CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2024 NOV 25 PM 1:33
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:

Ginger Rooksby
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

N/A
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

( )N/A
BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above): Same

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: June 30, 2024 TIME: 9:30 ☒ 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.*

On the west side of North Alder ave on the sidewalk, just north of Sunrise Street. No street address faces Sunrise at that location. Rialto Fire Station 4 is across the street.

3. HOW DID DAMAGE OR INJURY OCCUR?

Walking south on the sidewalk Ginger tripped on a joint separation in the concrete sidewalk. One side of the sidewalk was raised up from the other side.

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 sidewalk separates at the joints because of tree roots pushing up under the sidewalk. Ginger was transported to Arrowhead Regional Medical Center by Rialto paramedics. Rialto police spoke with Ginger at the hospital.

6. GIVE TOTAL AMOUNT OF CLAIM *Include estimate of amount of any prospective injury or damage* $75,000 (including pain & suffering)

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

DAMAGES INCURRED TO DATE:

Item/Date: City of Rialto Ambulance Service 6/30/24 Amount: $1,833.25

Item/Date: ARMC Main Hospital 6/30/24 Amount: $19,890, $1,776.09 remaining

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: $ $23,901.75

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Reverse Gravity Medical Aesthetics 7/30/24 & 9/11/24 Amount: $ 2,178.50

Item/Date: Future laser/scar revision repair Amount: $ $7,500

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: $ 7,500

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

NAME: John Grable

ADDRESS:

TELEPHONE:

NAME:

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: (877) 873-2762

DATE: June 30, 2024 TIME: 10:30 ☒ AM ☐ PM

NAME:

ADDRESS:

TELEPHONE: ( )

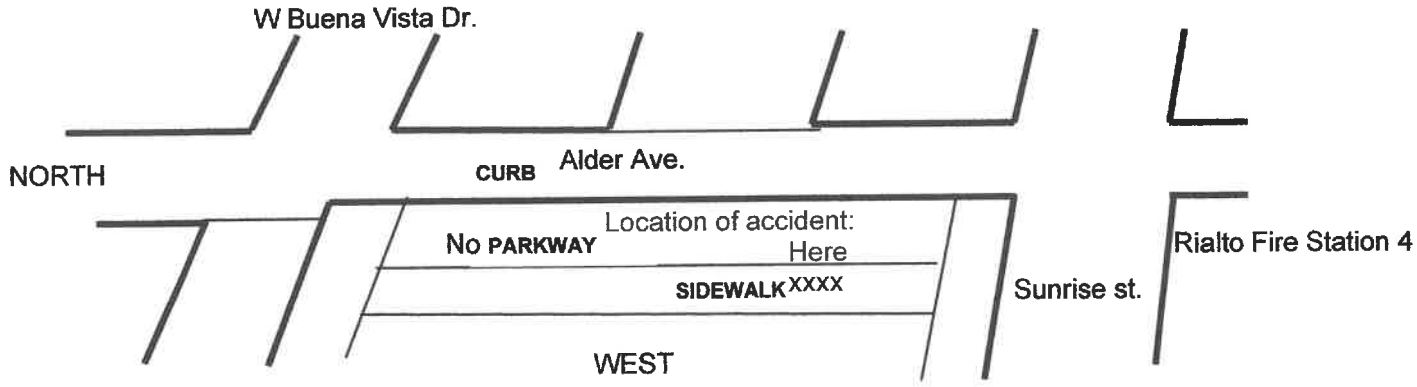
DATE: TIME: ☐ AM ☐ PM

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

Ginger Rooksby
TYPE OR PRINT NAME

11-25-2024
DATE

Same
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

November25 , 2024

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

Re: Claim for Ginger Rooksby Grable
Date of Loss: 6/30/2024
Location of Loss: Alder and Sunrise Street in the City of Rialto

Dear City of Rialto,

Please accept this letter as a formal request to settle my bodily injury claim due to the negligence of the City of Rialto. On the morning of June 30, 2024, I was out for a walk on a Rialto City sidewalk with my husband on the West side of North Alder, just North of Sunrise Street. As I was walking, all of the sudden I tripped and fell directly onto my face due to a large joint separation in the concrete sidewalk, caused by city tree roots pushing up under the sidewalk. Due to the amount of blood and me screaming in dire pain, my husband frantically called 911 in which I was transported to Arrowhead Regional Medical Center emergency department.

