

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 106.17

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Tire

Amount: \$ 106.17

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: Tyus A Washington

NAME:

ADDRESS: [REDACTED] Rialto

ADDRESS:

CA 92376

TELEPHONE: [REDACTED]

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

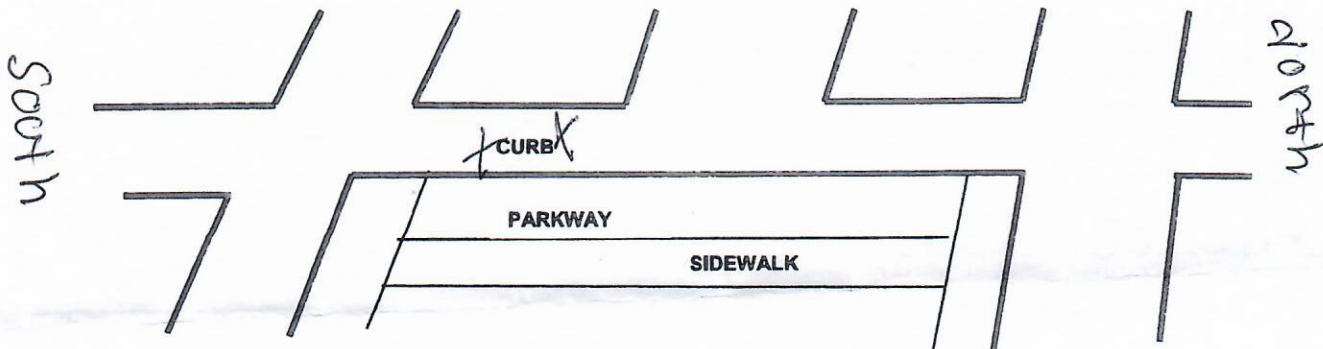
DATE: TIME: ☐ AM ☐ PM

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
SIGNATURE OF CLAIMANT OR AGENT

Tyus Washington
TYPE OR PRINT NAME

5-29-10
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

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

PAGE 1

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

Year: 14
Make: KIA
Model: FORTE
Lic No: [REDACTED]
VIN: [REDACTED]
Color: [REDACTED]
Engine: 2.0L I4 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 #: 38704
Invoice #: 133016018

Email Address: [REDACTED]
PO Number: [REDACTED]
Fleet/Wholesale: N

EPA #: CAL000403578
BAR #: ARD280835

Salesperson: D. Rivera
Service comments:

Tire Information

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:	CONTACT: TYUS WASHINGTON	ADD. AMT:	106.17
DATE: 05-27-19 TIME: 2:58 PM	PREVIOUS EST: 0.00	REV EST:	106.17

Work Authorized: TIRE

FINAL INVOICE APPROVAL:



Acknowledge notice and oral approval of an increase in the original estimate price.
Below merchandise received in good condition.

Qty.	Part #	RFR	Loc	Description	Parts	Labor	Total
Tire Inflation: Not Available				Torque: Not Available			
1	I-0069266			205/55R16 COSMO MCHOMACH094WXL COSM 205/55R16 94W XL BSW	49.99	0.00	49.99
	DOT Numbers: 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	12.95
1	TPMS			TPMS SENSOR CHARGE	8.00	0.00	8.00
1	N2			NITROGEN FILL	7.00	0.00	7.00

*** Customer Wishes To Discard Old Parts ***

CREDIT CARD #: XXXX-XXXX-XXXX-9701
APPROVAL # : 027581

SEE NEXT PAGE

CITY OF RIALTO
2019 MAY 29 AM 11:59
RECEIVED
CITY CLERK

Thanks for your business.
INVOICE INVOICE American Tire Depot INVOICE INVOICE

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

PAGE 2

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

Year: 14
Make: KIA
Model: FORTE
Lic No: [REDACTED]
VIN: [REDACTED]
Color: [REDACTED]
Engine: 2.0L I4 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 #: 38704
Invoice #: 133016018

Email Address: [REDACTED]
PO Number: [REDACTED]
Fleet/Wholesale: N
EPA #: CAL000403578
BAR #: ARD280835

Salesperson: D. Rivera

Qty.	Part #	RFR	Loc	Description	Parts	Labor	Total
------	--------	-----	-----	-------------	-------	-------	-------

TICKET # :
APPLABEL: VISA CREDIT
AID: A0000000031010
TVR: 8080008000
IAD: 06010A03A0A000
TSI: 6800
ARQC: 4B32D5AF17D82AD4
ARC: 00
CVM: S

2019 MAY 29 AM 11:59
CITY OF RIALTO
RECEIVED
CITY CLERK

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.

