



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

CITY OF RIALTO  
2019 JUN -6 PM 12:07  
RECEIVED  
CITY CLERK

CITY CLERK'S DATE STAMP

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:**

Vanessa A. Sifuentes

FULL NAME

[REDACTED] Rialto, CA 92377

HOME ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE  
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM  
(if different from home address provided above):

[REDACTED]

DATE OF BIRTH

[REDACTED]

HOME TELEPHONE NO.

( )

BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 5/28/19 TIME: 4:35 ☒ 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.

On the corner of W. Lowell St and Locust Ave. in Rialto.

3. HOW DID DAMAGE OR INJURY OCCUR?

I was heading south on Locust Ave as I was approaching Lowell Ave  
I was unable to take any evasive action as to avoid the pothole as  
there were two big rig trucks driving North on Locust Ave.

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 large pothole on the corner of Locust Ave. and W. Lowell Ave  
in the City of Rialto

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1,294.54

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

DAMAGES INCURRED TO DATE:

Item/Date: Tire (235/40R19)

Amount: \$ 199.93

Item/Date: Wheel (Rim) (19x8 1/2J)

Amount: \$ 588.03

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ \_\_\_\_\_

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Alignment

Amount: \$ 299.95

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 1294.54

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: John Martinez

NAME: \_\_\_\_\_

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

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

Rialto, CA 92377

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

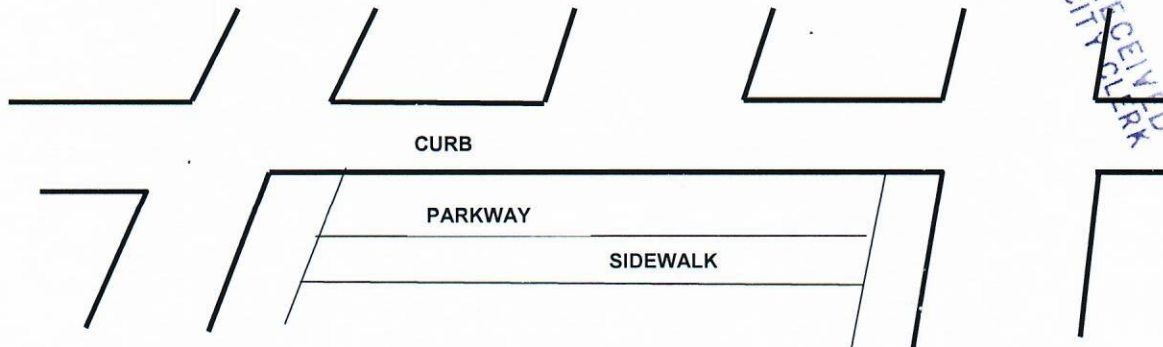
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

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.



