



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 AUG 13 PM 4:29
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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:

Andy Mercado-Vazquez
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: 07/27/2024 TIME: 4:20 ☐ 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.

1624 ~~1655~~ W Rialto Ave, Fontana, Ca 92335 & between 1680 W
Rialto Ave. The car was parked facing West towards
arrow blvd. Coordinates 34.09452° N, 117.40429° W

3. HOW DID DAMAGE OR INJURY OCCUR?

The tow truck driver forced my car to move without proper Protocol,
not following proper procedure dealing with All-wheel-drive cars.

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.

The driver Christian M. truck 52 improperly towed my vehicle, not only
by forcing it to move, but also damaging sensors, rim (wheel front left side),
underframe, including axle. From Pepe's towing service, contacted by Rialto PD.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 7,624.08

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

DAMAGES INCURRED TO DATE:

Item/Date: drive shaft, screw, rpm sensor, engine cover, rim, tire Amount: \$ 6,761.78

Item/Date: Pepe's towing Amount: \$ 862.3

release
RPPD

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 7,624.08

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

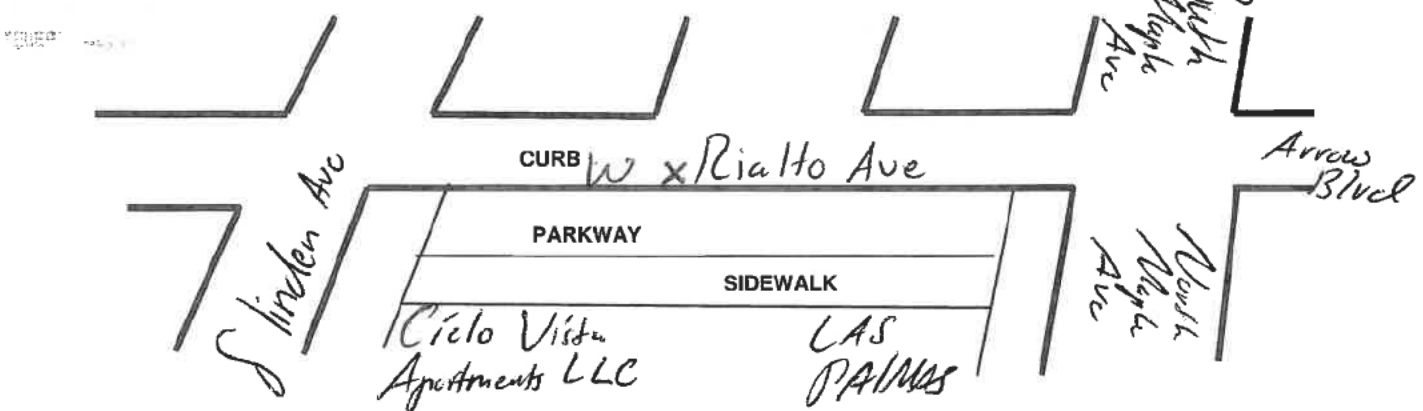
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

andy mercado - Vazquez

TYPE OR PRINT NAME

8/13/2024

DATE

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

8/12/24, 4:40 PM

myKaarma

205-684-02-18	COVER SUBSTRUCTURE	1	\$226.10	400T	\$226.10	☒
205-401-13-00-7X21	EXCHANGE SPOKED WHEEL	1	\$1,249.76	AFA	\$1,249.76	☐
WEIGHT	3MWEIGHT	1	\$8.65	306	\$8.65	☒
Labor Type:CP		Labor Hrs:8Hrs		Parts Sales Amount:	\$4,158.33	
				Labor Sales Amount:	\$2,239.60	
				Tax + MiscFees:	\$363.85	
				Total:	\$6,761.78	

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CITY OF RIALTO

Tow damage Repair

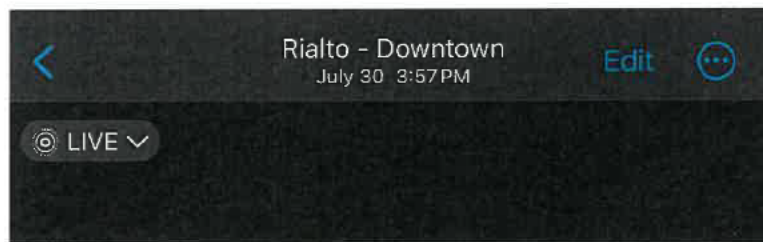
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Part#	Part Description	Qty	Price	Bin	Total Price	In Stock?
205-330-38-06	DRIVE SHAFT	1	\$1,701.30	311	\$1,701.30	☒
000-990-75-03	SCREW	1	\$30.72	019F	\$30.72	☒
006-994-09-40	SNAP RING	1	\$7.02	012B	\$7.02	☒
205-905-45-07	RPM SENSOR	1	\$168.98	N.A.	\$168.98	☐
169-540-16-17	BRAKE WEAR SENSOR	1	\$30.72	012A	\$30.72	☒
205-520-06-00	COVER F ENGINE COMP. BM	1	\$282.88	406H	\$282.88	☒
205-524-07-30	COVER F ENGINE COMP. BM	1	\$226.10	N.A.	\$226.10	☐
205-684-01-18	COVER SUBSTRUCTURE	1	\$226.10	400	\$226.10	☒

