



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2018 DEC 17 PM 4:14
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

CLAIMANT INFORMATION:	
<u>Leonetta Leban</u> FULL NAME	[REDACTED] DATE OF BIRTH
[REDACTED] <u>Moreno Valley, CA 92552</u> HOME ADDRESS INCLUDING CITY, STATE & ZIP	[REDACTED] 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):	<u>Law Office of Dariush Kiani</u> <u>P.O. Box 9278 Moreno Valley, CA 92552</u>

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 07/15/2018 TIME: 4-5 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.

Sandra R. Courtney Community Playhouse parking lot area, 150E. San Bernardino Avenue, Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Tripped over broken uneven sidewalk cement causing me to fall breaking my right baby finger requiring surgery. Also suffered injuries to both knees, hips, right side of body, forehead and right shoulder.

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.

City failed to properly maintain, manage, and operate the premises in a safely manner causing a dangerous condition to be created and remain on their property.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage Damages exceed \$ \$25,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____

Brad Kiefler (818) 400-7317

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

Damages exceed \$ \$25,000.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/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: Joan Doup

NAME: Cameron Harris

ADDRESS: _____

ADDRESS: _____

Rialto, CA 92376

TELEPHONE: _____

TELEPHONE: _____

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

NAME: Riverside Community Hospital

NAME: Dr. Mangala C. Skaker M.D.

ADDRESS: _____

ADDRESS: _____

Riverside, CA 92501

Riverside, CA 92506

TELEPHONE: (951) 788-3000

TELEPHONE: (951) 781-6564

DATE: 07/15/18 TIME: _____ AM PM

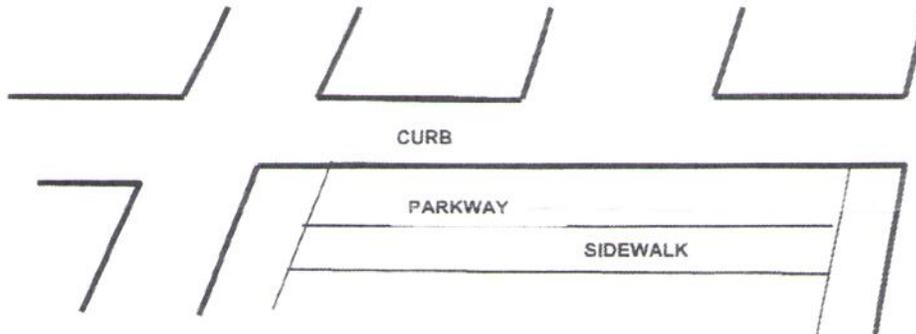
DATE: Ongoing TIME: _____ AM PM

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.



RECEIVED
CITY CLERK
2018 DEC 17 PM 4:14
CITY OF RIALTO

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.

Leonetta LeBan
SIGNATURE OF CLAIMANT OR AGENT

Leonetta LeBan
TYPE OR PRINT NAME

12-11-2018
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

LAW OFFICES OF
DARIUSH KIANI

P. O. Box 9278 • Moreno Valley, CA • 92552
Phone: (951) 656-7133 • Fax: (951) 656-7166
Email Address: kianilawfirm@gmail.com

CITY OF RIALTO
2018 DEC 17 PM 4:14

RECEIVED
CITY CLERK

December 11, 2018

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

**VIA CERTIFIED MAIL / RETURN RECEIPT REQUESTED
7013 1090 0001 9471 2287**

Re: Our Client: LEBAN Leonetta Marie
Date of Loss: 07/15/2018

Dear City Clerk:

Please be advised that this office represents the above named client regarding a claim of loss sustained as a result of the negligence of your insured. We understand that you are the carrier for the above-named insured. Our investigation has disclosed that liability for this accident rests with your insured.

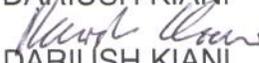
This letter is also to request that a Medical Payment file be open for our client. All future correspondence or contact of any sort concerning this matter must be referred to this office. Liability and personal injury issues must not be discussed with our client. Would you kindly confirm or deny coverage, and direct all future correspondence to this office only.

As mandated by law, please provide this office with all and any written/recorded statements and/or documents signed by our client in your possession or that your company, its agents or employees have obtained. All and any prior wage, medical, or other authorizations signed by our client are hereby expressly revoked.

In addition, if there is a surveillance video or pictures depicting the accident, we are requesting that any recording of the location of the accident for July 15, 2018 not be destroyed or erased in any manner and that it be preserved. We are at this time requesting that a copy of the recordings of the location of the accident on July 15, 2018 if any, be produced to our office.

Please find enclosed Client Designation pursuant to California Code of Regulations, Section 2695.2., as well as the City of Rialto's Claim for Damages to Person Form. Thank you in advance for your cooperation and be assured of our continuing effort toward and amicable disposition of this matter.

Sincerely,

The Law Office of
DARIUSH KIANI

DARIUSH KIANI
Attorney At Law

Enclosures

LAW OFFICES OF
DARIUSH KIANI

P. O. Box 9278 • Moreno Valley, CA • 92552
Phone: (951) 656-7133 • Fax: (951) 656-7166
Email Address: kianilawfirm@gmail.com

DESIGNATION

Pursuant to Section 2695.2(c) of the California code of Regulations, Title 10, Chapter 5; I authorize Dariush Kiani my attorney to handle my claim under the below captioned loss.

This authorization shall be valid from the below date unless revoked or renewed by the undersigned. Any and all prior authorization are hereby revoked by the undersigned as of the date of this authorization.

Claim No.:

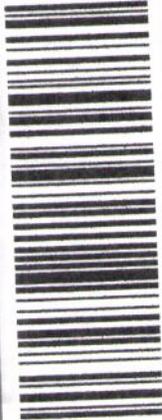
Date of Loss: 07/15/2018



LEONETTA MARIE LEBAN
Dated: 10/04/2018

RECEIVED
CITY CLERK
2018 DEC 17 PM 4:14
CITY OF RIALTO

CERTIFIED MAIL™



7013 1090 0001 9471 2287

Law Offices of
DARIUSH KIANI
P. O. Box 9278
Moreno Valley, CA 92552

CITY OF RIALTO
2018 DEC 17 PM 4:14
RECEIVED
CITY CLERK



1000

92376-6406

U.S. POSTAGE PAID
FCM LETTER
MORENO VALLEY, CA
92553
DEC 13, 18
AMOUNT
\$6.70
R2304M110371-06

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