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CITY OF RIALTO

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

Vanessa Sifuentes

TYPE OR PRINT NAME

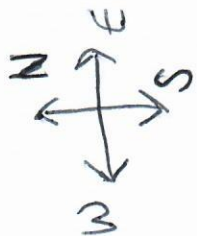
Self

RELATIONSHIP TO CLAIMANT

6/1/19  
DATE

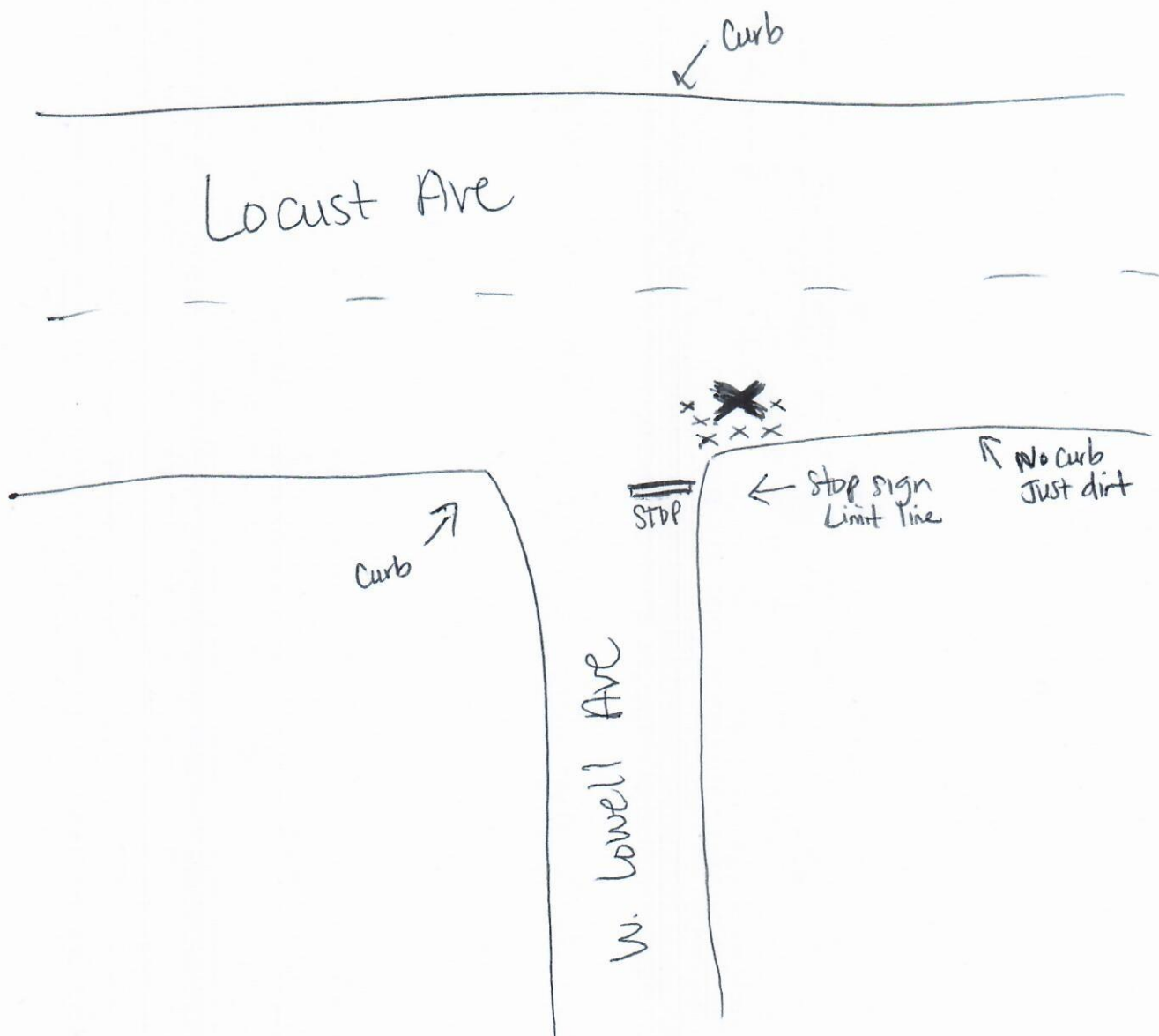
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)  
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376





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2019 JUN -6 PM 12:07

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ROCK HONDA  
16570 S. HIGHLAND AVENUE  
FONTANA, CA 92336  
SERVICE & PARTS (909) 770-8400  
[www.rockhonda.com](http://www.rockhonda.com)  
MON-FRI: 7AM-7PM | SAT: 7AM-6PM | SUN: CLOSED



BAR # ARD225970

EPA # CAL000362668

CUSTOMER NO

1315909

John Martinez

Rialto, CA 92377

ADVISOR

1004

Eduardo Flores

TAG NO

7

INVOICE DATE

05/30/19

INVOICE NO

580177

LABOR RATE

LICENSE NO

MILEAGE

1753

COLOR

STOCK NO

YEAR / MAKE / MODEL

2018 / Honda / Accord

DELIVERY DATE

DELIVERY MILES

VEHICLE ID NO

SELLING DEALER

PRODUCTION DATE

F.T.E. NO.

