



CITY OF RIALTO

2024 SEP 23 PM 4:15

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CITY CLERK

Sent VIA U.S. MAIL

September 17, 2024

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

**Slip and Fall Incident**

Re: Our Client: Janine Ruth Padilla  
Incident Date: April 1, 2024  
Incident Location: Sidewalk on W. Baseline Road between Willow Ave. and  
Riverside Ave., in the city of Rialto, CA  
Our File Number: 24839

Dear City Clerk's Office:

Our office represents Janine Ruth Padilla (hereinafter "Claimant") regarding injuries sustained from a fall caused by an uneven sidewalk on the south side of W. Baseline Road, between Willow Ave. and Riverside Ave., in the City of Rialto. Specifically, the protruding sidewalk in question is located just east of the CVS Drugstore.

The Claimant tripped over the uneven sidewalk, resulting in a fall where she impacted her face, knees, and wrist. As a result, she sustained severe injuries.

Attached to this letter are the incident police report and the City of Rialto Claim Form.

Please direct all future communications regarding this matter to our office to ensure proper handling and to maintain the integrity of the legal process. We respectfully request that you refrain from contacting our client directly.

**Formal Demand to Preserve Evidence:**

This letter also serves as a formal request for the City of Rialto and/or its agents to preserve all evidence related to the incident, including proof of any repairs made to the sidewalk. We ask that all originals and copies of photographs, video recordings, audio recordings, witness statements, and documents pertinent to this claim be preserved, as they are essential to a fair and thorough investigation.



Thank you for your prompt attention to this matter.

Should you have any questions or require additional information, please feel free to contact my case manager, Carolyn Chang, who is fully informed on this case.

Respectfully,

Eugene S. Fu  
Attorney for the Claimant  
JANINE RUTH PADILLA

Enclosure: Rialto Police Incident Report, City of Rialto Claim Form



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

CITY CLERK'S DATE STAMP  
  
CITY OF RIALTO  
2024 SEP 23 PM 4:15  
  
RECEIVED  
CITY CLERK

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>	
Janine Ruth Padilla	
_____	_____
FULL NAME	DATE OF BIRTH
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
PACIFIC LIBERTY LAW, APC	( 213 ) 765-9080
1458 S. San Pedro St., Suite 310, Los Angeles, CA 90015	_____
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):	Pacific Liberty Law _____
	1458 S. San Pedro St., # 310, Los Angeles, CA 90015

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 04/01/2024 TIME: 1:00  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.

The incident occurred on the sidewalk south side of W. Baseline Road, between Willow Avenue and Riverside Avenue in the city of Rialto, state of California. Specifically, sidewalk in question is located just east of the CVS Drugstore.

3. HOW DID DAMAGE OR INJURY OCCUR?

The Claimant was walking eastbound on the south-side sidewalk of Baseline Road when she stepped on an uneven section of the sidewalk. This caused her to lose her balance and fall forward, resulting in her face impacting the pavement.

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.

According to the City of Rialto Code of Ordinances, Title 11 - Streets and Sidewalks, the City of Rialto is responsible for the maintenance and repair of sidewalks. The city required to properly align curbs, gutters, street lights, sidewalks, and paving with existing or planned improvements. In this instance, the City of Rialto failed to fulfill its obligation to maintain and repair the sidewalk.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ Damages to be ascertained

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>We reserve the right to submit at a later date.</u>	Amount: \$ <u>To be ascertained</u>
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ To be ascertained

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Unknown at this time, we reserve the right to submit at a later date.

