

CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY OF RIALTO
2019 MAY 29 AMII: 59
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:	tours The heat thousand
TYUS Anthony Washington FULL NAME [Rialto, CA 92376]	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: 5-26-19 TII	ME: 10745 DAMEDPM
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC - Describe fully and (if applicable) local Where appropriate, give street names and addresses, measurements and landmarks. OF Pepper Going Worth North towards	
3. HOW DID DAMAGE OR INJURY OCCUR? May tire blow out	
4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE?	□ YES 1 NO
5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMA employee causing the injury or damage, if known. May tire hit the pothole and wen	Contract to Access the Contract and Access to
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage	\$ 106,17
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc.	
DAMAGES INCURRED TO DATE:	
Item/Date: Tirc	Amount: \$ 106×17
Item/Date:	Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION C	FTHIS CLAIM: \$ 106 x17
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:	1 - 6
Item/Date:	
Item/Date:	
TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAG	SES: \$
7. WITNESSES TO DAMAGE OR INJURY List all persons known to have informance:	mation (attach additional pages, if necessary) NAME:
ADDRESS: Rialto	ADDRESS:
TELEPHONE: TELEPHON	E: ()
8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIN	E DOCTOR(S) OR HOSPITAL(S) VISITED:
	NAME:
	ADDRESS:
TELEPHONE: () TELEPHON	E: ()
DATE: TIME: DAM DPM	DATE: TIME: AM \[\sum PM \]
9. PLEASE READ THE FOLLOWING CAREFULLY:	
If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle at time of accide accident by "B-1" and the point of impact by "X". → NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE PARKWAY SIDE	nt by "A-1" and location of yourself or your vehicle at the time of the
I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CEITHOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY TO SIGNATURE OF CLAIMANT OR AGENT TYPE OR PRINT NAME RELATIONSHIP TO CLAIMANT NOTE: PRESENTATION OF A FALSE CLAIM	AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE. THAT THE FOREGOING IS TRUE AND CORRECT.
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE	E - 150 S. PALM AVE., RIALTO, CA 92376

American Tire Depot 9550 Sierra Ave FONTANA,CA 92335 (909)350-0191

Customer ID: 0133008381
Name: TYUS WASHINGTON
Address: Address 2: City,State,Zip Code: RIALTO, CA, 92376
Home Phone: Work Phone: (909) Other Phone: () -

Year: 14
Make: KIA
Model: FORTE
Lic No:
VIN: Color:
Engine: 2.0L | 4 F D
Mileage In: 44628
Mileage Out: 44628

Create Date: 05/27/19 14:07:31
Date/Time: 05/27/19 14:59:55
Work Order #: 133016018

Email Address: PO Number: Fleet/Wholesale: N

EPA#

BAR #:

CAL000403578 ARD280835

Salesperson: D. Rivera Service comments:

Tire Information

Tax Exempt #:

TIRE PRESSURE: LF 34 RF 34 LR 34 RR 34 SPARE 60

TREAD DEPTH: LF 10/32 RF 10/32 LR 10/32 RR 10/32 SPARE 6/32

BRAKE PAD THICKNESS: LF _ RF _ LR _ RR _

REVISED ESTIMATE AUTHORIZATION(S):

AUTH. BY: DATE: 05-27-19 TIME: 2:58 PM CONTACT: TYUS WASHINGTON PREVIOUS EST: 0.00

ADD. AMT: REV EST: 106.17 106.17

Work Authorized: TIRE

FINAL INVOICE APPROVAL:

Acknowledge notice and oral approval of an increase in the original estimate price.

esc

Below merchandise received in good condition.

Qty.	Part #	RFR	Loc	Description	Parts	Labor	Tota
Tire I	nflation: Not Availab	le Torque	: Not Availa	ble			
1	I-0069266			205/55R16 COSMO MCHOMACHO94WXL COSM 205/55R16 94W XL BSW	49.99	0.00	49.99
	DOT Numbers: 5	5019					
1	TRF			CALIFORNIA TIRE RECYCLE FEE	1.75	0.00	1.75
1	MB			MOUNT BALANCE TIRE & WEIGHTS	2.99	15.00	17.99
1	TDF			TIRE DISPOSAL FEE	2.99	0.00	2.99
1	RH			ROAD HAZARD WARRANTY	12.95	0.00	12.9
1	TPMS			TPMS SENSOR CHARGE	8.00	0.00	8.00
1	N2			NITROGEN FILL	7.00	0.00	7.00
*** C	ustomer Wishes To	Discard Old	Parts	***			2019 C
CREDIT CARD #: XXXX-XXXX-9701 APPROVAL # : 027581				CRE STE	YTY		
				The state of the s		Bridge .	9 0
SEE NEXT PAGE				VE VE	20		
						70	
						U	7 0

American Tire Depot 9550 Sierra Ave FONTANA, CA 92335 (909)350-0191

Customer ID: 0133008381

Name:

TYUS WASHINGTON

Address: Address 2:

City, State, Zip Code: **RIALTO, CA, 92376**

Home Phone:

Tax Exempt #:

Work Phone: (909) Other Phone: () -

Year: Make: Model: 14 KIA **FORTE**

Lic No: VIN:

Color: Engine: Mileage In:

2.0L 14 FD

Mileage Out: 44628

44628

Create Date: Date/Time: Work Order #:

