



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

CITY CLERK'S DATE STAMP

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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

CLAIMANT INFORMATION:

Darren Jones, a minor, by and through his Guardian Ad Litem, Stephanie Palma

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

Law Offices of Eslamboly Hakim; 8730 Wilshire Blvd., Suite 500

Beverly Hills, CA 90211

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: October 01, 2024 TIME: approx. 1:05 ☐ 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.

Inside Claimant's classroom at Charlotte N. Werner Elementary School; 1050 W Rialto Ave. Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Claimant was a student under the care of Charlotte N. Werner Elementary School faculty, including a "Nadine", when due to a dangerous condition of shoes belonging to another student being left unattended on the classroom floor, causing a dangerous tripping hazard, Claimant, who is also autistic and non-verbal, was caused to encounter a dangerous condition, and made to step and trip over the unattended shoes, causing Claimant to sustain severe pain and injuries, including twisting and fracturing his foot.

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.

See attachment.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 2,000,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Economic Damages

Amount: \$ 500,000.00

Item/Date: Non-Economic Damages

Amount: \$ 500,000.00

\$ 1,000,000.00

Item/Date: Economic Damages

Amount: \$ 500,000.00

Item/Date: Non-Economic Damages

Amount: \$ 500,000.00

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

NAME: Loma Linda University Children's Hospital

NAME: _____

ADDRESS: 11234 Anderson St. Loma Linda, CA 92354

ADDRESS: _____

TELEPHONE: (909) 558-8000

TELEPHONE: () _____

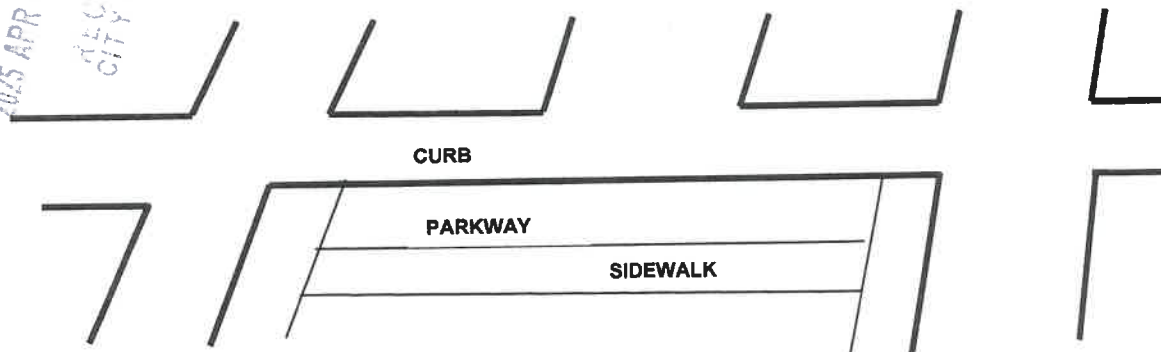
DATE: 10.01.2024 TIME: Unknown. ☐ AM ☐ PM

DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Sharona Eslamboly Hakim

TYPE OR PRINT NAME

Attorney for Claimant

RELATIONSHIP TO CLAIMANT

03.28.2025

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

**RE: DARREN JONES
ATTACHMENT TO CITY OF RIALTO CLAIM FORM**

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.

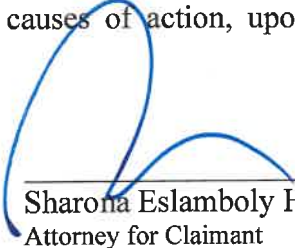
Nadine (last name unknown)

California law imposes upon school districts a duty to carefully supervise students while they are on the school premises during the school day, and districts may be held liable for injuries caused by the failure to exercise such care (See *Hoyem v. Manhattan Beach City Sch. Dist.* (1978) 22 Cal.3d 508, 513). Public employees, including schoolteachers, principals and administrators, are liable for injury caused by their own acts or omissions to the same extent as a private person, and public entities, including school districts, are liable for injuries caused by acts or omissions of their employees within the scope of employment. (Cal. Govt. Code § 820(a) and § 815(a).)

RESERVATION OF RIGHT TO AMEND AND/OR SUPPLEMENT THIS CLAIM:

Claimant reserves the right to amend and/or supplement this Claim for Damages, including asserting new claimants, theories of liability or causes of action, upon discovery of new or additional information or facts.

DATED: March 28, 2025



Sharona Eslamboly Hakim
Attorney for Claimant

RECEIVED
CITY OF RIALTO
APR - 1 4 11:46

Do not ship liquids, blood or clinical specimens in this envelope

02/11/25 08:33

4822 TUE 04/01 07:26
150 S PALM AVE
RIALTO, CA

PRIORITY OVERNIGHT
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ETP: 1

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92376 CA-US SBD

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94 RIVA

8802 1022 0643

TRK# 0201



DEPT:

REF:

INV: (909) 820-2519

RIALTO CA 92376

CITY CLERKS OFFICE
CITY OF RIALTO
150 S. PALM AVENUE

ORIGIN ID: BABA (310) 289-9100
SHARONA ESMAILY HAKIM
SHARONA ESMAILY HAKIM
8730 WILSHIRE BLVD., SUITE 500
BEVERLY HILLS, CA 90211
UNITED STATES US

BILL SENDER

SHIP DATE: 31MAR25
ACTWGT: 1.00 LB
CAD: 100312081/NET4535

58C13459E/C8C4

2025 APR - 1 AM 11:45
CITY CLERKS
CITY OF RIALTO