



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 OCT 31 PM 1:44

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

RECEIVED
CITY CLERK

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:

Albert Ortiz
FULL NAME

DATE OF BIRTH

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: 5/31/24 TIME: 2:40 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.
East Rialto Avenue, Crossing N. Pepper ave between the Arco and 76 Gas Stations. Going Eastbound towards San Bernardino

3. HOW DID DAMAGE OR INJURY OCCUR?
Water Manhole Cover was out and laying sideways on the right lane. Was not visible until about 60 feet away. Drove over it and Damaged transmission

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

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$3,800

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

DAMAGES INCURRED TO DATE:

- Item/Date: Kia Dealer 5/31/24 via phone Amount: \$ 3,800
- Item/Date: Kia Dealer in person 6/1/24 Amount: \$ 3,683.56

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 3,680.00

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: Priscilla Martinez

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

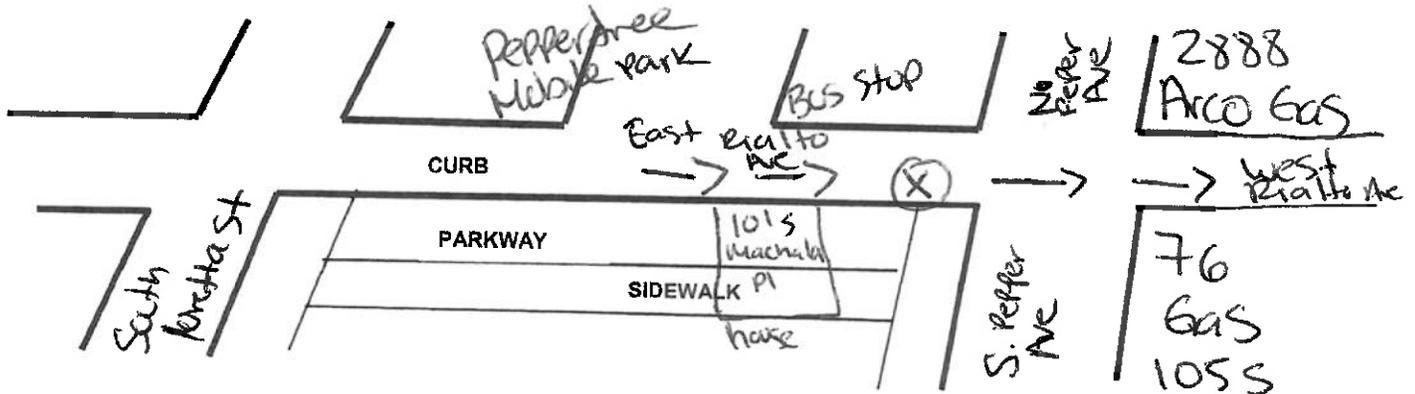
DATE: _____ TIME: _____ AM PM

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

Albert Ortiz

TYPE OR PRINT NAME

10/31/24

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



**VALLEY KIA
FONTANA**

16272 S Highland Ave - Fontana, CA 92336
Phone: (909) 350-2700 Fax: (909) 350-2780
www.valleykia.com

B.A.R. # ARD00190201

SERVICE DEPARTMENT HOURS
7:00 a.m. to 6:00 p.m.
Monday - Friday
8:00 a.m. to 2:00 p.m. Saturday

R/O Open Date	R/O Number
6/01/24	6181946/1
Time Received	Time Promised
9:38	6/01 17:00
Current Mileage	Mileage Out
136372	
Estimate of Repairs	Service Advisor / Key Tag #
175.00	RAUL PARIS/551

ORTIZ, MARIO				Work Phone	Vehicle Identification Number	
				Home Phone	Delivery Date	In-Service Date
Year	Make	Model	Body		9/02/17	9/02/17
2017	KIA	FORTE	4D	Color	License Number	
				K8072 CENTURY SERVICE PLUS 100000 or 9/02/27 Ded 0	WHITE	
				CENTURY MAINTENANCE PLUS 45000 or 9/02/21 Ded 0		

Job Number	Description of Work	Code
1.	PERFORM 360 VEHICLE INSPECTION. \$29.99 VALUE COMPLIMENTARY WITH ANY SERVICE. INSPECT AND SET TIRE PRESSURE AS PER CALIFORNIA AB32 LF RF LR RR	KCP1 MPI Internal

Job Number	Description of Work	Code
2.	VALLEY KIA NOW OFFERS FLEXABLE PAYMENT PLAN FOR PARTS & SERVICE. DONT PUT OFF THOSE IMPORTANT REPAIRS. SEE ADVISOR FOR DETAILS OR VALLEYKIA.COM	999 Internal

Job Number	Description of Work	Code
3.	CUSTOMER STATES he hit a man hole and now has transmission	111 Customer Pay Customer Pay

Job Number	Description of Work	Code
4.		

