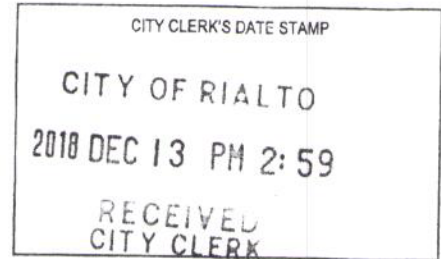




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

Ricky A. Scott
FULL NAME

[REDACTED] CA 92377
HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

[REDACTED]
DATE OF BIRTH

[REDACTED]
HOME TELEPHONE NO.

[REDACTED]
BUSINESS TELEPHONE NO.

Rialto CA 92377

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/11/2018 TIME: 05:30 ☒ 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.

West Bond BelSimmon Av 1/4 mile East of Lockst

3. HOW DID DAMAGE OR INJURY OCCUR?

Big Pot Hold in Road after THE Rain or Drying Construction

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.

Big Pot Hold in or Street did not see due to Timmer H.T. in The Hold Bent the Rims on my car, and Busted the tires

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 826.71

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:

\$ 826.71

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ 318.27

Item/Date: _____

Amount: \$ 508.44

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 826.71

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: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

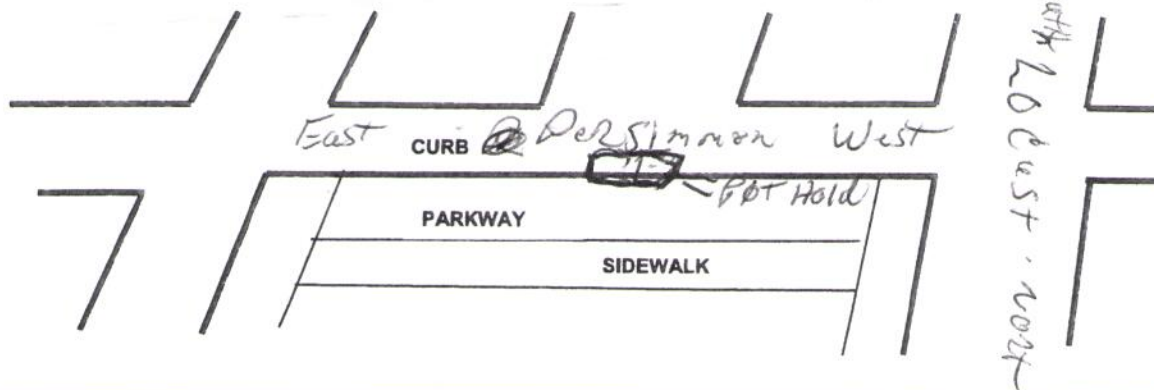
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Close Ticket Inquire

12/12/18

Name: SCOTT , RICKY ANTONIO Acct#: 95046620 Ticket#: 102579577

Closed Reason: EARLY BUYOUT

Closed Date: 1/11/18

Rate Of Pmt: 33.66 Rate Of Grp: 13.99 Rate Of ESP: 0.00

Rate Of Tax: 3.69 Ttl Reg Due: 51.34 Next Pmt Due: 2/24/18

Agreement Amt: 1,750.32 Agreement Bal: 170.56 Balloon Pmt:

Model Nbr	Serial Nbr	Pmt Amt	Revenue	Agreement Date
WLMERM2020845BC	122970645	4.70	220.59	3/11/17
WLMERM2020845BC	122970646	4.70	220.59	3/11/17
WLMERM2020845BC	122970647	4.70	220.59	3/11/17
WLMERM2020845BC	122970648	4.70	220.59	3/11/17
TRNEX2453520N5000+	122990632	5.85	274.56	3/11/17
TRNEX2453520NFERA	122898747	1.85	86.82	3/11/17
TRLAN2453520LS58	122964601	1.85	86.82	3/11/17
TRLAN2453520LS58	122964602	1.85	86.82	3/11/17
ACEZSTPMSSSENSDB	122967570	3.46	162.38	3/11/17

