

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

RESERVE FOR FILING STAMP

CLAIM No. _____

INSTRUCTIONS

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 Sec. 911.2)
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Claim must be filed with City Clerk. (Gov. Code Sec. 915a)

TO: CITY OF VERNON CITY COUNCIL

Name of Claimant

Cesar Sanchez Sanchez

Age of Claimant (If natural person)

29

Home Address of Claimant

City and State

Home Telephone Number

Business Address of Claimant

City and State

Business Telephone Number

N/A

N/A

Give address to which you desire notices or communications to be sent regarding this claim:

How did DAMAGE or INJURY occur? Give full particulars. On Tuesday, June 6, 2023, I was driving on East Vernon Avenue. I was driving on the left lane. About 10 feet before approaching Hawthorne Avenue there were 3 pot holes about 2-3 feet from each other that caused significant damage to my vehicle. I was able to capture this on my dashcam and have attached an image from my dashcam to this form.

When did DAMAGE or INJURY occur? Give full particulars, date, time of day, etc.:

The damage occurred to my vehicle between Vernon Avenue and Hawthorne Avenue on Tuesday June 6, 2023 at approximately 4:46 pm.

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where approximate, give street names and address and measurements from landmarks:

The damage occurred on the left lane of East Vernon Avenue approximately 10 feet before approaching Hawthorne Avenue.

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees, if any, causing the injury or damage, if known:

The City of Vernon failed to fix the 3 potholes located between 3ft from each other on the left lane on East Vernon Avenue as you approach Hawthorne Avenue.

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

My vehicle suffered major damage from the 3 potholes causing total loss of tire pressure due to a rip in my right front tire as well as a crack on the rim of my front right wheel. Both items needed complete replacement.

What AMOUNT do you claim of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

Upon taking my vehicle to get repaired, I was billed for a total of \$1,137.91. I have attached the bill to this form.

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation:

I was billed \$1,137.91 for the repair of my front right tire and my front right rim replacement.

Were you insured at the time of the incident? If so, provide name of insurance company, policy numbers and amount of insurance payments received:

Auto Insurance. No claim has been filed with insurance.

Expenditures made on account of accident or injury: (Date - Item)

(Amount)

\$1,137.91. Wednesday, June 7, 2023

Name and address of Witnesses, Doctors and Hospitals:

N/A Dash cam

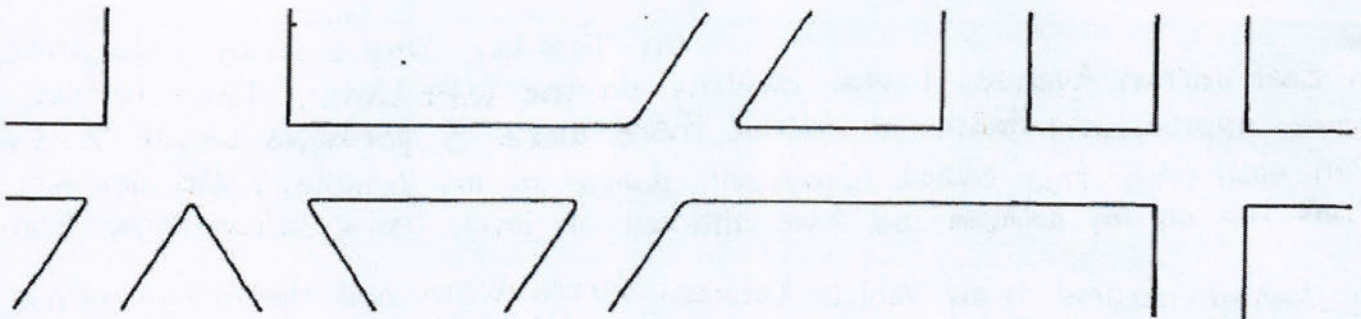
READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West: indicate place of accident by "X" and by showing house numbers or distances to street corners.