P.O. NO

RO DATE

05/28/19

RESIDENCE PHONE

BUSINESS PHONE

COMMENTS

Original Estimate: \$1300.00

Original Est. Date: 05/28/19

Incr. Amt	New Amt	Date	Time	Person Cont.	How Cont.	Phone	Cont. By	Reason/Description
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## Labor and Parts

J# 1 MISC

Tech(s) 1006

35.00

GUEST STATES HIT A PAHOLE AND DAMAGE RIGHT FRONT TIRE ALSO  
GUEST REQUEST INSPECT SUSPENSION, RIM AND ALIGNMENT  
VERIFIED, TIRE IS FLAT WITH A HEAT RING ON THE SIDEWALL. SPUN-  
CHECKED WHEEL ASSEMBLY AND FOUND RIM IS BENT FROM POTHOLE  
IMPACT.

RECOMMEND REPLACING RIM AND TIRE ASSEMBLY AND PERFORMING 4-  
WHEEL ALIGNMENT.

INSTALLED NEW WHEEL AND TIRE ASSEMBLY.

Part Number(s)	Description	Qty	Unit Price	
42800-TVC-AA2	WHEEL (19X8 1/2J)	1	588.03	588.03
42800-TVC-AA2	Core for 42800-TVC-AA2	1	50.00	50.00
42751-MIC-162	TIRE (235/40R19)	1	199.93	199.93
42700-TVA-A94	DISK (19X8 1/2J)	1	588.03	588.03
42700-TVA-A94	Core for 42700-TVA-A94	1	50.00	50.00
42800-TVC-AA2	WHEEL (19X8 1/2J)	-1	588.03	-588.03
42753-SB8-661	VALVE, RIM	1	2.61	2.61

Job # 1 Total Parts 890.57

Job # 1 Total Labor &amp; Parts 925.57

Internal Work

J# 2 00HOZO

Tech(s) 888

TIRES SPECS LF ( ) RF ( ) LR ( ) RR ( ) TIRE PRESSURES SET....FRONT .....

REAR .....

TIRE SPEC COMPLETED/

CHECKED TIRE PRESSURES &amp; ADJUSTED TO FACTORY SPECIFICATIONS

FRONT TIRES AT /32 REARS AT /32

FRONT BRAKES AT MM REAR BRAKES AT MM

Job # 2 Total Parts

Tech(s) 888

J# 3 QUICKCHECK

CUSTOMER APPROVES ROCK HONDA TO PERFORM A FREE QUICK CHECK  
WHEEL ALIGNMENT

PERFORMED QUICK CHECK TREAD AND ALIGNMENT INSPECTION AND  
PROVIDED REPORT

## DISCLAIMER OF WARRANTY

The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

All parts installed are new or remanufactured unless specified otherwise. When used parts are installed no warranty on labor applies unless specified otherwise.

NOTICE TO CONSUMER: Please read important information on back. This receipt is your proof of purchase. Please save it for warranty coverage.

THANK YOU  
FOR YOUR  
BUSINESS

California Law States  
Rock Honda must check and set your tire pressure to manufacturers specs every time your vehicle is in for any service.

CASH

Internal Work

CHECK

C/C

BY

Front

Rear

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LICENSE NO

YEAR / MAKE / MODEL

2018 / Honda / Accord

VEHICLE ID NO

F.T.E. NO.

P.O. NO.

EPA # CAL000362668

TAG NO.

7

MILEAGE

1753

INVOICE DATE

05/30/19

COLOR

DELIVERY DATE

INVOICE NO

580177

STOCK NO.

DELIVERY MILES

SELLING DEALER

PRODUCTION DATE

RO DATE

05/28/19

RESIDENCE PHONE

BUSINESS PHONE

COMMENTS

Original Estimate: \$1300.00

Original Est. Date: 05/28/19

Incr. Amt

New Amt Date

Time

Person Cont.

How Cont. Phone

Cont. By

Reason/Description

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## Labor and Parts

J# 4 TEXT

I consent to being contacted & I have provided or was provided on my behalf, phone calls, text messages & emails to my cell phone. By providing my contact info., including but not limited to email addresses, cell phone number, I am giving my consent to be contacted and communicated with (including automated telephone dialing systems) via any of these means, by you, any related insurance company and your service providers, as it relates to the service being provided. Providing cell phone #'s, emails is not required for service.

