



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2020 APR 20 AM 7:40
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:

GARY BERNARD EDWARDS SR.
FULL NAME

[REDACTED]
DATE OF BIRTH

[REDACTED] Moreno Valley CA 92555
HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
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: 4/12/2020 TIME: 6:47 ☐ 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.

3700 RIVERSIDE AVE RIALTO CA 92377

3. HOW DID DAMAGE OR INJURY OCCUR?

I RAN OVER A LARGE POT HOLE IN THE STREET

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.

Several pot holes in the street

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 806.90

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

DAMAGES INCURRED TO DATE:

| | |
|-----------------------------------|--------------------------|
| Item/Date: <u>TIRE 4/12/2020</u> | Amount: \$ <u>238.47</u> |
| Item/Date: <u>Wheel 4/12/2020</u> | Amount: \$ <u>463.99</u> |

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: N/A

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: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

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

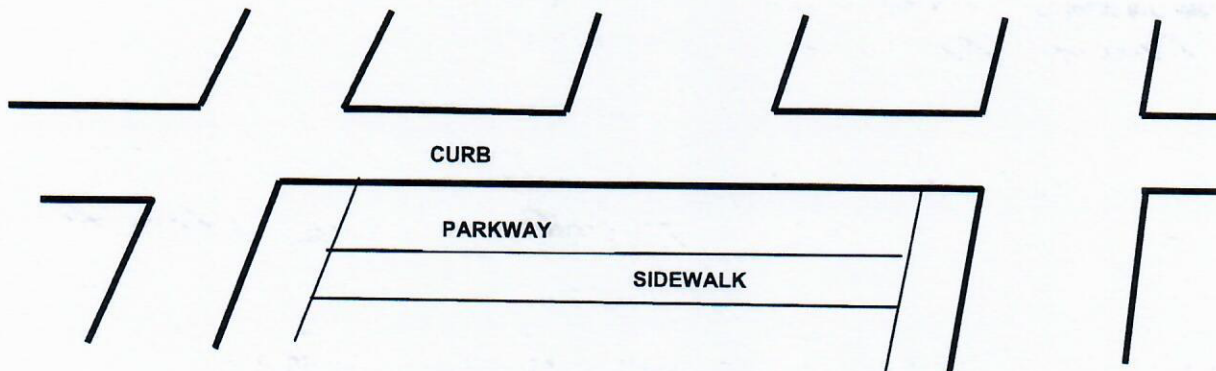
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

GARY BENJAMIN EDWARDS SR.

