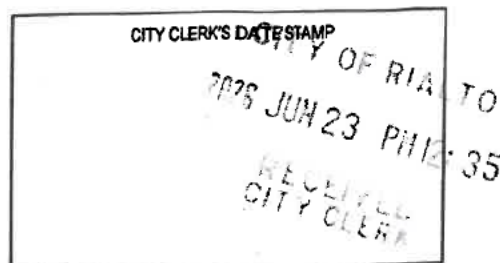




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

David Gonzalez
FULL NAME

170 E. ...
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):

DATE OF BIRTH

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6-14-26 TIME: 11:58 ☐ 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.

In the I10 freeway on Riverside Ave ending the ramp
to merge

3. HOW DID DAMAGE OR INJURY OCCUR?

I was entering the freeway I10 as I was going down
the ramp I didn't see and expect a cone to be
in the middle of the road, black hard side facing me

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.

city of Rialto

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 2,231.52

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

DAMAGES INCURRED TO DATE:

Item/Date: 6-14-26

Amount: \$

Item/Date: 6-14-26

Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 6-14-26

Amount: \$ _____

Item/Date: 6-14-26

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 2,231.52

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: NIA

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: NIA

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

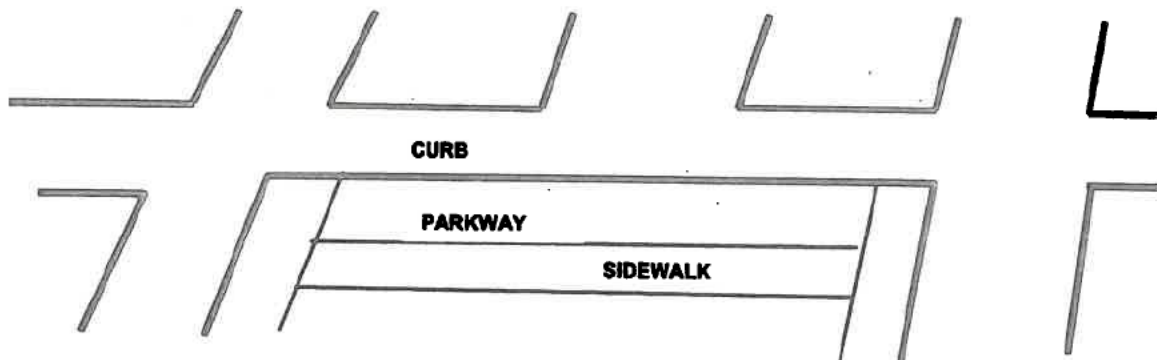
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

David Gonzalez

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

6-23-26
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**



Islas Auto Body
300 S Sycamore Ave Building B, Rialto, CA 92376-6579
Office: (951) 904-0479
islasautobody@gmail.com
islasautobody.com

Estimate ID
28359134
Original

CITY OF RIALTO
2008 JUN 23 PM12:38
RECEIVED
CITY CLERK

Owner
DAVID GONZALEZ

Appraiser
Julio Islas
islasautobody@gmail.com

Classification
None

Loss Type
Unknown

Deductible
Unknown

2007 Acura TL Type S 4 Door Sedan 3.5L 6 Cyl Gas Injected 5 Speed Auto Trans FWD

VIN Drivable Mitchell Service Code
Unknown **910258**

Options

Air Conditioning	Alum/Alloy Wheels	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)	Auto Air Condition
Automatic Headlights	Bluetooth Wireless Connectivity	Cassette Player	CD Player	CD Player (Multi)
Cruise Control	Daytime Running Lights	Driver Seat With Power Lumbar Support	Driver-Front Air Bag	Dual A/C
Electric Defogger	Electronic Stability Control	Exterior Memory Mirrors	First Row Bucket Seat	Fog Lights
Front Heated Seats	Heated Mirror	High Intensity Discharge Headlights	Interior Automatic Day/Night Or Electrochromatic Mirror	Keyless Entry System
Leather Seats	Leather Steering Wheel	Left-Curtain Air Bag	Manual Sunroof	MP3 Player
Navigation Sys.	Passenger-Front Air Bag	Power Door Locks	Power Driver Seat	Power Passenger Seat
Power Remote Mirror	Power Steering	Power Windows	Rearview Camera	Remote Decklid Or Tailgate Release
Satellite Radio	Side Airbags	Steering Wheel Mounted Audio Control	Telematic Systems	Theft Deterrent Sys.
Tilt Steering Wheel	Tire Pressure Monitoring System	Traction Control/Electronic	Universal Garage Door Opener	

