

July 27, 2022

VIA FEDEX TO:

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

RE: Our Client : Danielle Womack
Date of Loss : March 22, 2022

CITY OF RIALTO
2022 JUL 29 AM 11:55
RECEIVED
CITY CLERK


Dear Sir/Madam:

Enclosed please find the Claim for Damages or Damages against The City of Rialto fully executed by attorney Christienne Papa on behalf of our client, Danielle Womack, for the above-mentioned date of loss.

Should you require anything further, or have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

ARDALAN & ASSOCIATES, PLC.

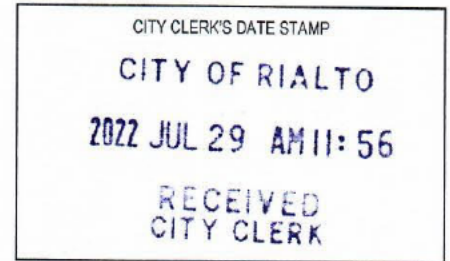


Gerda Zigelyte, Legal Assistant to
CHRISTIENCE PAPA, ESQ.
LINDSEY DOWNEY, ESQ.
Attorneys at Law

/gz
Encl.



**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:

<u>Danielle Womack</u>		<u>11/22/1979</u>
FULL NAME		DATE OF BIRTH
<u>[REDACTED] Rialto, CA 92376</u>		<u>[REDACTED]</u>
HOME ADDRESS INCLUDING CITY, STATE & ZIP		HOME TELEPHONE NO.
<u>[REDACTED]</u>		<u>()</u>
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):		<u>Ardalan & Associates, PLC</u> <u>[REDACTED] Thousand Oaks, CA 91320</u>

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 3/22/2022 TIME: Approx. 7:25 ☐ 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.
- N. Sycamore Ave. & E. Etiwanda Ave. in the crosswalk on the west side of N. Sycamore Ave. (crossing E. Etiwanda Ave.)

3. HOW DID DAMAGE OR INJURY OCCUR?

See Attachment 1.

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.

See Attachment 1.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ Believed to be in excess of \$100K at this time.
- HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. **Please attach 2 estimates.**

DAMAGES INCURRED TO DATE:

Item/Date: <u>Past medical expenses</u>	Amount: \$ <u>Believed to be in excess of \$100K at this time</u>
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ Excess of \$100K

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Future medical care

Amount: \$ Unknown at this time

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ Unknown at this time

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

NAME: Fredy Ramirez

NAME: _____

ADDRESS: [REDACTED] Rialto CA 92376

ADDRESS: _____

TELEPHONE: [REDACTED]

