



**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:

Rosa Esther Murdoch
FULL NAME

Colton CA
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: 05/24/2022 TIME: 3:30 ☒ 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.

N. Linden Ave. Rialto 92374 CA.

3. HOW DID DAMAGE OR INJURY OCCUR? I was on my way to work. I was coming north from Linden then I turned into the middle lane as I was approaching to the 2nd entrance of my job (amazon ave, 1660 N. Linden Ave Rialto, CA 92376). I was going to turn left then I heard a loud noise. So I failed over to check and the bumper on the side was falling off. I called the Security and he came back to check with me on the street see what was there for it to cause that damage. So it was an iron cap it was missing. Like it wasn't covered. I attached a photo of it.

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.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1412.14

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

DAMAGES INCURRED TO DATE:

Item/Date: 05/24/2022

Amount: \$ 1412.14

Item/Date:

Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 8-051009/24/2022

Amount: \$ 1412.14

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 1412.14

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

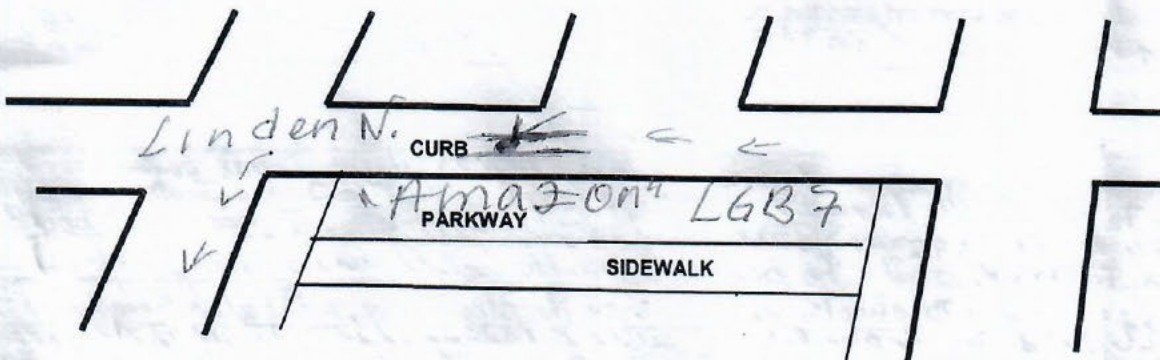
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

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

PROCOLOR - RIALTO

1561 S. LILAC AVE, BLOOMINGTON, CA 92316

Phone: (909) 990-5019

FAX: (909) 990-5024

Workfile ID:

cee4657c

PartsShare:

6MWST4

State EPA:

CAL000436081

BAR:

ARD00291403

Estimate

RO Number:

Customer:

Murdoch Yeah models yes, Roza

Insurance:

Adjuster:

Phone:

Claim:

Loss Date:

Deductible:

Estimator:

Eddy Samawi

Create Date:

5/24/2022

(909) 264-5066

2019 TOYO Corolla LE w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI white

VIN:

License:

State: CA

Interior Color: black

Exterior Color: white

Production Date: 1/2019

Mileage In: 47,322

Mileage Out:

Condition:

Vehicle Out:

Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		FRONT BUMPER						
2	E01	Remove/Replace	O/H front bumper				2.1	Body	
3	E01	Remove/Replace	Bumper cover	1	265.92T	OEM	0.0	Body	2.6
4	E01		Add for Clear Coat						1.0
5	E01	Remove/Replace	RT Hole cover w/o bumper DRL	1	52.44T	OEM	0.0	Body	
6	E01		FENDER						
7	E01	Remove/Replace	RT Fender liner	1	99.10T	OEM	0.4	Body	
8	E01	Remove/Replace	RT Fender liner retainer	1	4.88T	OEM			
9	E01		VEHICLE DIAGNOSTICS						
10	E01	Repair	Pre-repair scan				0.5	Mech	
11	E01	Repair	Post-repair scan				0.5	Mech	
12	E01	Sublet	Hazardous waste removal	1	5.00T	Other			
13	E01	Repair	Color tint / color match				0.5	Body	
14	E01	Repair	Color sand and buff				0.5	Body	

