



CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP
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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:

BRANDON GORTOL
FULL NAME
[REDACTED] RIALTO
HOME ADDRESS INCLUDING CITY, STATE & ZIP
92376
DATE OF BIRTH
[REDACTED]
HOME TELEPHONE NO.
[REDACTED]
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP
[REDACTED]
BUSINESS TELEPHONE NO.
[REDACTED]
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):
[REDACTED]

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 1-19-19 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.

CEDAR & VALLEY, BEFORE YOU GET TO
CORNER, VALLEY

3. HOW DID DAMAGE OR INJURY OCCUR?

POT HOLE COVERED BY WATER

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.

THE CITY - POT HOLE IN THE ROAD
CAUSED TWO FLAT TIRES

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

\$ 140.-

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

DAMAGES INCURRED TO DATE:

Item/Date: 1-20-19 - Purchased 2
Item/Date: new tires

Amount: \$ 140.-
Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 140.-

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

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: Samantha Gontol

NAME: _____

ADDRESS: _____

ADDRESS: _____

Rialto, CA 92376

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

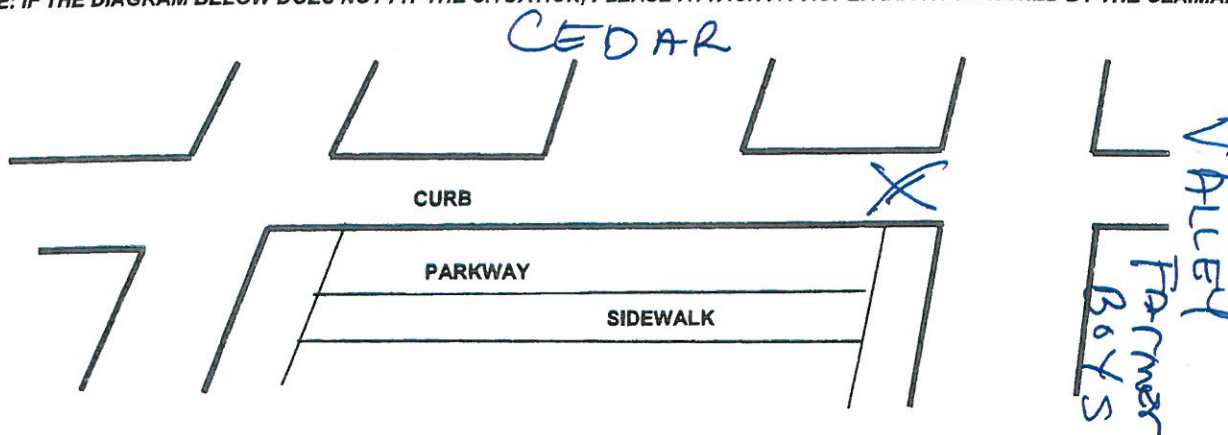
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

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HAD TO
PUT 2
DONUT
TIRE

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FIXED

1/20

CEDAR +
VALLEY



BLOOMINGTON
TIRES
NEW & USED

18829 Valley Blvd.
Bloomington, CA 92316

Shop: (909) 990.5002
Cell: (951) 398.6043

NAME <u>Brandon</u>	PHONE HOME BUSINESS [REDACTED]	YEAR, MAKE & MODEL <u>2012 Honda Civic</u>	DATE <u>1-20-19</u>
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	METHOD OF PAYMENT <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> CREDIT CARD
ZIP [REDACTED]		ZIP [REDACTED]	

VIN NUMBER [REDACTED]	GVW [REDACTED]	ODOMETER READING <u>80,16</u>	ENGINE SIZE [REDACTED]
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DESCRIPTION		AMOUNT
<input checked="" type="checkbox"/> NEW TIRE <u>205-55-16</u>	<input type="checkbox"/> USED TIRE	<u>70.00 #2</u>
<input type="checkbox"/> VALVES	<input type="checkbox"/> PATCHES	
<input type="checkbox"/> PLUGS	<input type="checkbox"/> RIMS REPAIR	
<input type="checkbox"/> ROTATION	<input type="checkbox"/> COMPUTER BALANCE	
<input type="checkbox"/> ALIGNMENTS		
<input type="checkbox"/> BRAKES	<input type="checkbox"/> SHOCKS	
<input type="checkbox"/> SUSPENSION		
<div><div>LF</div><div>RE</div><div>SPARE</div><div>LR</div><div>RR</div></div>		
Tire Disposal Fee		<u>1.75</u>

USED TIRES NO GUARANTEE		California New Tire Fee
BLOOMINGTON TIRES do not guarantee used tires or used wheels. All work is final. No refunds or exchanges. Customer is satisfied based on this invoice. Note: All used tires are only for temporary use and must be replaced as soon as possible with a new tire. BLOOMINGTON TIRES is not responsible for lost articles, i.e. Center caps, hub caps attached to wheels, spacers and/or loose lugnuts, etc.; as well as not responsible for damage or inconvenience any used tire may cause you and/or your vehicle.		
Charges are payable for this invoice. No statement mailed unless requested. All accounts payable within 30 days. 2% per month will be charged on all accounts over 30 days old.		F.E.T.
		TAX
Print <u>Brandon Gortol</u> Sign <u>[Signature]</u>		TOTAL <u>140.00</u>

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Rialto, CA 92376

SANTA ANA
CA 9206
01 FEB '19
PM 4 L



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150. S. Palm Avenue
Rialto, CA 92376

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