



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2023 FEB -8 PM 2:45

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:

Kimberly Arclar Alarcon
FULL NAME

DATE OF BIRTH

Fontana CA 92337
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: 01/16/2023 TIME: 3:30 - 3:40 ☒ 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.

Going West of Renaissance Pkwy; between Locust and Alder Ave.

3. HOW DID DAMAGE OR INJURY OCCUR?

Pothole

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.

Pothole, City of Rialto

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 800 - 1,000

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

DAMAGES INCURRED TO DATE:

Item/Date: Rim 1/19/23

Amount: \$ 593.26

Item/Date: Tires 1/19/23 (2x)

Amount: \$ 300.14

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

\$ _____

Item/Date: Labor

Amount: \$ 196

Item/Date: Wheel alignment + Tax

Amount: \$ 209.19

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 1,298.59

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

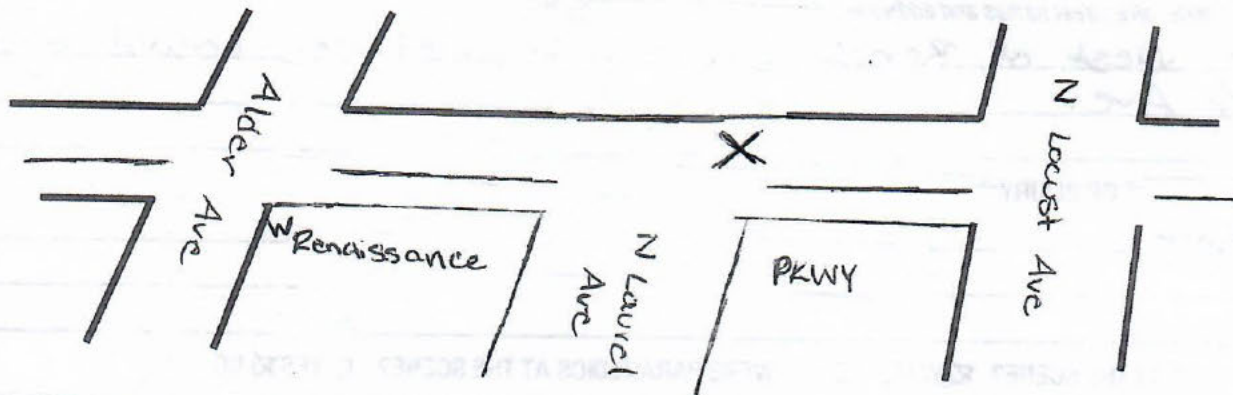
DATE: _____ TIME: _____ ☐ AM ☐ PM

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 _____

DATE

2/8/23

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

Customer Number: 350951

Invoice No: 734211

ONTARIO HYUNDAI

KIMBERLY A AVELAR

INVOICE

ONTARIO AUTO CENTER
1307 KETTERING LOOP
ONTARIO, CALIFORNIA 91761
(909) 390-8484

Page 1 of 2

FONTANA, CA 92337

Home:

Email:

SERVICE ADVISOR: 1034 AHMED IBRAHIM

SERVICE ADVISOR: 1034 AHMED IBRAHIM

COLOR	YEAR	MAKE/MODEL	VIN		LICENSE	MILEAGE IN / OUT		TAG
INTENSE BL	20	HYUNDAI ELANTRA				41186 / 41195		T3064
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
19JUN20			19:00 16JAN23		0.00	CC	19JAN23	
R.O. OPENED		READY		OPTIONS: SOLD-STK:20H1422 ENG:2.0_Liter TRN:A				
14:47 16JAN23		08:38 19JAN23						

LINE OPCODE TECH TYPE HOURS

LIST

NET

TOTAL

A CUSTOMER HITS REAR RIGHT WHEEL AND FRONT TIRE, REPLACING REAR RIM AND TIRE, FRONT RIGHT TIRE

OTHER A TRAINED TECHNICIAN WILL ANALYZE (DIAGNOSE) YOUR CONCERN. AS A RESULT OF DIAGNOSIS, AN ESTIMATE FOR REPAIRS OR ADDITIONAL DIAGNOSIS AS REQUIRED WILL BE PROVIDED TO YOU. DIAGNOSIS FEE DOES NOT INCLUDE COST OF PARTS AND/OR LABOR TO COMPLETE REPAIR. PLEASE ADDRESS ANY CONCERNS DIRECTLY WITH YOUR SERVICE ADVISOR UPON ARRIVAL. DISCLAIMER REGARDING PRICE: WAIVED IF COVERED UNDER FACTORY OR EXTENDED WARRANTY. DEALERSHIP WILL DETERMINE ELIGIBILITY.

