

CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2019 JUN 10 AM 9: 07

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: | |
|--|------------------------------|
| Robert Maldonado | _ |
| 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: 06/04/19 TIM | E: 4:00 XAM PM |
| On Terra Vista and Live Oak intersection of pothale on the Northeast position of the pothale and Live and Live oak intersection of the pothale and Live oak intersection of the live oak intersection oak inters | |
| 4. WERE POLICE AT THE SCENE? ☐ YES ZNO WERE PARAMEDICS AT THE SCENE? 5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMA employee causing the injury or damage, if known. The pothole | □ YES X NO |
| 6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage | \$ 165,00 |
| HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. | I IVNOV MEMOII & COMITIMESON |
| DAMAGES INCURRED TO DATE: | |
| Ham/Data: New tire 106-05-19 | Amount: \$ 165.00 |
| Item/Date: New tire 106-05-19 Item/Date: | |

165.00 TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: **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: ADDRESS: ADDRESS: TELEPHONE: () TELEPHONE: () 8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED: ADDRESS: TELEPHONE: () TELEPHONE: (___) DATE: _____TIME: _____DAM DPM DATE: _____TIME: ____ AM \(\subseteq \text{PM} \) 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. Terra vista CURB PARKWAY SIDEWALK 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 CERTIEV (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

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

| Used Tires Alignments Catalytic Converter No alignment warranty on salvage vehicles. DESCRIPTION. OTHERS | NAME_ADDRESS_CITY_ | MUFF 15979 F | CHOR LERS · BRAKES · AL oothill Blvd. • For (909) 823-7878 | ntana, CA. | DATE | #AF205383 |
|---|---|--|--|---------------------------------|-------------------|-----------|
| | MAKE | T WORE | | | | |
| | IVIANE | MODEL | YEAR | MILES | | VIN# |
| | CONTRACTOR | | ABOR | | # | AMOUNT |
| | (i) Net | COLLAGO S | 233/35/10 | | 4 | 165 |
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| | | | Vinda mari | | | |
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| TOTAL PARTS | | | | | | |
| WARRANT | V | | | | | |
| LF RF WARRANT | — LIVISA LI MA | ASTERCARD DISCOVER | ☐A. EXPRESS ☐ CASH | CALIFORNIA RECYCLING FEE \$1 | 75 mas Ties | |
| □ 35,000 □ 40,000 | NO GUARANTEE NO GUARANTEE | ON TIRES RAN FLAT ON POT HOLE DAMAGE TIRES | WARNING: TIGHTENING OF LUC RESPONSIBILITY. RE-TIGHTEN 25 MILES AFTER FACH INSTALL | NUTS IS OWNER'S W | ASTE DISPOSAL | li i |
| SPARE 45,000 | FREE TIRE RO | DIATION & FREE FLAT REI | PAIR W/ PURCHASE OF | 4 NEW TIRES | F.E.T | H |
| 50,000 | I hereby nuthorism the | of tune-up within 5 days of installation and r | regular tune-ups every 20 000 miles | | TOTAL OF PARTS | |
| ☐ 60,000 ☐ 80,000 | and / or inspection. An | employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express machanics lien is hereby acknowledged on above car or truck to secure the amount of repairs. SALES TAX | | | | |
| RR ROAD HA | No Guarantee on Use | om wheels are manufactured to meet your ecame liable & unconditionally accept own he case of factory defects. We are not rested Tires No Refunds. No Exchange All sa | car, own specifications & application norship, there is absolutely no refund sponsible for rims or tres left over 10 | on deposit, or | TOTAL OF LABOR | |
| ☐ TREADWI | CUSTOMER'S SIG | NATURE X | oles are final. | | GRAND TOTAL | 155 5 |

SONORA TIRES ROUTE 66

15979 FOOTHILL BLVD FONTANA, CA 92335 9098237878

Transaction 001097

\$165.00 \$165.00

CREDIT CARD SALE VISA 5382

05-Jun-2019 3:34:24P \$165.00 | Method: EMV VISA CREDIT

ROBERT MALDONADO Ref #: 915600510871 Auth #: 09917D MID: *******9993 AID: A0000000031010 AthNtwkNm: VISA SIGNATURE VERIFIED



