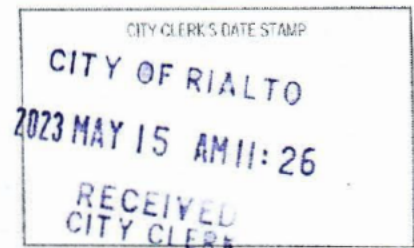




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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

CLAIMANT INFORMATION:

Alejandrina Colon
FULL NAME

DATE OF BIRTH

C/O 10900 Wilshire Blvd., 15th Floor, Los Angeles, CA 90024
HOME ADDRESS INCLUDING CITY, STATE & ZIP

(424) 239-1107
HOME TELEPHONE NO.

Jacoby and Meyers, 10900 Wilshire Blvd., 15th Floor, Los Angeles, CA 90024
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

(424) 239-1107
BUSINESS TELEPHONE NO.

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

Jacoby and Meyers, 10900 Wilshire Blvd., 15th Floor,
Los Angeles, CA 90024

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11/26/2022 TIME: Approx. 3:45 PM ☐ 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.

At or near Hawthorne Avenue, approx. 131 feet east of Palm Lane in unincorporated community of
Bloomington, County of San Bernardino, State of California, 92335. Please see Attachment "A." Investigation
is pending.

3. HOW DID DAMAGE OR INJURY OCCUR?

Please see Attachment "A." Investigation is pending and Claimant's treatment is ongoing.

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.

Please see Attachment "A." Investigation is pending and Claimant's treatment is ongoing.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage

\$ 1,000, but exceeds \$25,000

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

DAMAGES INCURRED TO DATE: This is an unlimited civil case.

Item/Date: Please see Attachment "A." Investigation is pending

Amount: \$ TBD, exceeds \$25,000

Item/Date: and Claimant's treatment is ongoing.

Amount: \$ TBD, exceeds \$25,000

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ TBD, but exceeds \$25,000

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Please see Attachment "A." Investigation is pending and

Amount: \$ TBD, exceeds \$25,000

Item/Date: Claimant's treatment is ongoing

Amount: \$ TBD, exceeds \$25,000

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ TBD, but exceeds \$25,000

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

NAME: Unknown at this time. Investigation is pending.

NAME: Unknown at this time. Investigation is pending.

ADDRESS: N/A

ADDRESS: N/A

TELEPHONE: () N/A

TELEPHONE: () N/A

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

NAME: Arrowhead Regional Medical Center

NAME: Unknown at this time. Investigation is pending

ADDRESS: 400 N. Pepper Ave.

ADDRESS: and Claimant's treatment is ongoing.

Colton, CA 92324

N/A

TELEPHONE: (909) 580-1000

TELEPHONE: () N/A

DATE: On or around
11/26/2022TIME: Unknown ☐ AM ☐ PM
at this time. Investigation is pending.

DATE: N/A

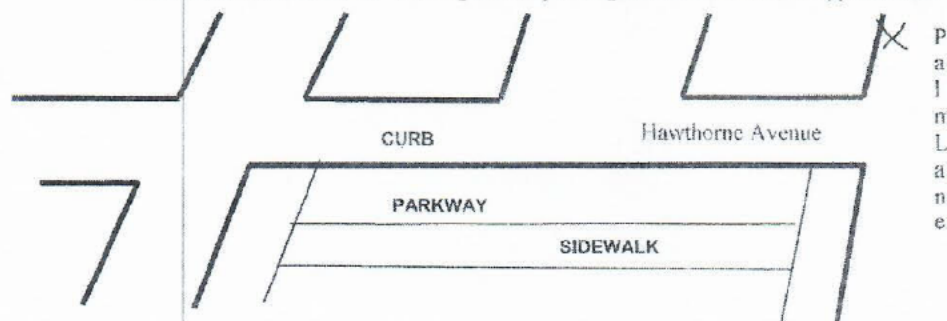
TIME: N/A ☐ AM ☐ PM**9. PLEASE READ THE FOLLOWING CAREFULLY:**

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.

Please see Attachment "A." Investigation is pending and all locations are approximate.



CITY OF RIALTO
RECEIVED
CITY CLERK
2023 MAY 15 AM 11:26

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

Jessica Behmanesh

TYPE OR PRINT NAME

Attorney for Claimant

RELATIONSHIP TO CLAIMANT

5/8/2023

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

Attachment "A"

On November 26, 2022, at approximately 3:45pm., Claimant Alejandrina Colon was walking westbound on Hawthorne Avenue, near the intersection of Hawthorne Avenue and Laurel Avenue in the unincorporated community of Bloomington, San Bernardino County, State of California, 92335. At or around the same time, Jose Navarro was operating a white 2008 Chevrolet Silverado and was headed eastbound on Hawthorne Avenue and approached the intersection of Hawthorne Avenue and Laurel Avenue, where he hit a large defect in the road that caused him to lose control of the vehicle and collide with Claimant. Claimant believes the large defect that caused this collision was a pothole, bump or a dilapidated, uneven portion of the roadway.

As a result of the defect in the road, two pedestrians next to or near Claimant died because of their injuries, and Claimant suffered serious injuries and damages, including but not limited to a fractured neck, fractured ribs, a fractured pelvis, a left-hand fracture, and she required surgeries to her clavicle, right elbow, and ankles.

The location where the incident occurred and where the defect exists, at Hawthorne Avenue, 131 feet east of Palm Lane in the unincorporated community of Bloomington, County of San Bernardino, State of California, 92335, was planned, approved, built, owned, operated controlled, maintained, repaired and/or managed by the unincorporated community of Bloomington, the cities of Fontana and Rialto, County of San Bernardino, and/or the State of California. Through the negligent acts of their/its employees, agents, independent contractors, and representatives, the subject roadway had a defect, creating a dangerous condition. Furthermore, the unincorporated community of Bloomington, the cities of Fontana and Rialto, the County of San Bernardino, and/or the State of California failed to warn of such a dangerous condition, failed to repair the pothole, and failed to properly maintain the roadway in a manner that is safe for those who travel on it.

As a result of this incident, Claimant sustained past and future economic and noneconomic damages. The total value of damages is to be determined and is in excess of \$25,000.00. Treatment for Claimant's injuries is ongoing. Any witnesses to the incident are unknown at this time.

Investigation is pending.

RECEIVED
CITY OF RIALTO
MAY 15 AM 11:26
Jessica
5/18/2023

JACOBY & MEYERS

INJURY LAWYERS

10900 Wilshire Boulevard, 15th Floor
Los Angeles, California 90024

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

92376-649759

LOS ANGELES CA 900

11 MAY 2023PM 8 L



US POSTAGE
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