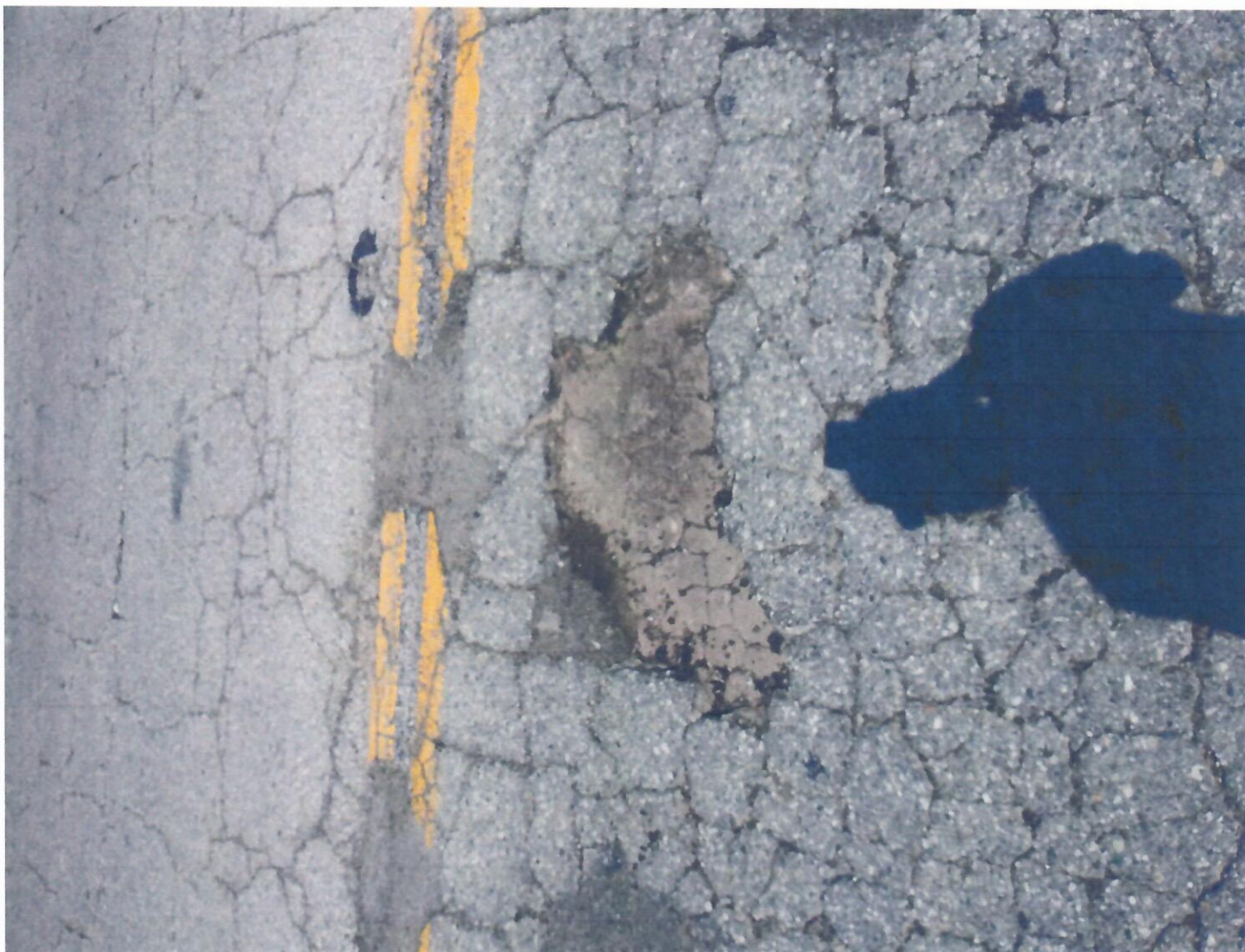
Customer Signature:
X _____

Thank you for your business.	PAY VISA	AMOUNT 106.17	PARTS TOTAL	85.67
			SALES TAX	5.50
			LABOR TOTAL	15.00
ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED.	TECH: 005231-0.00	JOVANNI	GRAND TOTAL	106.17

Thanks for your business.
INVOICE INVOICE American Tire Depot INVOICE INVOICE



CITY OF RIALTO
2019 MAY 29 PM12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 11:12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 PM 12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 11:12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 PM12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 PM 12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 PM12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 PM 12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 PM 12:00
RECEIVED
CITY CLERK



CITY OF RIALTO
2019 MAY 29 PM 12:00
RECEIVED
CITY CLERK