



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2022 SEP - 7 PM 1:14
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:

Jason Sanders

FULL NAME

DATE OF BIRTH

Rialto CA. 92377

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: June 22, 2022 7:18 TIME: 3:18 ☐ 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.

676 W. Arbeth St. There were 2 Trees in the yard on a windy day
On June 22. The wind was blowing on the tree fell on the
back of my Nissan Maxima at 3:18 2000 Nissan Maxima gold

3. HOW DID DAMAGE OR INJURY OCCUR?

A tree in the yard fell on the back of my car.

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.

N/A

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

\$5,205.93

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

DAMAGES INCURRED TO DATE:

Item/Date: 08-11-22 Caliber Collision (909) 874-4470

Amount: \$5,205.93

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 5,205.93

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 8-11-22 Caliber Collision (009) 874 4470

Amount: \$ 5,205.93

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 5,205.93

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

NAME: Tai Long

NAME: _____

ADDRESS: _____

ADDRESS: _____

923 77

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

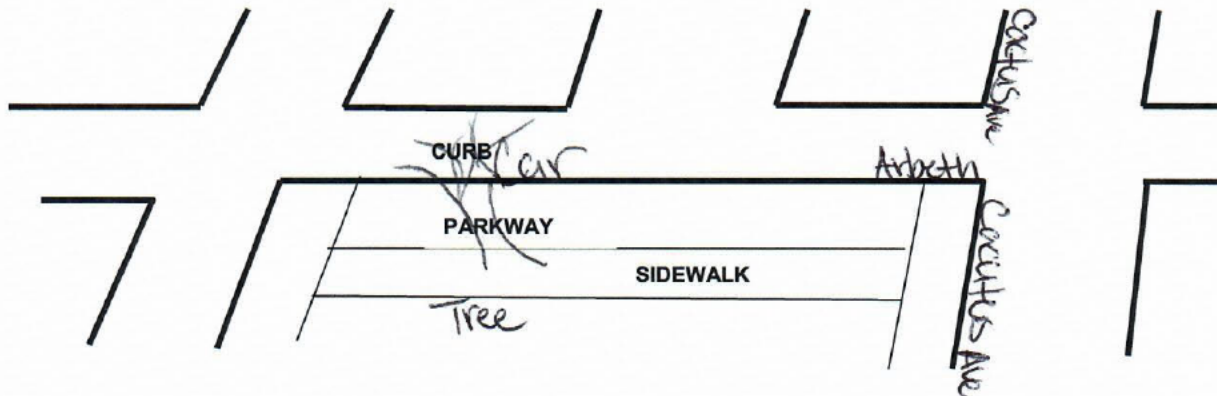
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

Jason Sanders

SIGNATURE OF CLAIMANT OR AGENT

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

9-07-22

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

CALIBER COLLISION

CALIBER - RIALTO

RESTORING THE RHYTHM OF YOUR LIFE
421 West Rialto Avenue, RIALTO, CA 92376
Phone: (909) 874-4470
FAX: (909) 874-4561

Workfile ID: 831fa325
Federal ID: 33-0730794
State ID: N/A
Federal EPA: N/A
State EPA: CAL000265317
BAR: ARD299767

Preliminary Estimate

Customer: Sanders, Jason

Written By: Jason S Jimenez

Insured: Sanders, Jason
Type of Loss:
Point of Impact: 16 Non-Collision

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Sanders, Jason

Inspection Location:
CALIBER - RIALTO
421 West Rialto Avenue
RIALTO, CA 92376
Repair Facility
(909) 874-4470 Business

Insurance Company:
CUSTOMER PAY

VEHICLE

2000 NISS Maxima SE Automatic 4D SED 6-3.0L Gasoline SMPI GOLD

VIN:	Interior Color: TAN	Mileage In: 240,953	Vehicle Out:
License:	Exterior Color: GOLD	Mileage Out:	
State:	Production Date: 12/1999	Condition:	Job #:

TRANSMISSION

Automatic Transmission

POWER

Power Steering
Power Windows
Power Locks
Power Mirrors

DECOR

Dual Mirrors
Body Side Moldings
Tinted Glass

Console/Storage

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry

Alarm

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Cassette

SAFETY

Drivers Side Air Bag
Passenger Air Bag
4 Wheel Disc Brakes

SEATS

Cloth Seats

Bucket Seats

Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint
Metallic Paint

OTHER

Fog Lamps
Rear Spoiler
Power Trunk/Liftgate

Preliminary Estimate

Customer: Sanders, Jason

2000 NISS Maxima SE Automatic 4D SED 6-3.0L Gasoline SMPI GOLD

40		Repl	RT Bumper cover clip	85284AD000	4	30.04	Incl.	
41		Repl	LT Bumper cover clip	85284AD000	4	30.04	Incl.	
42	VEHICLE DIAGNOSTICS							
43	#		Pre-repair scan		1	40.00 X	0.5	
44	#		Post-repair scan		1	80.00 X	0.5	
45	#		Cover Car for Overspray		1	12.00 X	0.3	
46	#	Repl	Corrosion Protection / Primer		1	15.00 T	0.3	
47	#	Rpr	D&R Battery				0.5	
48	#		Flex Additive		1	12.00 T		
49	#		DeNib and Polish		1	18.00 X	1.0	
50	#	Refn	Color Tint					0.5
51	#		Rope Back Glass		1	6.00 X	0.5	
52			OTHER CHARGES					
53	#		E.P.C.		1	20.00		
SUBTOTALS						2,053.77	20.6	12.0

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,850.77
Body Labor	20.6 hrs	@	\$ 72.00 /hr	1,483.20
Paint Labor	12.0 hrs	@	\$ 72.00 /hr	864.00
Paint Supplies	12.0 hrs	@	\$ 51.00 /hr	612.00
Miscellaneous				183.00
Other Charges				20.00
Subtotal				5,012.97
Sales Tax	\$ 2,489.77	@	7.7500 %	192.96
Grand Total				5,205.93





