



CLAIM AGAINST THE CITY OF SAN DIMAS
(For damages to Persons or Personal Property)

Received by UM via ☐ US MAIL ☐ Inter-Office Mail ☒ Over the Counter

A claim must be filed with the City Clerk of the City of San Dimas within six (6) months after which the incident or event occurred. Be sure your claim is against the City of San Dimas, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to the City Clerk, the City of San Dimas, 245 E. Bonita Avenue, San Dimas, CA 91773-3002

TO THE HONORABLE MAYOR & CITY COUNCIL, THE CITY OF SAN DIMAS, CALIFORNIA

The undersigned respectfully submits the following claim and information relative to damage to persona and/or personal property:

1. Name of Claimant Lucia Joaquin Farinola
a. Address of Claimant [REDACTED]
b. Telephone Number [REDACTED] c. Date of Birth [REDACTED]
d. Social Security No. [REDACTED] e. Driver's License [REDACTED]

2. Name, telephone and post office address to which claimant desires notices to be sent If other than above: _____

3. Occurrence or event from which the claim arises:
a. Date Feb 9 / 2024 b. Time 4 a.m./p.m. (p.m.)
c. Place (exact & specific location) EXIT Via Verde from 210 Freeway

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage (Use additional paper if necessary) N/A

e. What particular action by the City, or its employees, caused the alleged damage or injury? N/A

4. Give a description of the injury, property damage or loss, so far as is known at the time of this claim. If there were no injuries, state "no injuries".

No personal injury
Destroyed Tire

5. Give the name(s) of the City employee(s) causing the damage or injury:

N/A

6. Name and address of any other person injured:

N/A

7. Name and address of the owner of any damaged property:

Maria Joana Farnha
[REDACTED ADDRESS]

8. Damages claims:

a. Amount claimed as of this date:

\$ 132.00

b. Estimated amount of future costs:

\$ 355.92

c. Total amount claimed:

\$

d. Basis for computation of amounts claimed (attach copies of all bills, invoices, estimates, etc.)

9. Names and addresses of all witnesses, hospitals, doctors, etc.

a.
b.
c.
d.

10. Any additional information that might be helpful in considering this claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code §72; Insurance Code §556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE AND CORRECT.

Signed this Feb 15 day of February, 2024, at 2:39 pm

[Signature]
Claimant's signature

Customer Number: 68684

885683

INVOICE



RUSNAK ARCADIA

101 North Santa Anita Ave.

Arcadia, CA 91006

626-701-8904

MARIA FARINHA

Page 1 of 2 Mercedes-Benz

www.rusnakarcadia.com

SERVICE PARTS DEPT. HOURS.
MONDAY THRU FRIDAY 7:00 A.M. TO 6:00 P.M.
SATURDAY 8:00 A.M. TO 4:00 P.M.

Home: [REDACTED] Bus: [REDACTED]

Cell: 323-646-2935

B.A.R. REG.# ARD216892 EPA# CAD 044413003

Email: email [REDACTED]

SERVICE ADVISOR: 3313 STACY YEE

COLOR	YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN / OUT		TAG
GRY/Gray	14	MERCEDES-BENZ E250 B				75255 / 75255		TG285
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE	
26APR16	18MAR14	25APR2020	WAIT 13FEB24		292.00	CASH	13FEB24	
R.O. OPENED		READY		OPTIONS: SOLD-STK:9849P DLR:05646 ENG:65192432153462 TRN:72290805529209				
13:35 13FEB24		16:05 13FEB24						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A Mount & Balance One New Tire ***CLIENT REPORTS DRIVING OVER POTHOLE AND RIGHT FRONT TIRE HAS SIDEWALL DAMAGE, TIRE PURCHASED ON 12/22/2022 RO #857623 AT 70016 MILES, OLD DOT: NE8R JN1R 0622***

TIRE1 Mount & Balance One New Tire

350093 C

25.00

25.00

1 Q-8-40-0849 GOODYEAR 245/45R17 SKU, 706578322, 95H

371.00

293.00

293.00

1 CTF CA TIRE FEE

1.75

1.75

1.75

1 TDF TIRE DISPOSAL FEE

2.00

2.00

2.00

1 WEIGHTS WHEEL WEIGHTS

3.75

3.75

3.75

PARTS: 296.75 LABOR: 25.00 OTHER: 3.75 TOTAL LINE A: 325.50

75255 REPLACED RIGHT FRONT TIRE(S) DUE TO (DAMAGE). NEW DOT# (NE8R JN1R 2722). DISMOUNT, MOUNT, AND BALANCE TIRE(S). INFLATE TIRE(S) TO SPEC. TORQUE WHEEL(S) TO SPEC.

