



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 NOV 27 AM 11:22
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:

Felicia Renea Manier

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

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):

Law Office of Jacob Emrani - C/O Nikolas M
714 W Olympic BLVD STE 300 Los Angeles, CA 90015
nikolas @calljacob.com (858) 519 - 5642

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 05/24/2023 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.

Corner in front of Yellowstone Wy & Courtlynn Rd, Rialto, CA 92377

3. HOW DID DAMAGE OR INJURY OCCUR?

Please see 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.

Please see attached

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ Unlimited civil claim,
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. more \$ than \$25,000 Please attach 2 estimates.

DAMAGES INCURRED TO DATE:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

Unlimited civil claim, more
than \$25,000

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: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: () _____ TELEPHONE: () _____

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

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: () _____ TELEPHONE: () _____

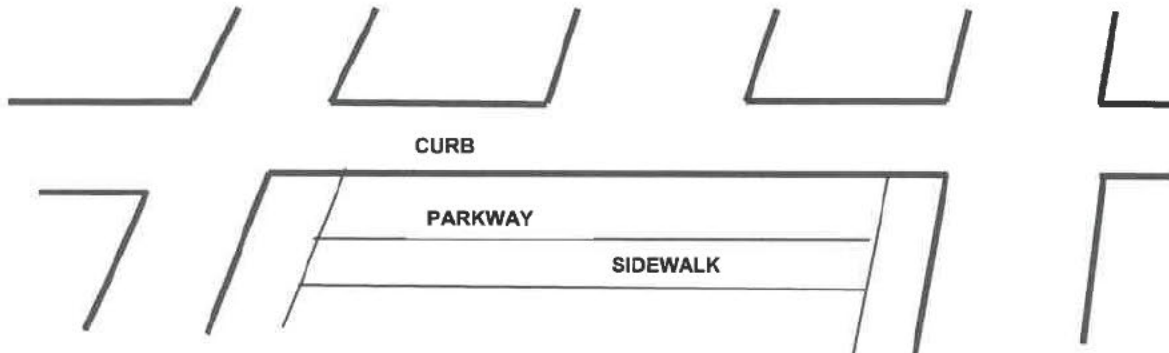
DATE: _____ TIME: _____ ☐ AM ☐ PM DATE: _____ TIME: _____ ☐ AM ☐ PM

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.**
Please see attached.



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 _____

TYPE OR PRINT NAME _____

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

Ms. Felicia Renea Manier Supplement Claim for Damages (City of Rialto)

CITY OF RIALTO

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***How did damage or injury occur?**

Felicia Renea Manier (hereinafter "Claimant") was walking on the corner in front of Yellowstone Way & Courtlynn Road in Rialto California 92377 at approximately 2:30 P.M on May 24th, 2023. Suddenly and unexpectedly, she tripped and fell on an uplifted and uneven concrete which is owned and maintained by the City of Rialto. The Claimant fell face forward and sustained serious bodily injuries. The Claimant has experienced extreme pain, anxiety, anguish, and other traumatic symptoms which are secondary and ancillary to her injuries. Moreover, the Claimant has not even begun to recover from her injuries. The extent of her injuries will inhibit her from making a full recovery or from being able to enjoy life to the fullest were it not for this incident.

The Claimants' injuries include but are not limited to: Elbow (fractured), Wrist, Neck, Hip, Leg, Feet, Back, etc

***What particular act or omission do you claim caused the injury or damages?**

The City of Rialto is the direct and proximate cause of the Claimant's injuries. The City of Rialto has a duty of care to ensure all sidewalks, roads, and adjacent areas under its control are reasonably maintained and free from hazards. The City of Rialto breached this duty and failed to properly maintain, control, and monitor their sidewalks, roads, and adjacent areas. This failure allowed a dangerous condition to exist at said location with no warnings or signage provided by the City. The neglectful disrepair of the area in question resulted in one portion of the walkway being significantly lower than the next portion without being readily visible to pedestrians. These failures, acts, and omissions created a reasonably foreseeable risk which could and should have been prevented by the City. The City of Rialto and its governmental entities knew or should have known of the dangerous condition and had the opportunity to take measures against this foreseeable risk to pedestrians, including the Claimant.

