

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 Jr
FULL NAME

DATE OF BIRTH

Rialto CA. 92376
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: 1/16/23 TIME: 11:45 ☐ 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.

I was traveling Southbound on Riverside Ave I had
passed Randell Ave just before San Bernardino Ave
when my car hit a large pot hole which caused

3. HOW DID DAMAGE OR INJURY OCCUR?

when I hit the large pot hole it cause my drivers
side front tire to go flat and the next morning my rear
passenger side tire was flat. The wheel bearing was replaced

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.

there was heavy rain that night

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

\$

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 hub assembly

Amount: \$ 528.10

Item/Date:

Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

\$ 528.10

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 528.10

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: Clifford Moss Jr

NAME: _____

ADDRESS: _____

ADDRESS: _____

Rialto CA. 92376

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

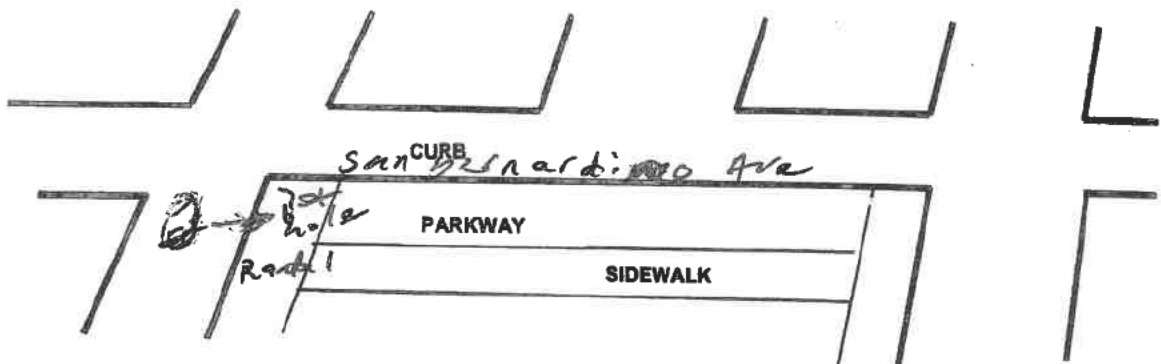
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Clifford Moss Jr

TYPE OR PRINT NAME

SELF

RELATIONSHIP TO CLAIMANT

6/27/23
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

A.C. TIRE SERVICE
654 West Rialto Ave.
Rialto, CA 92376
B.A.R.#AG211677



CUSTOMER NAME:		909.875.9644	
STREET ADDRESS:		DATE: 1-17-2023	
CITY:	STATE:	ZIP CODE:	CELL PHONE:
YEAR:	MAKE:	MODEL:	MILEAGE:
Qty	PART No. OR DESCRIPTION		LICENCE #:
	NEW TIRES BY:		YES <input type="checkbox"/> NO <input type="checkbox"/>
	USED TIRES:		
THIS TIRE HAVE LIMITED MANUFACTURE WARRANTY ONLY NO ROAD HAZARD			
Oper#	NO WARRANTY ON USED TIRES		
	REPAIR ORDER-LABOR INSTRUCTIONS		
	TOTAL PARTS:		
	New Tires Mounted Balanced and Installed on Vehicle:		
	Use Tires Mounted and Installed on Vehicle:		
	Wheel Alignment		
	New Brake Pads Installations Resurface Rotors		
	TIRES REPAIR (FIX FLAT)		
	Rotate Tires		
	Balance Wheels:		
Service Note:			
AC TIRE SERVICE: Do not guarantee used tires or used vehicles. All work is final, no refunds or exchanges. Customer is notified based on signing this invoice. Note: All used tires are for temporary use and must replace as soon as possible with a new tire. AC TIRE SERVICE is not responsible for lost articles, i.e. Center caps, hub caps attached to wheels, spacers and/or loose lugnuts, etc.; as well as not responsible for damage or inconvenience any used tire may cause you and/or your vehicle.			
CUSTOMER SIGNATURE:			
TOTAL LABOR:		WASTE:	
PARTS:		LABOR:	
SALES TAX:		TOTAL AMOUNT:	

A.C. TIRE SERVICE
654 West Rialto Ave.
Rialto, CA 92376
B.A.R.#AG211677



CUSTOMER NAME:		909.875.9644	
STREET ADDRESS:		DATE: 1-16-2023	
CITY:	STATE:	ZIP CODE:	CELL PHONE:
YEAR:	MAKE:	MODEL:	MILEAGE:
Qty	PART No. OR DESCRIPTION		LICENCE #:
	NEW TIRES BY:		YES <input type="checkbox"/> NO <input type="checkbox"/>
	USED TIRES:		
THIS TIRE HAVE LIMITED MANUFACTURE WARRANTY ONLY NO ROAD HAZARD			
Oper#	NO WARRANTY ON USED TIRES		
	REPAIR ORDER-LABOR INSTRUCTIONS		
	TOTAL PARTS:		
	New Tires Mounted Balanced and Installed on Vehicle:		
	Use Tires Mounted and Installed on Vehicle:		
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CUSTOMER SIGNATURE:			
TOTAL LABOR:		WASTE:	
PARTS:		LABOR:	
SALES TAX:		TOTAL AMOUNT:	

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

Ref #: RTD

Printed Date: 01/25/2023

Work Completed: 01/25/2023

Moss, Clifford

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

Lic # :

Odometer In : 128746

Odometer Out : 128747

VIN # :

Hat # : 8

Part Description	Qty	Sale	Ext	Labor Description	Ext
KITOIL FILTER	1.00	10.02	10.02	lof smoke	
ENGINE OIL FULL SYNTHETIC	6.00	9.66	57.96	EVAP AND SMOKE TEST	65.00
Engine Oil Drain Plug Gasket	1.00	4.18	4.18	Performed complet EVAP test and smoke EVAP and fuel tank.	
Wheel Bearing And Hub Assembly	1.00	207.36	207.36	VEHICLE SAFETY INSPECTION	n/c
Sprayer Cleaner			4.00	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
				Waste recovery Fee - EPA	4.00
				[Recommendations]	
				FRONT LEFT LOWER CONTROL ARM NEEDS REPLACING	
				REAR LOWER CONTROL ARM LEFT BUSHING TORN FROM POT HOLE	
				PASSENGER AXLE BOOT RIPPED	

Org. Estimate 176.27 Revisions 363.67 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 - Moss, Clifford, Date - 1/25/2023, Time - 12:12 PM, Initiated By - Shop, Written By - Mangione, Tom, Reason -
noisey, Phone Number - CELL1: 909-845-3920

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

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. Warranty on USED parts is 30 days. No labor warranties if "USED" parts are installed. All Warrantys are for the Original owner at the time of repairs.

NO WARRANTY ON CUSTOMER SUPPLIED PARTS.**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 _____

Visit us on the web: www.allmakeautos.comEmail Address: allmakeauto425@yahoo.com

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

01/25/2023

17:31

Sale

Trans #: 1 Batch #: 025

VISA CHIP
****1260 **/**

AMOUNT: \$536.60

Merchant Code: 031405
Ref #: 00545849
CVV Rsp: Not Processed

App Name: VISA DEBIT
ATD: A0000000031010
TVR: 8080008800
TSI: 6800

Thank You
Please Come Again!

CUSTOMER COPY

