



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2024 DEC -3 AM 9:08  
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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:**

Alexis Rose Sanchez	
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's husband was walking southbound on Sycamore Ave. in the marked crosswalk when the signal light turned green. While Claimant's husband 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: <u>Medical bills according to proof</u>	Amount: \$ <u></u>
Item/Date: <u></u>	Amount: \$ <u></u>

**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:**

**ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

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

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

**TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:**

\$500,000.00  
CITY OF RIALTO  
2024 DEC 3 AM 9:08  
Amount: \$  
Amount: \$15,000,000.00  
CITY CLERK

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

NAME: Jonathan Albert Escobar

NAME: Officer Carina Magallanes, CHP

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: Ballard Rehabilitation Hospital

ADDRESS: 400 N Pepper Ave, Colton, CA 92324

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

TELEPHONE: ( ) (909) 580-1000

TELEPHONE: ( ) (909) 473-1200

DATE: June 17, 2024 TIME: \_\_\_\_\_ ☐ AM ☐ PM

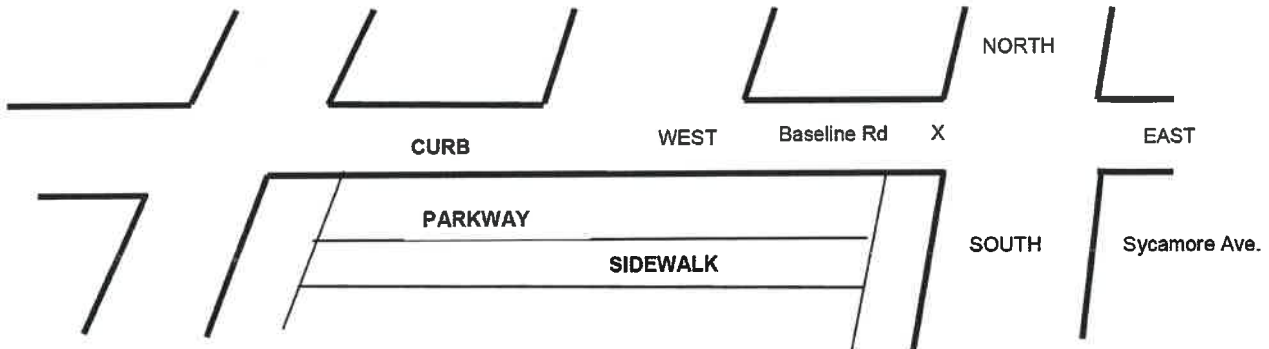
DATE: July 9, 2024 TIME: \_\_\_\_\_ ☐ AM ☐ PM

**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.

11/26/2024

TYPE OR PRINT NAME

DATE

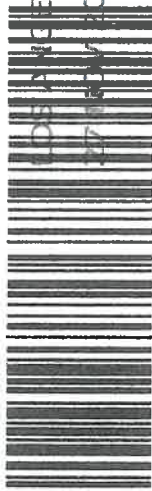
Attorney of Behalf of Claimant

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

CERTIFIED MAIL



9589 0710 5270 1145 1767 25

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Rialto City Clerk's Office  
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Rialto, CA 92376

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