The City of Rialto should have an adequate inspection and reporting system whereby City sidewalks, roads, and adjacent areas open to the general public are routinely checked to identify the existence of dangerous conditions. City employees working throughout the City should be able to report dangerous conditions they come across to the City for review and repair. It is questionable if the City maintained and operated such a system with due care. A routine inspection and reporting system would have discovered the dangerous condition of the area in question. The condition had existed for such a period of time that it is foreseeable that injuries can occur attempting to traverse the path as an ordinary person would. The condition of the area was dangerous enough that the walkway should have been repaired, closed for repair, or at the very least warning signs should have been put in place.

G a m

As seen in the photos included in the claim package the City rectified the dangerous condition in questions shortly after the claimant was injured. The City of Realto knew or should have known about the existence of the dangerous condition because as the photos included in the claim package show there was ongoing construction in the vicinity of where the claimant got injured. The subsequent remedial measures show that the City had knowledge of the condition and the ability to take steps that would have prevented the claimants' injuries if taken previously.

City employees with the Maintenance and Facilities Department who are tasked with maintaining City sidewalks, roadways, parking lots, and adjacent areas should have noticed the dangerous condition while performing their work on the adjacent projects. City sidewalks, roadways, parking lots, and adjacent areas should be routinely inspected for the creation of dangerous conditions like the damaged sidewalk which hurt the members of the public, such as the Claimant.

***DAMAGES**

This is an unlimited civil claim, more than \$25,000.00.

Damages include: Medical Expenses - Past and Future (Economic Damage); Past and Future Lost Earnings (Economic Damage); Lost Earning Capacity (Economic Damage); Loss of Ability to Provide Household Services (Economic Damage); General damages include damages for Physical pain, Mental Suffering and Emotional Distress, including Past and future physical pain/mental suffering/loss of enjoyment of life / disfigurement / physical impairment /inconvenience / grief / anxiety / humiliation /emotional distress / and other damages.

No fixed standard exists for deciding the amount of these noneconomic damages. The Claimant continues to treat with health care specialists.

Ga l m



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THE LAW OFFICES OF
JACOB EMRANI
A PROFESSIONAL CORPORATION

CITY OF RIALTO
2023 NOV 27 AM 11:22
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CITY OF RIALTO

DESIGNEE AUTHORIZATION

TO: The City of Realto

CLAIM NO.: _____

DATE OF LOSS: 05/24/2023

Pursuant to Section 2695.2(c) of the California Code of Regulations, Title 10 chapter 5; I authorize **THE LAW OFFICES OF JACOB EMRANI** my attorneys, to handle my personal injury claim under the above captioned loss.

This authorization shall be valid for 2 (two) years from the date below unless renewed or revoked by the undersigned. Any and all prior authorizations are hereby revoked by the undersigned as of the date of this authorization.

