



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2024 MAR 26 PM 4:35
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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:

Julie Ann Ortega

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

N/A

() N/A

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: March 3, 2024 TIME: 1:00-1:15 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.

The island in between NE and SE corner of Riverside Avenue and Baseline Avenue by Tacos Gavilan.

(Pictures included of intersection and damages)

3. HOW DID DAMAGE OR INJURY OCCUR?

On the early morning of March 3, 2024 at around 1:00am-1:15am, while going SB on Riverside Ave, the island that was apparently just placed on Baseline Ave was not painted yellow at the tip nor any metal pole with yellow reflectors or white sign or traffic cone to indicate the cement island was there. At the time, it was moderately raining, dark and the island could not be seen when turning in the left turn lane at the SB Riverside light in order to go east on Baseline Avenue. This caused a road hazard. My car hit the tip of the island on my left front driver tire and caused approximately \$3200 in damage according to Pep Boys in Redlands, Sam's Club San Bernardino & Toyota SB

\$3358.53

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.

The City of Rialto's Public Works/Maintenance and Facilities Department failing to paint new island yellow at the tip or placing a metal pole with yellow reflectors with white sign or at least traffic cones to indicate the cement island was present caused a road hazard. My car hit the tip of that island on my left front driver's tire and caused approximately \$3358.53 in damage according to Pep Boys in Redlands (\$199), Sam's Club San Bernardino (\$229.88) & Toyota SB (\$2929.65).

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 3358.53

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

DAMAGES INCURRED TO DATE:

Item/Date: 235/45R18 94V new tire needed/March 4, 2024 at Sam's Club SB (DONE) Amount: \$ 229.88 paid

Item/Date: wheel alignment needed/March 4th, 2024 at Pep Boys Redlands (DONE) Amount: \$ 199.00 paid

Item/Date: Front L shock absorber bent w/no dampening. Recommend front L & R shocks, top hats and wheel bearings be replaced. Amount: \$2929.65

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 3358.53

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Front L shock absorber bent w/no dampening. Recommend front L & R shocks, top hats and wheel bearings be replaced-(Appt on 3/27/24)

Item/Date: _____

Amount: \$ 2929.65 to be paid on 3/27/24

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 3358.53

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

NAME: Kathleen Ortega Vega (passenger) _____

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

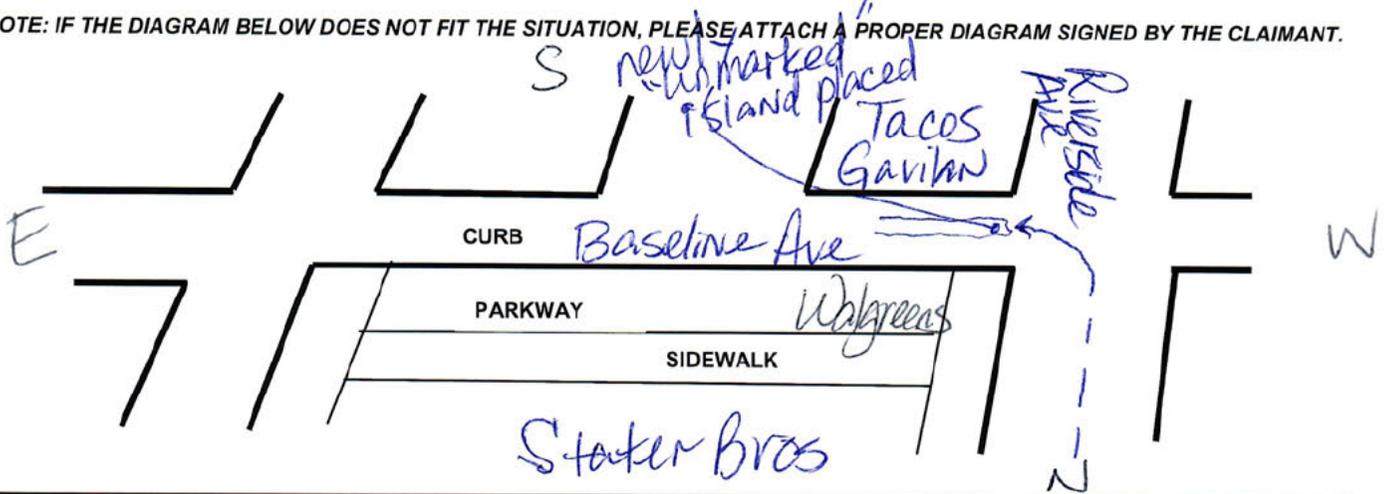
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9. PLEASE READ THE FOLLOWING CAREFULLY:

