



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2019 JAN 29 AM 7:29
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:

Rachel Galindo

FULL NAME

Fontana CA
92336

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: 1/17/19 TIME: 7:00 ☐ 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.

The incident occurred on Linden Avenue, South of
Foothill Blvd. I believe across from an Apt. Complex

3. HOW DID DAMAGE OR INJURY OCCUR?

Driving southbound on Linden I hit a large pot
hole. The weather had been raining that day
and prior so I'm not sure if that contributed to

4. WERE POLICE AT THE SCENE? ☐ YES ☒ NO WERE PARAMEDICS AT THE SCENE? ☐ YES ☒ NO the large pot hole

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.

Rialto/Linden Street with large hole. MY tire
damaged when I hit the hole and went completely
flat. I had to call a Tow service.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 390.00

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

DAMAGES INCURRED TO DATE:

Item/Date: *Tow Service "First Choice" Amount: \$ 85.00
Item/Date: Sonora Tire Amount: \$ 305.00

* Tow Service only took cash because it was
"after hours", 2775 N. Locust Ave, Rialto CA
92377

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 390.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: See above

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: James Galindo

NAME:

ADDRESS:

ADDRESS:

Fontana, CA 92336

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

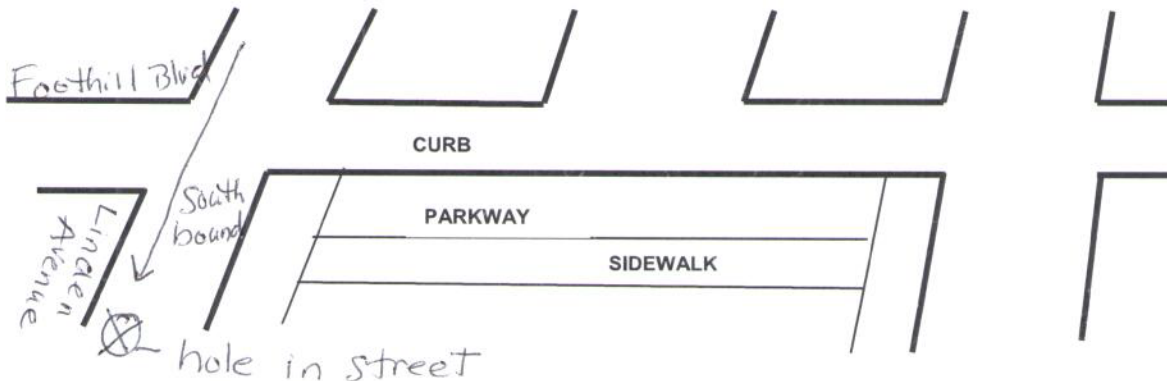
DATE: TIME: ☐ AM ☐ PM

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

Rachel Galindo

TYPE OR PRINT NAME

DATE

1/24/19

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

Used Tires

Alignments ☐

Catalytic Converter ☐

No alignment warranty on salvage vehicles.

DESCRIPTION.

OTHERS

Damaged LUG NUTS

GCFA

TOTAL PARTS

WARRANTY

- ☐ 35,000
- ☐ 40,000
- ☐ 45,000
- ☐ 50,000
- ☐ 60,000
- ☐ 80,000
- ☐ ROAD HAZARD
- ☐ TREADWEAR



SONORA TIRE

15979 Foothill Blvd. • Fontana, CA.

(909) 823-7878

NAME KACHEL

ADDRESS

CITY _____

MAKE

MODEL

YEAR

MILES

VIN #

LABOR

1 New + ire

CONFIDENTIAL 255 50 19

Aliment

250.00

5500

CALIFORNIA TIRI

☐ VISA ☐ MASTERCARD ☐ DISCOVER☐ A. EXPRESS ☐ CASH

RECYCLING FEE \$1.76 per Tire

NO GUARANTEE ON TIRES RAN FLAT
NO GUARANTEE ON POTHOLE DAMAGE

WARNING: TIGHTENING OF LOG NUTS IS RESPONSIBILITY. RE-TIGHTEN LUG NUTS 25 MILES AFTER EACH INSTALLATION

FREE TIRE ROTATION & FREE FLAT REPAIR W/ PURCHASE OF 4 NEW TIRES

Catalytic converters are not warranted against back fire and for as long you own your vehicle.

Condition upon prior of turn-up within 5 days of installation and regularly thereafter.

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of repairs needed on my own car or truck to secure the amount of repairs.

and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the cost of repairs and/or inspection thereon.

sign your order you become liable to unconditional accept ownership, there is absolutely no return or deposit exchange, except in the case of defective items. We are not responsible for items or fees left out 30 days. The "Guarantee on Used Tools" No-Refunds, No Exchanges, All sales are final.

CUSTOMER'S SIGNATURE X

TOTAL OF PARTS	100.00
SALES TAX ON PARTS	10.00
TOTAL OF LABOR	100.00
GRAND TOTAL	210.00

30	5	00
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SOMORA TIRES ROUTE 66
15979 FOOTHILL BLVD
FONTANA, CA 92335

01/19/2019

11:35:55

DEBIT CARD

DEBIT SALE

Card #	XXXXXXXXXXXX6222
Network:	INTERLINK
Chip Card:	US DEBIT
AID:	A0000000980840
ATC:	0254
TC:	F6FA09C1477E708C
SEQ #:	5
Batch #:	86
INVOICE	6
Approval Code:	281905
Entry Method:	Chip Read
Mode:	Issuer - PIN Verified

SALE AMOUNT \$305.00

CUSTOMER COPY