



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2018 DEC 17 PM 3:30
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:

Stella McGee

FULL NAME

[REDACTED]

DATE OF BIRTH

[REDACTED] Moreno Valley, CA 92552

HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]

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: 12/05/2018 TIME: 5:20 ☐ 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.

Heading South on Riverside Ave from the 10 FWY between Agua Mansa Rd. and the business of
C. R. England located at 2250 S. Riverside Ave.

3. HOW DID DAMAGE OR INJURY OCCUR?

There was two potholes on the left side of the road that I hit one right after the other. This area is
always bad on the street because of all the 18 wheeler trucks that drive this road everyday. This
particular evening it had been raining all day and must have opened up the road. There was no way to avoid

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.

Improper care of this roadway because of the heavy traffic on this road with 18 wheelers traveling on
it daily. Once it rains it causes this road to become filled with open potholes.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 752.20

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

DAMAGES INCURRED TO DATE:

Item/Date: 12/05/2018

Amount: \$ 752.20

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 752.20

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 12/05/2018

Amount: \$ 752.20

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: David Green

NAME: _____

ADDRESS: _____

ADDRESS: _____

Riverside, CA 92504

TELEPHONE: _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

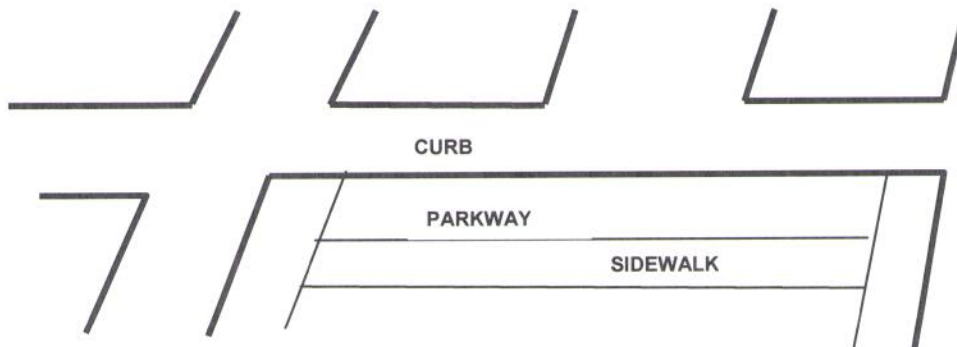
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.



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CITY OF RIALTO

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

Stella McGee

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

12/12/2018

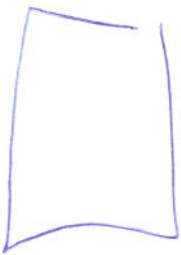
DATE

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

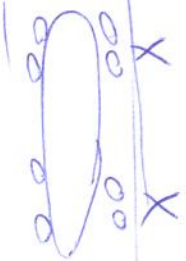
CITY OF RIALTO
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Occurred
Between

AGUA MANSA Rd
&



C.R. England



→ South Riverside Ave.

AGUA MANSA
Rd.

STELLA L MCGEE

MORENO VALLEY, CA 92553
HOME: (951) 688-3332
BUS: 909-951-6887
CELL: 951-544-9412

EMAIL: [REDACTED]@HOME

CITY OF RIALTO

Invoice #: 748296

Tag #: TG383

Customer #: 509222N

Service

Advisor: 900173 DAVID GREENE



3213 Adams/Auto Center Drive - Riverside - CA 92504
PHONE (951) 688-3332 - TOLL FREE (800) WALTSMB
FAX (951) 688-2359
waltsmb.com

COLOR	YEAR	MAKE	MODEL	CLERK	VIN	LICENSE	MILEAGE IN	MILEAGE OUT
NIGHT BLAC	18	MERCEDES	CLA250C4				29687	29687
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	R.O. OPENED
08JUL17	06MAR17		19:00 06DEC18		0.00	CASH	11DEC18	07:43 06DEC18
OPTIONS: SOLD-STK:509222N TRN:--}	AXL:696/158							09:38 11DEC18

Service Department
Hours

Monday - Friday
7:00 AM to 7:00 PM
Saturday
8:00 AM to 4:00 PM

Thank You!

Become an eVIP
Member of our
dealership
and start to save today!

By offering us your email
address, you will receive
special electronic sales and
service discounts, factory
recall notices, and service
maintenance reminders...

all FREE!