Signature

Felicia Renea Manier

Printed Name

Address

Date

Telephone

CITY OF RIALTO
2023 NOV 27 AM 11:22

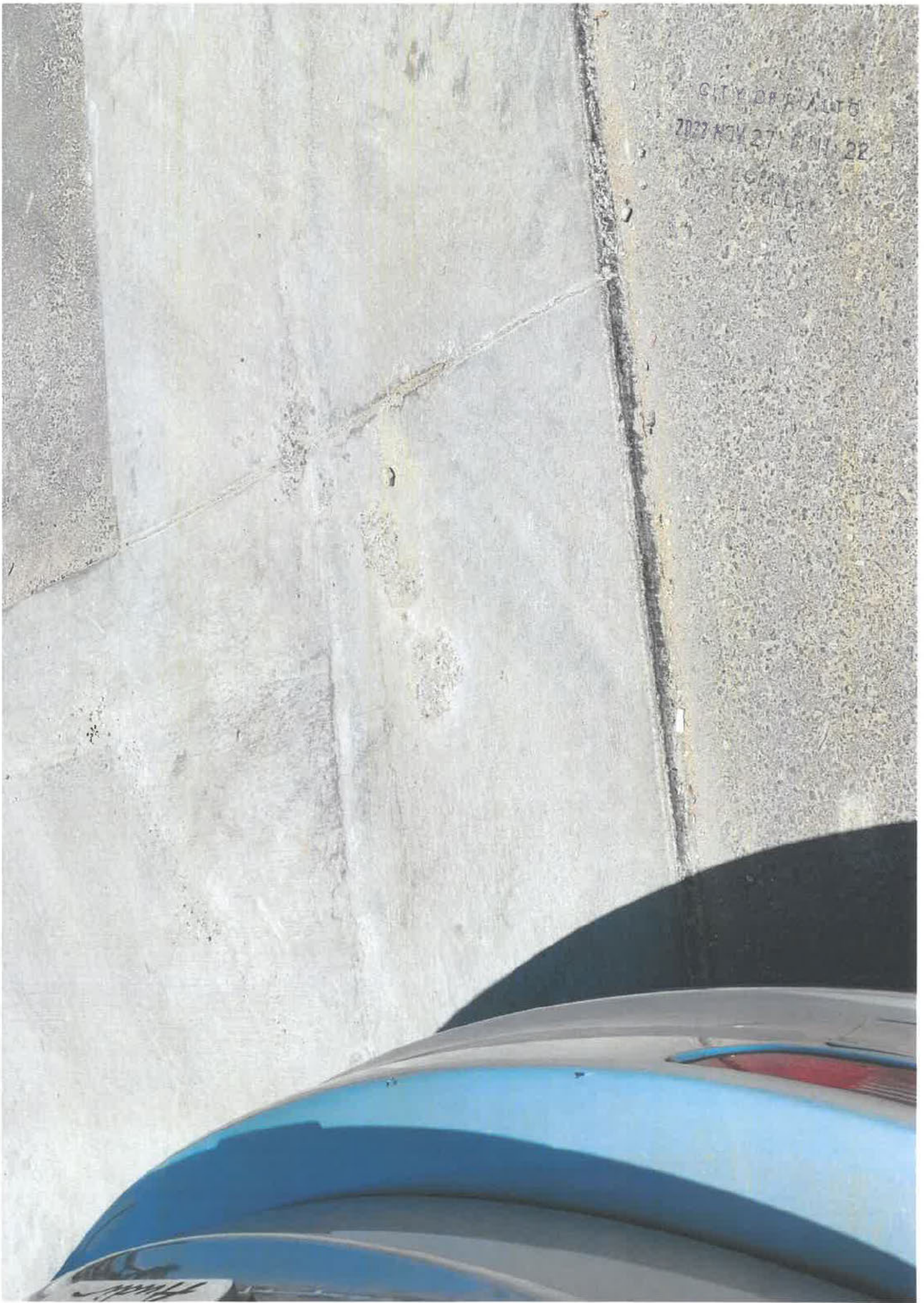
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2023 MAY 27 AM 11:22
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CLERK





