



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2021 SEP 13 PM 2:26
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:

Alejandro Mena Barajas

FULL NAME

[REDACTED] Fontana CA

HOME ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
DATE OF BIRTH

[REDACTED]
HOME TELEPHONE NO.

()
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: 9-4-2021 TIME: 9:16 AM ☒ 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.

Drew in back - was driving towards Riverside Ave I was
on Santa Ana ave east when i hit the pot hole

3. HOW DID DAMAGE OR INJURY OCCUR?

was passing by going towards Riverside Ave when a big pot hole
and damage My rim and 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.

Rialto at big hole

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: 9-9-2021 9:16am Rim & tire

Item/Date: _____

Amount: \$ 1250 / 1350

Amount: \$ _____

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: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

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

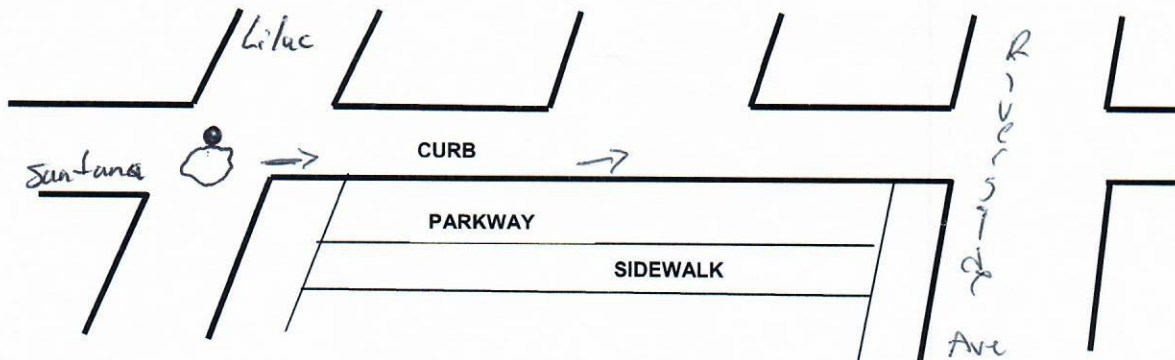
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.**



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

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

DATE

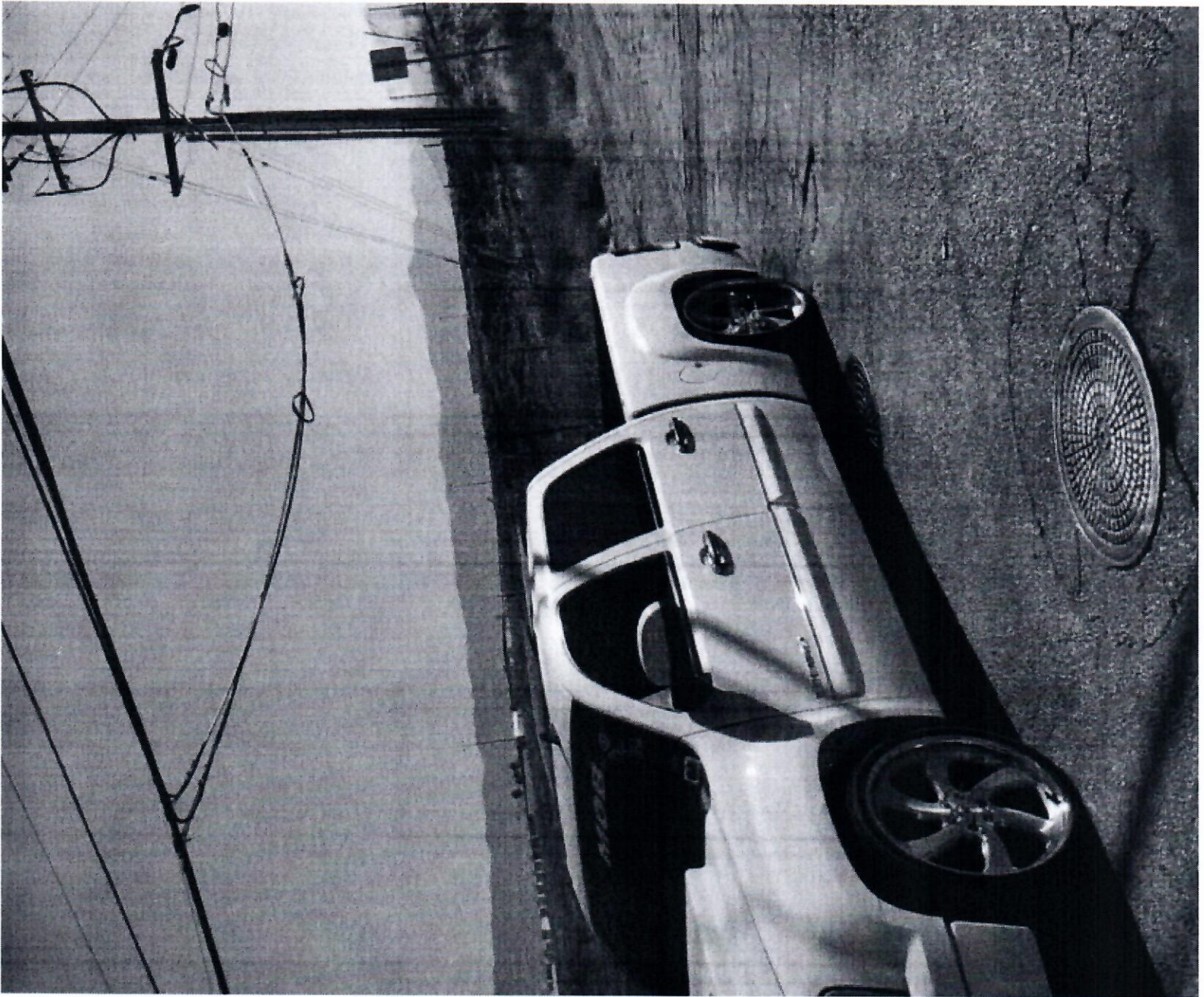
**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376**