05/27/19 14:07:31 05/27/19 14:59:55

38704 133016018 Invoice #:

Email Address: PO Number:

Fleet/Wholesale:

EPA#: BAR #:

CAL000403578 ARD280835

Salesperson: D. Rivera

Qty. Part #

RFR

Description Loc

Parts

Labor

Total

TICKET#

APPLABEL: VISA CREDIT AID: A0000000031010 TVR: 8080008000 IAD: 06010A03A0A000

TSI: 6800

ARQC: 4B32D5AF17D82AD4

ARC: 00 CVM: S

OITY OF RIALTO
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CIFY ELVERY

By providing your phone numbers and/or email address, you agree that American Tire Depot may make recurring texts or emails to you regarding its products & services using automated technology. Your consent is not required as a condition of purchasing any good, or service. In case of text messages, standard message and data rates may apply. ___ Check here to decline. Customer Signature:

> Thank you for your business.

PAY VISA **AMOUNT**

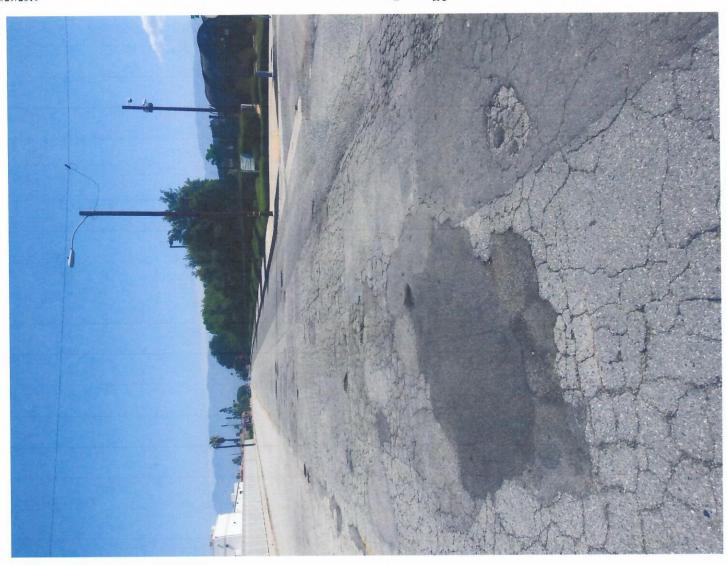
106.17

PARTS TOTAL SALES TAX LABOR TOTAL **GRAND TOTAL**

85.67 5.50 15.00 106.17

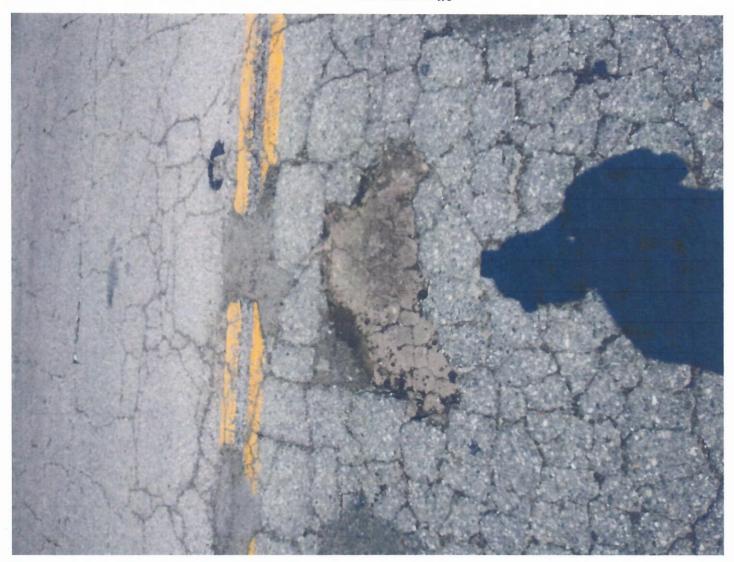
ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED.

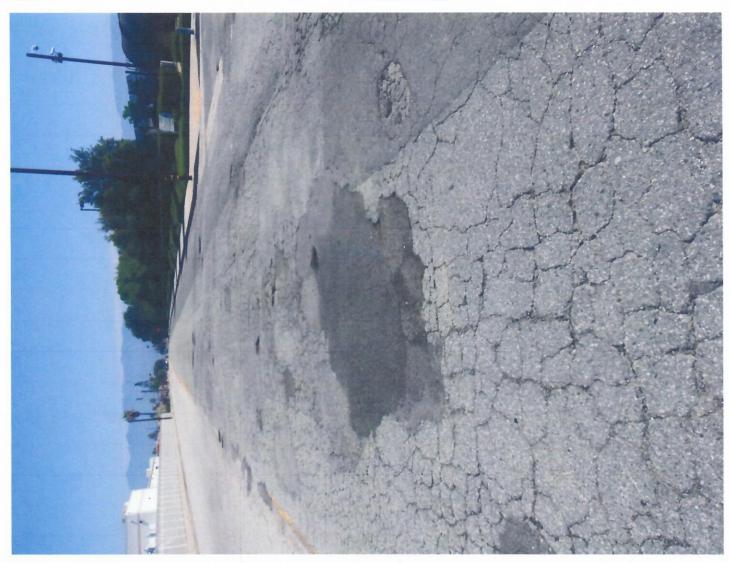
TECH: 005231-0.00 **JOVANNI**



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