Amount: \$ \_\_\_\_\_

Item/Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ \_\_\_\_\_

**7. WITNESSES TO DAMAGE OR INJURY** List all persons known to have information (attach additional pages, if necessary)

NAME: Unknown to the Claimant

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

**8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:**

NAME: Arrowhead Medical Center Emergency Room

NAME: Kaiser Permanente

ADDRESS: 400 N. Pepper Avenue, Colton, CA 92341

ADDRESS: 9961 Sierra Avenue, Fontana, CA 92335

TELEPHONE: (909) 580-1000

TELEPHONE: (833) 574-2273

DATE: 04/01/2024 TIME: 1:30  AM  PM

DATE: 05/01/2024 TIME: 2:50  AM  PM

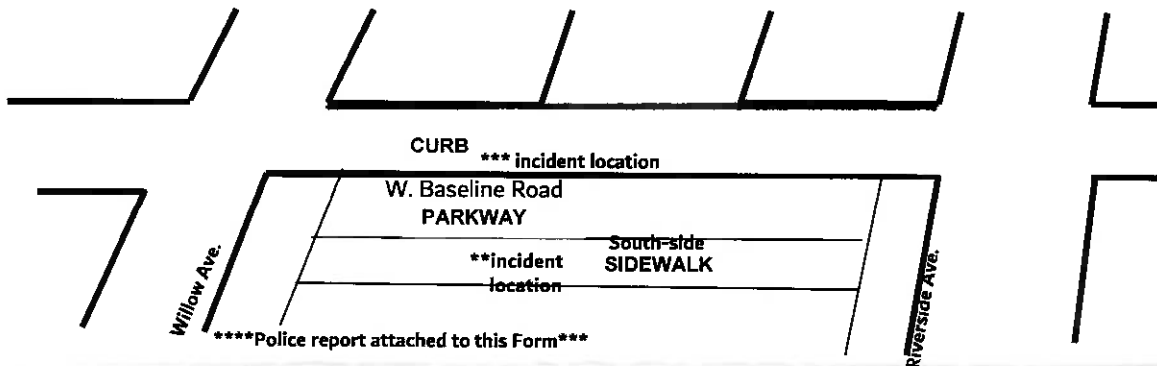
\*Claimant is still being treated.\*

**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 DECI ARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Janine Ruth Padilla

09/17/2024

TYPE OR PRINT NAME

DATE

Self

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**

# INCIDENT REPORT

LOCATION/TIME

Agency Name: RIALTO POLICE DEPARTMENT		ORI #: CA0360900	Report Date/Time: 04/01/2024 16:59:18	OCA #: 932403457											
Incident Start Date/Time: 04/01/2024 13:15:13	DOW: Monday	Report Type: INITIAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Case Screening:</b></td> <td><input type="checkbox"/> CHP 180</td> <td rowspan="4" style="text-align: center; vertical-align: middle;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Loss</td> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table> </td> </tr> <tr> <td><input type="checkbox"/> Serialized Property</td> <td><input type="checkbox"/> Hate Crime</td> </tr> <tr> <td><input checked="" type="checkbox"/> Evidence Collected</td> <td><input type="checkbox"/> Gang Related</td> </tr> <tr> <td><input type="checkbox"/> PC 293 Sex Crime</td> <td><input type="checkbox"/> Domestic Viol.</td> </tr> </table>		<b>Case Screening:</b>	<input type="checkbox"/> CHP 180	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Loss</td> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Total Loss	\$0.00	<input type="checkbox"/> Serialized Property	<input type="checkbox"/> Hate Crime	<input checked="" type="checkbox"/> Evidence Collected	<input type="checkbox"/> Gang Related	<input type="checkbox"/> PC 293 Sex Crime	<input type="checkbox"/> Domestic Viol.
<b>Case Screening:</b>	<input type="checkbox"/> CHP 180	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Loss</td> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>			Total Loss	\$0.00									
Total Loss															
\$0.00															
<input type="checkbox"/> Serialized Property	<input type="checkbox"/> Hate Crime														
<input checked="" type="checkbox"/> Evidence Collected	<input type="checkbox"/> Gang Related														
<input type="checkbox"/> PC 293 Sex Crime	<input type="checkbox"/> Domestic Viol.														
Incident End Date/Time: 04/01/2024 14:01:57	Internal Incident Status:														
Incident Location: 211 W BASELINE RD RIALTO CA 92376-			Secondary Location:												
Case Description: AXON AND PHOTOS			Reporting Area: R1100												
UCR Status: All Other			Operation Method:												