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts		105.59			527.93
Sublet/Miscellaneous					5.00
Labor, Body			72.00	3.5	252.00
Labor, Refinish			72.00	3.6	259.20
Labor, Mechanical			125.00	1.0	125.00
Material, Paint			52.00	3.6	187.20
Subtotal					1,356.33
Sales Tax					55.81
Grand Total					1,412.14

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

5/24/2022 9:56:11 AM

Estimate

RO Number:

2019 TOYO Corolla LE w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI white

Net Total

1,412.14

Estimate Version

Original

Total \$

1,412.14

Insurance Total \$:

0.00

Received from Insurance \$:

0.00

Balance due from Insurance \$:

0.00

Customer Total \$:

1,412.14

Received from Customer \$:

0.00

Balance due from Customer \$:

1,412.14

Parts Definitions: (D) Domestic or (F) Foreign are new and made by the original equipment manufacturer (OEM). (A) is Aftermarket, new, non-OEM. (U) Used, is used parts, (LKQ) Like, Kind & Quality, is used parts. (G) Is Glass. (O) Is other parts as described. Operations: R&R= Remove and Replace. Repl= Replace. R&I= Remove and Install. Repr= Repair. O/H= Overhaul. Estimate of repairs include all visibly damaged parts, labor, handling and diagnosis. If on closer inspection or during disassembly, it is found that additional repairs are required, you will be contacted for additional authorization to proceed. If the vehicle is returned to the customer before authorized repairs are performed, a diagnostic, handling charge and a \$125 Administration fee, not excluding reassembly and/or storage charges of \$80 a day will be assessed.

DELIVERY DATE:

Because of the possibility of unseen damage and the uncertainty of part availability, delivery dates are NOT guaranteed. When the damaged area(s) are disassembled and parts availability has been researched, we (your estimator) will contact you with a more specific target date.

TEARDOWN/DISASSEMBLY AUTHORIZATION:

I hereby authorize ProColor Collision to teardown and or disassemble my vehicle for the purpose of providing a proper estimate and do hereby acknowledge my financial obligation to pay for the service rendered unless paid for by my insurance carrier. Unless otherwise noted, the vehicle will not be reassembled and that teardown/disassembly may render the vehicle non-drivable. Days to reassemble (if applicable) ____ Teardown Fee: \$350

Signature: _____ Date: _____

AUTHORIZATION TO REPAIR:

If applicable, I authorize ProColor Collision to act as my agent in negotiating the final cost of repairs with my insurance company. I hereby authorize the work described herein, to be performed, including, but not limited to all sublet work and grant you and your employees permission to operate the vehicle on the streets and highways for the purpose of repairing and/or testing the vehicle and acknowledge receipt of this estimate. I understand that I am responsible for the payment of the repair costs and agree in the event of legal action that I will be held financially responsible for any and all fees relating to the action including, but not limited to all court, filing and attorney fees. I acknowledge at no time does Pro Color Collision accept Personal Checks.

Signature: _____ Date: _____

NEW NON-OEM AFTERMARKET PARTS AUTHORIZATION:

I elect and approve the use of new, non- original manufacturer replacement parts and/or used recycled parts during the repair of my vehicle. I acknowledge that I have been informed of my options regarding the different types of replacement parts that are available for my vehicle as part of the repair process.

Signature: _____ Date: _____

VERBAL AUTHORIZATION TO REPAIR:

Verbal authorization for the amount of \$ _____

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

5/24/2022 9:56:11 AM

RO Number:

2019 TOYO Corolla LE w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI white

Authorized by: _____
Phone #: _____ Date: _____

DESIGNATION OF PERSON(S) TO AUTHORIZE ADDITIONAL WORK/PARTS:

I hereby designate the individual named below to authorize any additional work and/or parts not originally specified in the Original Estimate, inclusive of parts, labor and/or sublet repairs.