M & M Wheels, LLC

[View invoice and more info](#) ✓

BALANCE DUE

\$1,320.00

Contact M & M Wheels, LLC
if you're not sure how to pay
this invoice.

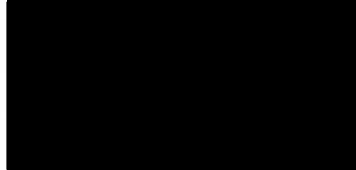
M & M Wheels, LLC
5769 EAST ROSEDALE ST
FT WORTH, TX 76112 US
682-301-1471
insaneoffroadtx@gmail.com
insaneoffroadwheels.com



INVOICE

BILL TO

M&M Wheels LLC
5637 E Rosedale St
Fort Worth, TX 76112
682-301-1471

SHIP TO**INVOICE #** 3011**DATE** 09/10/2021**DUE DATE** 09/10/2021**TERMS** Due on receipt**SHIP DATE**
09/13/2021**SHIP VIA**
UPS Ground**PO NUMBER**
Alex / Replacement**SALES REP**
Luis

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
SO Infamous Wheels	24x9 6x139.7 24ET 78.1 Silver Chrome Lip	1	800.00	800.00
SO Tires	Tire Special	1	320.00	320.00

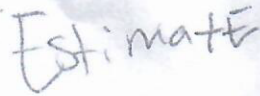
SUBTOTAL	1,120.00
SHIPPING	200.00
TOTAL	1,320.00
BALANCE DUE	\$1,320.00

Recieved By:_____

Delivered By:_____

Payment Amount:_____

Payment Info:_____



Shop: (909) 990.5002

NEW & USED

18829 Valley Blvd. • Bloomington, CA 92316

METHOD OF PAYMENT

NO #

DATE _____

9-10-21

☐ CASH ☐ CHECK CHARGE☐ DEBIT CARD ☐ CREDIT CARD

ZIP

92337	ENGINE SIZE 6.2
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NAME Alejandro Mena Barger		PHONE HOME BUSINESS [REDACTED]		YEAR, MAKE & MODEL 2007 GMC Sierra		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE	
ADDRESS [REDACTED]		CITY Fontana		STATE CA		<input type="checkbox"/> DEBIT CARD <input type="checkbox"/> CREDIT CARD ZIP 92337	
VIN NUMBER [REDACTED]		GVW [REDACTED]	ODOMETER READING 180000		LICENSE NO. [REDACTED]		ENGINE SIZE 6.2

DESCRIPTION

AMOUNT

 NEW TIRE

☐ **USED TIRE**

☐ VALVES

☐ PATCHES

☐ PLUGS

☐ RIMS REPAIR

☐ ROTATION

☐ **COMPUTER BALANCE**

☐ ALIGNMENTS

☐ **BRAKES**

☐ SHOCKS

☐ **SUSPENSION**

LF

RF

So I new rim and Toyo provide tires

(SPARE

New Rim 24x9 6x139.7 24ET 7.8 1 silver chrom

LR

RR

Time special 285/45/24 Toyo Proxes SI 181

B	200	shipped
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Tire Disposal Fee

1	75
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USED TIRES NO GUARANTEE

USED TIRES NO GUARANTEE
BLOOMINGTON TIRES #1 do not guarantee used tires or used wheels. All work is final. No refunds or exchanges. Customer is satisfied based on signing this invoice. Note: All used tires are only for temporary use and must be replaced as soon as possible with a new tire. BLOOMINGTON TIRES is not responsible for lost articles, i.e. Center caps, hub caps attached to wheels, spacers and/or loose lug nuts, etc.; as well as not responsible for damage or inconvenience any used tire may cause you and/or your vehicle.
If the customer wants to keep the tires or wheels that they are purchasing, they must sign this statement.

If the customer wants to keep the tires or wheels that were removed from their vehicle, they must request it before leaving the location. If the client requests that we retain their wheels it will be for a period of 7 days (No exceptions). All Deposits Are final.

All Deposits Are final.

Print _____ Sign _____

Sub Total

Deposit

TAX

TOTAL