



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2023 JAN 30 PM 1:02
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:

Nancy M. Ochoa
FULL NAME

Rialto
HOME ADDRESS INCLUDING CITY, STATE & ZIP CA 92377

1
HOME TELEPHONE NO.

1
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

1
BUSINESS TELEPHONE NO.

Same as above
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: 1/02/03 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.

I was driving South on Locust Ave when my car went over a very large pot hole. The previous days & that early morning it had rained.

3. HOW DID DAMAGE OR INJURY OCCUR?

The large pot hole threw my alignment off making it difficult to steer since the car had hit a pot hole. I had to take my car in to get an alignment

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 pothole(s) not covered or having any caution signs to warn drivers. This was very unsafe.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 259.00

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

DAMAGES INCURRED TO DATE:

Item/Date: 1/2/23 Amount: \$ 259.00
Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

\$ 259.00

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

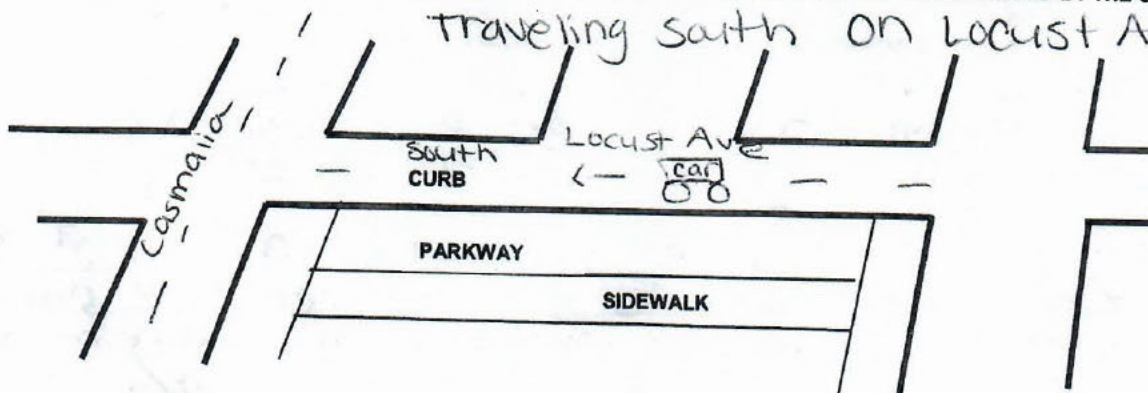
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

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



BMCS594706 BMW OF ONTARIO

1350 Auto Center Drive Ontario, CA 91761
(909) 390-7888
Direct Service Line (909) 402-3286
Service Fax (909) 390-0699
www.bmwofontario.com

BMCS594706



1001BMCS594706

CELL: 909-746-7310

CUSTOMER NO. 35478	ADVISOR WILL SMITH	TAG NO. 391	INVOICE DATE 01/02/23	INVOICE NO. BMCS594706
ERIC M OCHOA RIALTO, CA 92377-3875 [REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE 15,878	COLOR /
	YEAR / MAKE / MODEL 22/BMW/3 SERIES/4DR SDN 330I NA			DELIVERY DATE
	VEHICLE I.D. NO.			SELLING DEALER NO.
	F.T.E. NO.			P.O. NO.
RESIDENCE PHONE [REDACTED]	BUSINESS PHONE [REDACTED]	COMMENTS		R.O. DATE 01/02/23

MO: 15882

JOB# 1 CHARGES-----	
LABOR-----	
J# 1 00BMZ4WA WHEEL ALIGNMENT TECH(S):39364	259.00
CUSTOMER REQUESTS FOUR-WHEEL ALIGNMENT. CUSTOMER REQUESTS FOUR-WHEEL ALIGNMENT. PERFORMED FOUR WHEEL ALIGNMENT,ADJUSTED CAMBER/TOE	
JOB# 1 TOTALS-----	
LABOR 259.00	
JOB# 1 JOURNAL PREFIX BMCS JOB# 1 TOTAL 259.00	
JOB# 2 CHARGES-----	
LABOR-----	
J# 2 00BMZ1 MULTI-POINT INSP TECH(S):39364	INTERNAL
CUSTOMER REQUESTS COMPLIMENTARY VEHICLE INSPECTION. Provide Copy of Report to Customer. Document and Review Technician Recommendations. Some items may not be inspected depending upon vehicle configuration.	
JOB# 2 TOTALS-----	
JOB# 2 JOURNAL PREFIX BMCS JOB# 2 TOTAL 0.00	
JOB# 3 CHARGES-----	
LABOR-----	
J# 3 00BMZ2 TIRE PRESSURE CHECK TECH(S):39364	INTERNAL
CUSTOMER REQUESTS TIRE PRESSURE CHECK. Record Tire Pressure Measurements After Service Complete.	
JOB# 3 TOTALS-----	
JOB# 3 JOURNAL PREFIX BMCS JOB# 3 TOTAL 0.00	
JOB# 4 CHARGES-----	
LABOR-----	
J# 4 04BMZWASH CAR WASH TECH(S):39364	INTERNAL
CUSTOMER REQUESTS COMPLIMENTARY CAR WASH. Wash and Shammy-Dry Vehicle Exterior. Vacuum Interior Carpets and Mats.	
JOB# 4 TOTALS-----	
JOB# 4 JOURNAL PREFIX BMCS JOB# 4 TOTAL 0.00	
JOB# 5 CHARGES-----	
LABOR-----	
J# 5 04BMZSHUTTLE SHUTTLE TRANSPORT TECH(S):39364	INTERNAL
PROVIDE COMPLIMENTARY SHUTTLE TRANSPORTATION. THANK YOU	

