



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2019 MAY 20 PM 4:52

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:**

Jennique D. Venable

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):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: May 12, 2019 TIME: 2:30 ☐ 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.

The damage occurred at the intersection of "Foothill + Acacia".  
Driving East in the right lane

3. HOW DID DAMAGE OR INJURY OCCUR?

There was loose concrete around the man hole and  
a huge piece was positioned up upright and damaged  
my car when I drove over it.

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.

Loose concrete not properly affixed to the ground cause  
damage to my car in the city of Rialto, Ca.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 595.12

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

**DAMAGES INCURRED TO DATE:**

Item/Date: 5/13/19 / Repairs

Amount: \$ 382.61

Item/Date: 5/14/19 Rental / overdraft fees  
32.51 180.00

Amount: \$ 212.51



TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 595.12

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: Jean Wade

NAME: Amen A. Tyson - Colboet (minor)

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Rialto, Ca 92376

Claremont, Ca 91711

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

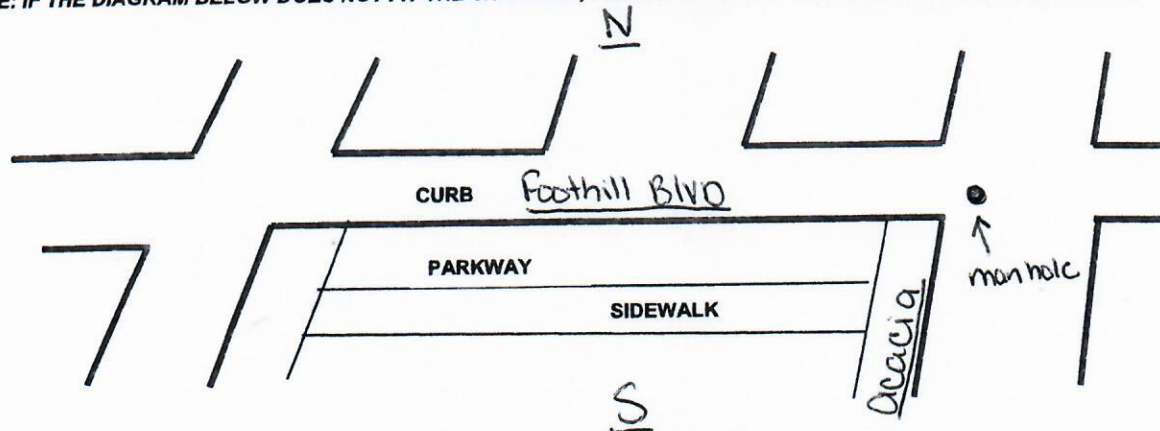
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

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

Dennique V. Venable

TYPE OR PRINT NAME

self

RELATIONSHIP TO CLAIMANT

5/20/19

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

2019 MAY 20 PM 4: 52

## Checking - [REDACTED]

Account Balance

\$4,845.46

Debit Card Authorizations

-\$259.75

Other balance adjustments

-\$4,444.37

Available Balance

\$141.34

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## Transactions

Date	Description	Check Number	Deposits	Withdrawals	Account Balance
<b>Completed Transactions</b>					
05/14/2019	Overdraft Paid Fee			\$36.00 1st 00 charge	\$244.84
05/14/2019	Debit Purchase Ret - Visa 05/13 card 9095 Enterprise Rent- claremont Ca		\$265.49		\$280.84 over drawn balance
05/13/2019	Debit Purchase 05/12 card 9095 Wal-mart Super Cpomona Ca			\$22.55	\$15.35 Account balance
05/13/2019	Debit Purchase -visa 05/12 card 9095 Fred Loya Insura800- 554-0595tx			\$114.38	\$37.90
05/13/2019	Debit Purchase -visa 05/10 card 9095 Sq *alexa Foodsesanta Ana Ca			\$22.00	\$152.28
05/13/2019	Debit Purchase -visa 05/09 card 9095 Trimana Of Arenanaheim Ca			\$5.38	\$174.28
05/13/2019	Debit Purchase -visa 05/09 card 9095 Market@work 20672067379149 Wa			\$3.85	\$179.66
05/13/2019	Visa Direct 05/13 card 9095		\$4.92		\$183.51