Job Number	Description of Work	Code
5.		

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE
I hereby authorize the repair work above to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto "

DISCLAIMER OF WARRANTIES.
Warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

Parts Transactions

View a tour

\$\$\$

Counter Sale Counterperson: CESAR JUAREZ

Actions Print

Name: **Q CASH SALE** Quote Number: Q000504969
 A/R #: Invoice #:
 A/R Terms: PO #:
 Email: Make/Model:
 Phone: VIN:
 Price Level: Retail
 Sale Type: Retail

Opt	Part Number/Description	Din/Shelf	Qty/Avl	List	Net	Ext	Action
1	86511 B0000 COVER-FR BUMPER	RACK	1/EP	402.15	398.13	398.13	✎ ⊙
1	86522 B0000 MOULDING-FRONT BUMPE	TOP BIN	1/EP	147.40	145.93	145.93	✎ ⊙
1	96985 3X000 SENSOR-EXTERNAL AMBI	L7 8	1/EP	29.98	29.68	29.68	✎ ⊙
1	29110 B0000 PANEL ASSY-UNDER COV	202 C	1/ 1	96.52	95.55	95.55	✎ ⊙
1	45000 2F511RCA REMAN TRANSMISSION	SPORD	1/EP	1192.50	1180.58	1180.58	✎ ⊙
1	45000 2F511RCA-C Core Charge: 450002F511RC		1/EP	1000.00	1000.00	1000.00	✎ ⊙
1	UM013 CH059 ATF TYPE 4(M) (12)	A 5	5/47	20.21	20.21	101.05	✎ ⊙
Promo Messages: ** EPA ID-CAL000417194 **							

Previous Next

Function KI

Freight:
 Fees/Discounts:
 Parts: 2950.92
 Taxes: 228.70
 Deposit:

Shipping

Total: 3179.62

Save

Exit

Delete

~~Everything 10 Hrs~~

trans only 8 Hrs

~~1750
3180
4930.00~~

~~2200.50~~
 3,600.00
 Pre-paid \$1,000.00
 Deposit.

VALLEY KIA
16272 S. HIGHLAND AVE
FONTANA, CA 92336

06/07/2024

09:05:56

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXXX4921
Chip Card:	CAPITAL ONE
AID:	A0000000041010
SEQ #:	5
Batch #:	239
REFERENCE	6181946
Approval Code:	066952
Entry Method:	Contactless
Mode:	Issuer

SALE AMOUNT \$1000.00

CUSTOMER COPY



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Monday - Friday
8:00 a.m. to 2:00 p.m. Saturday

R/O Open Date	R/O Number
06/01/24	6181946/1
R/O Close Date	Status
06/14/24	Pre-Invoice
Mileage In	Mileage Out
136372	136373
Service Advisor / Tag #	
RAUL PARIS/551	
Vehicle Identification Number	
Delivery Date	In-Service Date
09/02/17	09/02/17
Color	License Number
WHITE	

ORTIZ, MARIO				Work Phone		Vehicle Identification Number	
				Home Phone		Delivery Date	In-Service Date
Year	Make	Model	Body			09/02/17	09/02/17
2017	KIA	FORTE	4D			Color	License Number
K8072						WHITE	

