



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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
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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

|  |   |
|--|---|
| <b>CLAIMANT INFORMATION:</b>   |   |
| Daniel Alvarez   |   |
| _____  | _____   |
| FULL NAME  | DATE OF BIRTH                                   |
| _____  | _____   |
| HOME ADDRESS INCLUDING CITY, STATE & ZIP   | HOME TELEPHONE NO.                              |
| Rialto, CA 92376   | ( ) _____                                       |
| BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP   | BUSINESS TELEPHONE NO.                          |
| ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE<br>NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM<br>(if different from home address provided above): | First Law Group _____<br>_____ Covina, CA 91723 |

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 10/31/2018 TIME: 7:00  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.  
200 N. Idyllwild Ave. Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?  
I was jogging on the sidewalk after sunset south bound on Idyllwild when I fell on my face to the ground. After I fell I looked at the subject sidewalk and noticed uplift on the sidewalk. After I substained injuries.

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.  
Severe raised sidewalk which was mismanaged neglected and disrepair. As a result of my fall.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage      \$ 100,000 (est)

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

**DAMAGES INCURRED TO DATE:**

|   |                             |
|---|-----------------------------|
| Item/Date: <u>Past medical treatment</u>    | Amount: \$ <u>To Follow</u> |
| Item/Date: <u>Ongoing medical treatment</u> | Amount: \$ <u>To Follow</u> |

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ To Follow

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Future medical treatment

Amount: \$ To Follow

Item/Date:

Amount: \$ To Follow

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 100,000 (est)

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: Community Hospital San Bernardino

NAME: Cedar Medical Group

ADDRESS: 1805 Medical Center Dr.

ADDRESS: 16814 Foothill Blvd.

San Bernardino, CA 92411

Fontana, CA 92335

TELEPHONE: (909) 887-6333

TELEPHONE: (909) 428-6989

DATE: 11/20/2018 TIME: 5:30  AM  PM

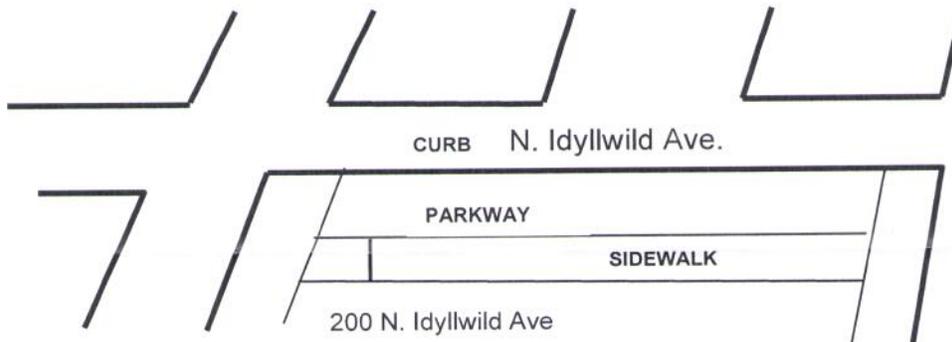
DATE: 11/27/2018 TIME: 5:00  AM  PM

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.



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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.

*Christopher Mesaros*

SIGNATURE OF CLAIMANT OR AGENT

Christopher Mesaros, Esq

TYPE OR PRINT NAME

11/27/2018

DATE

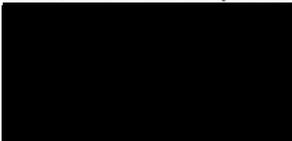
Attorney

RELATIONSHIP TO CLAIMANT

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



**FIRST LAW GROUP**  
Professional Law Corporation



CITY OF RIALTO

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**NOTICE OF DESIGNATION**

I have sustained damage and/or injury as a result of an accident/incident which occurred on 10/31/18.

I have retained **FIRST LAW GROUP, Professional Law Corporation** and designate said law firm as my representative in this matter.