Sqc\*jennique Ven

05/13/2019	Internet Banking Transfer Deposit 5963	\$30.00	\$178.59
05/08/2019	Debit Purchase -visa 05/07 card 9095 Pomona Valley Hopomona Ca	\$30.00	\$148.59
05/06/2019	Debit Purchase -visa 05/05 card 9095 Sqc*wb Suhail 8774174551 Ca	\$20.00	\$178.59
05/06/2019	Debit Purchase 05/05 card 9095 Arco #42481 Ampmpomona Ca	\$62.14	\$198.59
05/06/2019	Atm Withdrawal 05/05 card 9095 Us Bank Claremonclaremont Caus1	\$80.00	\$260.73
05/06/2019	Debit Purchase -visa 05/04 card 9095 Dave & Busters #ontario Ca	\$65.00	\$340.73
05/06/2019	Debit Purchase 05/04 card 9095 Sunny Beauty Supcolton Ca	\$12.92	\$405.73
05/06/2019	Debit Purchase 05/03 card 9095 Wm Superc Wal- mapomona Ca	\$11.75	\$418.65
05/06/2019	Debit Purchase 05/03 card 9095 Wine And Liquor Claremont Ca	\$13.44	\$430.40
05/06/2019	Debit Purchase - Visa 05/03 card 9095 Abc*planet Fitne909- 2975090 Ca	\$15.00	\$443.84
05/06/2019	Debit Purchase - Visa 05/03 card 9095 Abc*planet Fitne909- 2975090 Ca	\$15.00	\$458.84
	Debit Purchase -visa		



05/14/2019	Overdraft Paid Fee	\$36.00	\$136.84
		4th OD Charge	
05/14/2019	Overdraft Paid Fee	\$36.00	\$172.84
		3rd OD Charge	
05/14/2019	Overdraft Paid Fee	\$36.00	\$208.84
		2nd OD Charge	

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# Checking - [REDACTED]

Account Balance	\$4,845.46
Debit Card Authorizations	-\$259.75
Other balance adjustments	-\$4,444.37
Available Balance	\$141.34

## Transactions

Date	Description	Check Number	Deposits	Withdrawals	Account Balance
<b>Pending Transactions</b>					
05/20/2019	Debit Purchase			\$62.27	Pending
05/20/2019	Deposit		\$4,444.37		Pending
05/20/2019	Electronic Withdrawal D&s Accept			\$135.00	Pending
05/20/2019	Debit Purchase			\$56.41	Pending
05/20/2019	Debit Purchase			\$20.21	Pending
05/19/2019	Wilson Creek Win Temecula Ca 1			\$37.04	Authorization Pending
05/19/2019	Wilson Creek Win Temecula Ca 1			\$4.31	Authorization Pending
05/18/2019	Callaway Vineyard & Winer Temecula Ca 1			\$54.31	Authorization Pending
05/17/2019	Little Caesars 5752 909- 6211966 Ca			\$12.75	Authorization Pending
05/17/2019	Panda Express #459 Anaheim Ca			\$4.20	Authorization Pending
05/17/2019	Sq *alexa Foodservices Santa Ana Ca			\$12.50	Authorization Pending
05/17/2019	Starbucks Store 05229 Claremont Ca			\$5.35	Authorization Pending



05/17/2019	Aarons Salo C0882 8009507368 Ca		\$129.29	Authorization Pending
<b>Completed Transactions</b>		CITY OF RIALTO 2019 MAY 20 PM 4:52 RECEIVED CITY CLERK		
05/17/2019	Atm Fee 051719plusterm2059 South Gareypomona Caus1		\$2.50	\$674.98
05/17/2019	Atm Withdrawal 05/17 card 9095 2059 South Gareypomona Caus1		\$303.25	\$677.48
05/17/2019	Debit Purchase 05/17 card 9095 Wal-mart #3132 Pomona Ca		\$25.10	\$980.73
05/17/2019	Electronic Withdrawal Planet Fit		\$21.99	\$1,005.83
05/17/2019	Electronic Withdrawal Planet Fit		\$21.99	\$1,027.82
05/17/2019	Debit Purchase - Visa 05/16 card 9095 Sprint *wireless800-639- 6111ks		\$313.52	\$1,049.81
05/17/2019	Electronic Deposit Carrington Mortg	\$1,380.49		\$1,363.33
05/16/2019	Overdraft Paid Fee Refund	\$36.00		-\$17.16
05/16/2019	Overdraft Paid Fee Refund	\$36.00		-\$53.16
05/16/2019	Overdraft Paid Fee Refund	\$36.00		-\$89.16
05/16/2019	Overdraft Paid Fee Refund	\$36.00		-\$125.16
05/16/2019	Overdraft Paid Fee Refund	\$36.00		-\$161.16
05/15/2019	Overdraft Paid Fee		\$36.00	-\$197.16
05/14/2019	Debit Purchase -visa 05/13 card 9095 Enterprise Rent- claremont Ca		\$298.00 <i>Refund</i>	-\$161.16 <i>New 00 balance</i>



(909) 621-3872 • (909) 621-4872



Invoice 76547  
Org. Est. # 164795

2019 MAY 20 PM 4:54

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CITY CLERK

Print Date : 05/13/2019

# INVOICE

CHINAZA, NDUNA JENNIQUE

Claremont, CA 91711

--- Office JEN

Cust ID : 27451

2012 Volkswagen - Passat SE

2.5L, In-Line5 (151CI) VIN(H), 6 speed Automatic 09G, 4-W/

Lic #: [REDACTED] Odometer In : 170.661

Unit #: Odometer Out : 170,663

Vin # :

Hat # :

[illegible]

[ Technicians : YARIAN, SARKIS 003 ]