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
Cell: _____ Email: _____	
#1 - KCP1 MPI: PERFORM 360 VEHICLE INSPECTION. \$29.99 VALUE***SEE ATTACHED INSPECTION SHEET*** COMPLIMENTARY WITH ANY SERVICE. INSPECT AND SET TI RE PRESSURE AS PER CALIFORNIA AB32 LF__RF__LR__RR__ Tech: BRANDON A ESCOBEDO (32) AWU2	Internal
#2 - 999: VALLEY KIA NOW OFFERS FLEXABLE PAYMENT PLAN FOR PARTS & SERVICE. DONT PUT OFF THOSE IMPORTANT REPA IRS. SEE ADVISOR FOR DETAILS OR VALLEYKIA.COM	
#3 - 111: CUSTOMER STATES he hit a man hole and now has transmission transmission has hole in it all fluid leaked out due to impact Tech: BRANDON A ESCOBEDO (32) AWU2 Installed 45000 2F511RCA :REMAN TRANSMISSION 1@1180.58 1330.00 Core Chg 45000 2F511RCA-C :Core Charge: 450002F511 1@1000.00 1180.58 Installed UM013 CH059 :ATF TYPE 4(M) (12) 5@20.21 1000.00 replaced transmission and performed adaptive 101.05 values reset and oil pressure characteristics. customer declined to replace front bumper cover, front bumper molding, external sensor and lower engine under cover.	

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. "I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto."

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

LABOR	
PARTS	
DEDUCTIBLE	
SUBLET	
SHOP SUPPLIES	
HAZARDOUS MATERIALS	
SALES TAX OR TAX I.D.	
SPECIAL ORDER DEPOSIT	
DISCOUNTS	
TOTAL DUE	

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X

KIA VALLEY KIA FONTANA

16272 S Highland Ave - Fontana, CA 92336
 Phone: (909) 350-2700 Fax: (909) 350-2780
 www.valleykia.com

B.A.R. # ARD00190201

SERVICE DEPARTMENT HOURS
 7:00 a.m. to 6:00 p.m.
 Monday - Friday
 8:00 a.m. to 2:00 p.m. Saturday

R/O Open Date	R/O Number
06/01/24	6181946/2
R/O Close Date	Status
06/14/24	Pre-Invoice
Mileage In	Mileage Out
136372	136373
Service Advisor / Tag #	
RAUL PARIS/551	
Vehicle Identification Number	
Delivery Date	In-Service Date
09/02/17	09/02/17
Color	License Number
WHITE	

ORTIZ, MARIO				Work Phone	
				Home Phone	
Year	Make	Model	Body	Color	License Number
2017	KIA	FORTE	4D	WHITE	
K8072					

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
Sub Total: 3611.63	

10% OFF COUPON	

* **ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED** *	

	-100.00

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. "I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto."

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

LABOR	1330.00
PARTS	2281.63
DEDUCTIBLE	.00
SUBLET	.00
SHOP SUPPLIES	.00
HAZARDOUS MATERIALS	.00
SALES TAX OR TAX I.D.	171.93
SPECIAL ORDER DEPOSIT	.00
DISCOUNTS	-100.00
TOTAL DUE	3683.56