Job # 3 Total Parts

Tech(s) 888

Internal Work

Internal Work

J# 5 MPI101001

CUSTOMER HAS AUTHORIZED ROCK HONDA TO PERFORM A FREE MULTIPOINT INSPECTION AND PROVIDE A REPORT AS PART OF OUR COMMITMENT TO OUR GUEST HERE AT ROCK HONDA WE PERFORM A FREE MULTI POINT INSPECTION- PERFORMED MULTIPOINT INSPECTION SERVICE AND PROVIDED A REPORT TO ADVISOR AND GUEST

Job # 4 Total Parts

Tech(s) 888

Internal Work

Internal Work

J# 6 LIFEALIGN

CUSTOMER REQUEST TO PERFORM LIFETIME ALIGNMENT FOR AS LONG AS YOU OWN YOUR VEHICLE-- \$299.95

In connection w/ your purchase of Rock Honda's Lifetime Alignment Agreement, you hereby agree to the following terms conditions, as subject to the following limits, 1 lifetime as defined as the life of the registered owners at purchase of the alignment agreement for the vehicle identification number shown on this repair order only. This agreement does not cover mechanical, body, frame damage or repairs required to maintain an alignment. Nor will an alignment pursuant to this agreement be performed until such repairs have been successfully completed. This agreement is not valid on commercially owned vehicles. customer may cancel this agreement at any time, however there are no refunds.

PERFORMED FOUR WHEEL DIGITAL ALIGNMENT UNDER LIFETIME AGREEMENT- This is the entire agreement of the parties and supersedes any and all other agreements, understandings, negotiations or discussions either verbal or in writing between the parties to this agreement

Job # 5 Total Parts

Tech(s) 1006

Internal Work

219.95

THANK YOU  
FOR YOUR  
BUSINESS

## DISCLAIMER OF WARRANTY

The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

All parts installed are new or remanufactured unless specified otherwise. When used parts are installed no warranty on labor applies unless specified otherwise.

NOTICE TO CONSUMER: Please read important information on back. This receipt is your proof of purchase. Please save it for warranty coverage.

California Law States  
Rock Honda must check and set your tire pressure to manufacturers specs every time your vehicle is in for any service.

Front \_\_\_\_\_

Rear \_\_\_\_\_



ROCK HONDA  
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VEHICLE ID NO.

SELLING DEALER

PRODUCTION DATE

F.T.E NO.

P.O. NO.

RO DATE

05/28/19

RESIDENCE PHONE

BUSINESS PHONE

COMMENTS

Original Estimate: \$ 1300.00

Original Est. Date: 05/28/19

Incr. Amt

New Amt Date

Time

Person Cont.

How Cont.

Phone

Cont. By

Reason/Description

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Labor and Parts

**DISCLAIMER OF WARRANTY**

LIFETIME ALIGNMENT RESERVE

Job # 6 Total Parts

0.00

80.00

Job # 6 Total Labor & Parts

299.95

I acknowledge receipt of the above listed vehicle:

Total Labor

254.95

Total Parts

890.57

Misc. Chrgs

80.00

Car Rental

0.00

Freight

0.00

Deductible

0.00

Special Tax

0.00

Haz Mat Chrg

0.00

Sales Tax

69.02

Total Invoice \$

1,294.54

Signature

Date

I acknowledge notice of an oral approval of an increase  
in the original estimate price

Signature

Date

Page 3

Customer Copy

11:34 AM

**NOTICE TO CONSUMER:** Please read  
important information on back. This  
receipt is your proof  
of purchase. Please save it for  
warranty coverage.

**THANK YOU  
FOR YOUR  
BUSINESS**

California Law States  
Rock Honda must check and set your  
tire pressure to manufacturers specs  
every time your vehicle is in for any  
service.