I am a healthy, active, 72 year old woman who is very cautious and aware of my surroundings at all times. Due to a prior accident where I was run over by a scooter, resulting in fracturing my hip and elbow, I am extra cautious and careful when I am out for walks due to my eggshell status. I was wearing comfortable, walking tennis shoes. I have never walked this particular path prior to this incident and was not aware of the dangerous sidewalk that the City of Rialto has failed to upkeep. Had the City of Rialto upkept their sidewalks, this incident would have never occurred. In fact, as evidenced in photos provided, the city had recently been out to that location as there were fresh paint marks on the sidewalks nearby.

Liability:

There is no denying that the City of Rialto is responsible for the upkeep and maintaince of their city sidewalks to ensure pedestrians can safely walk without any tripping hazards. There are no property owners in this specific location that would bear any liability for upkeep at this location as it is all city property. Across the street from where I fell, there is a City of Rialto Fire department. There is also a city public school on the other side of the street. There is fresh paint on the crosswalk near where I fell, as well as paint marks on the sidewalk indicating that city representatives have been out to this location prior to this incident where there was a defect in the sidewalk, yet nothing was done to fix the problem. I have also attached a police report from the officer who came out to the scene. Even city police officer Rusty Lamm

contacted Lieutenant Quarker to make sure that they notified public works that they need to come and fix the defected sidewalk. Your own city employee agreed this was a hazardous condition that needed to be fixed. And yet, here we are almost 5 months post loss and the sidewalk has still yet to be fixed, showing additional negligence on the City of Rialto.

Injuries:

As mentioned above, I was transported to Arrowhead Regional Medical Center via ambulance. My entire face was battered and bruised, and there was an enormous amount of blood, as shown in the attached photographs. My cuts were so severely deep, that they required over 11 stitches to my face. I pride myself on keeping up with my looks, even at my young age of 72, and this absolutely destroyed me. My self-confidence of going out in public and my overall quality of life has changed since this accident. I now live with 2 very noticeable scars on my face that do not appear to be getting any better at this point. I have had to have some aesthetic procedures done to try to cover up and help with the overall appearance of my face, however, it looks like I am ultimately going to need a scar revision surgery. Please see my medical bills to date attached:

City of Rialto Ambulance Service: $1,833.25
Arrowhead Regional Medical Center: $19,890.10
Reverse Gravity Aesthetics: $2,178.50
Future Scar Revision: $7,500-$15,000
Total Specials: $38,901.85

Conclusion:

This incident has taken a tremendous toll on my life, and I can only hope that the city takes responsibility for their negligence in this matter. Further, the city needs to have this fixed so there are no further incidents with other pedestrians. I look forward to hearing from you within 45 days from the date of this letter with regards to a settlement offer. I would like to resolve this issue outside of litigation, but I am prepared to take the next steps should we not come to an amicable agreement to resolve my injury claim. I look forward to hearing from you.

Sincerely,

Ginger Rooksby Grable

INCIDENT REPORT

LOCATION/TIME

Agency Name:	ORI #:	Report Date/Time:	OCA #:
RIALTO POLICE DEPARTMENT		07/06/2024 02:57:00	

Incident Start Date/Time:	DOW:	Report Type:
06/30/2024 09:33:00	Sunday	COURTESY

Incident End Date/Time:	Internal Incident Status:
06/30/2024 09:40:00	

Case Screening:
- ☐ Serialized Property
- ☑ Evidence Collected
- ☐ PC 293 Sex Crime
- ☐ CHP 180
- ☐ Hate Crime
- ☐ Gang Related
- ☐ Domestic Viol.

Total Loss: $0.00

Incident Location:	Secondary Location:
SUNRISE DR // ALDER AVE RIALTO CA 92376-	

Case Description:	UCR Status:	Reporting Area:
AXON, PHOTOGRAPHS	Cleared	RI004

Operation Method:

OFFENSE

Penal Code:	UCR Code:	F/M:	Penal Code Description:	Counts:	Comp/Att:
INCIDENT	00		INCIDENT	1	☑ ☐

Structure	TOD:	Bias Motivation:	Offense Location:
	Day	NONE	HIGHWAY / ROAD / ALLEY /

Weapon Used:	Situation Code:	Premise:
	OTHER / NA	HIGHWAY (STREETS, ALLEYS,

Penal Code:	UCR Code:	F/M:	Penal Code Description:	Counts:	Comp/Att:
					☐ ☐

Structure	TOD:	Bias Motivation:	Offense Location:

Weapon Used:	Situation Code:	Premise:

VICTIM

☐ Person ☐ Business	Name:	Phone:	Cell Phone:

Address (Street, Apt., City, State, Zip):	Pager:

Involvement Type (Person):	Victim Type (Business):	Domestic Violence ☐	LEOKA Activity:	LEOKA Assignment:

Occupation:	Employer:	Employer Address:	Employer Phone:

Relationship to Offender (Person):	DOB:	Age:	Sex:	Height:	Weight:	Injury Type:
						☐ Minor Injuries ☐ Unconscious ☐ Internal Injuries ☐ Teeth Injury ☐ Lacerations ☐ Bone Injury ☐ Other Injuries ☐ None

Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s):

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:	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):	Suspect Injured: ☐	Suspect Arrested: ☐	Additional Suspects: ☐	Additional Persons: ☐

ADMIN

LAMM, RUSTY W	02306	07/06/2024 02:57:00
Reporting Officer	ID #	Date
Assisting Officer	ID #	Date
SMITH, DANIEL	02320	07/06/2024 16:36:06
Reviewing Officer	ID #	Date

Reporting Officer Signature

Assisting Officer Signature

Reviewing Officer Signature

INCIDENT REPORT - NARRATIVE

Agency Name:	ORI #:	Report Date/Time:	OCA #:
RIALTO POLICE DEPARTMENT		07/06/2024 02:57:00	

NARRATIVE

ASSIGNMENT/ARRIVAL

On 6/30/2024, I was assigned to work park patrol between the hours of 1000 hours and 2200 hours. At approximately 0941 hours, I was dispatched to the area of Sunrise Drive and Alder Avenue in reference to a female that had tripped and fell while walking on the sidewalk.

BACKGROUND INFORMATION

Prior to arriving at the incident location I received information from the Rialto Police Department dispatch center that the injured female had been transported to Arrowhead Regional Medical Center by the Rialto City Fire Department.

INVOLVED PARTY CONTACT

Ginger Robert Rooksby, DOB

I contacted Ginger inside the emergency room at Arrowhead Regional Medical Center where she was located in Emergency Room Bed 9. Upon contacting Ginger, she stated that she was walking southbound on Auger Avenue, just north of Sunrise Drive, when she tripped over a raised portion of the sidewalk that she did not see was raised. When she tripped and fell, she stated that she hit her head on the ground, causing her to receive a large laceration above her eyebrow and on the bridge of her nose.

ASSIGNMENT/ARRIVAL

On 6/30/2024, I was assigned to work. Ginger had no further information regarding this case.

MEDICAL INFORMATION

While at Arrowhead Regional Medical Center, I contacted hospital staff and obtained Ginger's medical record number which was M004251509. Hospital staff informed me that Ginger would need to have stitches placed in her forehead and the bridge of her nose due to the severity of the laceration on her face.

PHOTOGRAPHS

I responded to the incident location where I took photographs of the raised sidewalk and uploaded them to evidence.com.

NOTIFICATION

I contacted Lieutenant Quarker and advised him of the incident and stated that public works would need to fix the curb when

DISPOSITION

INCIDENT REPORT - NARRATIVE

Agency Name:	ORI #:	Report Date/Time:	OCA #:
RIALTO POLICE DEPARTMENT		07/06/2024 02:57:00	

NARRATIVE

Case to date forward to the Rialto Police Department station file for documentation.

Reverse Gravity Medical Aesthetics

Invoice to
ginger grable

Email

Invoice No: AR6311722378065
Invoice Date: 07/30/2024 03:27 PM
Payment on: 07/30/2024 03:27 PM

ITEM DESCRIPTION	PRICE
45 units of Botox priced $11.50	$517.50

TAX	ITEM DISCOUNT	CUSTOM DISCOUNT	TOTAL
$0.00	$0.00	$20.00	$382.50

PAYMENTS	AMOUNT
Credit Card ending	$382.50

(ginger grable)

Reverse Gravity Medical Aesthetics

+19094355559

Reverse Gravity Medical Aesthetics

Invoice to
ginger grable

Email

Invoice No:	AR7341726076389
Invoice Date:	09/11/2024 10:39 AM
Payment on:	09/11/2024 10:56 AM

ITEM DESCRIPTION	PRICE
14 units of Botox priced $11.50	$161.00
1 units of Cheek Augmentation priced $950.00	$950.00
1 units of Voluma Juvederm priced $0.00	$0.00
1 units of Under-Eye Filler priced $900.00	$900.00