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X

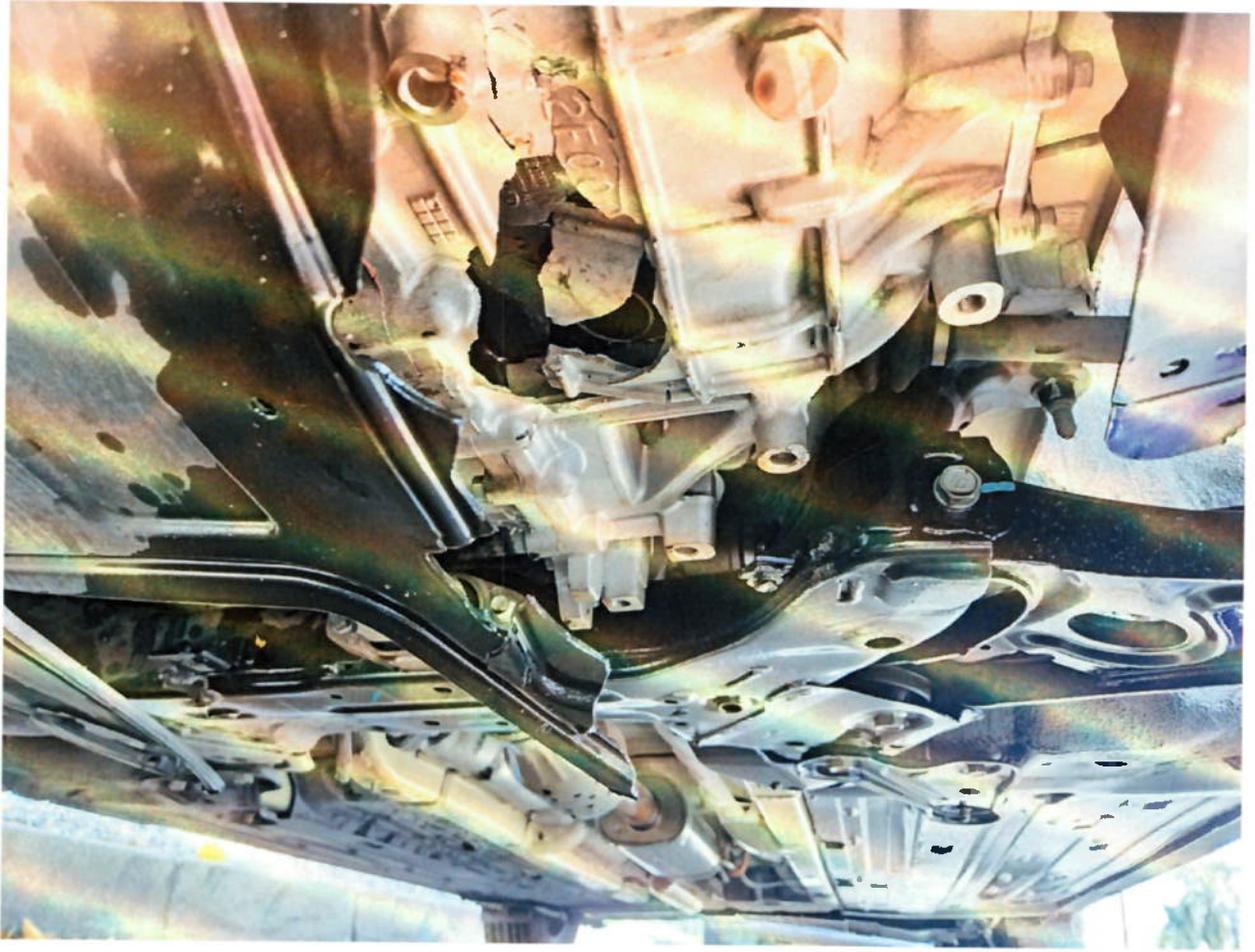
(CUSTOMER COPY)

