



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
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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:

Patricia E. Hasan
FULL NAME

[REDACTED]
DATE OF BIRTH

[REDACTED] Bloomington, CA 92316
HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
HOME TELEPHONE NO.

[REDACTED]
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):
SAME

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: MAY 8, 2021 TIME: 2:30 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.
The injury occurred on side walk from my house at the corner of Woodcrest and Vine Ave.

3. HOW DID DAMAGE OR INJURY OCCUR?
Walking my granddaughter (2 yrs.) and didn't see that the side walk was uneven and twisted my right foot and broke my 5th metatarsal

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 side walk uneven and a dangerous hazard for our community

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 258.01

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

DAMAGES INCURRED TO DATE:

Item/Date: Doctor's Co-Pays (see attachment) 5.8.2021 Amount: \$ 55.00

Item/Date: Equipment (see attachments) 5.8.2021 Amount: \$ 189.73

I have before and after pictures of injuries

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 258.01

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Medication 5.8.2021 (see attachments)

Amount: \$ 13.28

Item/Date:

Amount: \$ 0

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 258.01

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

NAME: Khadijah HASAN
ADDRESS: [REDACTED]
Bloomington, CA. 92316
TELEPHONE: [REDACTED]

NAME: CLAUDIA DRADER
ADDRESS: [REDACTED]
UNIT 102 LAS VEGAS, NV 89128
TELEPHONE: [REDACTED]

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

NAME: DR. RANDY VERGENSON PA, P.A.
ADDRESS: 9961 SIERRA AVE
FONTANA, CA. 92335
TELEPHONE: 800 464-4000
DATE: 5.8.21 TIME: 4:49 AM PM

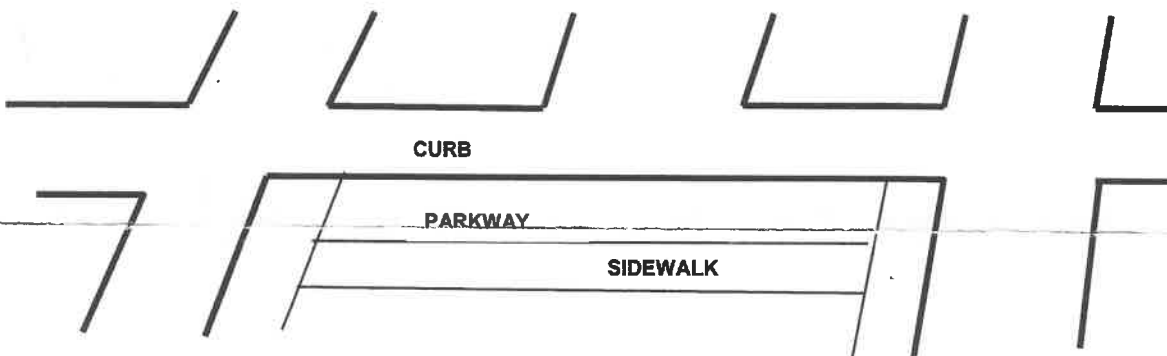
NAME: DR. JASON H. KEM DPM
ADDRESS: 9961 SIERRA AVE
FONTANA, CA. 92335
TELEPHONE: 800 464-4000
DATE: 5.17.21 TIME: 11:11 AM PM

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 [REDACTED]

PATRICIA HASAN
TYPE OR PRINT NAME

6.24.2021
DATE

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