



**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:

Millie Rose Pedraza

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

NA

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):

Westphal Law Group, 1881 Commercenter East, Ste. 210
San Bernardino, Ca. 92408

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: September 25, 2025 TIME: 9:40 ☐ 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 sidewalk in front of 750 N. Belden Avenue, Rialto, CA. 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

A concrete slab in the sidewalk was greatly lifted causing a dangerous condition. When Millie Rose Pedraza was walking on the sidewalk she tripped and fell because of the lift in the sidewalk. See pictures of sidewalk attached.

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 City of Rialto should have repaired the sidewalk, warned of the dangerous condition and provided better lighting in the area before claimant's accident occurred. It was very dark when the accident occurred and the lift in the sidewalk could not easily be seen.

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

See Government Code 910

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

DAMAGES INCURRED TO DATE: Per Government Code 910, no dollar amount is stated. This claim is in the

Item/Date: unlimited civil jurisdiction of the Superior Court.

Amount: \$

Item/Date: Claimant suffered a displaced transverse fracture of the

Amount: \$

right patella as a result of tripping over the lift in the sidewalk which required surgery.
and hospitalization. See photo of claimant attached.

Phao 1 of 5

Attorney

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

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: Jayden Pedraza (9 years old)

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () NA _____

TELEPHONE: () _____

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

NAME: Arrowhead Regional Medical Center

NAME: Grand Terrace Healthcare Center

ADDRESS: 400 Pepper Avenue

ADDRESS: 12000 Mount Vernon Avenue

Colton, CA. 92324

Grand Terrace, CA. 92313

TELEPHONE: (909) 580-1000

TELEPHONE: (909) 825-5221

DATE: 9-25-25 for 5 days TIME: 10:00 ☐ AM ☒ PM

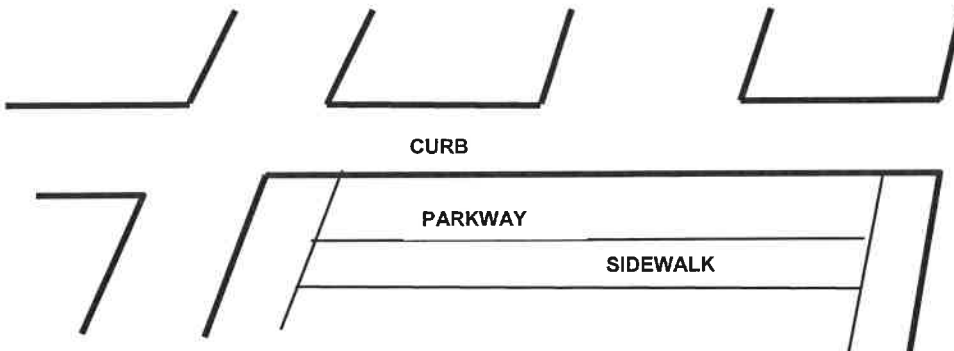
DATE: 10/1/25 to 10/25/25 TIME: _____ ☐ AM ☐ PM

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.**



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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