1023 CPHS

1 52910-G3300 WHEEL ASSY-ALUMINIUM	196.00	196.00
1 005NX-14198-NXK 225/45R17, 91W, N-PRIZ AH8	593.26	593.26
1 STATE STATETIREFEE	153.75	153.75
1 225/45R17 NEXEN NPRIZ AH8	1.75	1.75
144.64	144.64	144.64
PARTS: 893.40 LABOR: 196.00 OTHER: 0.00	TOTAL LINE A:	1089.40

41195 FRONT TIRE, REPLACING REAR RIM AND TIRE, 1.00 REPLACED BOTH PASSENGER SIDE TIRES, ONE BLOWN AND ONE WITH AIR BUBBLE ON SIDE WALL THAN I REPLACED RIM AS WELL. ALSO SWAPPED SENSOR FROM OLD RIM TO NEW RIM AND MOUNTED AND BALANCED TIRES VEHICLE IS NOW OKAY TORQUED WHEELS DOWN TO SPEC

B 4 WHEEL ALIGNMENT

ALIGN CUSTOMER REQUESTS PERFORM 4 WHEEL ALIGNMENT

1023 CPHS

PARTS: 0.00	LABOR: 139.95	OTHER: 0.00	TOTAL LINE B:	139.95
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PARTS AND LABOR GUARANTEED FOR 12 MONTHS OR 12,000 MILES ON ALL GM INSTALLED PARTS, WHICHEVER OCCURS FIRST. 90 DAYS OR 4,000 MILES ON ALL OTHER PARTS.

THANK YOU FOR THIS OPPORTUNITY TO SERVE YOU. IT IS OUR AIM TO PERFORM ALL THE REPAIRS REQUESTED TO YOUR SATISFACTION. IF YOU HAVE ANY QUESTIONS, PLEASE NOTIFY YOUR SERVICE ADVISOR IMMEDIATELY.

ORIGINAL ESTIMATE

AUTHORIZED REVISED ESTIMATE

DESCRIPTION

TOTALS

LABOR CHARGES ARE \$ PER FLAT RATE HOUR.

I acknowledge notice and oral approval of any additional customer or warranty work performed and/or increase in the original estimated price. I also acknowledge and approve all repairs as itemized and/or receipt of vehicle.

CUSTOMER SIGNATURE

LABOR AMOUNT

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

DISCOUNT/ EXTENDED WARRANTY

SALES TAX

PLEASE PAY THIS AMOUNT

NOTICE: VEHICLES NOT PICKED UP WITHIN TWO DAYS AFTER REPAIRS ARE COMPLETED WILL BE SUBJECT TO A STORAGE FEE.

ALL PARTS USED ARE NEW UNLESS INDICATED OTHERWISE

NO VEHICLES
RELEASED AFTER
CLOSING HOURS

SALES * SERVICE
LEASING * PARTS
BODY REPAIRS

SERVICE DEPARTMENT HOURS
MONDAY THROUGH FRIDAY
7:30 A.M. TO 6:00 P.M.
SATURDAYS
8:00 A.M. TO 4:00 P.M.,
BY APPT. ONLY
CLOSED SUNDAYS

SERVICE CASHIER HOURS
MONDAY THROUGH FRIDAY
7:30 A.M. TO 6:00 P.M.
SATURDAYS
8:00 A.M. TO 4:00 P.M., BY APPT. ONLY

Customer Copy

EPA # 000021303 BAR # ARD056847

2023 FEB -8 PM 2:45
CITY OF RIALTO
RECEIVED
CITY CLERK

Customer Number: 350951

Invoice No: 734211

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INVOICE

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Email:

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DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
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R.O. OPENED		READY		OPTIONS: SOLD-STK:20H1422 ENG:2.0_Liter TRN:A				
14:47 16JAN23		08:38 19JAN23						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
41195	4	WHEEL ALIGNMENT	1.00	4 WHEEL ALIGNMENT PERFORMED SET TIRE PRESSURE THAN ADJUSTED FRONT TOE THAN TEST DROVE VEHICLE IS NOW OKAY			

C	MULTI-POINT INSPECTION OEM RECOMMENDED						
	MPI MULTI-POINT INSPECTION OEM RECOMMENDED						
	1023 CPHS						
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	0.00	0.00
					TOTAL LINE C:	0.00	0.00
41195	MULTI-POINT INSPECTION OEM RECOMMENDED 1.00 MULTI-POINT INSPECTION OEM RECOMMENDED AND PERFORMED						

