



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2020 JAN 22 PM 5:23  
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:**

Stephanne Lynn Washington  
FULL NAME

[REDACTED] St Apt [REDACTED]  
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: 12-24-19 TIME: 9:35 ☐ 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.

s.w. On Riverside Dr. between Walnut + Baseline  
heading South.

3. HOW DID DAMAGE OR INJURY OCCUR? Pot hole on left ~~side~~ s.w  
Side (passenger) Busted tire, + Shifted front end

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.

City of Rialto Pothole or Should i say  
Chunk hole a slab was out.

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

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

**DAMAGES INCURRED TO DATE:**

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

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

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

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



**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:**

**ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

Item/Date: Tires front End / 12/24/19  
Item/Date: Tires front End

Amount: \$ 311.86  
Amount: \$ 399.10

**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: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

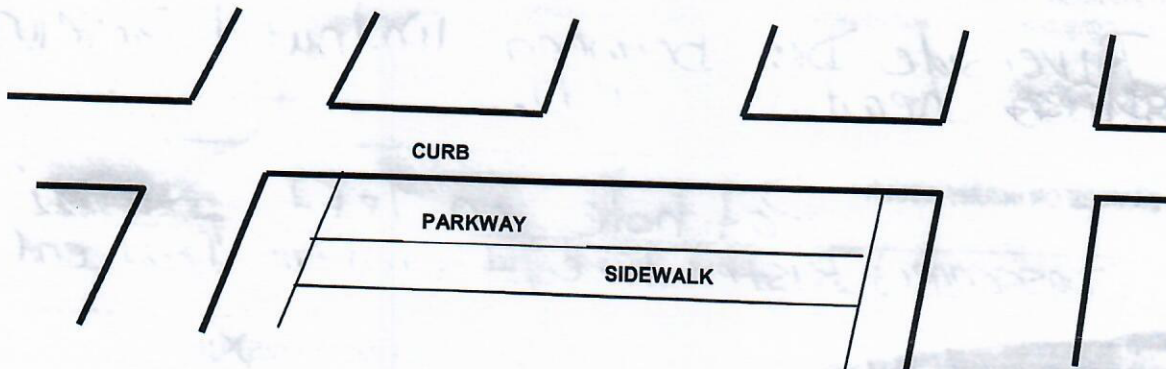
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

**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

Stephanne Washington

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

11-23-20  
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**





6251 Sierra Ave  
Fontana, CA 92336  
9094286769

Store: 570  
Quote: 57000141560  
Salesperson: Sammy J T

ARD 283061

### Customer Information

Customer ID:

Name:

Address:

City, State,

Phone:

### Vehicle Information

Vehicle:

Color:

Mileage:

License:

### Les Schwab Quote

Qty	Product Code	Product Description	Price/ea	FET	Amount
1	692434	245/40R-18XL 97H CINTURATO P7	\$245.71	\$0.00	\$245.71
1	739280	VS20 SNAP IN TIRE PRESSURE MONITORING SYSTEM SENSOR STEM	\$7.99	\$0.00	\$7.99
1	13718	WHEEL SPIN BALANCE	\$14.00	\$0.00	\$14.00
1	15814	AL7 4-WHEEL ALIGNMENT W/SHIMS	\$0.00	\$0.00	\$0.00
1	123308	4 WHEEL ALIGNMENT - DOMESTIC/IMPORT CARS (SHIMS INCLUDED)	\$109.99	\$0.00	\$109.99
Sales Tax:					\$19.66
Tire Tax:					\$1.75
Quotation Total:					\$399.10
1	443277	P245/40R-18 PZERO NERO	\$275.00	\$0.00	\$275.00
1	739280	VS20 SNAP IN TIRE PRESSURE MONITORING SYSTEM SENSOR STEM	\$7.99	\$0.00	\$7.99
1	13718	WHEEL SPIN BALANCE	\$14.00	\$0.00	\$14.00
1	15814	AL7 4-WHEEL ALIGNMENT W/SHIMS	\$0.00	\$0.00	\$0.00
1	123308	4 WHEEL ALIGNMENT - DOMESTIC/IMPORT CARS (SHIMS INCLUDED)	\$109.99	\$0.00	\$109.99
Sales Tax:					\$21.93
Tire Tax:					\$1.75
Quotation Total:					\$430.66

\* indicates sale price

For more information on our products and services, visit [www.LesSchwab.com](http://www.LesSchwab.com).

Prices good for 30 days, excluding promotions.

Quote Expires on 01-31-2020.

Quote Date/Time: 01-15-2020 04:18 PM

Page 1 of 1



# AMERICAN TIRE DEPOT

**Complete Auto Care**

American Tire Depot Rialto1  
185 Foothill Blvd  
RIALTO, CA 92376  
(909)279-1567

PAGE 1

Customer ID: 0

Name:

Address:

Address 2:

City, State, Zip Code: , ,

Home Phone: ( ) -

Work Phone: ( ) -

Mobile Phone: ( ) -

Tax Exempt #:

Year:

Make:

Model:

Lic No:

VIN:

Color:

Engine:

Mileage In: 0

Mileage Out: 0

Create Date: 01/10/20 15:52:13

Date/Time: 01/10/20 15:56:12

Work Order #: 43744

Invoice #:

Email Address:

PO Number:

Fleet/Wholesale: N

EPA #: CAL000390125

BAR #: ARD275783

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 \_\_

Qty.	Part #	RFR	Loc	Description	Parts	Labor	Total
Tire Inflation: Not Available Torque: Not Available							
1	2654300			PIR 245/40R18 PZERO AS + 97Y	175.50	0.00	175.50
				PIR 245/40R18 Y			
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	TPMS			TPMS SENSOR CHARGE	8.00	0.00	8.00
1	4WA				0.00	89.95	89.95
				4 WHEEL ADJUSTABLE ALIGNMENT			
				CORRECT AND ADJUST ALL O.E.			
				ADJUSTABLE FRONT AND REAR			
				ALIGNMENT ANGLES.			
				WARRANTY 3 MONTHS / 3,000 MILES			
				WHICH EVER OCCURS FIRST			

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

I GRANT AMERICAN TIRE DEPOT PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED FOR THE PURPOSE OF TESTING, INSPECTING, INCLUDES REMOVAL OF WHEELS AND DRUMS FOR THE PURPOSE OF INSPECTING THE BRAKES, SERVICING OR DELIVERY. I RELEASE AMERICAN TIRE DEPOT FROM RESPONSIBILITY FOR LOSS OR DAMAGE TO VEHICLE OR CONTENTS THEREIN, IN CASE OF FIRE, THEFT OR OTHER CAUSE BEYOND AMERICAN TIRE DEPOTS CONTROL. I AUTHORIZE THE REPAIR AND SERVICE WORK LISTED ON THIS WORK ORDER TO BE PERFORMED FOR THE AMOUNT SHOWN BELOW. OLD PARTS WILL NOT BE RETURNED UNLESS I SPECIFY. \*\*\*\*ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED\*\* CUSTOMER SIGNATURE:

X \_\_\_\_\_

TECH:

PARTS TOTAL 191.23  
SALES TAX 14.68  
LABOR TOTAL 105.95  
GRAND TOTAL 311.86

THIS IS A PHONE QUOTE WORK ORDER