



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 JAN -8 AM 11:16
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:

Cam Pearce
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

San Bernardino Ca 92404

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: 1-4-24 TIME: ☐ 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.

Rialto police station
Inside

3. HOW DID DAMAGE OR INJURY OCCUR?

Charged money for release
of car and towing
was not suppose to charge I was the
victim

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.

towed vehicle
Im need a refund

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

\$ 731.00

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

DAMAGES INCURRED TO DATE:

Item/Date: release of car

Amount: \$ 116.80

Item/Date: In fund

Amount: \$ 515.00

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

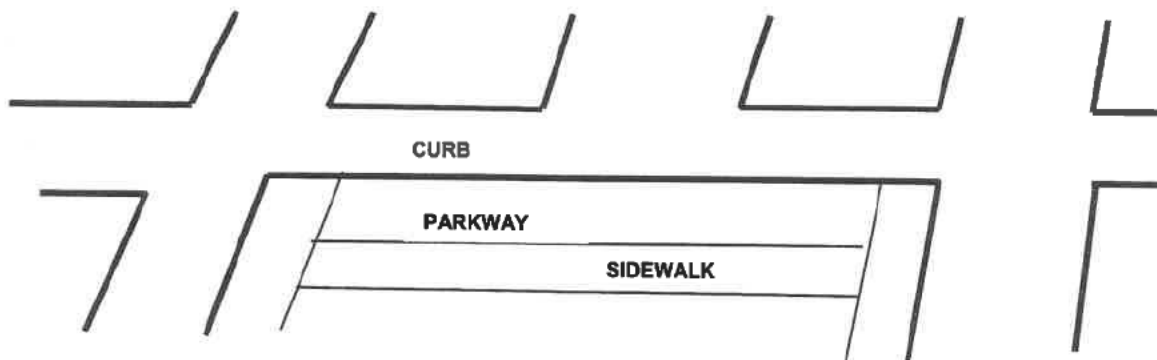
DATE: _____ TIME: _____ ☐ AM ☐ PM

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 DECIDE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT _____

TYPE OR PRINT NAME _____

RELATIONSHIP TO CLAIMANT _____

DATE

1-8-24

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

VEHICLE REPORT

CHP 180 (Rev. 4-16) OPI 061

EVIDENCE

HOLD

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

COUNT
GOOD TO BE
RELEASED
11/3/24

REPORTING DEPARTMENT RIALTO PD	LOCATION CODE 3609	DATE / TIME OF REPORT 12-29-23 1408	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY ☐	FILE NO. 932314714
LOCATION TOWED / STOLEN FROM 10TH / MEDICAL CENTER SR	ODOMETER READING -	VIN CLEAR IN SVS? ☒ YES ☐ NO LIC. CLEAR IN SVS? ☒ YES ☐ NO	DATE / TIME DISPATCH NOTIFIED 12-29-23 1310	LOG NO. -
YEAR 2013	MAKE VW	MODEL PASSAT	BODY TYPE 4-DR	COLOR GREY
VEHICLE IDENTIFICATION NO.		ENGINE NO.	LICENSE NO. ☐ ONE ☒ TWO 09-24	STATE CA
		VALUATION BY ☒ OFFICER ☐ OWNER		
		☐ 0-500 ☐ 501-4000 ☒ 4001+	☐ \$ 4500	

REGISTERED OWNER

☒ SAME AS R/O

LEGAL OWNER

OHAWU MOTORS INC

SAN BERNARDINO CA 92404

SAN BERNARDINO CA 92410

☐ STORED ☐ IMPOUNDED ☐ RELEASED ☐ RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE)

PERES TOWING 2775 N LOCUST AVE RIALTO

STORAGE AUTHORITY / REASON

22655.5 (R)

REASON FOR STOP

SHOOTING

AIRBAG?

☒ YES ☐ NO ☐ 1 ☒ 2

DRIVEABLE?

☒ YES ☐ NO ☐ JUNK ☐ UNK

VIN SWITCHED?

☐ YES ☒ NO

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED			SEAT (FRONT)	☒		REGISTRATION	☒		CAMPER			LEFT FRONT	FLAT
BURNED HULK per 431(c) CVC			SEAT (REAR)	☒		ALT. / GENERATOR	☒		VESSEL AS LOAD			RIGHT FRONT	FLAT
VANDALIZED			RADIO	☒		BATTERY	☒		FIREARMS			LEFT REAR	FLAT
TRANS. STRIP			TAPE DECK	☒		DIFFERENTIAL	☒		OTHER			RIGHT REAR	FLAT
MISC. PARTS STRIP			TAPES	☒		TRANSMISSION	☒					SPARE	UNK
BODY METAL STRIP			OTHER RADIO	☒		AUTOMATIC	☒					HUB CAPS	NO
SURGICAL STRIP per 431(b) CVC			IGNITION KEY	☒		MANUAL						SPECIAL WHEELS	NO

RELEASE VEHICLE TO: ☐ R/O OR AGENT ☒ AGENCY HOLD ☐ 22850.3 CVC

GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE)

[Signature]

12.24.23

DATE / TIME

3:17

NAME OF PERSON / AGENCY AUTHORIZING RELEASE

[Signature]

I.D. NO.

