



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2020 JAN 13 PM 3:21

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:

Mary Ann Smith

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

Rialto Calif 92376

HOME TELEPHONE NO.

None

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):

Same as above

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: Dec 29, 2019 TIME: 7:00 ☐ 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.

Pot Hole on the west side of Linden, between Jackson
and Holly

3. HOW DID DAMAGE OR INJURY OCCUR?

It was night and I did not see the hole. I hit it hard
and it punctured my tire

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.

Pot Hole on the west side of Linden Ave, between
Jackson and Holly. Rialto California, hit the pot hole
in the street.

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

\$ 79,12

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

DAMAGES INCURRED TO DATE:

Item/Date: Right Passenger Tire, 12/31/19

Amount: \$ 79,12

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: NONE

Amount: \$ _____

Item/Date: NONE

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: Mona Sandova

NAME: _____

ADDRESS: _____

ADDRESS: _____

Rialto Calif. 92376

TELEPHONE: _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

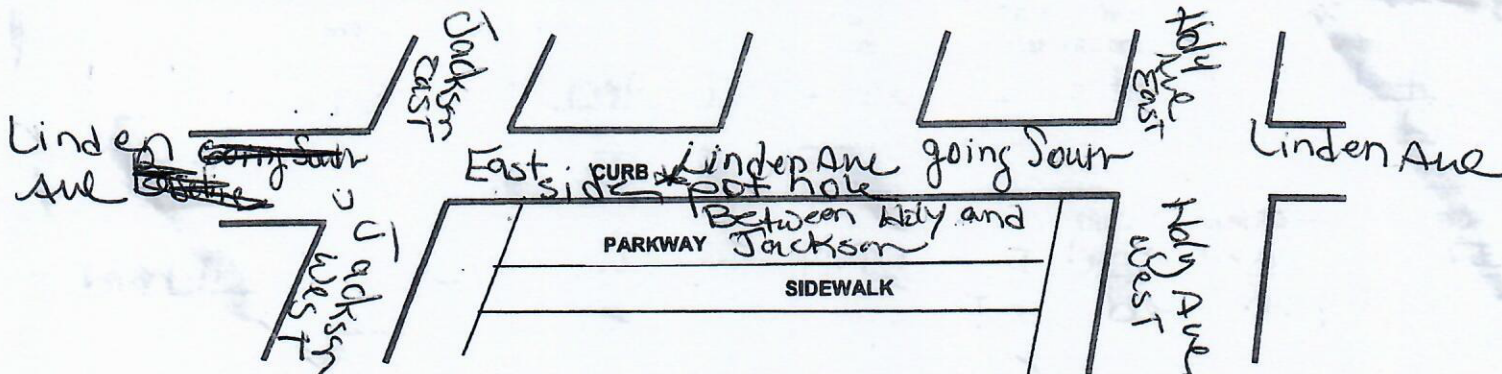
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Mary Ann Smith

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

DATE

1/13/2020

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

Complete Auto Care

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

Saine Duenas

PAGE 1

Customer ID: 0133009575
Name: MARY SMITH
Address: [REDACTED]
Address 2: [REDACTED]
City, State, Zip Code: REDLANDS, CA, 92375
Home Phone: [REDACTED]
Work Phone: (909) - [REDACTED]
Mobile Phone: () - [REDACTED]
Tax Exempt #: [REDACTED]

Year: 10
Make: FORD
Model: [REDACTED]
Lic No: [REDACTED]
VIN: [REDACTED]
Color: [REDACTED]
Engine: [REDACTED]
Mileage In: [REDACTED]
Mileage Out: [REDACTED]

Create Date: 12/31/19 14:24:34
Date/Time: 12/31/19 15:02:24
Work Order #: 44252
Invoice #: 133018817

Email Address: xsw
PO Number:
Fleet/Wholesale: N

EPA #: CAL000403578
BAR #: ARD280835

Salesperson: E. AMACOSTA
Service comments:

Tire Information

TIRE PRESSURE LF __ RF __ LR __ RR __ SPARE __

TREAD DEPTH: LF __/32 RF __/32 LR __/32 RR __/32 SPARE __/32

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

REVISED ESTIMATE AUTHORIZATION(S):

AUTH. BY: CONTACT: MARY SMITH
DATE: 12-31-19 TIME: 3:00 PM PREVIOUS EST: 0.00

ADD. AMT: 79.12
REV EST: 79.12

Work Authorized

FINAL INVOICE APPROVAL: [REDACTED]

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	888330000545			CROSSWIND ALL SEASON 87V CRWD 205/50R16 87VZ	47.99	0.00	47.99
	DOT Numbers: 181+						
1	TRF			CALIFORNIA TIRE RECYCLE FEE	1.75	0.00	1.75
1	MB			MOUNT BALANCE TIRE & WEIGHTS	2.99	16.00	18.99
1	TDF			TIRE DISPOSAL FEE	2.99	0.00	2.99
1	VS			VALVE STEM	2.99	0.00	2.99

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

CREDIT CARD # [REDACTED]
APPROVAL # [REDACTED]
TICKET # [REDACTED]

APPLABEL: VISA CREDIT

AID: A0000000031010
TVR: 8080008000
IAD: 060C1203A0A000
TSI: 6800
ARQC: EB943509D4F57E5A
ARC: 00
CVM: S

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