CITY OF ALBUQUERQUE
2022 MAY 27 11:22
CITY OF ALBUQUERQUE

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2023 NOV 27 AM 11:22

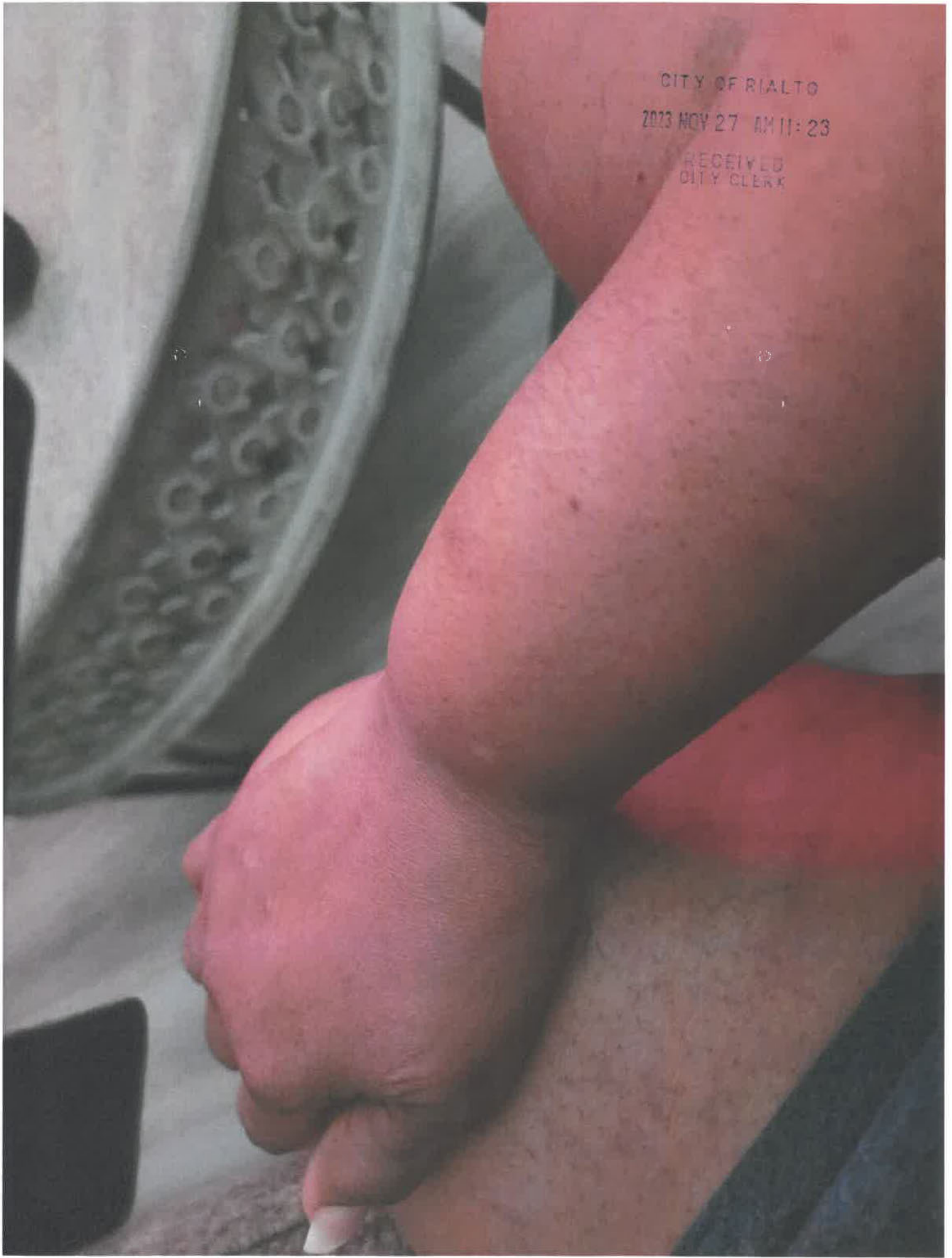
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Keck Medicine of USC

CITY OF RIALTO

2023 NOV 27 AM 11:23

DOB:

Patient: MANIER, FELICIA R

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|-------------------------|------------------|--------------|---------------------|-----------------|
| Procedure | Accession | Ordering | Date of Examination | Status |
| XR Elbow Complete Right | 267-XR-23-048724 | OMID MD,REZA | 6/9/2023 08:19 PDT | Auth (Verified) |

Reason For Exam
(XR Elbow Complete Right) pain

Report
267-XR-23-048724

ACCESSION #: 267-XR-23-048724

EXAMINATION: XR Elbow Complete Right

TECHNIQUE: AP, oblique and lateral view of the right elbow

HISTORY: pain.

COMPARISON: None available.

FINDINGS:
There is a nondisplaced fracture involving the radial head/neck.

The radiocapitellar and ulnohumeral joints are preserved. No suspicious elbow joint effusion.

IMPRESSION:
Nondisplaced radial head/neck fracture.

***** Final Report *****

Dictated: 06/09/2023 8:27 am

Dictated by: CHIU MD, MICHAEL

Electronic Signature: 06/09/23 8:27 am

Signed by: CHIU MD, MICHAEL

Disclaimer: This document was generated using voice recognition system, which may produce sporadic inaccurate transcription or nonsensical phrases.

RadImageLink

Keck Medicine of USC

Patient: MANIER, FELICIA R

DOB:

| | | | | |
|-------------------------|------------------|------------------------|---------------------|-----------------|
| Procedure | Accession | Ordering | Date of Examination | Status |
| XR Wrist Complete Right | 267-XR-23-046020 | LEFEBVRE MD, RACHEL | 5/31/2023 11:14 PDT | Auth (Verified) |

Reason For Exam
(XR Wrist Complete Right) fall

Report
267-XR-23-046020

ACCESSION #: 267-XR-23-046020, 267-XR-23-046019,

EXAMINATION:
1. PA, oblique, scaphoid and lateral views of right wrist
2. PA, oblique, scaphoid and lateral views of left wrist

HISTORY: fall

COMPARISON: Bilateral hand radiographs dated 11/9/2015

FINDINGS: Bone mineralization is normal. There is no acute fracture, osseous lesion or dislocation on either side. Joint spaces are within normal limits. Carpal alignment is normal bilaterally.