Wesley B. Westphal

TYPE OR PRINT NAME

Attorney for Claimant

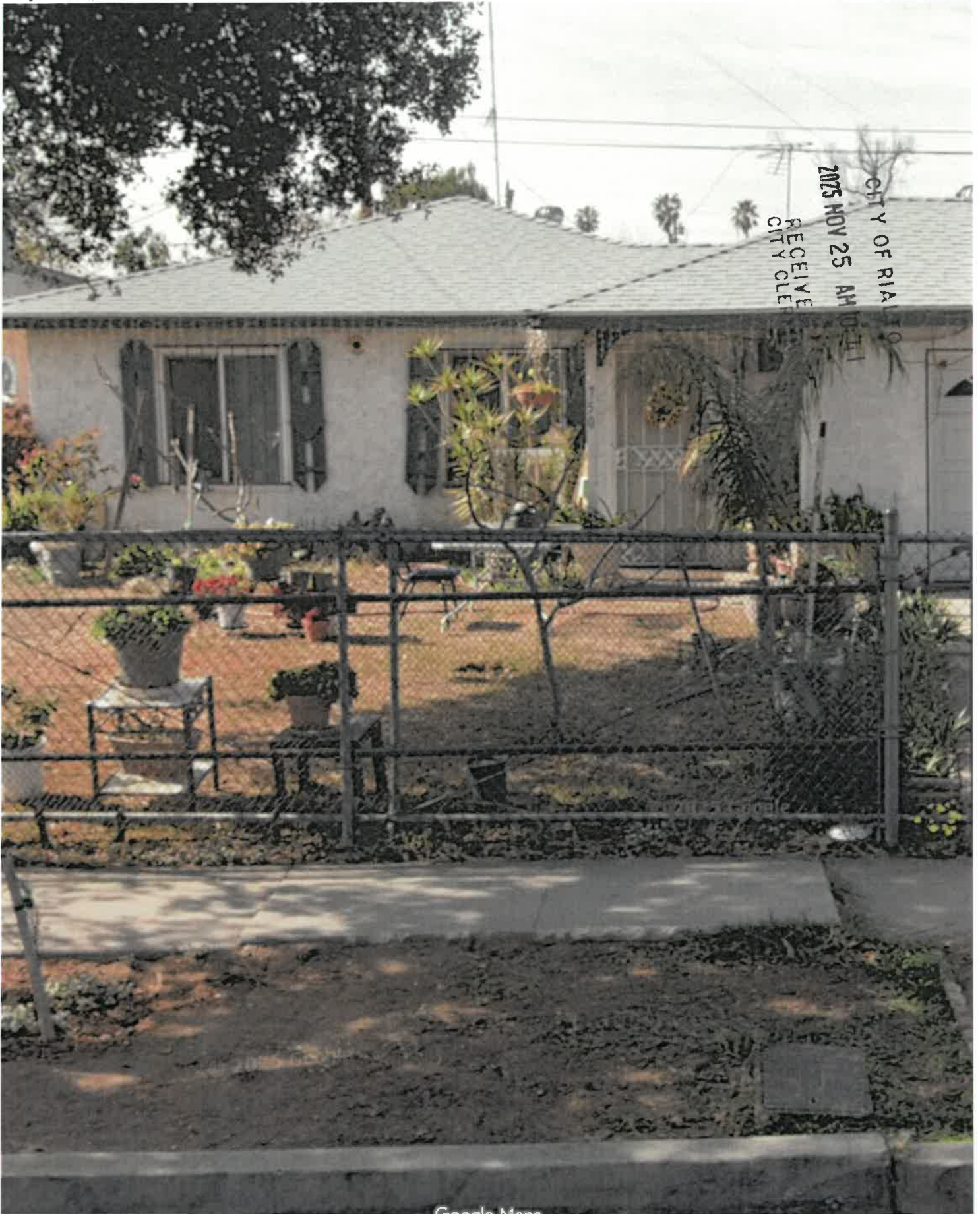
RELATIONSHIP TO CLAIMANT

11/24/25

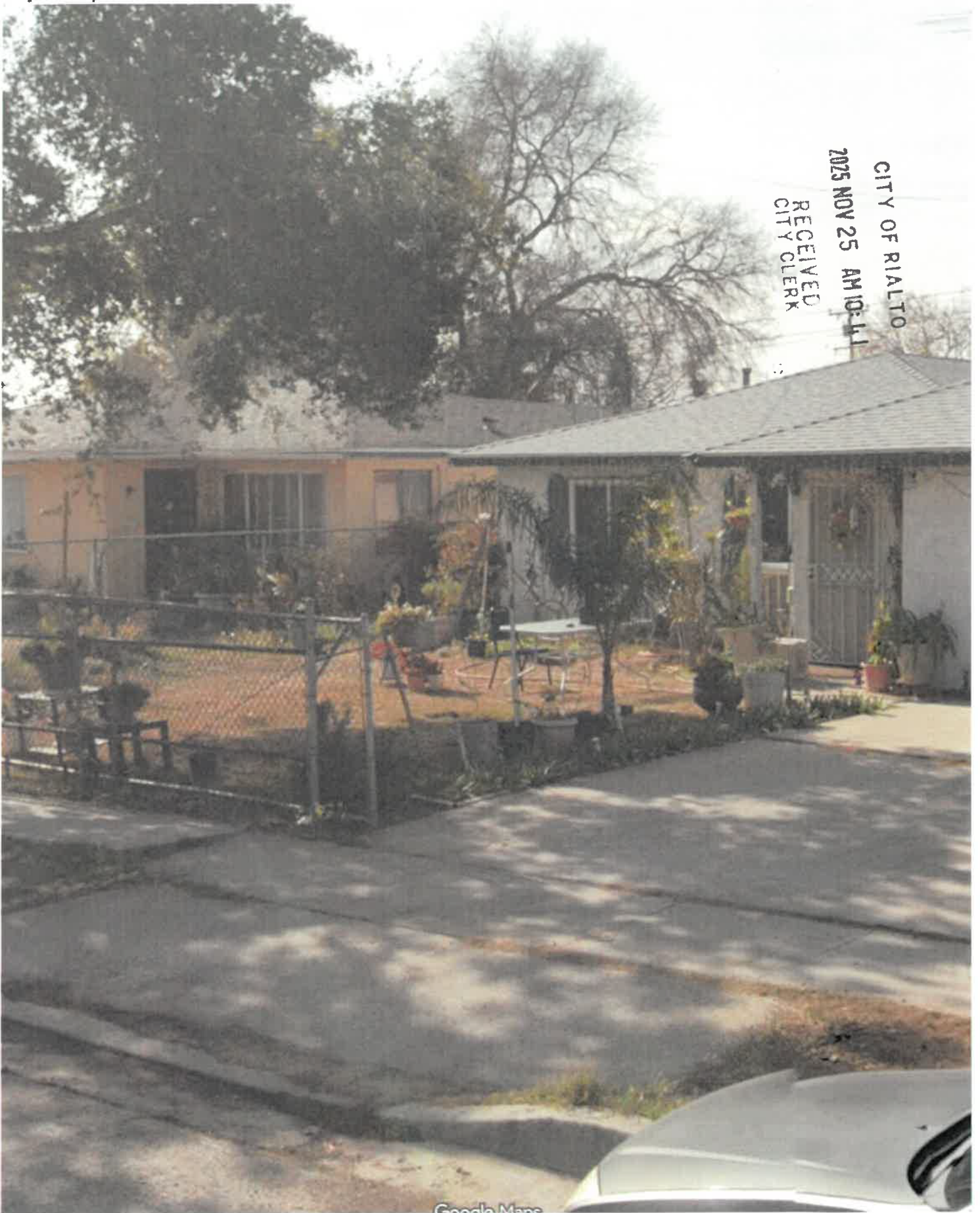
DATE

**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**

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