OFFENSE

Penal Code: INCIDENT	UCR Code: 00	F/M:	Penal Code Description: INCIDENT	Counts: 0	Comp/Att: <input type="checkbox"/>
Structure	TOD: Day	Bias Motivation: NONE		Offense Location: HIGHWAY / ROAD / ALLEY /	
Weapon Used:			Situation Code: OTHER / NA	Premise: HIGHWAY (STREETS, ALLEYS,	
Penal Code:	UCR Code:	F/M:	Penal Code Description:	Counts:	Comp/Att: <input type="checkbox"/>
Structure	TOD:	Bias Motivation:		Offense Location:	
Weapon Used:			Situation Code:	Premise:	

VICTIM

<input type="checkbox"/> Person	Name:	Phone:	Cell Phone:
<input type="checkbox"/> Business	Address (Street, Apt., City, State, Zip):		Pager:
Involvement Type (Person):		Victim Type (Business):	Domestic Violence <input type="checkbox"/>
Occupation:		Employer:	Employer Address:
Relationship to Offender (Person):		DOB:	Age:
Race:	Ethnicity:	SSN:	License (#, Class, State):
Injury Type:		Related Offense(s):	
Minor Injuries <input type="checkbox"/>		Unconscious <input type="checkbox"/>	
Internal Injuries <input type="checkbox"/>		Teeth Injury <input type="checkbox"/>	
Lacerations <input type="checkbox"/>		Bone Injury <input type="checkbox"/>	
Other Injuries <input type="checkbox"/>		None <input type="checkbox"/>	

SUSPECT

Suspect #1 Name:		Phone:	Cell Phone:	Pager:
Address (Street, Apt., City, State, Zip):		Occupation:	Employer:	
Suspect Forced Victim:		Primary Action:	Employer Address:	Employer Phone:
Solicited/Offered:	Suspect Force:	DOB:	Age:	Sex:
Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s):
Clothing Description:		NCIC #:	State ID #:	Facial Hair:
Body Markings (Type, Location, Description):		Suspect Injured: <input type="checkbox"/>	Suspect Arrested: <input type="checkbox"/>	Additional Suspects: <input type="checkbox"/>
				Additional Persons: <input type="checkbox"/>

ADMIN

TARAMONA, ANTHONY	02389	04/01/2024 14:02:55	Reporting Officer Signature  Assisting Officer Signature  Reviewing Officer Signature
Reporting Officer	ID #	Date	
Assisting Officer	ID #	Date	
WRIGHT, STEVEN	01588	04/01/2024 17:59:48	
Reviewing Officer	ID #	Date	

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 NOT FOR THIRD PARTY RELEASE  
 THE RIALTO POLICE DEPARTMENT  
 REL TO: PACIFIC LIBERTY LAW  
 BY: A.URDIANO

# INCIDENT REPORT - ADDITIONAL PERSONS

Agency Name: RIALTO POLICE DEPARTMENT			ORI #: CA0360900		Report Date/Time: 04/01/2024 16:59:18			OCA #: 932403457		
<input checked="" type="checkbox"/> Person	Name: JANINE RUTH PADILLA				Phone:			Cell Phone:		
<input type="checkbox"/> Business										
Address (Street, Apt., City, State, Zip):								Pager:		
Involvement Type (Person): OTHER			Victim Type (Business):			Domestic Violence <input type="checkbox"/>		LEOKA Activity:		LEOKA Assignment:
Occupation: 10 UNKNOWN OR NOT STATED		Employer:		Employer Address:				Employer Phone:		
Relationship to Offender:		DOB:	Age: 69	Sex: F	Height: 508	Weight: 180	Build:	Complexion:	Eye Color:	
Race: Hispanic	Ethnicity: HISPANIC	SSN:	License (#, Class, State): U CA		Related Offense(s): 00		Hair Color:	Hair Length:	Hair Style:	
Clothing Description:				NCIC #:		State ID #:		Facial Hair:	Speech:	Teeth:
Body Markings (Type, Location, Description):					Solicited/Offered: N/A		Injury Type:			
<input type="checkbox"/> Suspect Forced Victim	Primary Action:		Suspect Force:		<input type="checkbox"/> Minor Injuries	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Teeth Injury	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Bone Injury
N/A	N/A				<input type="checkbox"/> Other Injuries	<input checked="" type="checkbox"/> None				