IMPRESSION:
No acute fracture, dislocation or significant arthritic changes in bilateral wrists.

***** Final Report *****

Dictated: 05/31/2023 1:07 pm

Dictated by: PATEL MD, DAKSHESH B

Electronic Signature: 05/31/23 1:07 pm

Signed by: PATEL MD, DAKSHESH B

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Keck Medicine of USC

CITY OF RIALTO

2023 NOV 27 AM 11:00

DOB:

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CITY CLERK

Patient: MANIER, FELICIA R

| Procedure | Accession | Ordering | Date of Examination | Status |
|-------------------------|------------------|----------------------|---------------------|-----------------|
| XR Spine Lumbar 2 views | 267-XR-23-045986 | SHINADA MD, SHUNTARO | 5/31/2023 11:27 PDT | Auth (Verified) |

Reason For Exam

(XR Spine Lumbar 2 views) LE numbness, s/p fall, eval fx

Report

267-XR-23-045986

EXAM: XR Spine Lumbar 2 views 267-XR-23-045986

TECHNIQUE: AP and lateral views of the lumbosacral spine.

INDICATION: LE numbness, s/p fall, eval fx

COMPARISON: 6/26/2022

FINDINGS/IMPRESSION:

Exaggeration of the normal lumbar lordosis. There is grade 1 anterolisthesis of L4 on L5. No spondylolisthesis.

No acute fracture. Normal vertebral body heights.

Mild to moderate disc height loss with vacuum disc phenomenon at L4-L5.

Bilateral facet arthropathy is present from L2-L3 through L5-S1.

Multiple surgical clips are present in the left upper quadrant. Phleboliths are present in the pelvis.

***** Final Report *****

Dictated: 06/14/2023 4:14 pm

Dictated by: Cua RES, Ruskin

Fellow/Resident: Cua RES, Ruskin

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

Electronic Signature: 06/14/23 4:14 pm Signed by: GO MD, JOHN L

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Keck Medicine of USC

Patient: MANIER, FELICIA R

DOB:

| | | | | |
|------------------------------|------------------|-------------------------|---------------------|-----------------|
| Procedure | Accession | Ordering | Date of Examination | Status |
| CT Spine Lumbar w/o Contrast | 520-CT-23-006145 | SHINADA MD, SHUNTARO | 6/27/2023 07:44 PDT | Auth (Verified) |

Reason For Exam
(CT Spine Lumbar w/o Contrast) radiculopathy

Report
520-CT-23-006145

CT L-SPINE

INDICATION: radiculopathy

TECHNIQUE: 3-D helical CT acquisition of the lumbar spine was obtained and multiplanar reconstructions were formatted in the axial, sagittal and coronal planes. Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 27.4 mGy. DLP: 830 mGy-cm.

FINDINGS:

Comparison is made with prior study dated 8/28/2020.

There is a new small superior endplate Schmorl's node at the L5 level with intravertebral herniation of gas associated with vacuum phenomenon of the nucleus pulposus.

The remainder of the examination is unchanged.

Alignment: Normal lumbar lordosis. Grade 1 anterolisthesis of L4 on L5 and L5 on S1. **Vertebrae:** Normal.

Discs: Mild disc height loss and vacuum disc phenomenon at L4-L5.

At the T12-L1 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L1-L2 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L2-L3 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L3-L4 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L4-L5 level, symmetric disc bulge, thickened ligamentum flavum and facet hypertrophy results in mild-to-moderate spinal canal narrowing. Mild-to-moderate bilateral neural foraminal narrowing. Severe bilateral facet arthropathy with gas within the right joint and asymmetric widening with effusion within the left joint. There is no surrounding inflammatory fat stranding.

At the L5-S1 level, there is no evidence of central spinal canal or neuroforaminal

Report

stenosis. Moderate bilateral facet arthropathy.

CITY OF RIALTO
2023 NOV 27 AM 11:23

Other:

Mild calcific atherosclerosis of the abdominal aorta and its branches. Vacuum phenomenon within the bilateral SI joints.

DISCLOSED
CITY CLERK

IMPRESSION:

Compared to 8/28/2020, there is a new small superior endplate Schmorl's node at the L5 level with intravertebral herniation of gas associated with vacuum phenomenon of the nucleus pulposus. The remainder of the examination is unchanged, with stable underlying degenerative changes of the L4-5 and L5-S1 levels as detailed above.