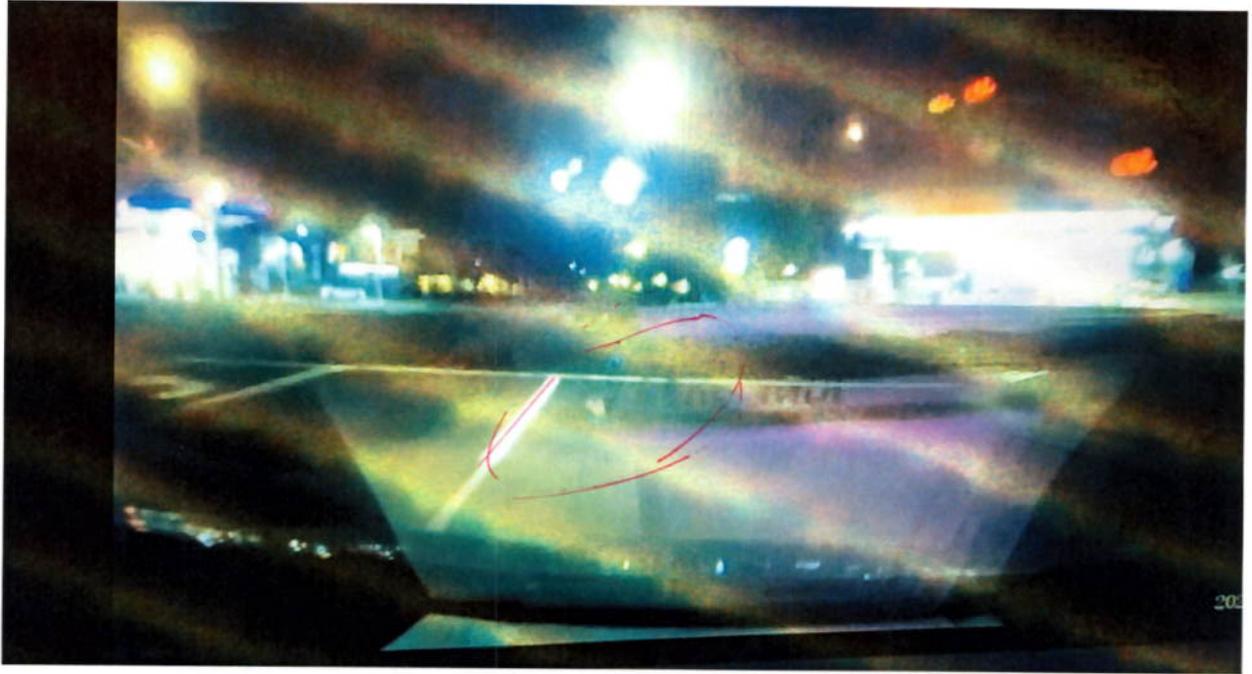
SALE AMOUNT

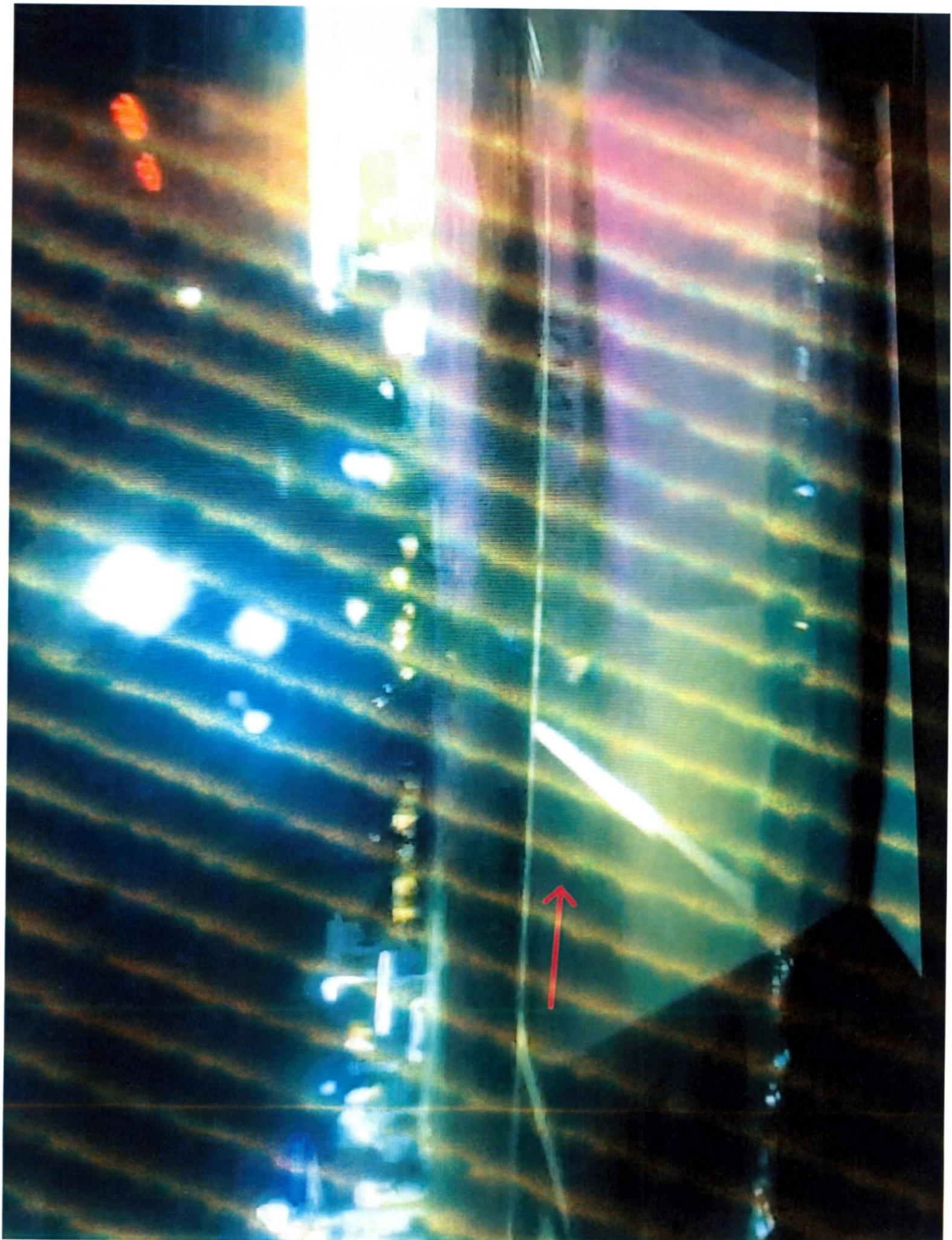
\$2683.56

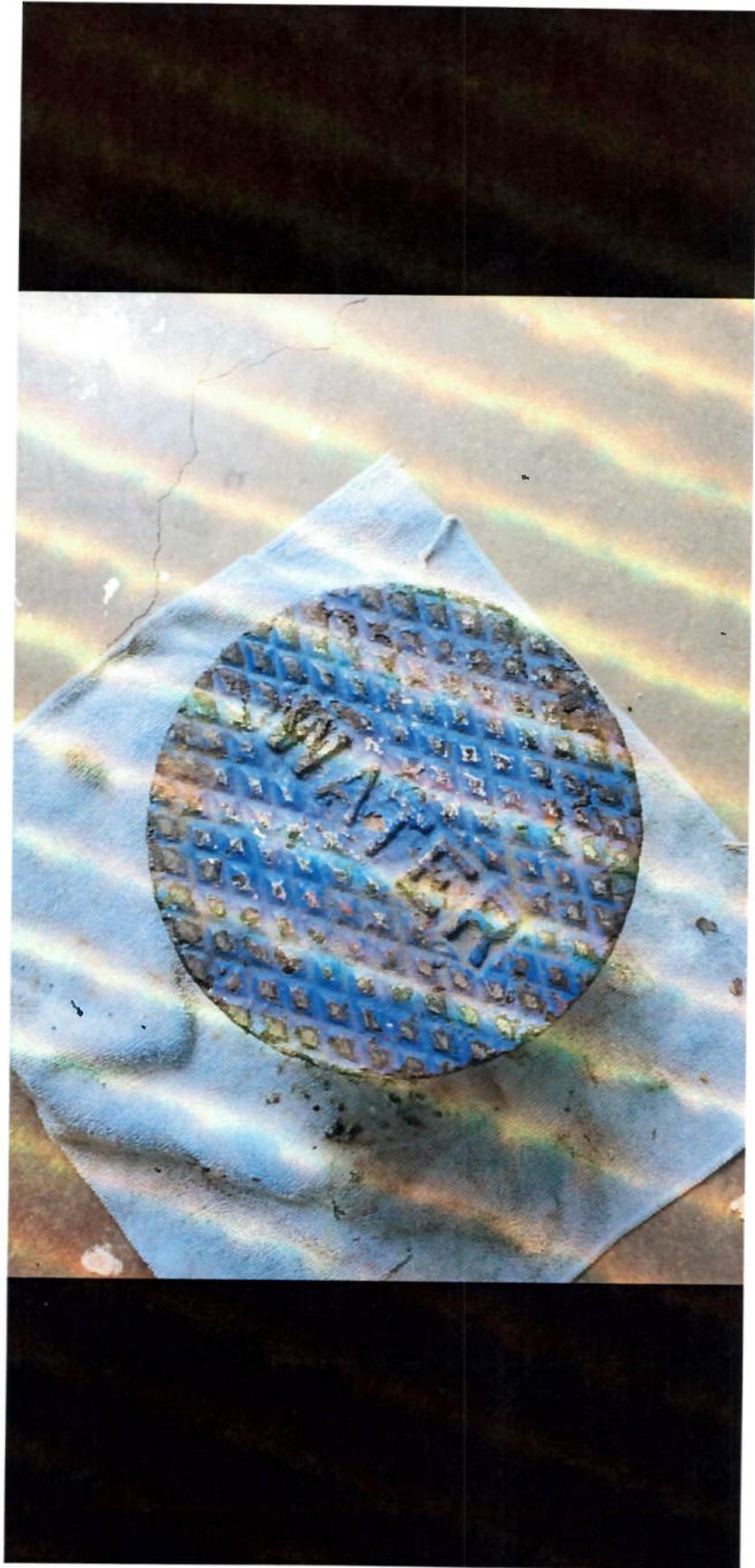
Card #	XXXXXXXXXXXXXXXXXXXX921
Chip Card	CAPITAL ONE
AID	A0000000041010
SEQ #	10
Batch #	246
REFERENCE	6181946
Approval Code	057542
Entry Method	Chip Read
Mode	Issuer

