CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES TO PERSON OR PROPERTY

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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:

Cesar Alberto Ibarra Olarte
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

( ) HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above): The Simon Law Group, LLP, 2916 W. 164th St., Torrance, CA 90504, (310) 914-5400

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: June 17, 2024 TIME: 9:41 p.m. ☐ 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 crosswalk at the intersection of Sycamore Ave. and Baseline Rd. in Rialto, CA

3. HOW DID DAMAGE OR INJURY OCCUR?
On the date of the Incident, Claimant was walking southbound on Sycamore Ave. in the marked crosswalk when the signal light turned green. While Claimant was walking through the crosswalk, a vehicle traveling northbound on Sycamore Ave. attempted to turn left at the intersection and travel westbound on Baseline Rd. When the driver attempted his turn, he struck claimant in the crosswalk.

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.*
Upon information and belief, Claimant alleges the City of Rialto knew there had been numerous vehicular collisions that occurred ~~at the Subject Intersection, including vehicle vs. pedestrian collisions, which gave ample notice to the City that the subject~~ intersection, and particularly the crosswalk where this collision occurred, was in a dangerous condition. Furthermore, upon information and belief, Claimant alleges that the crosswalk in question did not have a leading pedestrian interval installed, which ~~is not in compliance with AB 2264 and California Vehicle Code § 21450.5, that created a dangerous condition.~~

6. GIVE TOTAL AMOUNT OF CLAIM *Include estimate of amount of any prospective injury or damage* $ 15,000,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Medical bills according to proof Amount: $

Item/Date: Amount: $

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: $ $500,000.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

CITY OF RIALTO

Item/Date: _____ Amount: $_____

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Item/Date: _____ Amount: $_____

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TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: $ 15,000,000.00

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

NAME: Jonathan Albert Escobar

ADDRESS: [redacted]

TELEPHONE: [redacted]

NAME: Officer Carina Magallanes, CHP

ADDRESS: _____

TELEPHONE: (___) _____

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

NAME: Arrowhead Regional Medical Center

ADDRESS: 400 N Pepper Ave, Colton, CA 92324

TELEPHONE: (___) (909) 580-1000

DATE: June 17, 2024 TIME: _____ ☐ AM ☐ PM

NAME: Ballard Rehabilitation Hospital

ADDRESS: 1760 W 16th St, San Bernardino, CA 92411

TELEPHONE: (___) (909) 473-1200

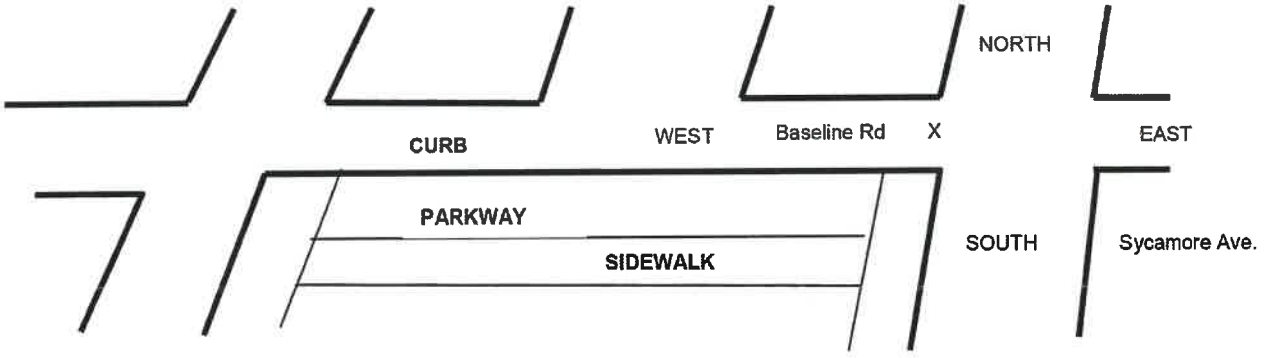
DATE: July 9, 2024 TIME: _____ ☐ AM ☐ PM

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

Thomas J. Conroy, Esq.
TYPE OR PRINT NAME

11/26/24
DATE

Attorney on Behalf of Claimant
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

The Simon Law Group
2916 W. 164th Street
Torrance, CA 90504

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