ESTIMATE: 1,139.95 16JAN23 14:47 SA: 1034
CONTACT:
*****#3064 CREATED 2023-01-16
02:33:01PM TAKEN BY AH MED
IBRAHIMOUR NEW SERVICE HOURS FOR YOUR CONVENIENCE
MON - FRI 7:00AM - 7:00PM
SATURDAY 8:00AM - 4:00PM
ROMERO MOTOR TEAM THANKS YOU.
ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISEPARTS AND LABOR GUARANTEED
FOR 12 MONTHS OR 12,000
MILES ON ALL GM INSTALLED
PARTS, WHICHEVER OCCURS
FIRST. 90 DAYS OR 4,000 MILES
ON ALL OTHER PARTS.THANK YOU FOR THIS OPPORTUNITY
TO SERVE YOU. IT IS OUR AIM TO
PERFORM ALL THE REPAIRS REQUESTED
TO YOUR SATISFACTION. IF YOU HAVE
ANY QUESTIONS, PLEASE NOTIFY YOUR
SERVICE ADVISOR IMMEDIATELY.NOTICE: VEHICLES NOT PICKED UP WITHIN TWO DAYS AFTER REPAIRS ARE
COMPLETED WILL BE SUBJECT TO A STORAGE FEE.

ALL PARTS USED ARE NEW UNLESS INDICATED OTHERWISE

NO VEHICLES
RELEASED AFTER
CLOSING HOURSSALES * SERVICE
LEASING * PARTS
BODY REPAIRSSERVICE DEPARTMENT HOURS
MONDAY THROUGH FRIDAY
7:30 A.M. TO 6:00 P.M.
SATURDAYS
8:00 A.M. TO 4:00 P.M.,
BY APPT. ONLY
CLOSED SUNDAYSSERVICE CASHIER HOURS
MONDAY THROUGH FRIDAY
7:30 A.M. TO 6:00 P.M.
SATURDAYS
8:00 A.M. TO 4:00 P.M., BY APPT. ONLY

ORIGINAL ESTIMATE

AUTHORIZED
REVISED ESTIMATE

DESCRIPTION

TOTALS

\$

\$

LABOR CHARGES ARE \$
PER FLAT RATE HOUR.I acknowledge notice and oral approval of any
additional customer or warranty work performed
and/or increase in the original estimated price. I
also acknowledge and approve all repairs as
itemized and/or receipt of vehicle.

CUSTOMER SIGNATURE

X

LABOR AMOUNT	\$ 335.95
PARTS AMOUNT	\$ 893.40
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
MISC. CHARGES	\$ 0.00
TOTAL CHARGES	\$ 1229.35
DISCOUNT/ EXTENDED WARRANTY	\$ 0.00
SALES TAX	\$ 69.24

PLEASE PAY
THIS AMOUNT \$ 1298.59

Customer Copy

EPA # 000021303 BAR # ARD056847

ROMERO MOTORS CORPORAT
1307 KETTERING LOOP
ONTARIO, CA 917610000

01/19/2023

13:11:57

CREDIT CARD

VISA SALE

Card #	XXXXXXXXXXXX0817
Chip Card:	VISA CREDIT
AID:	A0000000031010
SEQ #:	2
Batch #:	153
INVOICE	2
Approval Code:	009816
Entry Method:	Chip Read
Mode:	Issuer

SALE AMOUNT	\$1298.59
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CUSTOMER COPY

ONTARIO HYUNDAI

HYUNDAI

Dear KIMBERLY A AVELAR,

We at Romero Motor Corporation would like to take this opportunity to thank you for your business. We hope the services or repairs to your HYUNDAI ELANTRA were completed to your utmost satisfaction.

We pride ourselves in giving you the total dealership experience that a HYUNDAI deserves. If there is anything we can ever do to make your visit to Romero Motor Corporation more pleasurable, please do not hesitate to contact us.

Once again, thank you!!