**FIRST LAW GROUP, Professional Law Corporation**, is authorized to enter into settlement negotiations, conduct arbitrations, mediations, and settlement conferences and litigate to trial on my behalf regarding the subject accident/incident.

I hereby grant a lien on all proceeds, whether by settlement, award or verdict to **FIRST LAW GROUP, Professional Law Corporation**, and direct any insurance carrier and/or others to name **FIRST LAW GROUP, Professional Law Corporation** on drafts and/or checks issued in settlement or satisfaction of the subject matter.

This designation is valid for a period of two years or until my claim is resolved, whichever is longer. Nothing herein, however, shall restrict my legal right to substitute attorneys at my discretion.

Should my claim take longer than two years to settle, arbitrate, litigate or dispose of through legal channels, it is my desire for **FIRST LAW GROUP, Professional Law Corporation**, to continue to represent me beyond the two year period unless I expressly revoke this designation in writing. The passage of time alone **SHALL NOT** serve as an automatic revocation of this designation.

Client:

*David Almy*

Nov 20, 2018

By: X

Dated: X

**FIRST LAW GROUP,  
Professional Law Corporation**

By:

*[Signature]*

Dated:

11-20-18



CHRISTOPHER MESAROS, ESQ.  
ATTORNEY-AT-LAW

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November 27, 2018

City of Rialto  
Rialto city Clerk's Office  
150 S. Palm Ave.  
Rialto, CA 92376

RE: Client's Name: Daniel Alvarez [REDACTED]  
Date of Loss: 10/31/2018

Dear Rialto City Clerk's Office:

Please be advised that our office has been retained by the above-referenced client with respect to accident, which occurred on the date set forth, hereinabove.

Our Preliminary investigation reveals that the accident was the direct and proximate result of the negligence of your insured. Consequently, we are holding your insured responsible for the personal injuries sustained by our client as a result of the above said accident.

We are operating under the basis of belief that you, on behalf of your insured, are accepting one-hundred (100%) percent liability related to this matter. If for any reason, you disagree and/ or are not accepting one-hundred (100%) percent liability, contact me immediately by telephone with your follow up in writing. Any and all disputes you may have regarding your complete and total liability shall be directed to me within seven (7) days from the date of this letter.

I am requesting that you advise us of the policy limits of any and all policies of insurance, which may provide coverage for your insured, considering the facts and circumstances of the said accident.

While I know there is considerable reluctance to provide such policy limits, a plaintiff is allowed to inquire what such limits are, and a defendant is required to inform the plaintiff and/ or claimant of said policy limits.

I refer you to the following authority in California, which provides for the discovery of such information requested: Pettie vs. Superior Court (1960) 178 Cal. App 2d 680, 3 Cal. Rptr. 267; Ladden v. Superior Court (1959) 167 Cal. App. 2d 391.

"One of the purposes of permitting a plaintiff to ascertain the facts of coverage and the limits of the policy is to permit a settlement to be worked out on the basis of realities." Smith vs. Superior Court (1961) 189 Cal. App. 2d, 11 Cal. Rptr 165, 15.

[REDACTED]

As soon as we receive the medical specials, we will forward them to your office along with a demand letter.

Please be advised that it is our policy not to engage in pre-litigation discovery. Therefore, neither the statement of our client(s), nor the authorization(s) to obtain medical and / or employment documents will be allowed. However, if your office insists in pre-litigation discovery, we will make an exception, if you agree to the following:

1. Any statement taken of our client(s) is in lieu of a deposition, and
2. There will be equal access to pre-litigation discovery, in that it is a mutual exchange (eg. your insured / defendant is available for a statement; disclosure of defendant's employment; provide duplicate photographs of the defendant; at our expense, etc.)

Enclosed please find a copy of the Designation Letter. Thank you for your anticipated professionalism and cooperation.

Very truly yours,  
FIRST LAW GROUP, APC



Priscilla Frias  
Legal Assistant

PF:pf



FIRST LAW GROUP  
250 E. ROWLAND ST., COVINA CA 91723

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