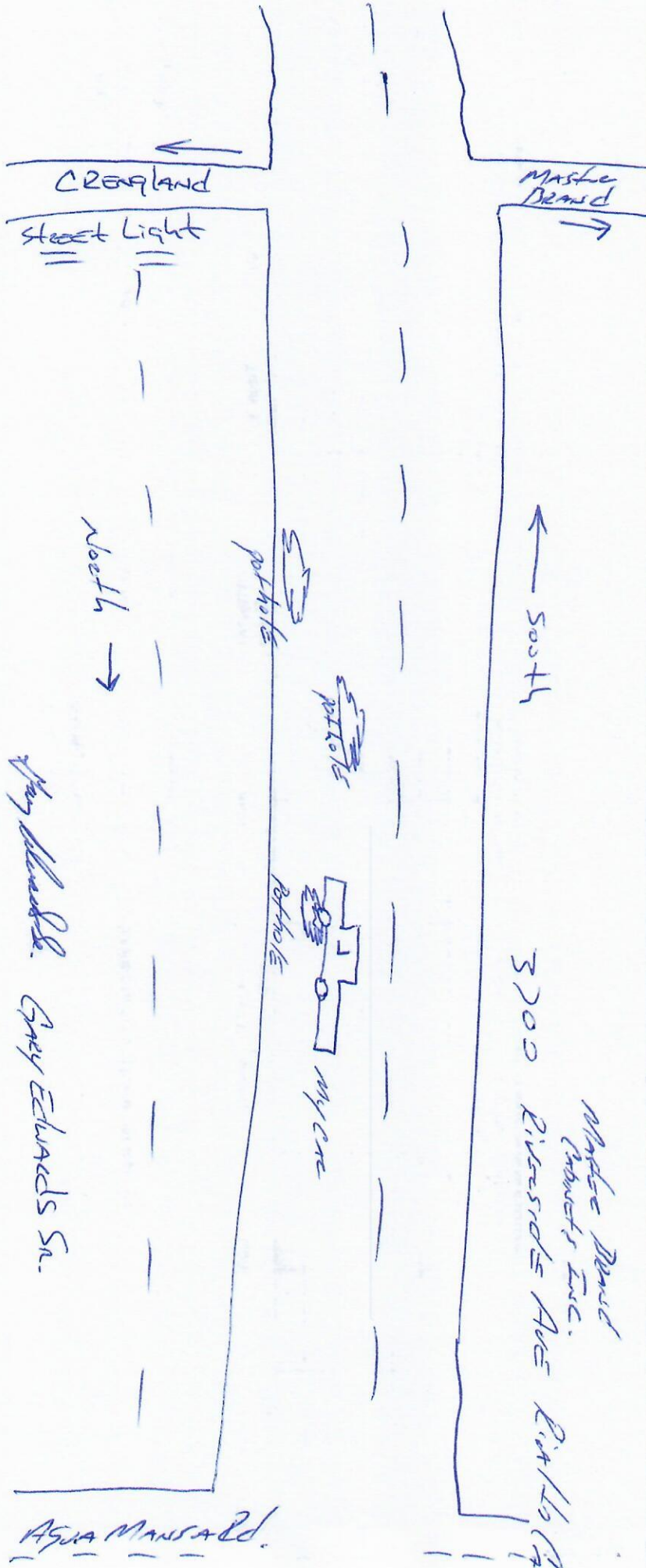
TYPE OR PRINT NAME

DATE

4/17/2020

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**



My Address. Grey Edwards Sr.

Moss Bros. Honda

Mail: 8146 Auto Drive • Riverside, CA 92504
27990 Eucalyptus Ave. • Moreno Valley, CA 92555
(951) 486-9366 • Fax (951) 924-6357
www.MossBrosHonda.com

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON REVERSE SIDE

| CUST NO. | TAX EXEMPT NUMBER | CUST. P.O. NO. | SHIP VIA | PAY | SOLD BY | INVOICE DATE | INVOICE NO. |
|----------|-------------------|----------------|----------|-----|---------|--------------|-------------|
|----------|-------------------|----------------|----------|-----|---------|--------------|-------------|

93617

951-485-0484

CASH
SHIP TO

ROBERT ALLEN

04/16/20

PQ22664
F1R

GARY EDWARDS

MORENO VALLEY, CA 92555-6410

| SHIP QTY | B. O. QTY | PART NUMBER / DESCRIPTION | BIN | LIST | NET | AMOUNT |
|----------|-----------|---------------------------|-----|--------|-----------------|--------|
| 1 | 0 | 42700-T2A-L92 DISK (19X | SPO | 499.99 | 499.99 | 499.99 |
| 1 | 0 | 42751-MIC-155 TIRE (235 | SPO | 238.47 | 224.00 | 224.00 |
| | | | | | SUBTOTAL | 773.99 |
| | | | | | RESTOCK CHARGE | 0.00 |
| | | | | | TAX | 59.98 |
| | | | | | FREIGHT | 0.00 |
| | | | | | PAY THIS AMOUNT | 833.97 |

SERVICE PARTS WARRANTY
I have read, understand and
accept all provisions of the
Warranty Statement covering
Honda Parts and Accessories.

Signature

Print Name

PARTS & SERVICE
DEPT. HOURS
MONDAY - FRIDAY
7:00 AM TO 5:30 PM
SATURDAY
7:00 AM TO 5:00 PM
SUNDAY CLOSED

WE ACCEPT
VISA • MASTERCARD
DISCOVER
CHECKS GLADLY
ACCEPTED WITH
TWO FORMS OF
IDENTIFICATION
THANK YOU

NO REFUND WITHOUT THIS INVOICE. REFUND BY CHECK ONLY.
20% HANDLING CHARGE ON ALL RETURNED PARTS.
PARTS NOT RETURNABLE AFTER 30 DAYS.
NO RETURNS ON ELECTRICAL OR SPECIAL ORDER ITEMS.
100% NON REFUNDABLE DEPOSIT REQUIRED ON ALL SPECIAL ORDERS.
TERMS. STRICTLY CASH UNLESS OTHER ARRANGEMENTS ARE MADE.

CORE MUST BE RETURNED IN ORIGINAL CONTAINER



PARTS INVOICE
PARTS INVOICE

** PRICE QUOTE **
11:11:11 PAGE 1 OF 1
NET534

CELL: 323-683-2232

| CUST NO. | TAX EXEMPT NUMBER | CUST. P.O. NO. | SHIP VIA | PAY | SOLD BY | INVOICE DATE | INVOICE NO. |
|----------|-------------------|----------------|----------|-----|---------|--------------|-------------|
|----------|-------------------|----------------|----------|-----|---------|--------------|-------------|

93617

951-485-0484

CASH

ROBERT ALLEN

04/16/20

PQ22664
F1R

GARY EDWARDS

MORENO VALLEY, CA 92555-6410

| SHIP QTY | B. O. QTY | PART NUMBER / DESCRIPTION | BIN | LIST | NET | AMOUNT |
|----------|-----------|---------------------------|-----|--------|-----------------|--------|
| 1 | 0 | 42700-T2A-L92 DISK (19X | SPO | 499.99 | 499.99 | 499.99 |
| 1 | 0 | 42751-MIC-155 TIRE (235 | SPO | 238.47 | 224.00 | 224.00 |
| | | | | | SUBTOTAL | 773.99 |
| | | | | | RESTOCK CHARGE | 0.00 |
| | | | | | TAX | 59.98 |
| | | | | | FREIGHT | 0.00 |
| | | | | | PAY THIS AMOUNT | 833.97 |

SERVICE PARTS WARRANTY
I have read, understand and
accept all provisions of the
Warranty Statement covering
Honda Parts and Accessories.

