



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2019 MAY 22 PM 1:14
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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:

Saro Hatzakortzian

FULL NAME

DATE OF BIRTH

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):

Business Address

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 04/25/19 TIME: 11:00 ☐ 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.

Off ramp of the Alder Ave. Exit on the 210 East Bound

3. HOW DID DAMAGE OR INJURY OCCUR?

My tire popped on a very large pothole.

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.

Very Large Pot Hole.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ \$699.04

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

DAMAGES INCURRED TO DATE:

Item/Date: 05/10/19

Amount: \$ \$699.04

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$699.04

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Item/Date: _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

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Amount: \$ _____

Amount: \$ _____

\$ _____

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

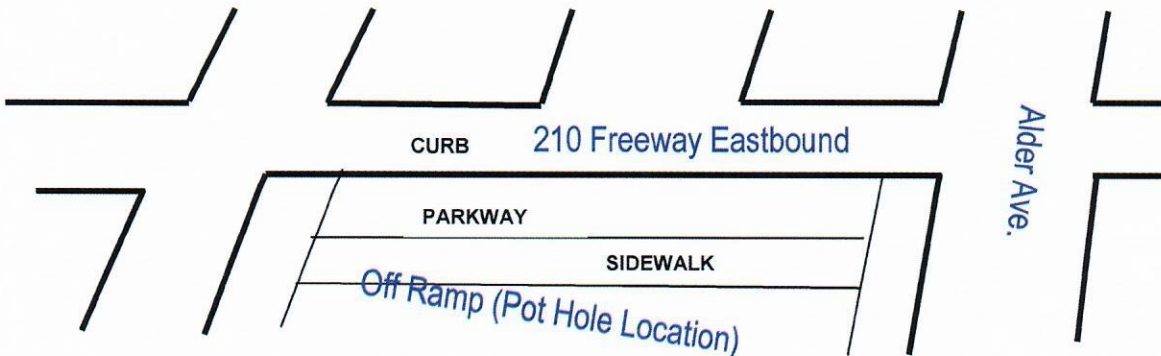
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

Saro Hatzakortzian

SIGNATURE OF CLAIMANT OR AGENT

Saro Hatzakortzian

TYPE OR PRINT NAME

05/21/19

DATE

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



BMW of Ontario

BMW of Ontario

1301 Auto Center Drive, Ontario, CA 91761

2019 MAY 22 PM 1:15

877-869-0918

CUSTOMER NO. 103662	ADVISOR PAMELA ALLEN	TAG NO. 20602	INVOICE DATE 05/10/2019	INVOICE NO. 511837
SARO HATZAKORTZIAN [REDACTED] FONTANA, CA 92334	LABOR RATE [REDACTED]	LICENSE NO. NONE	MILEAGE 4,905	COLOR SPECIAL
	YEAR / MAKE / MODEL [REDACTED]		DELIVERY DATE	DELIVERY MILES
	VEHICLE I.D. NO. [REDACTED]		SELLING DEALER NO.	PRODUCTION DATE 07/01/2017
	F.T.E. NO.	P.O. NO.	R.O. DATE 05/09/2019	
RESIDENCE PHONE [REDACTED]	BUSINESS PHONE	COMMENTS		

CHARGES

#	Part Number	Description	Unit	Total
#1	36BMZ11	REPLACE TIRE(S)		50.00
		CLIENT STATES MOUNT AND BALANCE LEFT FRONT TIRE FLATTENED BY A POTHOLE. HOLE IN TIRE MOUNTED AND BALANCED TIRE ON LEFT FRONT WHEEL, 6UNR 004X4717 DOT NUMBER		
Qty	Part Number	Description	Unit	Total
1	BM36-11-2-448-888	MICHELIN PILOT SPOR	352.56	352.56
1	BM1101	WEIGHTS	5.95	5.95
		TOTAL PARTS:		358.51
Misc Code	Description	Unit	Total	
CTT	CALIFORNIA TIRE TAX		1.75	
EXCIS	TIRE DISPOSAL		2.00	
	TOTAL MISC:		3.75	
	LABOR		50.00	
	PARTS		358.51	
	MISC		3.75	
	TOTAL		412.26	
#2	00BMZ4WA	WHEEL ALIGNMENT		259.00
		CUSTOMER REQUESTS FOUR-WHEEL ALIGNMENT. ALIGNMENT PERFORMED FOUR WHEEL ALIGNMENT , PROVIDED COPY IN GLOVE BOX		
		LABOR	259.00	
		PARTS	0.00	
		TOTAL	259.00	
#3	00BMZ1	MULTI-POINT INSP		0.00
		CUSTOMER REQUESTS COMPLIMENTARY VEHICLE INSPECTION. Provide Copy of Report to Customer. Document and Review Technician Recommendations.		
		LABOR	0.00	
		PARTS	0.00	
		TOTAL	0.00	
#4	00BMZ2	TIRE PRESSURE CHECK		0.00
		CUSTOMER REQUESTS TIRE PRESSURE CHECK. Record Tire Pressure Measurements After Service Complete.		