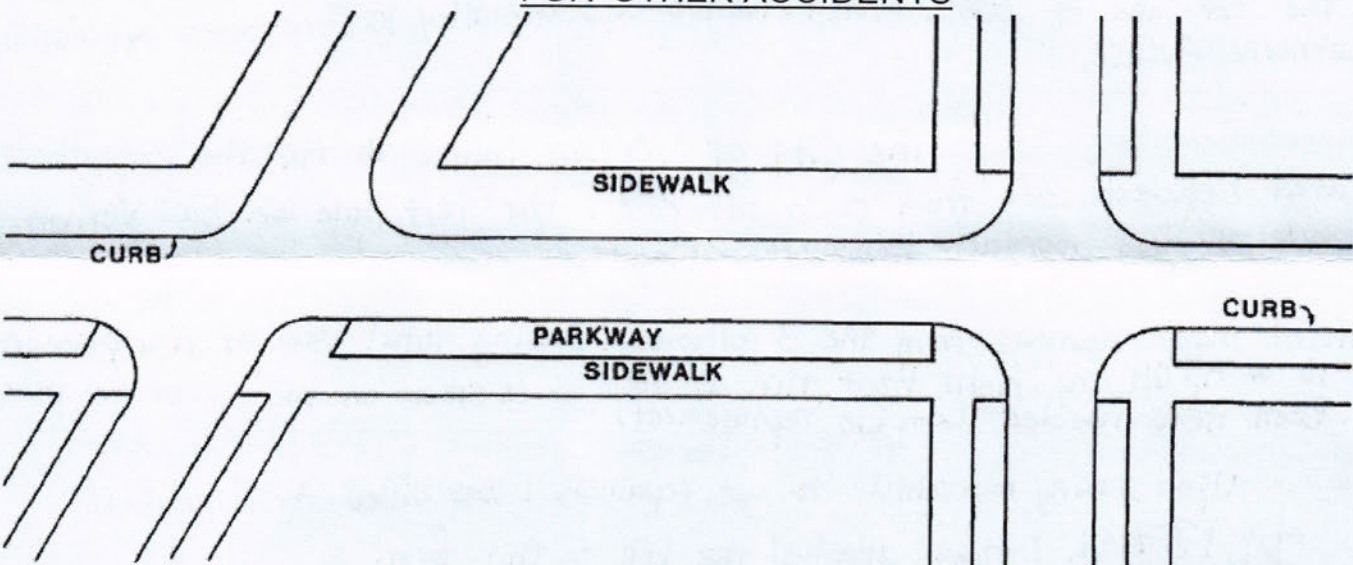
If City Vehicle was Involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of accident by "B-1" and the point of Impact by "X."

NOTE: If diagrams do not fit the situation, attach hereto a proper diagram signed by claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct.

Typed/Printed Name:

Cesar Sanchez Sanchez

Signature of Claimant or person filing on his/her behalf, giving relationship to Claimant:

Date:

07/31/23

NOTE: ALL CLAIMANTS MAY BE REQUESTED TO BE EXAMINED AS TO THEIR CLAIM UNDER OATH. PRESENTATION OF A FALSE CLAIM IS A FELONY (CAL. PEN. CODE SEC. 72). CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a). STATE LAW PROVIDES THAT IF YOU ARE NOT NOTIFIED OF ANY

Customer Information

SANCHEZ,CESAR

Home Phone #:

Cell Phone #:

Contact Phone #:

Email Address:

Vehicle Information

2018 MB CLA250

VIN #:

Color #: 787

Mileage In/Out #: 38311/38311

Job # A

Labor Total: \$ 29.95

CUSTOMER STATES THAT THE RIGHT FRONT TIRE HAS GONE FLAT. PLEASE CHECK AND ADVISE. TIRE SIZE IS 225/40R18 PIRELLI CINTURATO P7 A/S MOE BL BW PN: BQ8401792. CUSTOMER HAS IAS WARRANTY AT 800-346-6469.

Cause: replacement of right front wheel and tire. AUTH # SA177887-2174964 TIRE \$ 218.90 WHEEL \$ 518.40 LABOR \$ 20.00 MISC \$ 6.75 TAX \$ 70.38 TOTAL AMOUNT AUTH \$ 834.43. FOR PAYMENT FAX TO 512-257-4777 EMAIL: CLAIMS@IAAWG.COM. "CUSTOMER TO PAY DIFFERENCE 385.00 PLUS TAX"

Correction(s):

TIRE CUSTOMER REQUEST ONE TIRE REPLACEMENT- ELIGIBLE FOR
FREE TIRE ROTATION EVERY 5,000 MILES FOR THE LIFE OF THE
REPLACED TIRE(S) ONLY AT DTLA MOTORS
Tech Number: 263501 Labor Type: CEXP

\$29.95

Part Number	Part Description	Qty	List	Parts Total:	\$ 1,100.21
Q-8-40-1792	PIRELLI 225/40R18 SKU 2498200 92H	1	\$ 254.00	\$ 254.00	
246-401-04-00- 7X21	EXCHANGE DISK WHEEL	1	\$ 846.21	\$ 996.21	

38311 replacement of right front wheel and tire right front wheel and right front tire wee replaced due to side wall damage new wheel and tire have been mounted and balanced onto front right of vehicle old dot f/r 93 4u t982 2921 new dot f/r 93 4u t982 0323

Misc Total: \$ 7.75

Job # A Total**\$ 1,137.91**

Job # B

Labor Total: No Charge

**CHECK AND ADJUST TIRE PRESSURE TO FACTORY SPECIFICATIONS PER ARB REGULATION 17 CA
ADC 95550**

Cause: psi

Correction(s):