REC.
BY

PARTS & SERVICE
DEPT. HOURS
MONDAY - FRIDAY
7:00 AM TO 5:30 PM
SATURDAY
7:00 AM TO 5:00 PM
SUNDAY CLOSED

WE ACCEPT
VISA • MASTERCARD
DISCOVER
CHECKS GLADLY
ACCEPTED WITH
TWO FORMS OF
IDENTIFICATION
THANK YOU

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CORE MUST BE RETURNED IN ORIGINAL CONTAINER

** PRICE QUOTE **
11:11:11 PAGE 1 OF 1
NET534

Moss Bros.
Honda

Mail: 8146 Auto Drive • Riverside, CA 92504
27990 Eucalyptus Ave. • Moreno Valley, CA 92555
(951) 486-9366 • Fax (951) 924-6357



PQ48177



PQ48177

| CUST NO. | TAX EXEMPT NUMBER | CUST. P.O. NO. | SHIP VIA | PAY | SOLD BY | INVOICE DATE | INVOICE NO. |
|----------------------------|--|----------------|----------|----------------------------|------------------|--------------|-------------|
| 187098 | 909-843-9800 | | | CASH | GUILLERMO SANDOV | 04/16/20 | PQ48177 |
| B I L L T O | GARY B. EDWARDS SR. 10000 WINNERS ST MORENO VALLEY, CA 92555 | | | S H I P T O | | | HOR |

| SHIP QTY | B. O. QTY | PART NUMBER / DESCRIPTION | BIN | LIST | NET | AMOUNT |
|-----------------|-----------|---------------------------|--------|--------|--------|--------|
| 1 | 0 | 42751-MIC-155 TIRE (235 | EXP-LO | 238.47 | 238.47 | 238.47 |
| 1 | 0 | 42700-T2A-L92 DISK (19X | SOP | 463.99 | 463.99 | 463.99 |
| | | CORE PRICE | | | 50.00 | 50.00 |
| SUBTOTAL | | | | | | 752.46 |
| RESTOCK CHARGE | | | | | | 0.00 |
| TAX | | | | | | 54.44 |
| FREIGHT | | | | | | 0.00 |
| PAY THIS AMOUNT | | | | | | 806.90 |