TAX	ITEM DISCOUNT	CUSTOM DISCOUNT	TOTAL
$0.00	$0.00	$215.00	$1,796.00

PAYMENTS	AMOUNT
Cash	$400.00
Credit Card ending 8354	$1,396.00

(ginger grable)

Reverse Gravity Medical Aesthetics

FOR BILLING INQUIRIES CALL: 1(800) 906-6552
PST - 8:00am to 4:30pm

RUN NUMBER: 24-537944
INCIDENT NO: 24-158726
DATE OF SERVICE: 06/30/2024

RUN NUMBER	STATEMENT DATE	DUE DATE	AMOUNT DUE
24-537944	10/21/2024	11/10/2024	1,833.25

AMOUNT PAID
$

ADDRESSEE:

WMN1021A 467 1 MB 0.622
7000000470 00.0003.0009 467/1

GINGER ROOKSBY

PLEASE REMIT TO:

CITY OF RIALTO AMBULANCE SERVICE
PO BOX 269110
SACRAMENTO CA 95826-9110

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

INVOICE

RUN NUMBER: 24-537944
INCIDENT NO: 24-158726

DATE OF SERVICE: 06/30/2024

DESCRIPTION	CHECK #	QUANTITY	COST PER UNIT	DATE	TOTAL CHARGE
Payment/Electronic Transfer	468182035_			07/29/2024	0.00
Payment/Electronic Transfer	468182035_			07/29/2024	0.00
Advanced Ambulance Service		1	1,579.25		1,579.25
Mileage		10	25.40		254.00
Noridian Medicare denied this claim on 07/29/2024 for the reason: CO22 Payment adjusted because this covered by another payer per coordination of benefits..					
Noridian Medicare denied this claim on 07/29/2024 for the reason: CO22 Payment adjusted because this covered by another payer per coordination of benefits..					

TOTAL AMOUNT DUE
1,833.25

DO NOT PAY FROM THIS INVOICE. We filed a claim with your insurance company and they have not responded. Please call your insurance regarding payment of this claim. Contact our customer service with your insurance payment status. Thank you!

CITY OF RIALTO AMBULANCE SERVICE

Visit Accounts

Currently viewing: Active accounts

Active accounts | Year to date | Last year | Date range

Pending Insurance

These accounts are not due and are only displayed for your information. You may be responsible for these accounts in the future.

Jun 30 2024

Emergency Visit at ARMC Main Hospital

Pending insurance

Hospital Services
Provider: Dr. Arnold Sin
Patient: Ginger Rooksby
Primary Payer: Generic Medicare Advantage
Account #

Billed	$19,890.10
Insurance Covered	-$18,114.01
Pending Insurance	$1,776.09
Your Balance	**$0.00**

Detailed Account Information

IV Therapy - General Classification	$1,575.00
Radiology - Diagnostic - General Classification	$402.00
CT Scan - General Classification	$9,606.00
Emergency Room - General Classification	$8,218.00
Pharmacy - Extension of 025x - Single Source Drug	$89.10
Payments and Adjustments	
Generic Medicare Advantage	-$18,114.01