Thank you for choosing
BMW of Ontario. To
schedule your next
appointment, please call
(909) 906-4000.

Service Hours:
Monday thru Friday:
7:00 am – 7:00 pm
Saturday:
8:00 am – 2:30 pm
Sunday:
Closed

Parts Hours:
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Saturday:
8:00 am – 2:30 pm
Sunday:
Closed

www.bmwofontario.com



BMW of Ontario

BMW of Ontario

1301 Auto Center Drive, Ontario, CA 91761

877-869-0918

CUSTOMER NO. 103662		ADVISOR PAMELA ALLEN	20602	TAG NO. 8018	INVOICE DATE 05/10/2019	INVOICE NO. 511837
SARO HATZAKORTZIAN [REDACTED] FONTANA, CA 92334		LABOR RATE	LICENSE NO. NONE	MILEAGE 4,905	COLOR SPECIAL	STOCK NO.
		YEAR / MAKE / MODEL [REDACTED]			DELIVERY DATE	DELIVERY MILES
		VEHICLE I.D. NO. [REDACTED]			SELLING DEALER NO.	PRODUCTION DATE 07/01/2017
		F.T.E. NO.	P.O. NO.	R.O. DATE 05/09/2019		
RESIDENCE PHONE [REDACTED]	BUSINESS PHONE	COMMENTS				

SET TIRE AIR PRESSURE, FRONT TIRES 32 PSI, REAR TIRES 32 PSI

LABOR 0.00
PARTS 0.00
TOTAL 0.00

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#5 04BMZNOAMP NO ALTERNATE TRANS 0.00

CUSTOMER STATES NO ALTERNATE TRANSPORTATION OR
SHUTTLE NEEDED ON THIS VISIT.

LABOR 0.00
PARTS 0.00
TOTAL 0.00

Service Hours:
Monday thru Friday:
7:00 am – 7:00 pm
Saturday:
8:00 am – 2:30 pm
Sunday:
Closed

#6 04BMZOPI ONLINE PAYMENT INVT 0.00

Online Payment Invitation will be automatically sent to customer when
Repair Order is invoiced.

LABOR 0.00
PARTS 0.00
TOTAL 0.00

Parts Hours:
Monday thru Friday:
7:00 am – 7:00 pm
Saturday:
8:00 am – 2:30 pm
Sunday:
Closed

#7 04BMZWASH CAR WASH 0.00

CUSTOMER REQUESTS COMPLIMENTARY CAR WASH.
Wash and Shammy-Dry Vehicle Exterior. Vacuum Interior Carpets and
Mats.

LABOR 0.00
PARTS 0.00
TOTAL 0.00

COMMENTS

X04PLQTGR2:CC created 2019-05-09 08:44:00am taken by IRENE GARCIA

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INVOICE TOTALS

TOTAL LABOR 309.00
TOTAL PARTS 358.51
TOTAL SUBLET 0.00
TOTAL G.O.G. 0.00



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		F.T.E. NO.		P.O. NO.	R.O. DATE 05/09/2019		
RESIDENCE PHONE [REDACTED]	BUSINESS PHONE	COMMENTS					

TOTAL MISC. 3.75
TOTAL TAX 27.78
TOTAL INVOICE \$ 699.04

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Parts Hours:

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Saturday:
8:00 am – 2:30 pm
Sunday:
Closed

www.bmwofontario.com

This electronic invoice is provided to you for your convenience.
A final invoice will be available when you pick up your vehicle.

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