**NOTE TO CONSUMER: PLEASE READ
IMPORTANT INFORMATION ON EITHER
BACK SIDE OR LAST PAGE HEREOF**

Customer agrees that this Agreement includes all of the terms and conditions on the front and either back side or last page hereof, that this Agreement cancels and supersedes any prior agreement including oral agreements, and as of the date above comprises the entire agreement between Customer and Dealer relating to these repairs or other matters referred to on the front or back side of this document. Customer also acknowledges receipt of copy of this invoice. Arbitration Agreement. Customer agrees that Customer or Dealership may elect to resolve any dispute by binding arbitration pursuant to the Arbitration Provision on either the back side or last page of this document.

BAR # 00270169 • DEALER #

EPA# CAR000275842



BMCS594706 BMW OF ONTARIO

1350 Auto Center Drive Ontario, CA 91761
(909) 390-7888
Direct Service Line (909) 402-3286
Service Fax (909) 390-0699
www.bmwofontario.com

BMCS594706



1001BMCS594706

CELL: 909-746-7310

CUSTOMER NO. 35478	ADVISOR WILL SMITH	TAG NO. 6297	INVOICE DATE 01/02/23	INVOICE NO. BMCS594706
ERIC M OCHOA	LABOR RATE	MILEAGE 15,878	COLOR /	STOCK NO.
KIALIO, CA 92377-3875	YEAR / MAKE / MODEL 22/BMW/3 SERIES/4DR SDN 330I NA	DELIVERY DATE	DELIVERY MILES	PRODUCTION DATE
RESIDENCE PHONE	BUSINESS PHONE	SELLING DEALER NO.	R.O. DATE 01/02/23	
COMMENTS				

MO: 15882

JOB# 5 TOTALS-----
JOB# 5 JOURNAL PREFIX BMCS JOB# 5 TOTAL 0.00

LABOR-----
J# 6 00BMZZTOUCHLESS TOUCHLESS SERVICE TECH(S):39364 INTERNAL

JOB# 6 TOTALS-----
JOB# 6 JOURNAL PREFIX BMCS JOB# 6 TOTAL 0.00

LABOR-----
J# 7 00BMZKEYREAD KEY READ TECH(S):39364 INTERNAL
CUSTOMER REQUESTS FOR BMW OF ONTARIO SERVICE ADVISOR TO PERFORM KEY READ AT THE TIME OF WRITE UP IN ORDER TO DETERMINE CONDITION BASED SERVICE AND OPEN RECALLS/CAMPAIGNS ON CUSTOMERS VEHICLE. CUSTOMER CAN BE SHOWN THE KEY READ ON REQUEST IF THE OWNERSHIP INFORMATION MATCHES. KEY READ IS PERFORMED AT NO CHARGE TO THE CUSTOMER. KEY DATA IS ALSO AVAILABLE FOR VIEWING AT ANY TIME THROUGH THEIR VEHICLES ON BOARD COMPUTER OR IDRIVE SYSTEM ON SELECT MODELS. KEY READ IS ALSO ONLY AVAILABLE ON SELECT MODELS. CHECK AND ADVISE KEY READ PERFORMED TO HELP INFORM THE CUSTOMER OF CONDITION BASED SERVICE AND ANY OPEN RECALLS OR CAMPAIGNS. KEY READ PERFORMED

JOB# 7 TOTALS-----
JOB# 7 JOURNAL PREFIX BMCS JOB# 7 TOTAL 0.00

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$259.00 (+TAX)
TOTALS-----

TOTAL LABOR.... 259.00
TOTAL PARTS.... 0.00
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 0.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 0.00

TOTAL INVOICE \$ 259.00

CUSTOMER SIGNATURE

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IMPORTANT INFORMATION ON EITHER
BACK SIDE OR LAST PAGE HEREOF**

Customer agrees that this Agreement includes all of the terms and conditions on the front and either back side or last page hereof, that this Agreement cancels and supersedes any prior agreement including oral agreements, and as of the date above comprises the entire agreement between Customer and Dealer relating to these repairs or other matters referred to on the front or back side of this document. Customer also acknowledges receipt of copy of this invoice. Arbitration Agreement. Customer agrees that Customer or Dealership may elect to resolve any dispute by binding arbitration pursuant to the Arbitration Provision on either the back side or last page of this document.

BAR # 00270169 • DEALER #

EPA# CAR000275842

BMW OF ONTARIO
1350 AUTO CENTER DRIVE
Ontario
California
909-390-7888

Sale

Date: 1/2/2023, 8:46:13 AM

Amount: \$259.00

Card Number:*****2372

Merchant Id: 715262

Terminal Id: 00000001

Auth Code: 001482

Auth Mode: Issuer

Application Name: Debit

Processed as: Debit

Reference No: 2017975988

Invoice No: 594706

Response: Approved

Entry Method: Chip Read

Match AVS: Not Present

Match CVV: Not Present

Match ZIP: Not Present

Chip Card AID: A0000000042203

TVR: 0000048000

AD: 0110A04003220000000000000000

000000FF

TSI: E800

ARC: 0012

Client ID:

User Id: jjimenez

OCHOA NANCY M

Verified by PIN

I Agree to Pay Above Total Amount According to Card Issuer
agreement (Merchant agreement if Credit voucher).