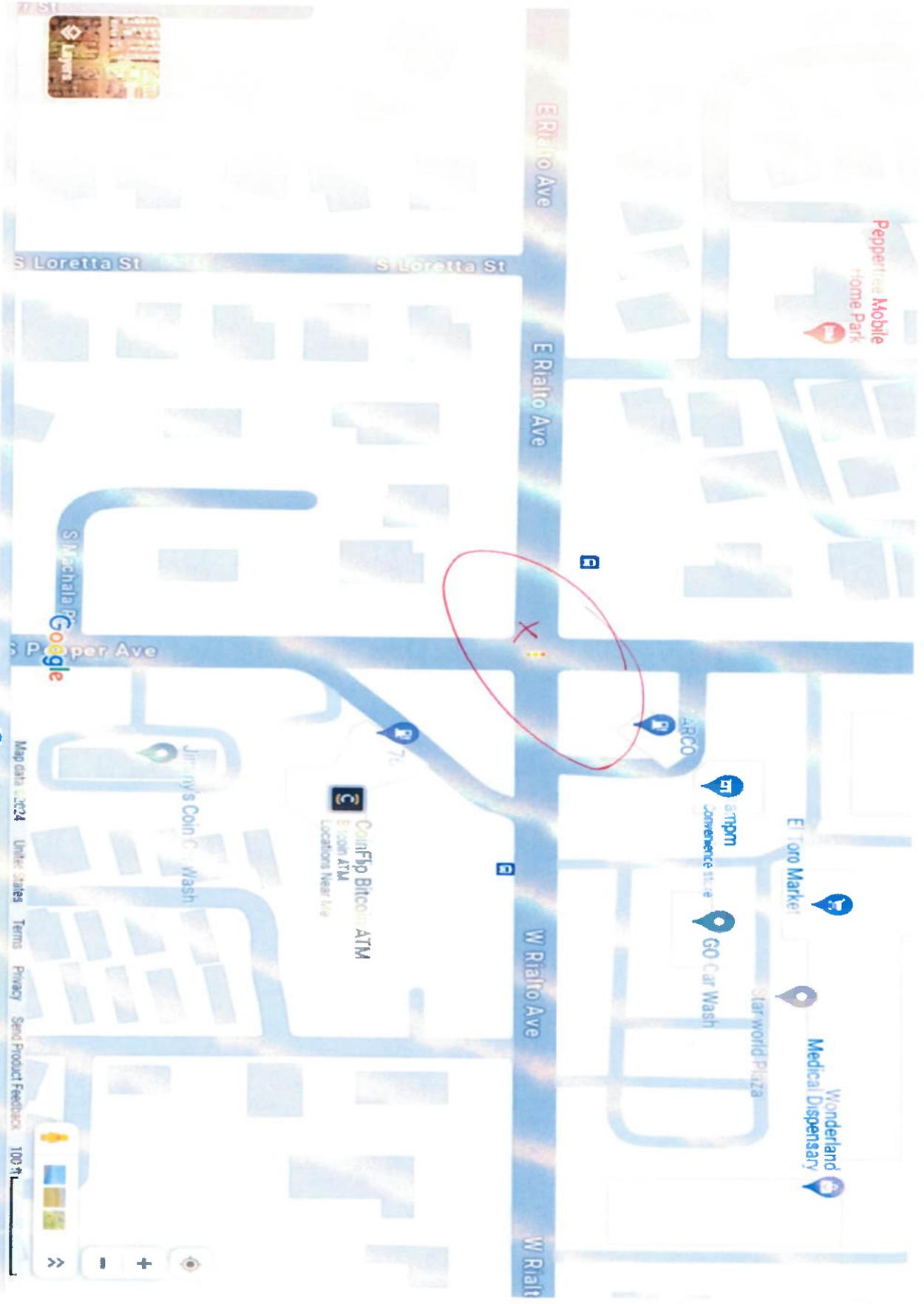
VALLEY KIA
 16772 S HIGHLAND AVE
 FONTANA, CA 92336
 06 15 2024 11:38:58
 CREDIT CARD
 MC SALE











Peppertree Mobile Home Park

E Rialto Ave

E Rialto Ave

S Loretta St

S Loretta St

S Mechala P

S Per Ave

Google

B

ARCO

El Toro Market

Starworld Plaza

Medical Dispensary

GO Car Wash

W Rialto Ave

W Rialto Ave

CoinFpo Bitcoin ATM

Jiminy's Coin C. Wash

Map data © 2024

United States

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100 ft