B RUSNAK MERCEDES BENZ HAS ASKED ME TO REMOVE ANY MONEY OR VALUABLES FROM MY VEHICLE. MY SIGNATURE ON THIS REPAIR ORDER ACKNOWLEDGES THAT RUSNAK MERCEDES BENZ IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

REMOVE RUSNAK MERCEDES BENZ HAS ASKED ME TO

REMOVE ANY MONEY OR VALUABLES FROM MY VEHICLE. MY SIGNATURE ON THIS REPAIR ORDER ACKNOWLEDGES THAT RUSNAK MERCEDES BENZ IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

350093 C

0.00

0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

C INSPECT TIRES, FOUND MODERATE WEAR.

TIREY INSPECT TIRES, FOUND MODERATE WEAR.

350093 C

0.00

0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

75255 FRONT LEFT TIRE AT 7MM; FRONT RIGHT TIRE AT 8MM; REAR LEFT

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	*HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. Some Parts Not Returnable	LABOR AMOUNT	
Revised Estimate	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		PARTS AMOUNT	
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		GAS, OIL, LUBE	
Revised Estimate	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		SUBLET AMOUNT	
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)		HAZ. WASTE*, TIRE, BATT	
I acknowledge notice and oral approval of an increase in the original estimated price. _____ Date						TOTAL CHARGES	
						LESS INSURANCE	
						SALES TAX	
						PLEASE PAY THIS AMOUNT	

The Vehicle is being returned to you in exchange for payment of the Amount Due. NOTICE TO CONSUMER: PL

CUSTOMER COPY

Customer Number: 68684

885683

INVOICE



RUSNAK ARCADIA

101 North Santa Anita Ave.

Arcadia, CA 91006

626-701-8904

MARIA FARINHA

Page 2 of 2 Mercedes-Benz

www.rusnakarcadia.com

SERVICE PARTS DEPT. HOURS.
MONDAY THRU FRIDAY 7:00 A.M. TO 6:00 P.M.
SATURDAY 8:00 A.M. TO 4:00 P.M.

B.A.R. REG.# ARD216892 EPA# CAD 044413003

Home: [REDACTED] Bus: [REDACTED] Cell: [REDACTED]
Email: email [REDACTED] home [REDACTED]

SERVICE ADVISOR: 3313 STACY YEE

SERVICE ADVISOR: 6675 STAFF 722

COLOR	YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN / OUT		TAG
GRY/Gray	14	MERCEDES-BENZ E250 B				75255 / 75255		TG285
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE
26APR16	18MAR14	25APR2020	WAIT 13FEB24			292.00	CASH	13FEB24
R.O. OPENED		READY		OPTIONS: SOLD-STK:9849P DLR:05646 ENG:65192432153462				
13:35 13FEB24		16:05 13FEB24		TRN:72290805529209				

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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TIRE AT 7MM; REAR RIGHT TIRE AT 7MM.

D PLEASE CHECK TIRE PRESSURES. INFLATE TO FACTORY RECOMMENDED SPECIFICATIONS AND DOCUMENT AS NECESSARY AS PER CALIFORNIA AIR RESOURCES BOARD (CARB) REQUIREMENTS.

INF PLEASE CHECK TIRE PRESSURES. INFLATE TO FACTORY RECOMMENDED SPECIFICATIONS AND DOCUMENT AS NECESSARY AS PER CALIFORNIA AIR RESOURCES BOARD (CARB) REQUIREMENTS.

350093 C 0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00

75255 SET COLD TIRE PRESSURES TO 33PSI IN FRONT TIRES AND 35PSI IN REAR TIRES.

E PERFORM MULTI-POINT INSPECTION

VIS PERFORM MULTI-POINT INSPECTION

350093 C 0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE E: 0.00

75255 CHECKED AND CORRECTED WINDSHIELD WASHER AND COOLANT FLUID LEVELS, PERFORMED INSPECTION OF UNDERCARRIAGE AND SUSPENSION COMPONENTS, FRONT BRAKE PADS AT 6MM, REAR BRAKE PADS AT 5MM, NO FURTHER FAULTS AT THIS TIME.