Name: _____
Phone #: _____
Signature: _____
Date: _____

SUPPLEMENT # 1- VERBAL AUTHORIZATION:

Verbal additional amount authorized: \$ _____

Description: _____

Authorized by: _____

Phone #: _____

Date: _____ Time: _____ am/pm.

Revised Estimate amount: \$ _____

Estimate

MISSING ARTICLES OR THEFT:

I understand that ProColor Collision will NOT be held responsible for theft of vehicle or missing articles left in vehicles such as : Wallet/Purse, Cell Phones, iPods, Cameras, Sunglasses, Credit Cards, Money, Cd's, Golf Clubs, etc. PLEASE REMOVE ALL PERSONAL ITEMS FROM YOUR VEHICLE BEFORE OR WHEN YOU DROP OFF YOUR VEHICLE FOR REPAIRS.

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF NOTICE AND CONSENT:

I acknowledge notice and oral approval of an increase in the original estimate amount as described/explained. I authorize the Insurance company to pay ProColor Collision direct for all supplemental and original repairs.

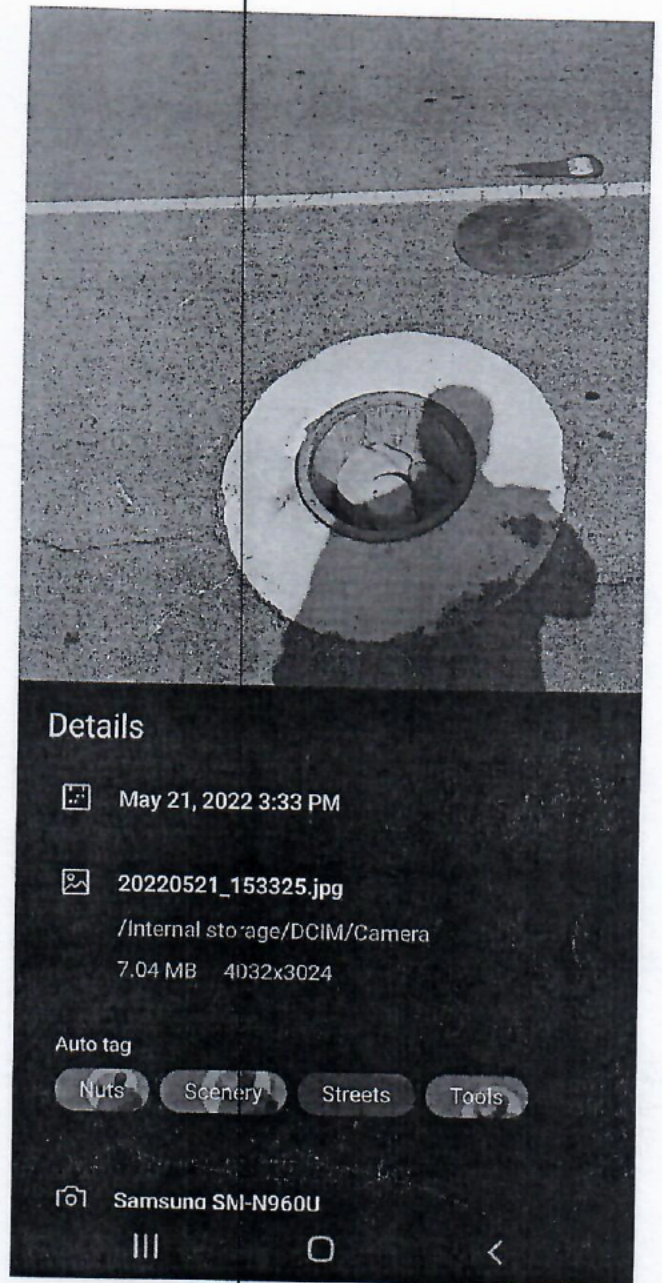
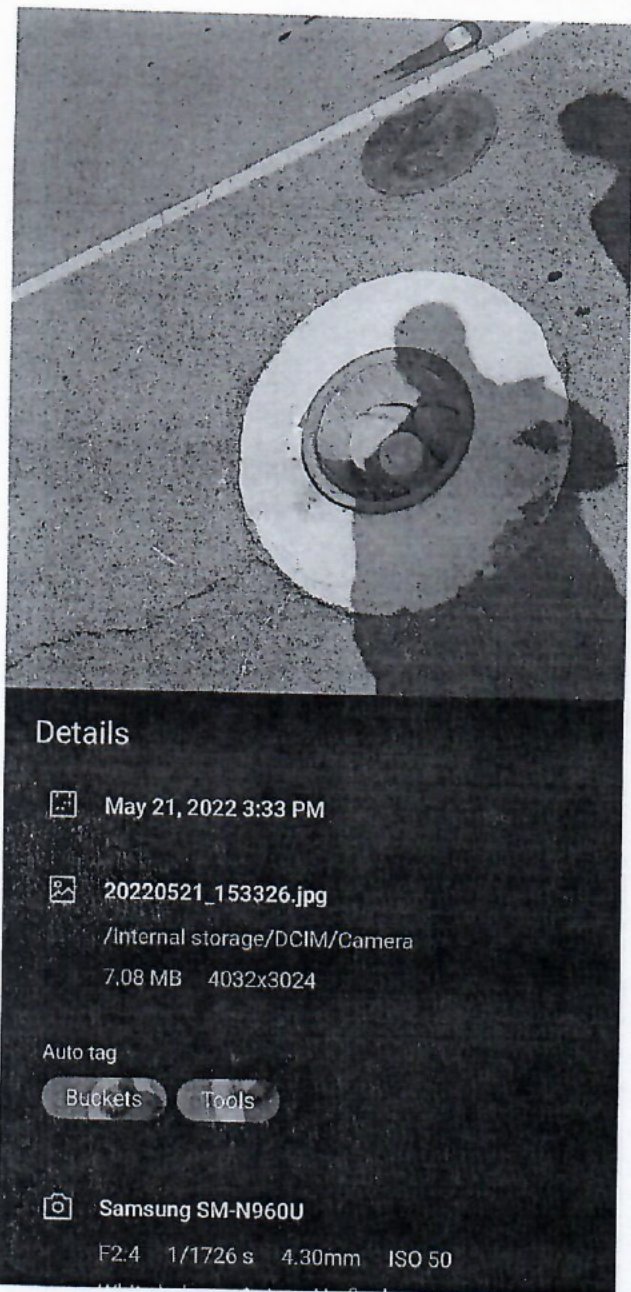
To secure payment for repairs authorized above, I (we) acknowledge that this repair facility has a lien on my vehicle and may retain possession of my vehicle until all such repair costs have been paid. I further agree to pay reasonable attorney's fees and court costs in the event that legal action is necessary to enforce this contract.

Signature: _____ Date: _____

POWER OF ATTORNEY:

If the repair is an insurance claim, the undersigned hereby grants ProColor Collision Power of Attorney to sign my name as an endorsement on any insurance check and/or draft. **IF THE INSURANCE CHECK IS CASHED BY THE CUSTOMER HE/SHE UNDERSTANDS THAT UPON PICK UP OF THE VEHICLE THE TOTAL AMOUNT OF THE INSURANCE CHECK IS DUE IN CASH ONLY.** Signature: _____

Date: _____



Date: 06/03/2022

Name:

Phone:

Address:

Rialto, CA 92376

On Saturday, May 21, 2022 at Approximately 1530 hours Rosa Mudoch Approached me at the guard shack of Amazon LGB7 Entrance and informed me that there was a hole in the middle of Linden Ave and that it had caused damaged to her car, I was able to go out to the street and take a picture of what appear to be an open water access line.

Saul Martinez

Printed name

[Signature]

Signature