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.

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Julie Ann Ortega

3/26/24

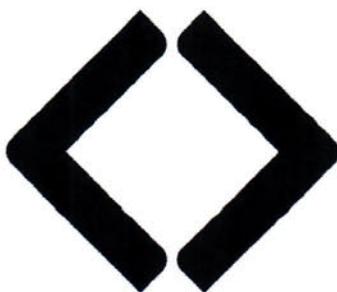
TYPE OR PRINT NAME

DATE

self

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



sam's club™

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CITY OF RIALTO

(909) 796 - 1505
SAN BERNARDINO, CA
03/04/24 08:05 4265 06624 042 3282

JULIE

TMA ITEMS FOLLOW

ORDER NUMBER	0048570057916	
5 TIRE INSTAL		20.00 N
5 TIRE INSTAL		20.00 N
980197525 235/45R18		209.88 T
157611 RECYC.FEE		1.75 N
980197525 235/45R18		209.88 T
157611 RECYC.FEE		1.75 N
TMA ITEMS COMPLETE		
SUBTOTAL		463.26
TAX 1 8.750 %		36.73
TOTAL		499.99
AMEX TEND		499.99
AMERICAN EXPRESS *** **** **1 003 I 0		
APPROVAL # 829182		
AID A000000025010801		
AAC AF36CCFBE95529B5		
TERMINAL # 19082284		
*NO SIGNATURE REQUIRED		
CHANGE DUE		0.00

New! Free shipping for Plus members.
Learn more: samsclub.com/freeshipping
Visit samsclub.com to see your savings

ITEMS SOLD 4

TC# 6467 3722 7566 6637 3723 2



*** MEMBER COPY ***

Name Julie ORTEGA	Work Order # 2308802	<input checked="" type="checkbox"/>	Require Attention
Tech Fernando M	Date 03/04/2024	<input checked="" type="checkbox"/>	Suggested Repair
Store REDLANDS, 1650 W REDLANDS BLVD REDLANDS, CA92373	Phone (909) 792-9110	<input checked="" type="checkbox"/>	Checked & Passed
Year 2019 Make TOYOTA Model AVALON	Engine V6-3456 3.5L DOHC	<input type="checkbox"/>	Not Applicable
Color Mileage 36623 License Plate VIN		<input checked="" type="checkbox"/>	Yes
Manual or Automatic? Automatic Drive Train FWD Inspection/Smog Exp.		<input type="checkbox"/>	No
Customer Initial Request/Comments			
Original Request Alignment			
Additional Required Services 2 tires,LF camber kit bolt,LF quick strut			

⊗ REQUIRE ATTENTION

- **LF Tire Tread**
1/32
- **RF Tire Tread**
1/32
- **Steering & Suspension**
LF camber/ caster out, camber kit bolt+ strut(quick strut)

⊖ SUGGESTED REPAIR

- **Shocks & Struts**
LF strut possible is bent,

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LIGHTING & WIPERS

- Exterior Lights Wiper Blades

DASHBOARD LIGHTS



UNDER HOOD

- Battery State of Health Fluids Air Filter Belts
 Hoses Cabin Air Filter

STEERING & SUSPENSION

- Steering & Suspension**
LF camber/ caster out, camber kit bolt+ strut(quick strut)