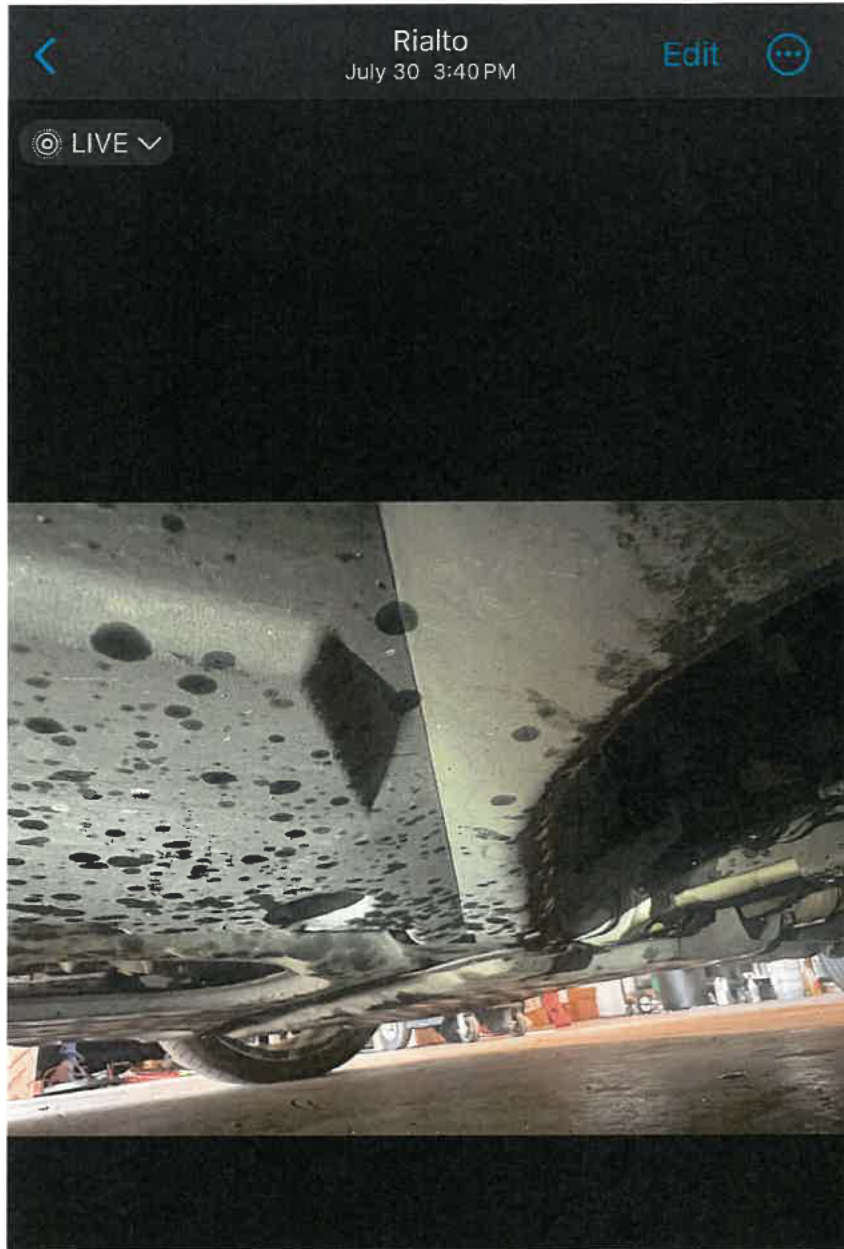
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Pepe's Towing Service
 PO Box 7450, Moreno Valley CA 92552
 Phone: (951) 682-5682 | Fax: (951) 682-5030

Impound In

Released To: ANDY MERCADO VAZQUEZ

Invoice #: 24-0727-40869

Call #: 40869

Case #: 932407958

Lien Start Date: 7/29/2024

Case #: 932407958

Account: RIALTO PD

Date/Time Requested: 7/27/2024 4:03 PM

Date/Time Dispatched: 7/27/2024 4:03 PM

Date/Time Arrived to scene: 7/27/2024 4:09 PM

Date/Time Towing Time: 7/27/2024 4:21 PM

Date/Time Completed: 7/27/2024 4:27 PM

Date/Time Impounded: 7/27/2024 4:27 PM

Driver: Christian M.

Truck: TRK 52

Date/Time Released: 7/30/2024 1:52 PM

Days Held in Impound: 4 days

Reason for Impound: 22651-O EXPIRED REGISTRATION

VIN Number: 55SWF6GB7FU018457

Model: 2015 Mercedes-Benz C-Class (White)

License Plate: 7JHA244 (CA)

Drivable: Yes

Keys: No

Towed from: 1655 W Rialto Ave, Fontana, CA 92

Stored at: Willow Yard
2879 S. Willow Avenue, Bloomington

Notes:

Storage charges	Quantity	Price
Storage - Storage Fees) Impounds/Storage: Daily Impound Rate	4	\$77.00

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