ADDITIONAL PERSONS

<input type="checkbox"/> Person	Name:				Phone:			Cell Phone:		
<input type="checkbox"/> Business										
Address (Street, Apt., City, State, Zip):								Pager:		
Involvement Type (Person):			Victim Type (Business):			Domestic Violence <input type="checkbox"/>		LEOKA Activity:		LEOKA Assignment:
Occupation:		Employer:		Employer Address:				Employer Phone:		
Relationship to Offender:		DOB:	Age:	Sex:	Height:	Weight:	Build:	Complexion:	Eye Color:	
Race:	Ethnicity:	SSN:	License (#, Class, State):		Related Offense(s):		Hair Color:	Hair Length:	Hair Style:	
Clothing Description:				NCIC #:		State ID #:		Facial Hair:	Speech:	Teeth:
Body Markings (Type, Location, Description):					Solicited/Offered:		Injury Type:			
<input type="checkbox"/> Suspect Forced Victim	Primary Action:		Suspect Force:		<input type="checkbox"/> Minor Injuries	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Teeth Injury	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Bone Injury
					<input type="checkbox"/> Other Injuries	<input type="checkbox"/> None				

<input type="checkbox"/> Person	Name:				Phone:			Cell Phone:		
<input type="checkbox"/> Business										
Address (Street, Apt., City, State, Zip):								Pager:		
Involvement Type (Person):			Victim Type (Business):			Domestic Violence <input type="checkbox"/>		LEOKA Activity:		LEOKA Assignment:
Occupation:		Employer:		Employer Address:				Employer Phone:		
Relationship to Offender:		DOB:	Age:	Sex:	Height:	Weight:	Build:	Complexion:	Eye Color:	
Race:	Ethnicity:	SSN:	License (#, Class, State):		Related Offense(s):		Hair Color:	Hair Length:	Hair Style:	
Clothing Description:				NCIC #:		State ID #:		Facial Hair:	Speech:	Teeth:
Body Markings (Type, Location, Description):					Solicited/Offered:		Injury Type:			
<input type="checkbox"/> Suspect Forced Victim	Primary Action:		Suspect Force:		<input type="checkbox"/> Minor Injuries	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Teeth Injury	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Bone Injury
					<input type="checkbox"/> Other Injuries	<input type="checkbox"/> None				

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 1142-1143  
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 THE RIALTO POLICE DEPARTMENT  
 REL TO: PACIFIC LIBERTY LAW  
 BY: A.URDIANO

# INCIDENT REPORT - NARRATIVE

Agency Name: RIALTO POLICE DEPARTMENT	ORI #: CA0360900	Report Date/Time: 04/01/2024 16:59:18	OCA #: 932403457
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## NARRATIVE

### ASSIGNMENT/ARRIVAL

On 04/01/2024, I (Officer A. Taramona) was assigned to work uniformed patrol for the Rialto Police Department. At approximately 1315 hours, I was dispatched to 211 West Base Line Road (CVS) to assist the Rialto Fire Department.

Upon my arrival, I made contact with RFD, who advised that an elderly female was walking on the south sidewalk of Baseline Road, walking eastbound towards Riverside Avenue, when she tripped and hit her head on the sidewalk. RFD advised me that they had already transported the female to Arrowhead Medical Center.

### AXON

The following is a summary of events and interviews that occurred. For complete details, please refer to the Axon video.

### INVOLVED PARTY CONTACT

I contacted the female, identified as Janine Padilla, who was transported to Arrowhead Medical Center by RFD Engine No. 201.

Padilla informed me that she was walking on the sidewalk when she tripped and hit her head on the concrete. Padilla stated she landed face-first, hitting her nose on impact. Padilla complained of pain throughout her face and both arms.

### INJURIES

Padilla had a laceration on the right side of her face. Photographs of her injuries were taken and uploaded to evidence.com

### DISPOSITION

Incident report completed.

### RECOMMENDATIONS

Station file.

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Page 3 of 3  
NOT FOR THIRD PARTY RELEASE  
THE RIALTO POLICE DEPARTMENT  
REL TO: PACIFIC LIBERTY LAW  
BY: A.URDIANO**



**PACIFIC LIBERTY LAW**  
A PROFESSIONAL CORPORATION  
1458 S. San Pedro Street, Unit 310  
Los Angeles, CA 90015



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