Location of fall, Crack/uplift of Sidewalk

City Sign in exact Spot where I fell

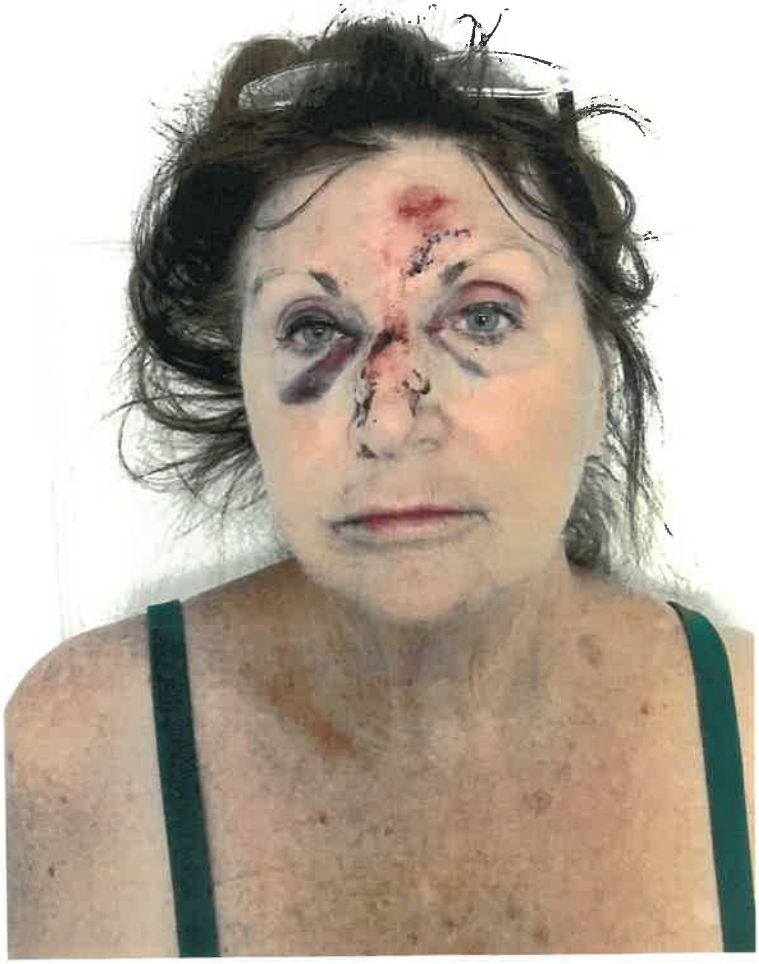
Fresh Paint in Crosswalk & on Sidewalk Showing City Officials have recently been in this Area

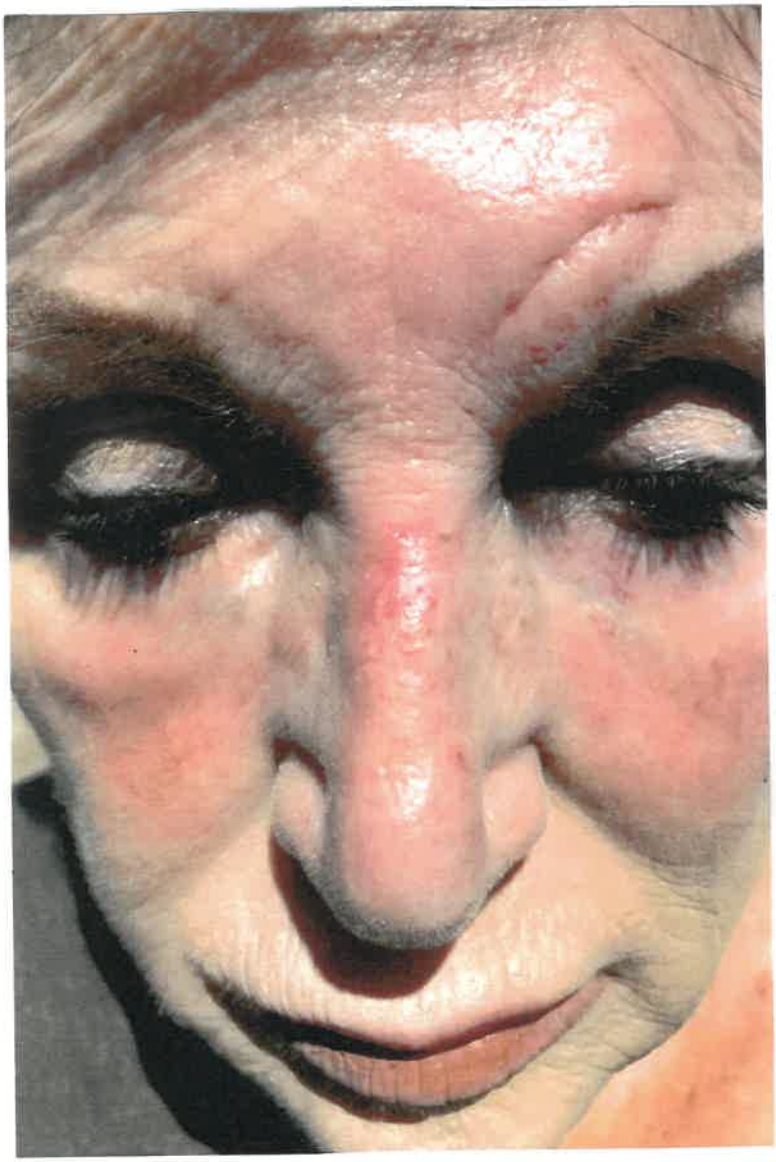
Blood from my fall

Picture of me in hospital before stitches

Photo after Stitches

Photo of me the next day





Current Scars
on my face