Return For Next Screen:

Arrow Keys-Positioning Return-Next Field F8-Backout Cmd-Exit Pgm

CITY OF RIALTO
2018 DEC 13 PM 2:59RECEIVED
CITY CLERK**RENT-WHEEL**
RENT-TIRE
YOUR WHEELS. YOUR MUV.**Jesse Camacho**
Manager
email: jcamacho@rentawheel.com9333 Sierra Ave., Fontana, CA 92335
O 909.427.1235
rentawheel.com | rentatire.com

Inventory Change

12/12/18

Model #: WLMERM2020845BC

Serial #: 122970645

Actual Cost:	143.00	Selling Price:	122.20
Freight/Other Cost:		Packed/Landed Cost:	143.00
Average cost:	160.30	Bal Owed FP:	143.00
Total Revenue:	508.44	Total Times Rented:	3
YTD Revenue:	508.44	YTD Times Rented:	3
QTD Revenue:	508.44	QTD Times Rented:	3
PTD Revenue:	508.44	PTD Times Rented:	3
TTD Revenue:	219.19	TTD Times Rented:	
Total RTR Revenue:		Total RTO Revenue:	508.44
Receiving Loc:	212		
Normal Terms Monthly:	12	Monthly RTO Price:	74.00
Normal Terms Weekly:	52	Weekly RTO Price:	76.86
RTR Pricing Type:	N	Actual RTO/RTR Price:	244.40
MV Pricing Type:	N	Reserved Indr:	
Spiff:		New Inv Rented:	R
Last Employee Nbr:	92	Delivered By:	
Alternate RTO Price:		Last Receipt Nbr:	171699
Current Inv Indr:	0	Orig Cost:	143.00
Assigned Value:		Retail Price:	
		Retail Price Cap:	

CITY OF RIALTO

2018 DEC 13 PM 2:59

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CITY CLERK

Total Cost 12-12-18
Jesse Camacho

Press Enter For Next Page:

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12/12/18

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CITY OF RIALTO
2018 DEC 13 PM 2:59RECEIVED
CITY CLERK

Return For Next Screen:

Arrow Keys-Positioning Return-Next Field F8-Backout Cmd-Exit Pgm

Inventory Change

12/12/18

Model #: TRNEX2453520N5000+	Serial #: 122990632
Actual Cost: 96.56	Selling Price: 152.10
Freight/Other Cost:	Packed/Landed Cost: 96.56
Average cost: 106.50	Bal Owed FP: 96.56
Total Revenue: 318.27	Total Times Rented: 4
YTD Revenue: 318.27	YTD Times Rented: 4
QTD Revenue: 318.27	QTD Times Rented: 4
PTD Revenue: 318.27	PTD Times Rented: 4
TTD Revenue: 272.82	TTD Times Rented:
Total RTR Revenue:	Total RTO Revenue: 318.27
Receiving Loc: 212	
Normal Terms Monthly: 18	Monthly RTO Price: 285.34
Normal Terms Weekly: 78	Weekly RTO Price: 285.34
RTR Pricing Type: N	Actual RTO/RTR Price: 304.20
MV Pricing Type: N	Reserved Indr:
Spiff:	New Inv Rented: R
Last Employee Nbr: 92	Delivered By:
Alternate RTO Price:	Last Receipt Nbr: 171699
Current Inv Indr: 0	Orig Cost: 96.56
Assigned Value:	Retail Price:
	Retail Price Cap:

CITY OF RIALTO

2018 DEC 13 PM 2:59

RECEIVED
CITY CLERK

Total Cost

12-12-18

Jesse Camacho

Press Enter For Next Page:

Arrow Keys--Positioning, Return--Next Field, F8--Backout, Cmd--Exit Pgm