***** Final Report *****

Dictated: 06/29/2023 1:39 pm

Dictated by: KIM MD, PAUL E

Electronic Signature: 06/29/23 1:39 pm

Signed by: KIM MD, PAUL E

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2023 NOV 27 AM 11:24

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Manier, Felicia R

DOB: [REDACTED]

ADM: 05/24/2023

GEN: F

MR: 04215993

ACCT: 000547788919

POMONA VALLEY HOSPITAL MEDICAL CENTER



Keck Medicine of USC

Patient: MANIER, FELICIA R

DOB: [REDACTED]

CITY OF LOS ANGELES

2023 NOV 27 AM 11:24

Procedure
CT Spine Lumbar w/o
Contrast

Accession
520-CT-23-006145

Ordering
SHINADA MD,
SHUNTARO

Date of Examination
6/27/2023 07:44 PDT

Status
Auth (Verified)

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Reason For Exam
(CT Spine Lumbar w/o Contrast) radiculopathy

Report
520-CT-23-006145

CT L-SPINE

INDICATION: radiculopathy

TECHNIQUE: 3-D helical CT acquisition of the lumbar spine was obtained and multiplanar reconstructions were formatted in the axial, sagittal and coronal planes. Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 27.4 mGy. DLP: 830 mGy-cm.

FINDINGS:

Comparison is made with prior study dated 8/28/2020.

There is a new small superior endplate Schmorl's node at the L5 level with intravertebral herniation of gas associated with vacuum phenomenon of the nucleus pulposus.

The remainder of the examination is unchanged.

Alignment: Normal lumbar lordosis. Grade 1 anterolisthesis of L4 on L5 and L5 on S1. Vertebrae: Normal.

Discs: Mild disc height loss and vacuum disc phenomenon at L4-L5.

At the T12-L1 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L1-L2 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L2-L3 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L3-L4 level, there is no evidence of central spinal canal or neuroforaminal stenosis.

At the L4-L5 level, symmetric disc bulge, thickened ligamentum flavum and facet hypertrophy results in mild-to-moderate spinal canal narrowing. Mild-to-moderate bilateral neural foraminal narrowing. Severe bilateral facet arthropathy with gas within the right joint and asymmetric widening with effusion within the left joint. There is no surrounding inflammatory fat stranding.

At the L5-S1 level, there is no evidence of central spinal canal or neuroforaminal

Keck Medicine of USC

Patient: MANIER, FELICIA R

CITY OF
DOB: [REDACTED]

2023 NOV 27

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Procedure
XR Elbow Complete
Right

Accession
267-XR-23-048724

Ordering
OMID MD,REZA

Date of Examination
6/9/2023 08:15:00

Status

Auth (Verified)

CITY CLERK

Reason For Exam
(XR Elbow Complete Right) pain

Report
267-XR-23-048724

ACCESSION #: 267-XR-23-048724

EXAMINATION: XR Elbow Complete Right

TECHNIQUE: AP, oblique and lateral view of the right elbow

HISTORY: pain.

COMPARISON: None available.

FINDINGS:

There is a nondisplaced fracture involving the radial head/neck.

The radiocapitellar and ulnohumeral joints are preserved. No suspicious elbow joint effusion.

IMPRESSION:

Nondisplaced radial head/neck fracture.

***** Final Report *****

Dictated: 06/09/2023 8:27 am

Dictated by: CHIU MD, MICHAEL

Electronic Signature: 06/09/23 8:27 am

Signed by: CHIU MD, MICHAEL

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Patient: MANIER, FELICIA R

DOB: [REDACTED]

CITY OF RIALTO

NOV 27 AM 11:24

Procedure
XR Spine Lumbar 2
views

Accession
267-XR-23-045986

Ordering
SHINADA MD,
SHUNTARO

Date of Examination
5/31/2023 11:27 PDT

Status:
Auth (Verified)
CITY CLERK

Reason For Exam

(XR Spine Lumbar 2 views) LE numbness, s/p fall, eval fx

Report

267-XR-23-045986

EXAM: XR Spine Lumbar 2 views 267-XR-23-045986

TECHNIQUE: AP and lateral views of the lumbosacral spine.