SHOCKS & STRUTS

- Shocks & Struts**
LF strut possible is bent,

EXHAUST

- Exhaust

TIRE EVALUATION

Tire Size Front 235/45/18	Tire Size Rear 235/45/18		
Speed Rating	Load Range/Index		
<input checked="" type="checkbox"/> TPMS Equipped?	<input type="checkbox"/> Feathering?		
<input type="checkbox"/> Suggest Balance?	<input type="checkbox"/> Cupping?		
<input type="checkbox"/> Suggest Alignment?			
LF	RF	RR	LR
Tire Pressure	Tire Pressure	Tire Pressure	Tire Pressure
Initial: 35 psi	Initial: 35 psi	Initial: 35 psi	Initial: 35 psi
Current: 35 psi	Current: 35 psi	Current: 35 psi	Current: 35 psi
<input checked="" type="checkbox"/> Tire Tread			
1 / 3 / 3 (32nd) Inside / Center / Outside 1/32	1 / 3 / 3 (32nd) Inside / Center / Outside 1/32	9 / 9 / 9 (32nd) Inside / Center / Outside 9/32	9 / 9 / 9 (32nd) Inside / Center / Outside 9/32

BRAKE EVALUATION

Front Visual Evaluation

Rear Visual Evaluation

LF

RF

RR

LR

Brake Friction
Inner Pad
Outer Pad

Brake Friction
Inner Pad
Outer Pad

Brake Friction
Inner Pad/Shoe
Outer Pad/Shoe

Brake Friction
Inner Pad/Shoe
Outer Pad/Shoe

Rotor
Actual:
Machine to:
Discard:

Rotor
Actual:
Machine to:
Discard:

Rotor/Drum
Actual:
Machine to:
Discard:

Rotor/Drum
Actual:
Machine to:
Discard:

WHEELS TORQUED

Wheels Torqued to:

OBD TEST CODE

OBD Test Code

A/C EVALUATION

Initial Vent Temperature

Initial High Side Reading

Initial Low Side Reading

Compressor Engages

Cooling Fan

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Pep Boys #833
 1650 W. REDLANDS BLV
 REDLANDS, CA 92373
 (909) 792-9110
 www.pepboys.com

03/04/2024 12:49:27 PM PST
 Trans.: 159933 Store: 0833
 Reg.: 105 Till:105
 Cashier: 495381
 Service Work Order COMPLETE

LIFETIME WHL ALIGN		199.99 N
1170564	1 @	199.99
Order #: 2308802		
COMP VEHICLE INSP		0.00 N
0787538	1 @	0.00
Order #: 2308802		
ENV HAZ WASTE FEE		0.25 T
LAB2688	1 @	0.25
Order #: 2308802		
Sub-Total		200.24
Tax		0.00
Total		200.24
AmEx (D)		200.24
Account:		
Auth: 853366 (A)		
Total Tender		200.24
Change Due		0.00

Application Label: AMERICAN EXPRESS
 AID: A00000025010801
 TVR: 080008000
 TSI: F800
 AC: B40E40DC26D177F9
 ARC: 00

Thank you for shopping at Pep Boys.
 We accept most returns within 90 days
 with the original receipt. For more
 details, please refer to the return
 policy in-store or at www.pepboys.com
 Submit your rebate on-line at
www.pepboys.com/rebates
 Service Work Order Number