02334

DATE

1/4/24

CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.

SIGNATURE OF PERSON TAKING POSSESSION

(X)

☐ STOLEN VEHICLE / COMPONENT ☐ EMBEZZLED VEHICLE ☐ PLATE(S) REPORT

DATE / TIME OF OCCURRENCE	DATE / TIME REPORTED	NAME OF REPORTING PARTY (R/P)	DRIVER LICENSE NO. / STATE
LAST DRIVER OF VEHICLE	DATE / TIME	ADDRESS OF R/P	TELEPHONE OF R/P ()

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF PERSON MAKING REPORT

REMARKS

[LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS]

DRIVER'S NAME [Signature]	ARRESTED / SECTION? ☐ YES ☒ NO	REPORTED BY CL Jones	CARGO / TYPE? ☐ YES ☒ NO	VALUE \$ ☐ BILL OF LADING ATTACHED
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VEHICLE WAS INVOLVED IN A SHOOTING NEAR THE 800 BLK OF N EUCALYPTUS AVE. VEHICLE WAS SHOT MULTIPLE TIMES. VEH WAS TOWED FOR EVIDENCE HOLD PER CVC 22655.5 (R).



FRONT



LEFT SIDE



RIGHT SIDE



REAR



TOP

SIGNATURE OF OFFICER TAKING REPORT

I.D. NO.

SUPERVISOR

REQUIRED NOTICES SENT TO REGISTERED ☐ YES

DATE NOTIFIED



Pepe's Towing Service

PO Box 7450, Moreno Valley CA 92552
Phone: (951) 682-5682 | Fax : (951) 682-5030

Impound Invoice

Printed 1/4/2024

Released To LA SHAY ELLIS 395 SAN FELIPE 12 SAN BERNARDINO CA 92408 Phone:9099913458

Invoice # 23-1229-27505 Reason for Impound 22651-B BLOCKING HIGHWAY

Call # 27505 VIN Number

Case # 932314714 Model 2013 Volkswagen Passat (Gray)

Case # 932314714 License Plate

Account RIALTO PD Drivable Yes

Date/Time Requested 12/29/2023 2:58 PM Keys No

Date/Time Dispatched 12/29/2023 2:58 PM Towed from WEST TENTH ST AND NORTH MEDICAL CENTER DR SAN BERNARDINO

Date/Time Towing Time: 12/29/2023 3:19 PM Stored at Rialto Yard

Date/Time Destination Arrival: 12/29/2023 3:39 PM 2775 N Locust, Rialto CA 92377

Date/Time Completed: 12/29/2023 3:58 PM

Date/Time Impounded: 1/3/2024 1:58 PM

Driver Fernando C.

Truck TRK 10

Date/Time Released: 1/4/2024 3:06 PM

Days Held in Impound 2 days

Notes EVIDENCE

Storage charges	Quantity	Price	Line Total
(Storage - Storage Fees) Impounds/Storage: Daily Impound Rate	1	\$70.00	\$70.00
Towing charges	Quantity	Price	Line Total
(Towing) Admin Fee	1	\$95.00	\$95.00
(Towing) TOWING FEE PORT TO PORT (price per hour)	1 h	\$350.00	\$350.00
Towing SubTotal			\$445.00
Storage - Storage Fees SubTotal			\$70.00
Subtotal			\$515.00
Taxes			\$0.00
Grand Total			\$515.00
Amount Due:			\$0.00 / Paid

Cash payment (Ref # CASH) of \$515.00 applied on 1/4/2024

Pepe's Towing Service appreciates your business; if you have any questions regarding this invoice, please contact us at 951-682-5682. Thank you.

Damage Disclaimer:

I Have been advised that my vehicle may be damaged if winched, towed, unlocked, jump started, tire changed or left on unattended premises. I recognize the difficulty involved and I agree not to hold Pepe's Towing Service responsible for such damages should it result. I, the undersigned do hereby certify that I am legally authorized and entitled to take possession of the vehicle described and all personal property therein. I have received the vehicle and all personal property in satisfactory condition.

Signature: _____

Date: _____

CA# 117433 USDOT: 1005094

Upon request, you are entitled to receive a copy of the Towing and Storage Fees and Access Notice

City of Rialto
POLICE
150 S Palm Ave
Rialto, CA 92376-6487
+1 (909) 820-2525
City of Rialto

01/04/2024 12:59PM
000648-0003 PD24-000001553
Payment Effective Date 01/04/2024

MISCELLANEOUS

Vehicle Release Fee
(629833)

2024 Item: 629833

1 @ \$216.8000

Vehicle Release Fee
(629833)

\$216.80

Payment Id: 10001

\$216.80

Subtotal

\$216.80

Total

\$216.80

CASH

\$220.00

CASH

-\$3.20

Change due

-\$3.20

Paid by: camy

Thank you for your payment

CUSTOMER COPY