



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 MAR 30 PM 4:21
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:

Paulina Correa
FULL NAME

[REDACTED] Colton CA 92324
HOME ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

[REDACTED]
DATE OF BIRTH

[REDACTED]
HOME TELEPHONE NO.
cen

()
BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 3/9/23 TIME: 4:00 ☐ 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.

Pepper & Rialto

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.

flat tire due to large deep pot hole

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 151.00

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

DAMAGES INCURRED TO DATE:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

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: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

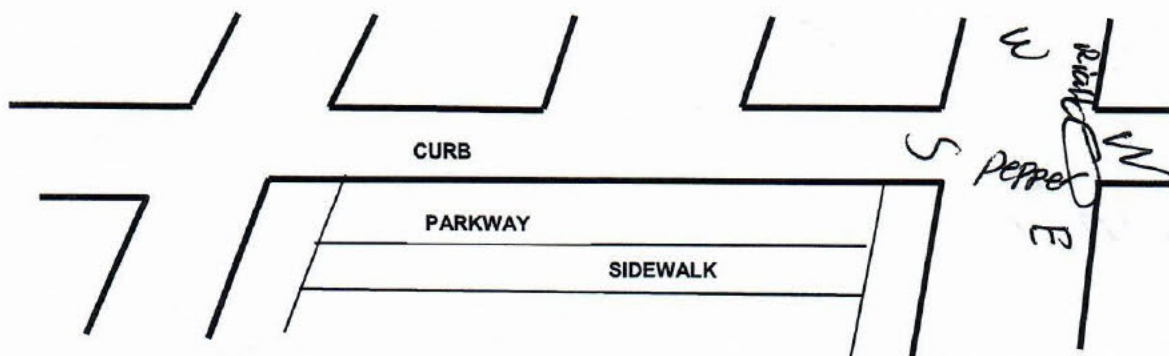
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Paulina Correa

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

DATE

3/30/23

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

SONORA TIRES INC
17977 VALLEY BLVD
BLOOMINGTON, CA. 92316
909-877-6350

DEBIT SALE

Batch #: 256 REF#: 00000005
03/10/23 RRN: 310180408
APPR CODE: 406358 10:04:08
Trace: 5
DEBIT Chip
*****9882

AMOUNT \$151.00

APPROVED

US DEBIT
AID: A0000000980840
TVR: 80 80 04 80 00
TS: 68 00

THANK YOU

CUSTOMER COPY

SONORA TIRES

MUFFLERS - BRAKES - ALIGNMENTS

Invoice

17977 Valley Blvd
Bloomington, CA 92316
909-877-6350
SONORATIRESINC.COM

PAID
03/10/2023

Date	Invoice #
3/10/2023	133407

MON-FRI 8:00 AM - 6:00 PM
SATURDAY 8:00 AM - 5:00 PM
SUNDAY 8:00 AM - 2:00 PM

CUSTOMER INFORMATION:	VIN #	
RAMIRO CORREA		
	Year Make & Model	Mileage
	TOYOTA CAMRY 2012	150000

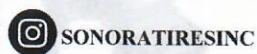
FREE FLAT TIRE REPAIR & FREE TIRE ROTATIONS FOR THE LIFE OF TIRES, WITH PURCHASE OF NEW TIRES ONLY. (TIRE ROTATIONS RECOMMENDED EVERY 3,000 MILES OR EVERY OIL CHANGE)
REPARACIÓN DE LLANTA Y ROTACION GRATIS POR VIDA DE LA LLANTA. ROTACION SE RECOMIENDA CADA 3,000 MILLAS

PAYMENT TYPE

DEBIT

QTY	ITEM CODE	PART #	DESCRIPTION	Price E...	Amount
1	2156016 FALKEN SN 250		215/60R16 95T FALKEN SN250 A/S BW	93.04	93.04T
1	CA Fee		CA FEE	1.75	1.75
	Labor		ON NEW TIRES	48.00	48.00
1	FEES CREDIT CARD		FEES DEBIT CARD CUSTOMER	1.00	1.00
			MANUFACTURER MILEAGE WARRANTY		
			40,000 45,000 50,000 55,000		
			60,000 65,000 70,000 80,000		
			NO WARRANTY ON USED TIRES. NO WARRANTY ON ANY TYPE OF RIM REPAIR		

NO WARRANTY ON TIRES RAN FLAT
NO WARRANTY ON POT HOLE DAMAGE TIRES
NO REFUNDS ON USED TIRES.
RETIGHTENING OF LUG NUTS EVERY 5,000 MILES
NO EXCHANGE OR REFUND, ALL SALES ARE FINAL
DEPOSITS ARE NOT REFUNDABLE NO EXCEPTIONS
NEW TIRES ARE COVERED UNDER MANUFACTURER DEFECTS ONLY, NO ROAD HAZARD INCLUDED



Follow us on Instagram!
Tag us in your photos
#sonoratiresinc



REFERRALS &
REVIEWS ARE
GREATLY
APPRECIATED!

Subtotal	\$143.79
Sales Tax (7.75%)	\$7.21
Total	\$151.00
Payments/Credits	-\$151.00
Balance Due	\$0.00

Catalytics are not warranted against back fire for as long as your own your vehicle. Regular tune-ups recommended every 20,000 miles. No warranty on any labor brakes when customer supplies brake pads. I hereby authorize the above repair work to be done along with the necessary material, & hereby grant you permission to operate the car or truck herein described on streets, highways for the purpose of testing and/or inspection of vehicle. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Special ordered custom wheels are manufactured to meet your car owner specifications & applications, once you accept & sign your order you became liable & unconditionally accept ownership, there is no refund on deposit or exchange except in the case of factory defects. We're not responsible for lost hub caps, wheel locks. All auto parts are NEW unless otherwise specified on invoice

WASTE MANAGEMENT BOARD ID NUMBER #1105995-01

BUREAU OF AUTOMOTIVE REPAIR LICENSE
NUMBER: #279748

SIGNATURE: _____

Thank You For Your Business!