Sincerely,

*1034 AHMED IBRAHIM
Service Consultant
Romero Motor Corporation*

734211

1/18/23 3:24 PM

KMHH35LE5LU135711

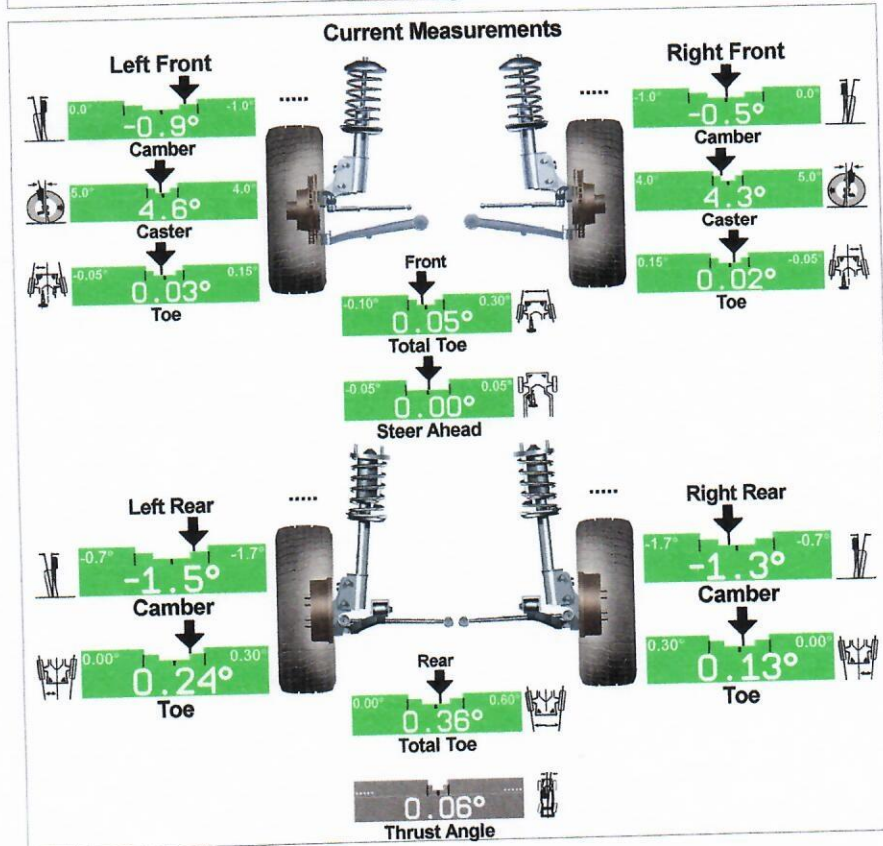
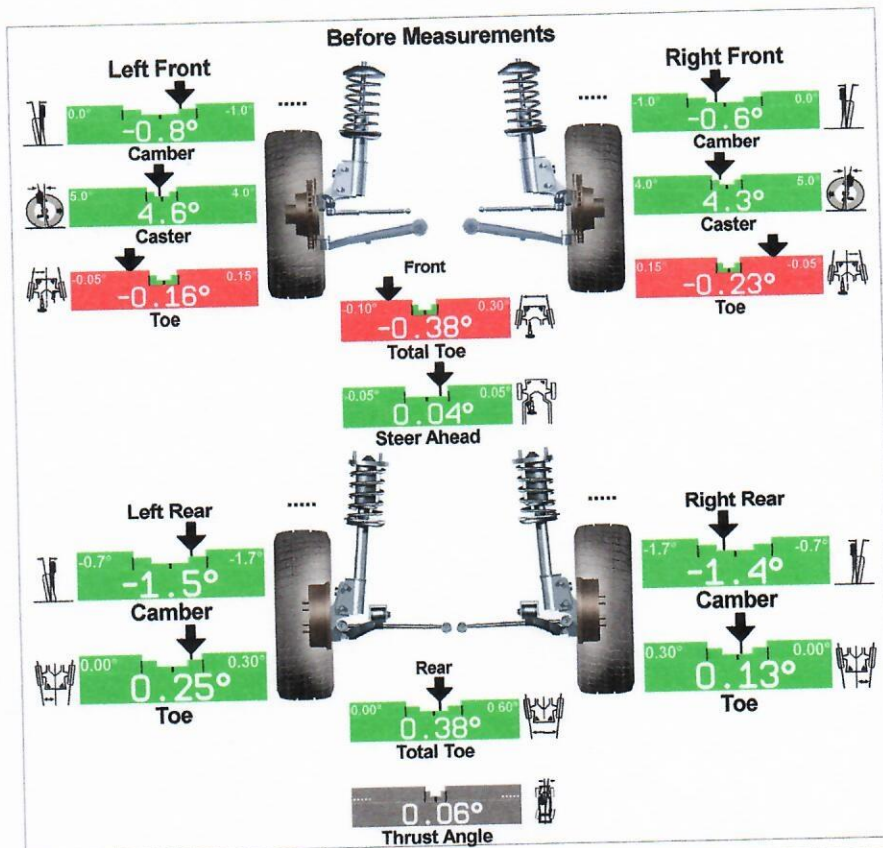
juan gonzalez



KMHH35LE5LU135711

Odometer:41186

Hyundai : Elantra Touring/GT (2009-) : 2020 : except Sport, N Line : with 16", 17" Wheel ExpressAlign Total Alignment



• One or more values are not within specification. Tire wear, handling and safety problems may result.