F VEHICLE TOWED IN

61MBZ-TOWING VEHICLE TOWED IN

350093 C 0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE F: 0.00

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:
\$	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)
Revised Estimate	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)
Revised Estimate	\$			<input type="checkbox"/> Telephone <input type="checkbox"/> Fax (See Attached) <input type="checkbox"/> E-mail (See Attached)

I acknowledge notice and oral approval of an increase in the original estimated price.

HAZARDOUS WASTE DISPOSAL

COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.

ALL PARTS ARE NEW
UNLESS OTHERWISE
INDICATED.
Some Parts Not Returnable

DESCRIPTION	TOTALS
LABOR AMOUNT	\$ 25.00
PARTS AMOUNT	\$ 296.75
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
HAZ. WASTE*, TIRE, BATT	\$ 3.75
TOTAL CHARGES	\$ 325.50
LESS INSURANCE	\$ 0.00
SALES TAX	\$ 30.42
PLEASE PAY THIS AMOUNT	\$ 355.92

Date

The Vehicle is being returned to you in exchange for payment of the Amount Due. NOTICE TO CONSUMER: PL

CUSTOMER COPY

Mercedes-Benz of Arcadia

101 N. Santa Anita Avenue
Arcadia , CA 91006
(626) 462-3000

RECEIPT**Customer Information:**

Maria Farinha

Invoice Details:

Invoice #: P3VIHM2RQ2

Invoice Date: Tuesday, February 13, 2024 04:41
PM

Repair Order/Ref #: 885683

Description of Product/Services**Amount**

Service Performed

\$ 248.42

Payment Details:

Paid On: Tuesday, February 13, 2024 04:41 PM

Credit Card: [REDACTED]

/XXXX

Card Type: [REDACTED]

Payment Type: Chip

Confirmation #: 846928

Dealer Associate: Stacy Yee

Cashier: Stacy Yee

Customer Signature

THANK YOU!

Mercedes-Benz of Arcadia

Processed by myKaarma eBridge Payments

UNITED

Towing & Transport

WEST COVINA

1137 N. Hacienda Blvd.

La Puente, CA 91744

Tel: (626) 918-1105

Fax: (626) 364-3531

AP

00568C

Road Service



Roadside
Assistance
Provider



DATE <u>Marie Farinha</u>		KEYS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME <u>[REDACTED]</u>		PHONE	
ADDRESS			
CITY <u>SAN DIMAS</u> <u>91773</u>		STATE <u>CA</u>	ZIP <u>91773</u>
LOCATION OF VEHICLE			
YEAR, MAKE, MODEL <u>20K1 Merc benz</u>		COLOR <u>black</u>	DRIVER
STATE <u>CA</u> LIC. PLATE NO. <u>[REDACTED]</u> VEHICLE ID. NO. <u>[REDACTED]</u>			
TYPE OF SERVICE		TYPE OF TOW	SERVICE TIME
<input type="checkbox"/> ACCIDENT TOW <input type="checkbox"/> START	<input type="checkbox"/> SLING/HOIST TOW	10-25 <u>18 M's</u>	
<input type="checkbox"/> (REG) TOW <input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> FLAT BED/RAMP	10-97	
<input type="checkbox"/> LOCK OUT <input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> WHEEL LIFT	10-98	
VEHICLE TOWED TO:			
FIRST TOW			
SECOND TOW			
PAID BY		TOWING CHARGE	<u>132</u>
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVERS LIC. NO. <u>[REDACTED]</u>		MILEAGE CHARGE	
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> AMEX		EXTRA PERSON	
CREDIT CARD NUMBER <u>[REDACTED]</u> EXP. DATE <u>[REDACTED]</u>		SPECIAL EQUIPMENT	
STORAGE FROM: <u>[REDACTED]</u> TO: <u>[REDACTED]</u>		LABOR CHARGE	
AUTHORIZED SIGNATURE <u>[REDACTED]</u> DATE <u>[REDACTED]</u>		STORAGE	
VEHICLE RELEASED TO <u>[REDACTED]</u> DATE <u>[REDACTED]</u>		LIEN SALE	
		SUB-TOTAL	
		TAX	
		TOTAL	<u>\$132</u>

0 19071

Not responsible for loss or damage to vehicle
in case of fire, theft or any other cause beyond our control.

Thank You