2308802

Customer Copy

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083310515993320240304

Repair Estimate

PREPARED FOR
JULIE ORTEGA

Service Advisor
GARY GAMBOA (5629)
gary.gamboa@toyotasb.com

Date 03/26/2024 01:50 PM
2019 Toyota AVALON
VIN
Mileage 36,645
RO# 820790

Service Name	Price
[Primary]: 11TOZDC : DRIVEABILITY CUSTOMER STATES DRIVER FRONT STRUT MAY BE "BENT" , STATES SHE WENT OVER A CENTER ISLAND ON THE ROAD AND GOT A FLAT -CHECK AND ADVISE	\$0.00
[Primary]: 11TOZ01 : FEE ACKNOWLEDGEMENT CUSTOMER APPROVES AND AGREES TO THE CHECK OUT/DIAGNOSTIC FEE OF \$199.00 CHECK OUT FEE INCLUDES UP TO AN HOUR OF CHECKOUT/DIAGNOSTIC PER CUSTOMER CONCERN. CUSTOMER IS RESPONSIBLE FOR THE MINIMUM CHECK OUT/DIAGNOSTIC FEE REGARDLESS IF CONCERNS A NORMAL CONDITION, CAUSED BY AN OUTSIDE INFLUENCE AND/OR CANNOT BE DUPLICATED. X _____	\$0.00
[Primary]: 94TOZ04 : MULTI POINT INSPECT CUSTOMER AUTHORIZES MULTI POINT VEHICLE INSPECTION CHECK TIRE PRESSURES AND ADJUST AS NEEDED PERFORM DRIVER FLOOR MAT INSPECTION TO ENSURE FACTORY AND INSTALLED CORRECTLY.	\$0.00
[Primary]: 95TOZ : RECOMMENDATIONS REC	\$0.00
Shock Absorber Replacement - Front: replace both front shocks and top hat (with bearing) - the left front shock has bent and does not have any dampening - recommend replacement as a set to maintain handling and vehicle dynamics	\$1878.84
*Alignment: with suspension work	\$139.95
*Tires - 2: 235/45r18 - front two tires are moderately low on tread and have excessive camber wear	\$40.00
Wheel Bearing Replacement - Front: replace left front wheel bearing, feels rough when turned by hand	\$1010.81
Printed on March 26, 2024	
Quote expires on April 25, 2024	

