



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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
2022 AUG 29 PM 12:24  
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:**

Jasmine Calahan  
FULL NAME 92395  
Victorville ca  
HOME ADDRESS INCLUDING CITY, STATE & ZIP  
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP  
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE  
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM  
(if different from home address provided above):  
DATE OF BIRTH  
HOME TELEPHONE NO.  
BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 08-29-2022 TIME: 5:25 ☒ 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 on Sierra ave making a left hand turn from  
stop sign and once I made my left turn on to riverside st  
in rialto I hit a very big pot hole and it popped my tire

3. HOW DID DAMAGE OR INJURY OCCUR?

Damage occurred while I was driving and  
right after I made my turn my tire popped as I hit  
pot hole.

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.

I feel that if the city were to make sure  
the road is paved correctly and make sure their  
roads aren't damaged my tire wouldn't have popped.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 372.08

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Tire / Labor / Disposal Amount: \$ 228.72  
Item/Date: Alignment Amount: \$ 129.95



TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 373.08

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Tire / Maint. Labor

Amount: \$ 228.72

Item/Date: Alignment

Amount: \$ 129.95

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 373.08

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

NAME: Drasan Martinez

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Victorville CA 92394

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

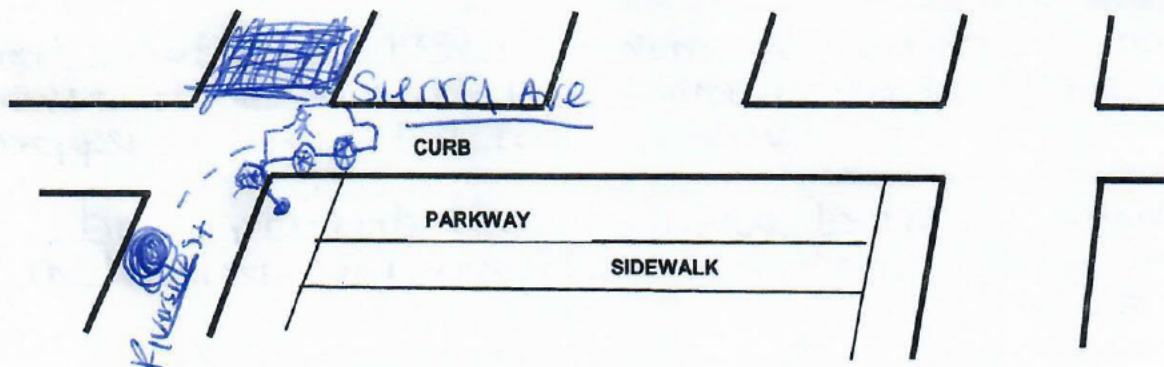
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

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

Jasmine Calahan

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

8-29-2022

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



CUSTOMER #: 1020789

91014

\*INVOICE\*



ROCK HONDA #462

 16570 South Highland Ave.  
 Fontana, CA 92336  
 Phone: (909) 330-7200  
 Service Direct: (909) 330-7016  
 Service Fax: (909) 330-7209

PAGE 1

**Hours of Operation**  
 Mon - Fri 7:00AM - 6:00PM  
 Sat 7:00AM - 5:00PM  
 Sun 8:00AM - 3:00PM

SERVICE ADVISOR: 242492 Ricardo A Felix Jr

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
SI/Silver	22	HONDA ACCORD HYBRID	1HGCV3F93NA021983		5825/5825	T223

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
31MAY22 IS			18:00 29AUG22			CASH	29AUG22

R.O. OPENED	BOOKED	OPTIONS:
09:18 29AUG22	11:39 29AUG22	SOLD-STK:NA021983 DLR:27226 ENG:2.0L 16-VALVE DOHC_I-VTEC_4-CYLINDER TRN:CVT AUTOMATIC 3

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A MOUNT AND BALANCE 1 TIRES - GOODYEAR EAGLE TOURING 235/40R19 -

PASSENGER FRONT

EMOUNT1 MOUNT AND BALANCE 1 TIRES

254649 CX

WK WEIGHT KIT

1 42751-GYR-056 TIRE (235/40R19)

1 TD TIRE DISPOSAL

1 TT TIRE TAX

1 WMK WHEEL MOUNTING KIT

1 42753-SB8-661 VALVE, RIM

 PARTS: 185.97 LABOR: 30.00 OTHER: 12.75 TOTAL LINE A: 228.72  
 500 0.30

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B PERFORM A 4 WHEEL ALIGNMENT

ALIGN PERFORM A 4 WHEEL ALIGNMENT

254649 CX

 PARTS: 0.00 LABOR: 129.95 OTHER: 0.00 TOTAL LINE B: 129.95  
 500 1.20

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ESTIMATE: 379.95 29AUG22 09:18 SA: 242492

CONTACT:

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Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	<b>HAZARDOUS WASTE DISPOSAL COSTS:</b> We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> Email (See Attached)		LABOR AMOUNT	159.95
Revised Estimate \$				<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> Email (See Attached)		PARTS AMOUNT	185.97
<input type="checkbox"/> Tire pressure check/inflation service was performed. RF _____ psi LF _____ psi RR _____ psi LR _____ psi <input type="checkbox"/> Customer declined tire pressure check/inflation service. Initials _____					ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	GAS, OIL, LUBE	0.00
						SUBLET AMOUNT	0.00
						WASTE DISPOSAL COSTS *	12.75
						TOTAL CHARGES	358.67
						LESS DISCOUNT	0.00
						SALES TAX	14.41
						PLEASE PAY THIS AMOUNT	373.08

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

Work Order:  
Last Name:  
First Name:  
VIN:  
License:  
Year:  
Technician:  
Odometer:  
Date

R962235  
J CALAHAN  
JASMINE



1HGCV3F93NA021983

22  
254649  
500  
8/29/22 10:35 AM

## Honda 2022 Accord Hybrid 19" Wheel 4-Wheel Total Alignment

