



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2023 JUN -9 PM 12:08

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:**

Andrea Ellis

FULL NAME

[REDACTED], Rialto, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

DATE OF BIRTH

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: 4/2/23 TIME: 08:27 AM ☒ 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.

Making a left turn from Eucalyptus St  
going south unto Merrill Ave in Rialto

3. HOW DID DAMAGE OR INJURY OCCUR?

A large pothole in the middle of the intersection  
causing cracked rim and tire damage.

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.

Unfilled potholes that were unavoidable

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

\$ 150

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Used Tire Replacement  
Item/Date: Cracked Rim Repair

Amount: \$ 100  
Amount: \$ 50

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

\$ 150-

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: Ethan McFadden

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Rialto, Ca 92376

TELEPHONE: ( ) (minor child)

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

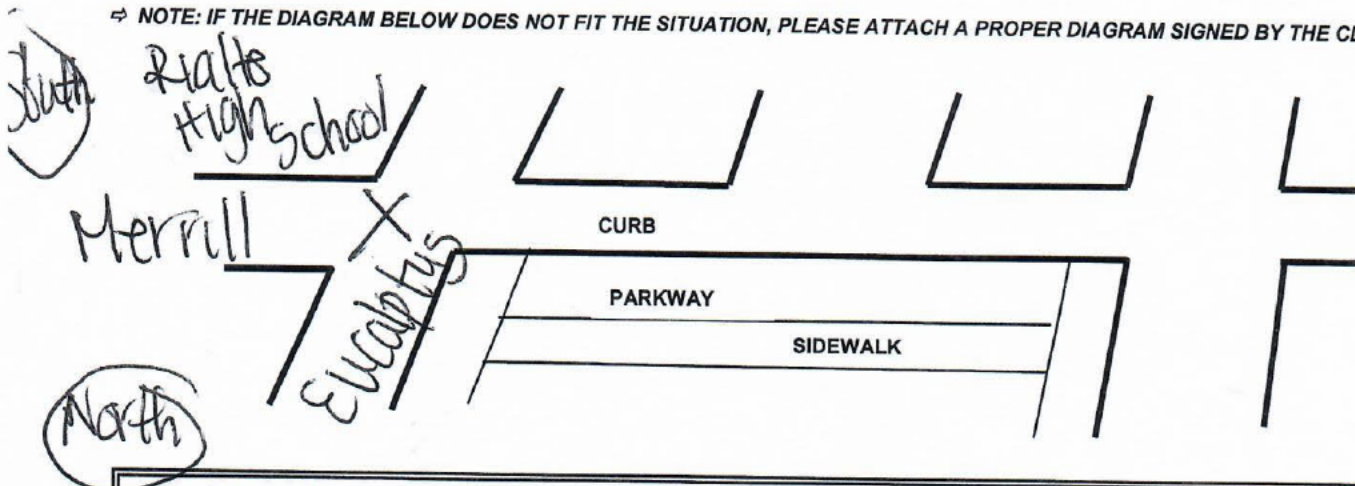
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

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.

OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

4/24/23  
DATE

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



Shop: (909) 990.5002

18829 Valley Blvd. • Bloomington, CA 92316

NO #

DATE 08/14/2027

METHOD OF PAYMENT  
(#123)

☐ CASH ☐ CHECK

☐ CHARGE

☒ DEBIT CARD ☐ CREDIT CAR

NAME Andrea Ellis

PHONE HOME BUSINESS

YEAR, MAKE & MODEL

ADDRESS

STATE

ZIP

VIN NUMBER

GVW

ODOMETER READING

LICENSE NO.

ENGINE SIZE

### DESCRIPTION

### AMOUNT

☐ NEW TIRE

☒ USED TIRE 255/35/18

☐ VALVES

☐ PATCHES

☐ PLUGS

☐ RIMS REPAIR

☐ ROTATION

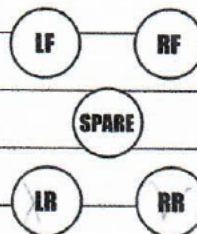
☐ COMPUTER BALANCE

☐ ALIGNMENTS

☐ BRAKES

☐ SHOCKS

☐ SUSPENSION



Tire Disposal Fee

### USED TIRES NO GUARANTEE

BLOOMINGTON TIRES #1 do not guarantee used tires or used wheels. All work is final. No refunds or exchanges. Customer is satisfied based on signing this invoice. Note: All used tires are only for temporary used and must be replaced as soon as possible with a new tire. BLOOMINGTON TIRES is not responsible for lost articles, i.e. Center caps, hub caps attached to wheels, spacers and/or loose lug nuts, etc.; as well as not responsible for damage or inconvenience any used tire may cause you and/or your vehicle.

If the customer wants to keep the tires or wheels that were removed from their vehicle, they must request it before leaving the location. If the client requests that we retain their vehicle, we will retain it for a period of 7 days (No exceptions).

All Deposits Are final.

Print

Sign

Sub Total

Deposit

TAX

TOTAL



Shop: (909) 990.5002

NEW & USED

18829 Valley Blvd. • Bloomington, CA 92316

NO #

DATE

04/03/2013

METHOD OF PAYMENT

CARD

☐ CASH

☐ CHECK

☐ CHARGE

☐ DEBIT CARD ☐ CREDIT CARD

NAME

PHONE HOME BUSINESS

YEAR, MAKE & MODEL

ADDRESS

CITY

STATE

ZIP

VIN NUMBER

GVW

ODOMETER READING

LICENSE NO.

ENGINE SIZE

### DESCRIPTION

### AMOUNT

☐ NEW TIRE

☒ USED TIRE

☐ VALVES

☐ PATCHES

☐ PLUGS

☒ RIMS REPAIR

☐ ROTATION

☐ COMPUTER BALANCE

☐ ALIGNMENTS

☐ BRAKES

☐ SHOCKS

☐ SUSPENSION

LF

RF

SPARE

LR

RR

1150 00

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Sub Total

Deposit

TAX

TOTAL

1150 00

Print

Sign