ASK your Service Consultant
For Details

A APPOINTMENT MADE BY RICHARD AIRADA				PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00			
ARA DEFAULT				*****			
B CUSTOMER STATES: GUEST HAVING VEHICLE TOWED IN -				*****			
TOW DEFAULT				*****			
PARTS: 3.68 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 3.68				*****			
1 000-828-03-88-10 KEYLESS REMOTE COIN				*****			
BATTERY, TYPE CR2025				*****			
C CUSTOMER STATES DRIVER SIDE FRONT TIRE IS FLAT. SHE RECENTLY HAD HER				*****			
TIRE REPLACED, BUT WOK UP WITH A FLAT TODAY. PLEASE CHECK AND				*****			
ADVISE. STATES SHE HIT A POT HOLE PRIOR TO HAVING TIRE				*****			
REPLACED. PLEASE CHECK RIM FOR A CRACK. APPROVED TO REPLACE				*****			
DRIVER SIDE REAR TIRE WITH PART#BQ8400553 PIRELLI PZERO MO XL				*****			
MOUNT-1 DEFAULT				*****			
900516 CP 0.50				*****			
2 WHEEL WEIGHTS				*****			
1 O-8-40-0553 PIRELLI 225/40R18 SKU 1679700				*****			
1 TT TIRE TAX				*****			
MISC HAZARDOUS WASTE FEE USED TIRE				*****			
CSC				*****			
PARTS: 182.30 LABOR: 29.95 OTHER: 3.65 TOTAL LINE C: 1.90				*****			
29687 LEFT REAR TIRE DAMAGED TEAM 1 900516 0.50 SEE LINE F FOR LEFT				*****			
FRONT WHEEL REPLACEMENT DUE TO CRACK ON INSIDE EDGE, REMOVE, MOUNT, AND				*****			
BALANCE 1 NEW LEFT REAR TIRE DUE TO DAMAGE ON TIRE, NEW DOT # XT4U H797				*****			
1817. CUSTOMER DECLINED PIRELLI CINTURATO P7 MOE RECOMMENDED. CUSTOMER				*****			
WANTED PIRELLI PZERO MO TIRE INSTEAD				*****			
D MULTI-POINT INSPECTION				*****			
MPI DEFAULT				*****			
900516 CPR 0.00				*****			

ON BEHALF OF SERVING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO THE CUSTOMER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPAIRED UNDER THIS CLAIM HAD BEEN CONSIDERED TO HAVE BEEN INVOLVED IN AN ACCIDENT, NEGLIGENCE OR MISUSE RECORDS SUPPORTING THIS CLAIM IS AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT AND NOTIFICATION SERVING DEALER FOR INSPECTION BY MANUFACTURERS REPRESENTATIVE.

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

LABOR AMOUNT		TOTAL	
PARTS AMOUNT			
GAS, OIL, LUBE			
SUBLET AMOUNT			
MISC. CHARGES			
TOTAL CHARGES			
ADJUSTMENTS			
SALES TAX			
PLEASE PAY THIS AMOUNT			

Notice to Consumer: Please read important information on back.

APPOINTMENTS: 951-688-3390

walters



3213 Adams/Auto Center Drive · Riverside · CA 92504
PHONE (951) 688-3332 · TOLL FREE (800) WALTSMB
FAX (951) 688-2359
waltsmb.com

BAR# ARD00003021 EPA# CAL000248190

Invoice #: 748296
Tag #: TG383
Customer #: 50922N
Service Advisor: 900173 DAVID GREENE

9412 BUS: 909-949-0500 CELL: 951-544-9412
email: gce90@yahoo.com | HOME

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN	MILEAGE OUT
NIGHT BLAC	18	MERCEDES CLAS 25004			29687	29687
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED LTR	PO NO.	RATE	PAYMENT
08JUL17	06MAR17	19:00	06DEC18	0.00	CASH	11DEC18
OPTIONS: SOLD-STK:50922N TRN:--}	AXL:696/158					

Service Department Hours

Monday - Friday
7:00 AM to 7:00 PM
Saturday
8:00 AM to 4:00 PM

Thank You!

Become an eVIP Member of our dealership and start to save today!

By offering us your email address, you will receive special electronic sales and service discounts, factory recall notices, and service maintenance reminders...
all FREE!

ASK your Service Consultant For Details

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE D:	0.00
E CHECK AND CORRECT ALL TIRE AIR PRESSURES, INCLUDING SPARE (WHERE APPLICABLE)							
TP DEFAULT							
PARTS:	900516	CPR	0.00	OTHER:	0.00	TOTAL LINE E:	0.00
29687	TIRE PSI SET TO 36/32 TEAM 1 900516						
F** REPLACED DRIVER SIDE FRONT RIM DUE TO CRACK							
WHEEL-1 REPLACE 1 DRIVER'S SIDE FRONT WHEEL DUE TO CRACK							
SUBL REPLACED D/F RIM WITH NEW RIM IN#19924 PO#70766							
PARTS:	0.00	LABOR:	0.00	OTHER:	520.00	TOTAL LINE F:	520.00
29687	REPLACED DRIVER SIDE FRONT RIM DUE TO CRACK						
EST: 0.00	06DEC18	07:43	SA:	900173			
EST: 385.06	06DEC18	11:36	SA:	900173			
CONTACT:							

WAIT CC CREATED 2018-12-06
07:06:00AM TAKEN BY RICHARD AIRADA

ORIGINAL ESTIMATE \$
AUTHORIZED ESTIMATE \$
I ACKNOWLEDGE NOTICE OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE AND ADDITIONAL CUSTOMER WARRANTY WORK PERFORMED, AND/OR RECEIPT OF VEHICLE.
X

ON BEHALF OF SERVING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM OR OTHERWISE. THE DEALER'S LIABILITY FOR NEGLIGENCE OR MISFEASANCE IN ANY WAY WITH ANY ACCIDENT, FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY MANUFACTURERS REPRESENTATIVE.

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(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

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APPOINTMENTS: 951-688-3390

LABOR AMOUNT		29.95
PARTS AMOUNT		185.98
GAS, OIL, LUBE		0.00
SUBLET AMOUNT		520.00
MISC. CHARGES		3.65
TOTAL CHARGES		739.58
ADJUSTMENTS		0.00
SALES TAX		16.27
PLEASE PAY THIS AMOUNT		755.85

Stella
P.O. Box 1151
M. V. CA.
92552



CITY OF RIALTO

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Rialto City Clerk's Office
150 S. Palm Ave.
Rialto, CA.
92376