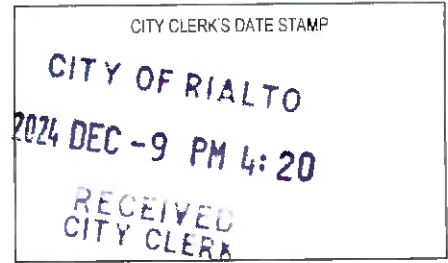




**CITY OF RIALTO  
LIABILITY  
CLAIM FOR DAMAGES  
TO PERSON OR PROPERTY**



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>	
Jose Aiden Barajas _____ FULL NAME	_____ DATE OF BIRTH
_____ HOME ADDRESS INCLUDING CITY, STATE & ZIP	_____ HOME TELEPHONE NO.
N/A _____ 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):	First Law Group _____ 314 E Rowland St., Covina, CA 91723 _____

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 06/06/2024 TIME: 1:18  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 at Sam V. Curtis Elementary School, 451 South Lilac Ave. Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Claimant who was at San V Curtis Elementary School, fell due the unsanitary conditions of the restroom. The fell resulted in claimant sustaining injuries to the right shin, headaches, etc.

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.

The City of Rialto and its agents, employees and others under its control failed to maintain, train, supervise, monitor, and control hired personnel at subject school resulting in claimant's injury.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1,000,000 (± 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>Investgation ongoing</u>	Amount: \$ <u>pending</u>
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: \$ \_\_\_\_\_  
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN: CITY OF RIALTO

Item/Date: \_\_\_\_\_ 2024 DEC -9 PM 4:24 Amount: \$ \_\_\_\_\_  
Item/Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: RECEIVED CITY CLERK \$ \_\_\_\_\_

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

NAME: Investigation ongoing NAME: Investigation ongoing  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

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

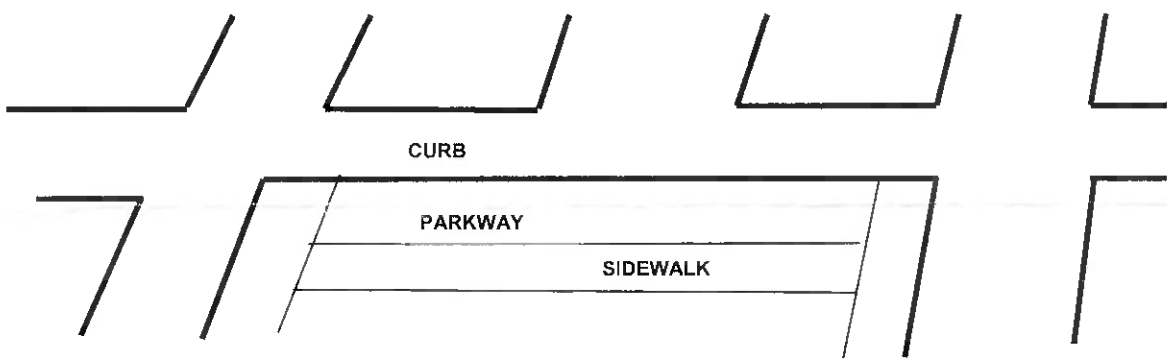
NAME: Arrowhead Regional Medical Center NAME: \_\_\_\_\_  
ADDRESS: 400 N Pepper Ave, Colton, CA 92324 ADDRESS: \_\_\_\_\_  
TELEPHONE: (909) 580-1000 TELEPHONE: ( ) \_\_\_\_\_  
DATE: 06/06/2024 TIME: \_\_\_\_\_  AM  PM DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

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.



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  
Z Dean Hakka, Esq  
TYPE OR PRINT NAME  
Attorney  
RELATIONSHIP TO CLAIMANT

\_\_\_\_\_  
12/04/2024  
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

**PROOF OF SERVICE**

CITY OF RIALTO

2024 DEC -9 PM 4:21

RECEIVED

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is 314 E. Rowland St., Covina, CA 91723.

On December 4, 2024, I served the foregoing document(s) described as **PLAINTIFF'S CITY OF RIALTO LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY FORM** on all interested parties in this action as set forth on the attached service list in the following manner:

**PLEASE SEE E-SERVICE LIST ATTACHED.**

**BY MAIL:** I am familiar with this firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at Los Angeles, California in the ordinary course of business.

**BY FACSIMILE:** In addition to service by mail as set forth above, a copy of said document(s) was also delivered by facsimile transmission to the addressee(s) pursuant to Code of Civil Procedure §1013(e).

**BY OVERNIGHT MAIL:** I caused said document(s) to be picked up via FEDERAL EXPRESS for delivery to the addressee(s) set forth on the attached service list on the next business day.

**BY ELECTRONIC SERVICE:** By electronically serving the document(s) to the electronic mail address set forth below on this date before 11:59:59 p.m. pursuant to and consistent with Code of Civil Procedure Section 1010.6(a)(2), (4), (5) and 1010.6(e) from email address \_\_\_\_\_.

**STATE:** I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

**FEDERAL:** I declare that I am employed in the office of the member of the bar of this court at whose direction the service was made.

Executed on December 4, 2024, at Covina, California.



Z. DEAN HAKKAK

Attorneys for Claimant.

**SERVICE LIST**

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



**FIRST LAW GROUP**  
 YOUR LAWYERS FOR LIFE  
 314 E. Rowland St.  
 Covina, CA 917

CITY OF RIALTO  
 2024 DEC -9 PM 4: 20  
 RECEIVED

**CERTIFIED MAIL**



7021 1970 0001 7365 8618

FIRST-CLASS

US POSTAGE PAYMENT BY BOWES  
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 02 7H  
 0006148168 DEC 04 2024



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

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