



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2018 DEC 12 PM 2:30

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:

CHARLES A. HAYES
FULL NAME

[REDACTED]
DATE OF BIRTH

[REDACTED]
HOME ADDRESS INCLUDING CITY, STATE & ZIP RIALTO, CA. 92376
HOME TELEPHONE NO. [REDACTED]

[REDACTED]
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP
BUSINESS TELEPHONE NO. [REDACTED]

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):
Rialto, Ca. 92376

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11-10-18 TIME: 8:00 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.
SOUTHBOUND Riverside Ave, Just Below Walnut Ave.

3. HOW DID DAMAGE OR INJURY OCCUR?
Driving on Riverside Ave, just crossed Walnut Ave, I couldn't avoid large pothole in street due to cars in next lane and in front of me. Caused large holes in my front and rear. Tires on passenger side. Tires could not be repaired

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.
City of Rialto not large pothole not repaired

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 308.00

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

DAMAGES INCURRED TO DATE:

Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

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: N/A

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

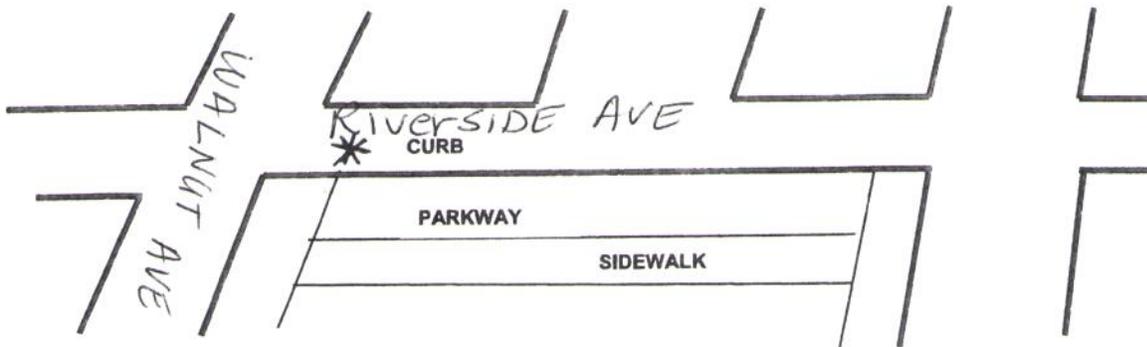
DATE: _____ TIME: _____ AM PM

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

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

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

American Tire Depot Rialto1
185 Foothill Blvd
RIALTO,CA 92376
(909)279-1567

Customer ID: 0

Name:
 Address:
 Address 2:
 City,State,Zip Code: , ,
 Home Phone: () -
 Work Phone: () -
 Other Phone: () -
 Tax Exempt #:

Year:
 Make:
 Model:
 Lic No:
 VIN:
 Color:
 Engine:
 Mileage In: 0
 Mileage Out: 0

Create Date: 12/12/18 10:48:45
 Date/Time: 12/12/18 10:52:05
 Work Order #: 34860
 Invoice #:

Email Address:
 PO Number:
 Fleet/Wholesale: N



Service comments:

Tire Information

TIRE PRESSURE: LF __ RF __ LR __ RR __ SPARE __

TREAD DEPTH: LF __/32 RF __/32 LR __/32 RR __/32 SPARE __/32

BRAKE PAD THICKNESS: LF __ RF __ LR __ RR __

Qty.	Part #	RFR	Loc	Description	Parts	Labor	Total
Tire Inflation: Not Available Torque: Not Available							
2	MAB223520			ACHI ATR SPORT 2 90W BSW	101.99	0.00	203.98
2	TRF			ACHI 225/35ZR20/XL 90WW XL BSW			
2	MB			CALIFORNIA TIRE RECYCLE FEE	1.75	0.00	3.50
2	TDF			MOUNT BALANCE TIRE & WEIGHTS	2.99	15.00	35.98
2	RH			TIRE DISPOSAL FEE	2.99	0.00	5.98
2	VS			ROAD HAZARD WARRANTY	17.82	0.00	35.64
				VALVE STEM	2.99	0.00	5.98

*** Customer Wishes To Discard Old Parts _____ ***

I GRANT AMERICAN TIRE DEPOT PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED FOR THE PURPOSE OF TESTING, INSPECTING, INCLUDES REMOVAL OF WHEELS AND DRUMS FOR THE PURPOSE OF INSPECTING THE BRAKES, SERVICING OR DELIVERY. I RELEASE AMERICAN TIRE DEPOT FROM RESPONSIBILITY FOR LOSS OR DAMAGE TO VEHICLE OR CONTENTS THEREIN, IN CASE OF FIRE, THEFT OR OTHER CAUSE BEYOND AMERICAN TIRE DEPOTS CONTROL. I AUTHORIZE THE REPAIR AND SERVICE WORK LISTED ON THIS WORK ORDER TO BE PERFORMED FOR THE AMOUNT SHOWN BELOW. OLD PARTS WILL NOT BE RETURNED UNLESS I SPECIFY. ****ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED** CUSTOMER SIGNATURE:
 X _____

TECH:

PARTS TOTAL 261.06
 SALES TAX 17.20
 LABOR TOTAL 30.00
 GRAND TOTAL 308.26



6251 Sierra Ave
Fontana, CA 92336
9094286769

Store: 570
Quote: 57000094142
Salesperson: Sammy J T

ARD 283061

Customer Information

Customer ID:
Name:
Address:
City, State,
Phone:

Vehicle Information

Vehicle:
Color:
Mileage:
License:

Les Schwab Quote

Qty	Product Code	Product Description	Price/ea	FET	Amount
2	16798	Pass Tire Service Package	\$0.00	\$0.00	\$0.00
2	507371	225/35ZR-20XL 95W FORMOZA FD-2 ALL SEASONS BW	\$138.28	\$0.00	\$276.56
2	648662	VALVESTEM REPLACEMENT/TIRE PRESSRE MONITORING SYSTEM REBUILD	\$6.00	\$0.00	\$12.00
2	13718	WHEEL SPIN BALANCE	\$14.00	\$0.00	\$28.00
Sales Tax:					\$22.36
Tire Tax:					\$3.50
Quotation Total:					\$342.42



* indicates sale price

For more information on our products and services, visit www.LesSchwab.com.

Prices good for 30 days, excluding promotions.

Quote Expires on 01-11-2019.

Quote Date/Time: 12-12-2018 11:09 AM