DAVID GONZALEZ | 2007 Acura TL Type S

Parts Profile
AM and QR Parts
Parts Profile Version
2.0

			LABOR				PART				
Line #	Description		Operation	Type	Total Units	CEG	Type	Number	Qty	Total Price	Tax
Front Bumper											
1	002849	Frt Bumper Cover	Remove / Replace	Body	2.1#	1.8	New	04711-SEP-A70ZZ	1	\$452.68	Yes
2	AUTO	Frt Bumper Cover	Refinish Only	Refinish	4.0* C	2.4					

		LABOR					PART				
Line #		Description	Operation	Type	Total Units	CEG	Type	Number	Qty	Total Price	Tax
3	900501	Modified Refinish With Full Clear Coat									
4	002853	L Frt Bumper Grille	Remove / Replace	Body	INC#	0.2	New	71107-SEP-A20ZA	1	\$59.40	Yes
Front Lamps											
5	003868	L Frt Fog Lamp	Remove / Replace	Body	INC#	0.3	New	33951-SEP-A01	1	\$491.37	Yes
Additional Costs & Materials											
6	AUTO	Paint/Materials	Additional Cost							\$315.00	Yes
7	AUTO	Hazardous Waste Disposal	Additional Cost							\$5.00*	Yes
Additional Operations											
8	AUTO	Clear Coat	Additional Operation	Refinish	2.5*	0.0				\$0.00	
9	933003	Tint Color	Additional Operation	Refinish	0.5*	0.0				\$0.00	
10	933017	Finish Sand And Buff	Additional Operation	Refinish	1.5*	0.0				\$0.00	

* Judgment Item

T Included in Two Tone Calculation

Labor Note Applies

d Discontinued by Manufacturer

C Included in Clear Coat Calculation

A Included in Clear Coat and Two Tone Calculation

r CEG R&R Time Used for this Labor Operation

[] Verify the part number and price before ordering

Estimate Totals

Labor	Units	Rate	Sublet	Add'l Amount	Totals
Body Labor	2.1	\$80.00			\$168.00
Refinish Labor	8.5	\$75.00			\$637.50
Total Labor	10.6				\$805.50

Taxable	\$805.50
Tax 0.0000%	\$0.00
Non-Taxable	\$0.00
Pre-Tax Discount 0.00%	\$0.00
Labor Total	\$805.50

Parts	Amount	
Taxable Parts	\$1,003.45	\$1,003.45

Parts Adjustments	\$0.00
Tax 7.7500%	\$77.77
Non-Taxable	\$0.00
Pre-Tax Discount 0.00%	\$0.00
Parts Total	\$1,081.22

Costs	Amount	
Paint Materials	\$315.00	\$315.00
Shop Materials	\$0.00	\$0.00
Other Additional Costs	\$5.00	\$5.00

Paint Materials:	Taxable	\$320.00
- Refinish Units: 7.0 units	Tax 7.7500%	\$24.80
- Rate: \$45.00	Non-Taxable	\$0.00
- Rate Max: 99.9 units	Pre-Tax Discount 0.00%	\$0.00
- Additional Rate: \$0.00	Costs Total	\$344.80

Gross Totals	Amount
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Estimate Totals

Gross Total	\$2,231.52			\$2,231.52
		Taxable		\$2,128.95
		Tax		\$102.57
		Non-Taxable		\$0.00
		Pre-Tax Discount 0.00%		\$0.00
		Gross Total		\$2,231.52
Adjustments	Amount			
Total Customer Responsibility				\$0.00
		Net Estimate Total		\$2,231.52

Disclaimer: For your protection California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Estimate Event Log

Job Created	6/18/2026 12:33 PM
Estimate Started	6/18/2026 12:34 PM
Estimate Printed	6/23/2026 11:36 AM
Estimate Committed	Estimate Not Committed
Estimate Retrieval ID	1010694232

CITY OF RIALTO
7/18 JUN 23 PM 12:38
RECEIVED
CITY CLERK