INDICATION: LE numbness, s/p fall, eval fx

COMPARISON: 6/26/2022

FINDINGS/IMPRESSION:

Exaggeration of the normal lumbar lordosis. There is grade 1 anterolisthesis of L4 on L5. No spondylolisthesis.

No acute fracture. Normal vertebral body heights.

Mild to moderate disc height loss with vacuum disc phenomenon at L4-L5.

Bilateral facet arthropathy is present from L2-L3 through L5-S1.

Multiple surgical clips are present in the left upper quadrant. Phleboliths are present in the pelvis.

***** Final Report *****

Dictated: 06/14/2023 4:14 pm

Dictated by: Cua RES, Ruskin

Fellow/Resident: Cua RES, Ruskin

I certify that I have directed and participated in the above procedure, reviewed the images, and agree with the interpretation.

Electronic Signature: 06/14/23 4:14 pm

Signed by: GO MD, JOHN L

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Report
stenosis. Moderate bilateral facet arthropathy.

Other:
Mild calcific atherosclerosis of the abdominal aorta and its branches. 2020 NOV 27 AM 11:24
phenomenon within the bilateral SI joints.

IMPRESSION:

Compared to 8/28/2020, there is a new small superior endplate Schmorl's node at the L5 level with intravertebral herniation of gas associated with vacuum phenomenon of the nucleus pulposus. The remainder of the examination is unchanged, with stable underlying degenerative changes of the L4-5 and L5-S1 levels as detailed above.

***** Final Report *****

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Dictated by: KIM MD, PAUL E

Electronic Signature: 06/29/23 1:39 pm

Signed by: KIM MD, PAUL E

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Keck Medicine of USC

Patient: MANIER, FELICIA R

CITY OF RICHMOND
DOB: [REDACTED]

2023 NOV 27 AM 11:24

Procedure
XR Wrist Complete
Right

Accession
267-XR-23-046020

Ordering
LEFEBVRE MD,
RACHEL

Date of Examination
5/31/2023 11:14 PM
CITY CLERK

Status
Auth (Verified)

Reason For Exam
(XR Wrist Complete Right) fall

Report
267-XR-23-046020

ACCESSION #: 267-XR-23-046020, 267-XR-23-046019

EXAMINATION:

1. PA, oblique, scaphoid and lateral views of right wrist
2. PA, oblique, scaphoid and lateral views of left wrist

HISTORY: fall

COMPARISON: Bilateral hand radiographs dated 11/9/2015

FINDINGS: Bone mineralization is normal. There is no acute fracture, osseous lesion or dislocation on either side. Joint spaces are within normal limits. Carpal alignment is normal bilaterally.

IMPRESSION:

No acute fracture, dislocation or significant arthritic changes in bilateral wrists.

***** Final Report *****

Dictated: 05/31/2023 1:07 pm

Dictated by: PATEL MD, DAKSHESH B

Electronic Signature: 05/31/23 1:07 pm

Signed by: PATEL MD, DAKSHESH B

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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 714 W. Olympic Blvd, Suite 300, Los Angeles, California 90015.

On November 22, 2023, I served the following documents described as:

CITY OF RIALTO LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY

by placing the original thereof enclosed in sealed envelope, addressed as follows:

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

XX BY FIRST CLASS MAIL: I deposited the above-referenced document(s) in a sealed envelope in a United States Postal Service Mailbox regularly maintained by the government of the United States for first class delivery, postage fully paid at Los Angeles, California.

BY PERSONAL DELIVERY: I delivered the above-mentioned documents and personally handed them to the party indicated above or to a representative authorized or associated on behalf of the person or entity described above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on November 22, 2023, at Los Angeles, California.



Gabriel Clift

FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED

UNITED STATES
POSTAL SERVICE®

PRIORITY®
MAIL

and delivery date specified for domestic use.
ic shipments include \$100 of insurance (restrictions apply).
racking® service included for domestic and many international destinations.
international insurance.
sed internationally, a customs declaration form is required.
does not cover certain items. For details regarding claims exclusions see the
ail Manual at <http://pe.usps.com>.
ational Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

FLAT RATE ENVELOPE
WEIGHT

INSURED



500001000014

EP14F July 2022
OD: 12 1/2 x 9 1/2

To schedule free Package Pickup,
scan the QR code.



USPS.COM/PICKUP

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PRIORITY MAIL
LEGAL FLAT-RATE ENVELOPE
CombisPrice

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