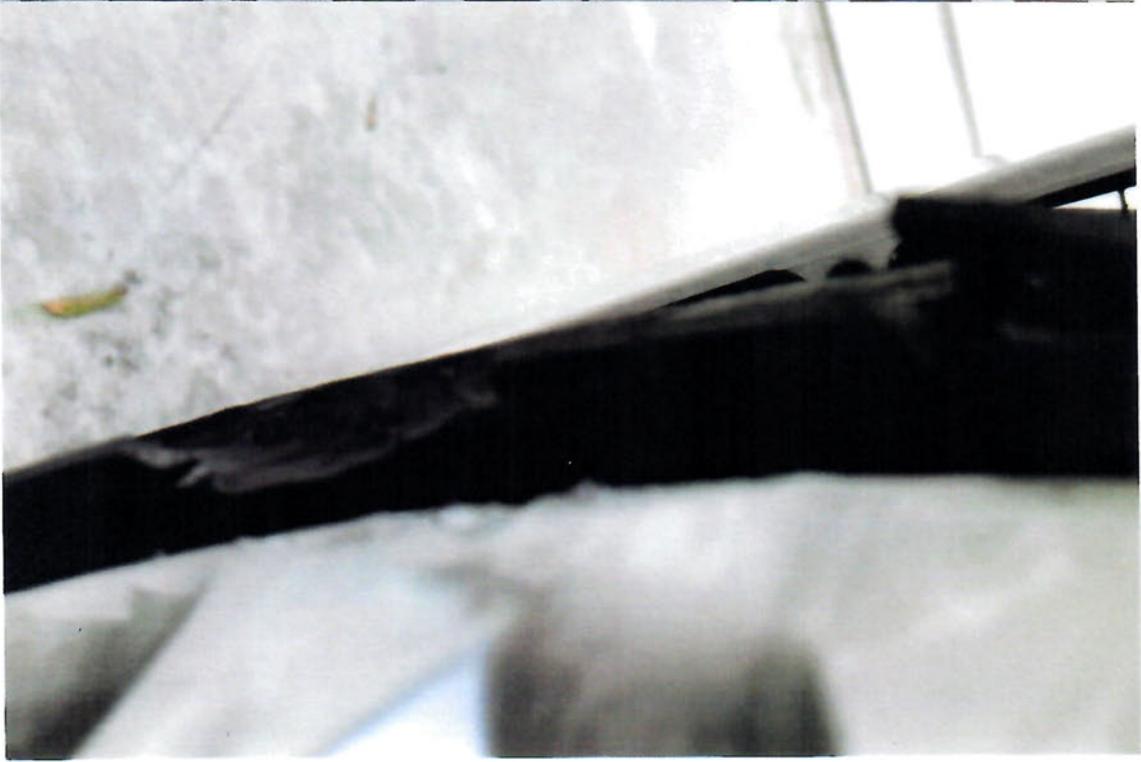
Subtotal \$3069.60
Total \$3069.60

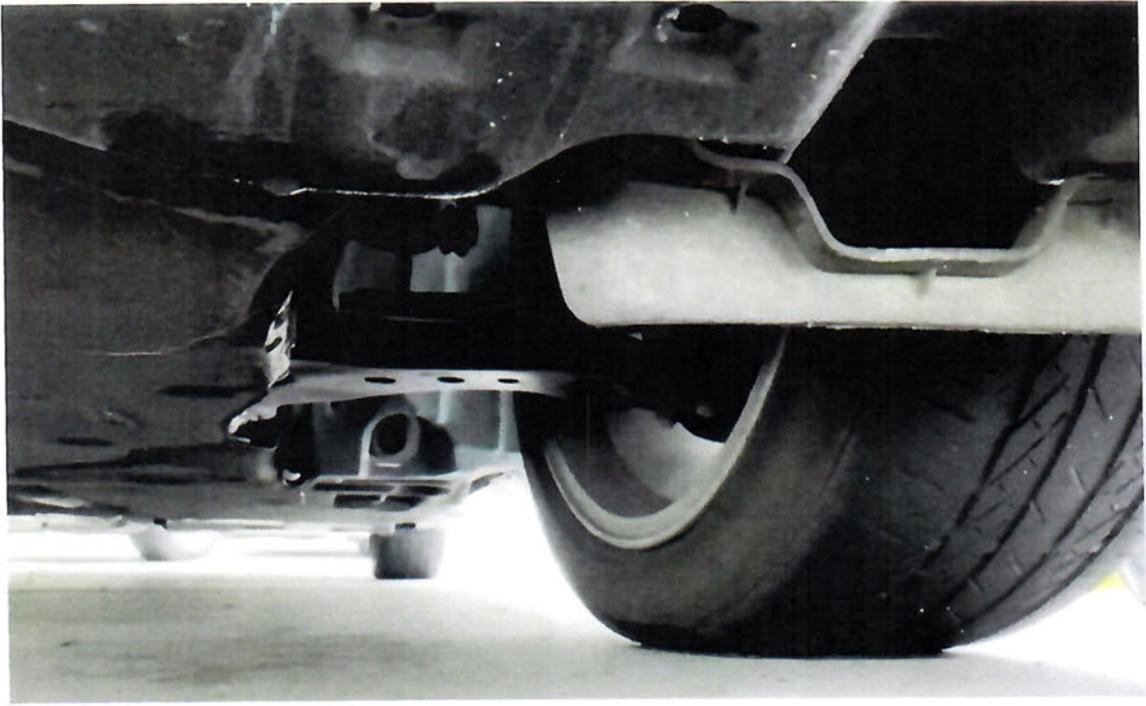
 **Toyota of San Bernardino**
650 West Auto Center Drive
San Bernardino, CA 92408

(909) 571-5088









(909) 571-5098



Deferred by GAMBOA GARY on 3/11/2024 at
PM



(909) 571-5098



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