CUSTOMER'S
SIGNATURE X

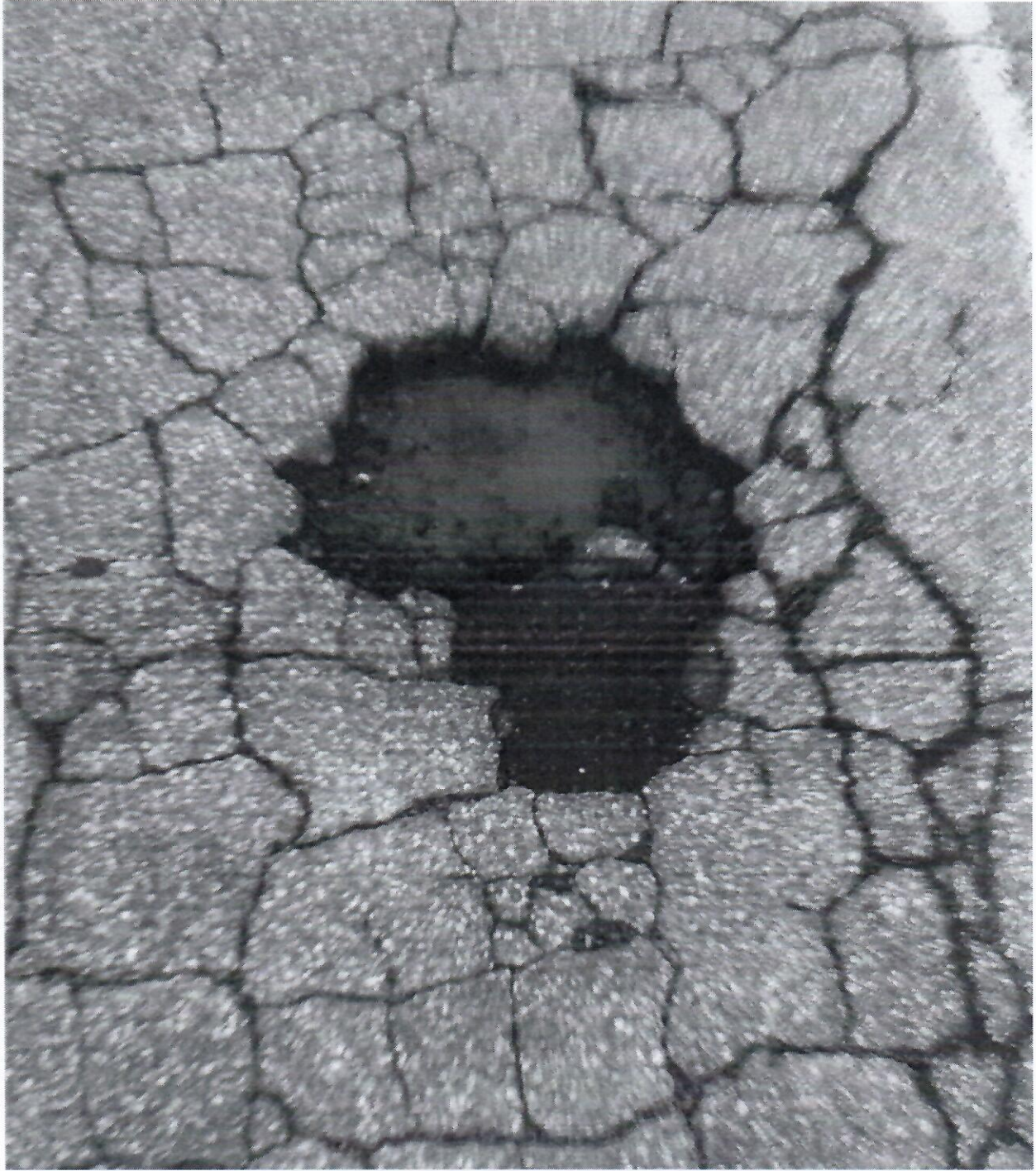
ANY WARRANTIES ON THE PARTS AND/OR ACCESSORIES SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER, SPREEN HONDA, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ALL IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR THE PARTICULAR PURPOSE, AND SPREEN HONDA NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE PARTS AND/OR ACCESSORIES.

ACCOUNTING COPY

PARTS INVOICE

** PRICE QUOTE **
14:47:52 PAGE 1 OF 1
NET503

3700 Riverside Ave Rialto



JK

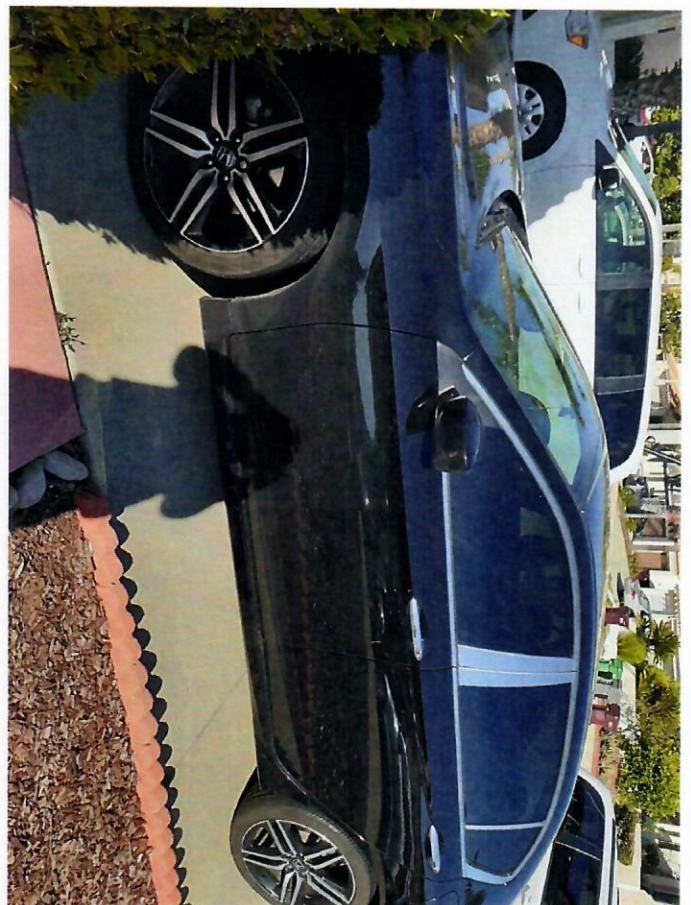
3700 Riverside Ave Rialto



JK



Handwritten signature or initials in blue ink.



The Next Day in my driveway *JK*



pot-holes right in front of this
business

2017 Honda Accord Sport



About 2 weeks prior to hitting pot hole

AK