Org. Estimate	\$ 91.00	Revisions	\$ 372.61	Current Estimate	\$ 463.61
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Revision# 1, Previous Estimate Amount: 91.00, Additional Cost: 372.61, Revised Estimate: 463.61, Parts: \$162.59 Labor: \$191.35 Sublet: \$0.00 Taxes & Fees: \$18.67 Authorized by - CHINAZA, NDUNA, Date - 5/13/2019, Time - 2:24 PM, Initiated By - Shop, Written By - ANDERSON, JEFF

Labor:	\$280.35
Parts:	\$162.59
Sublet:	\$0.00
Discount:	\$89.00
Sub:	\$353.94
Tax:	\$16.67
HazMat:	2.00
Total:	\$372.61
Bal Due:	\$372.61

CORRECT BAR#203976 FOR AAA MEMBERS ONLY. ALL WORK GUARANTEED UP TO 24 MONTHS/24,000 MILES. FOR OEM PARTS ONLY. APPROVE..... OR  
 DECLINE..... THANKS FOR COMING IN WE APPRECIATE YOUR BUSINESS. *perform any needed repairs or adjustments which the Smog Check test indicates are necessary.*

Written By:

**ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE**



CREDIT CARDS  
ACCEPTED



WE RESERVE THE RIGHT TO REFUSE ANY PERSONAL CHECKS

I acknowledge notice and oral approval of an increase in the original estimated price.

X

### CUSTOMER ACKNOWLEDGEMENT

ALL PARTS REMOVED WILL BE DISCARDED UNLESS INSTRUCTED OTHERWISE ☐ SAVE ☐ DISCARD

By signing below, I hereby authorize \_\_\_\_\_ to be inspected by Mitchell Repair Information Company, LLC and Napa Strk Repair, Inc. for the purpose of testing and/or inspection. If automobile is returned to customer before authorized service is performed, diagnostic and handling charge will be made. I have read and understand the statements and estimates made on this side and the reverse of this/these pages (connected with this vehicle). I authorize service to be performed, including sublet work, and acknowledge receipt of this estimate. Customer is hereby notified that the said property is not insured or protected against loss occasioned by theft, fire or vandalism while the property remains with the Repair Garage.

CUST  
SIG.

I ACKNOWLEDGE RECEIPT OF AND AGREE TO THE TERMS AND CONDITIONS OF THIS CONTRACT.

EPA # 00162429  
BAR # ARD208376



5845188  
CLAREMONT AUTO CARE  
3624 LYNOAK STREET  
POMONA, CA 91767-1228  
909-621-3872

Term ID: 002

Ref #: 007

### Sale

XXXXXXXXXXXX7621

MASTERCARD Entry Method: Manual

05/13/19 15:10:06

Inv #: 000007 Appr Code: 04980Z

Apprvd: Online Batch#: 000256

AVS Code: Y

V-Code: M

Total: \$ 382.61

Customer Copy  
THANK YOU!





1568 INDIAN HILL BLVD  
POMONA, CA 91767-3726

Rental Agreement #:

Bill Ref #:

Invoice Date:

Account #:

5R5S55

6000-3183-6667

05/13/2019

**BILLING DETAIL**

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	27.99	27.99
Subtotal			27.99
VEHICLE LICENSE RECOVERY FEE	1 DAY	1.65	1.65
SALES TAX	PCT	10.25	2.87
<b>Total Charges (USD)</b>			<b>32.51</b>

**PAYMENTS**

Payment	Visa	-298.00
Refunds	Visa	265.49

**Total Payments (USD)**

**-32.51**

**Amount Due (USD)**

**0.00**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

**BILL TO**

JENNIQUE VENABLE

CLAREMONT, CA - 91711

**RENTAL INFORMATION**

**Date/Time Out**

05/13/2019 09:54 AM

**Date/Time In**

05/13/2019 05:33 PM

**Renter**

VENABLE, JENNIQUE

**RENTAL VEHICLES**

Color	License	Model	Unit	Miles/Kms Out In
GRAY DK		ALTI		29,137 29,205
VIN:				

**CLAIM INFORMATION**

**Claim# / PO# / RO#**

**Insured**

**Date of Loss**

**Type of Loss**

**Type of Vehicle**

**Repair Shop**

CLAREMONT AUTO CARE

**For Billing Inquiries / Payment Terms :**

Tel#:6572214400

SCAGGARADMIN@EHI.com

Payment Due within days of invoice date

Late payments are subject to a finance charge.

**Thank You For Choosing Enterprise**

**Please Return This Portion With Remittance**

**Amount Due (USD)**

0.00

**Remit To :**

ENTERPRISE RENT-A-CAR  
333 CITY BLVD WEST, ST 1000  
ORANGE, CA 92868

**Paid By:**

JENNIQUE VENABLE  
CLAREMONT, CA 91711

**Fed Tax Id:** 95-3475810

**Account #**

**Rental Agreement**  
5R5S55

**Amount**  
0.00

**GPBR**  
3258