Front \_\_\_\_\_

Rear \_\_\_\_\_

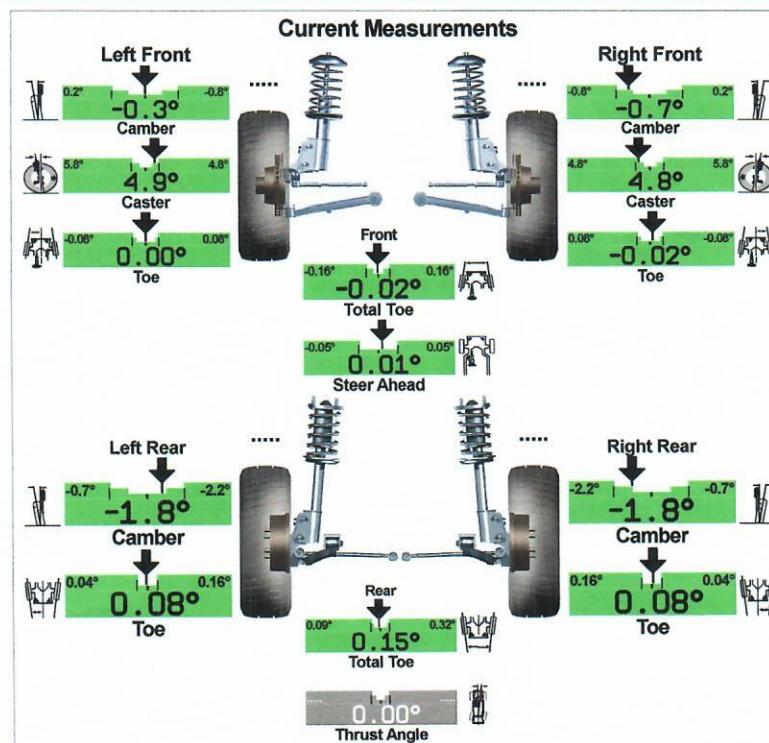
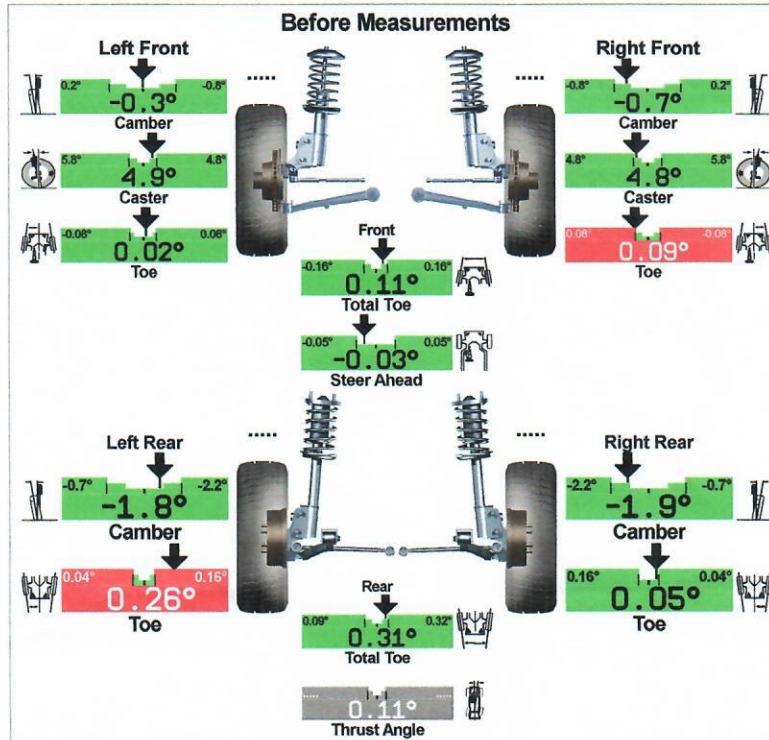


Work Order: R955372  
 VIN: XXXXXXXXXX  
 License: XXXXXXXXXX  
 Year: 18  
 Technician: 1006  
 Odometer: 1753  
 Date: 5/30/19 10:04 AM



1HGCV2F98JA022082

## Honda 2018 Accord (USA/CAN) CVT 19" 4-Wheel Total Alignment



CITY OF RIALTO  
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 RECEIVED  
 CITY CLERK