PSI CHECK AND ADJUST TIRE PRESSURE TO FACTORY
SPECIFICATIONS PER ARB REGULATION 17 CA ADC 95550
Tech Number: 263501 Labor Type: I

No Charge

Part Number	Part Description	Qty	List
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Parts Total:	No Charge
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38311 psi CHECK AND ADJUSTED TIRE PRESSURE TO FACTORY SPECIFICATIONS FRONT	38	PSI, REAR	34	PSI
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Misc Total:	No Charge
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Job # B Total**\$ 0.00****Job # C****Labor Total: No Charge**

**PERFORM COMPLIMENTARY MULTI-POINT INSPECTION - COPY PROVIDED UPON REQUEST--USE
LINK TO PAY FOR CONTACTLESS TRANSACTION-WE DO NOT TEST DRIVE VEHICLES WITH TINTED
WINDSHIELDS**

Cause: mpi**Correction(s):**

EXMPI EXPRESS- PERFORM MULTI POINT INSPECTION
Tech Number: 263501 Labor Type: I

No Charge

RBELONG PLEASE DOUBLE CHECK TO MAKE SURE ANY PERSONAL
BELONGINGS HAVE BEEN REMOVED FROM YOUR VEHICLE. MERCEDES
BENZ OF LOS ANGELES IS NOT RESPONSIBLE FOR ANY BELONGINGS
LEFT IN YOUR VEHICLE.

No Charge

Tech Number: 99 Labor Type: I

CLIAIS PLEASE BE AWARE INSURANCE CLAIMS MUST BE PAID IN
FULL BEFORE A VEHICLE CAN BE RELEASED.

No Charge

Tech Number: 99 Labor Type: I

COMM -My signature on the repair order consents to receive auto dialed, pre-
recorded and artificial voice marketing and text messages on behalf of the dealer.
Also consents to future marketing by email and text.

No Charge

Tech Number: 99 Labor Type: I

Part Number	Part Description	Qty	List
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Parts Total:	No Charge
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Misc Total:	No Charge
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Job # C Total**\$ 0.00**

Job # D

Labor Total: No Charge

COMPLIMENTARY AUTOMATED CAR WASH- EXTERIOR WASH, VACUUM INTERIOR LESS TRUNK,
CLEAN OUTSIDE OF WINDOWS- DTLA MOTORS IS NOT RESPONSIBLE FOR LOOSE / DAMAGED/ OR
PREVIOUSLY REPAIRED BODY PANELS OR PAINT

Cause:

Correction(s):

WASH COMPLIMENTARY AUTOMATED CAR WASH- EXTERIOR WASH,
VACUUM INTERIOR LESS TRUNK, CLEAN OUTSIDE OF WINDOWS- DTLA
MOTORS IS NOT RESPONSIBLE FOR LOOSE / DAMAGED/ OR PREVIOUSLY
REPAIRED BODY PANELS OR PAINT

No Charge

Tech Number: 263501 Labor Type: I

Part Number	Part Description	Qty	List	Parts Total:	No Charge
				Misc Total:	No Charge

Job # D Total

\$ 0.00

Miscellaneous

Job #	PO #	Description
A	9997	TIRE DISPOSAL
A	9997	TIRE TAX
A	9997	WHEEL KIT

Miscellaneous Total: \$ 7.75

RO Comments

Front right tire is flat and needs replacement.

-WHEELS TIRES

Amount Totals

Total Labor: \$ 29.95

Total Parts: \$ 1,100.21

Gas, Oil, Lube + Sublet + Misc: \$ 7.75

Total Labor: \$ 29.95

Total Parts: \$ 1,100.21

Gas, Oil, Lube + Sublet + Misc: \$ 7.75

* OEM means Original Equipment Manufacturer (factory) Parts | ** All parts are New unless specified otherwise.

06/15/2023 9:16 PM

~~ Thank you for your business ~~



Mercedes-Benz of Los Angeles

1801 South Figueroa Street

Los Angeles, California, 90015, US

Phone: 2137488951

<http://www.los-angeles.mercedesdealer.com>

Repair Order #: 298438

Tag #: T978

Advisor: Yolanda Dunn

Advisor No. #: 268825

Order Open Date: 2023-06-07

Sales Tax: \$ 104.52

Shop Supplies: \$ 0.00

Customer Total: \$ 1,242.43

Terms and Acceptance

Customer acknowledges approval of work described in this Repair Order Summary. Any Warranties on the product sold herein are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

Please look for a survey on your service experience. The manufacturer's survey will be sent to you by email. If you are not sure if your current email address is on file please check with your service advisor.

We're working hard to make customers for life!



07/31/23

Image from my dash cam with
time & date as well as X
visible potholes.

X



Mail body: Car

Area where potholes
damaged my vehicle.

07/31/23
[Signature]