TELEPHONE: () _____

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

NAME: Arrowhead Regional Medical Center

NAME: City of Rialto Ambulance & Fire

ADDRESS: 400 N. Pepper Ave., Colton CA 92324

ADDRESS: 131 Willow Ave., Rialto, CA 92376

TELEPHONE: (877) 818-0672

TELEPHONE: (909) 820-2501

DATE: 3/22/22 TIME: 9:46 ☐ AM ☒ PM

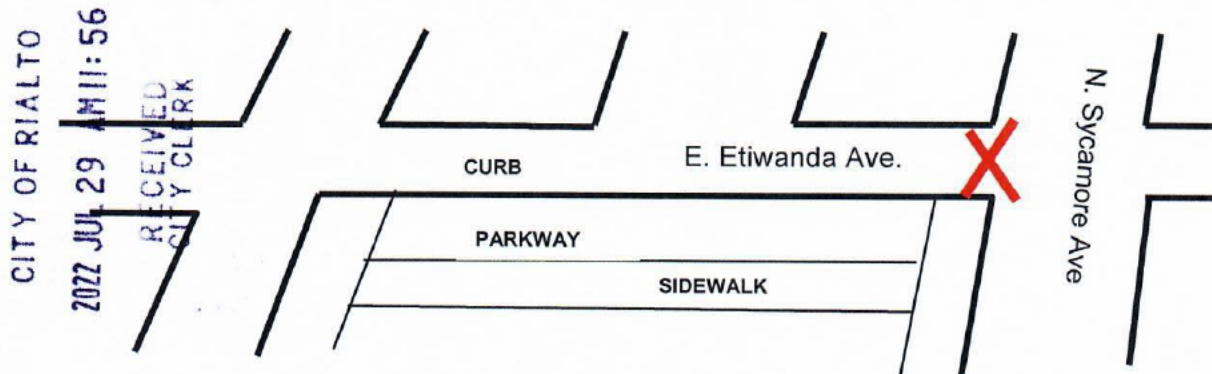
DATE: 3/22/22 TIME: 7:42 ☐ AM ☒ PM

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

Christienne M. Papa

July 27, 2022

TYPE OR PRINT NAME

Attorney

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**

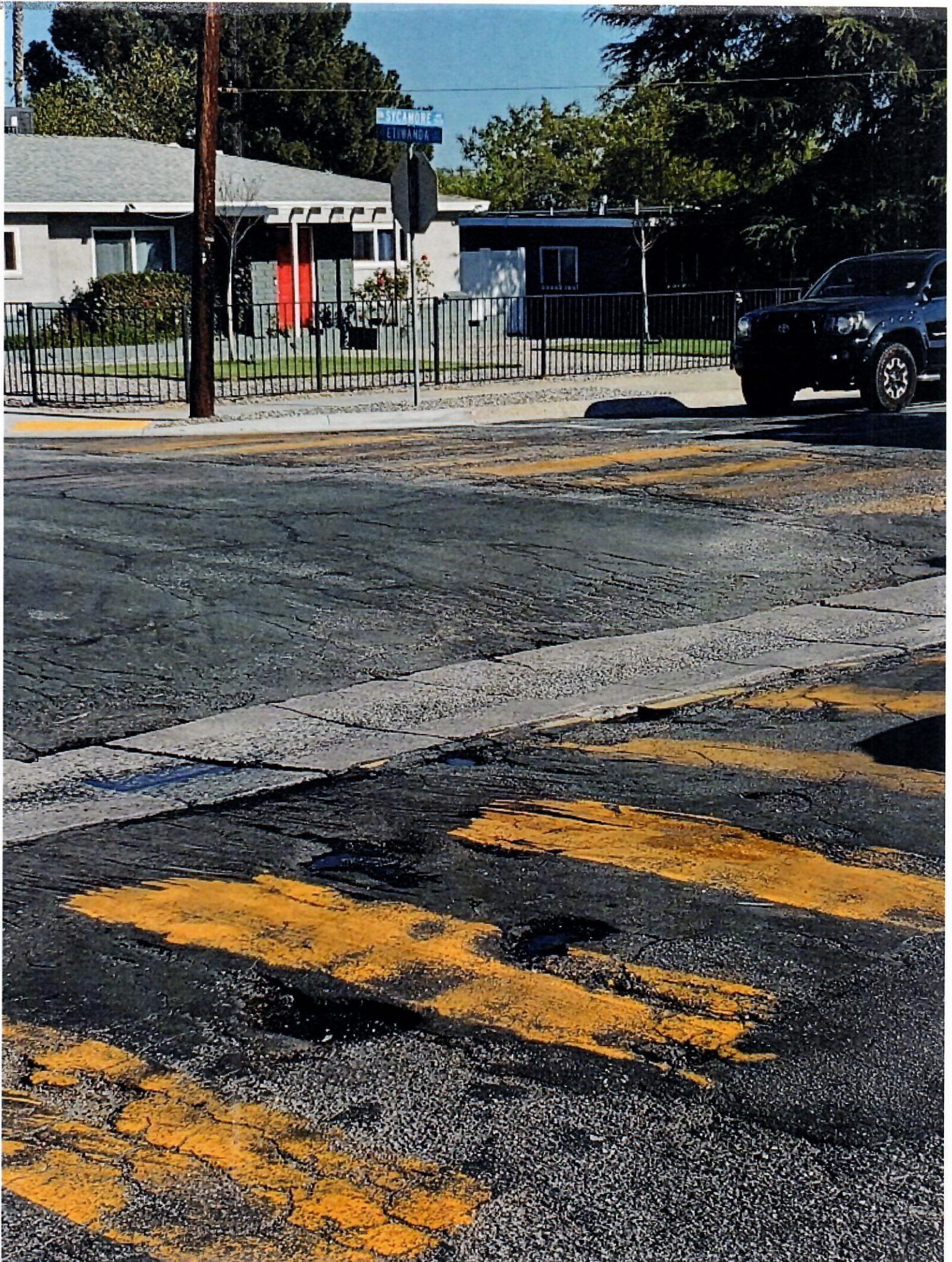
ATTACHMENT #1

On or about March 22, 2022, at approximately 7:25 p.m., Claimant, Danielle Womack, was walking southbound on N. Sycamore Ave., and used the crosswalk located on the west side of N. Sycamore Ave. to cross E. Etiwanda Ave. While walking in the subject crosswalk, a pothole/mislevelment in the crosswalk that was camouflaged or was otherwise concealed by things including but not limited to, darkness/poor lighting, water, shadows, and/or debris, caused Ms. Womack to fall and sustain injuries, including but not limited to fractures to her right tibia/fibula.

Ms. Womack is informed and believes that the subject crosswalk was within the jurisdiction and control of the City of Rialto and that the City of Rialto owned, maintained, and/or controlled the subject crosswalk and had a duty to exercise ordinary care to maintain the subject crosswalk in a reasonably safe condition. The City of Rialto created, by and through its employees and/or independent contractors, and/or allowed the subject crosswalk to be in a dangerous condition based on one or more of the following: the presence of potholes/mislevelments that were camouflaged or otherwise concealed by things including, but not limited to: darkness/poor lighting, water, shadows, and/or debris. The City of Rialto knew or should have known that the subject area of its crosswalk posed an unreasonable risk of injury to the public. The City of Rialto failed to properly maintain, repair, and/or warn the public of this dangerous condition. Attached hereto as **Exhibit "A"** are photographs depicting the dangerous condition and the subject location where the incident occurred.

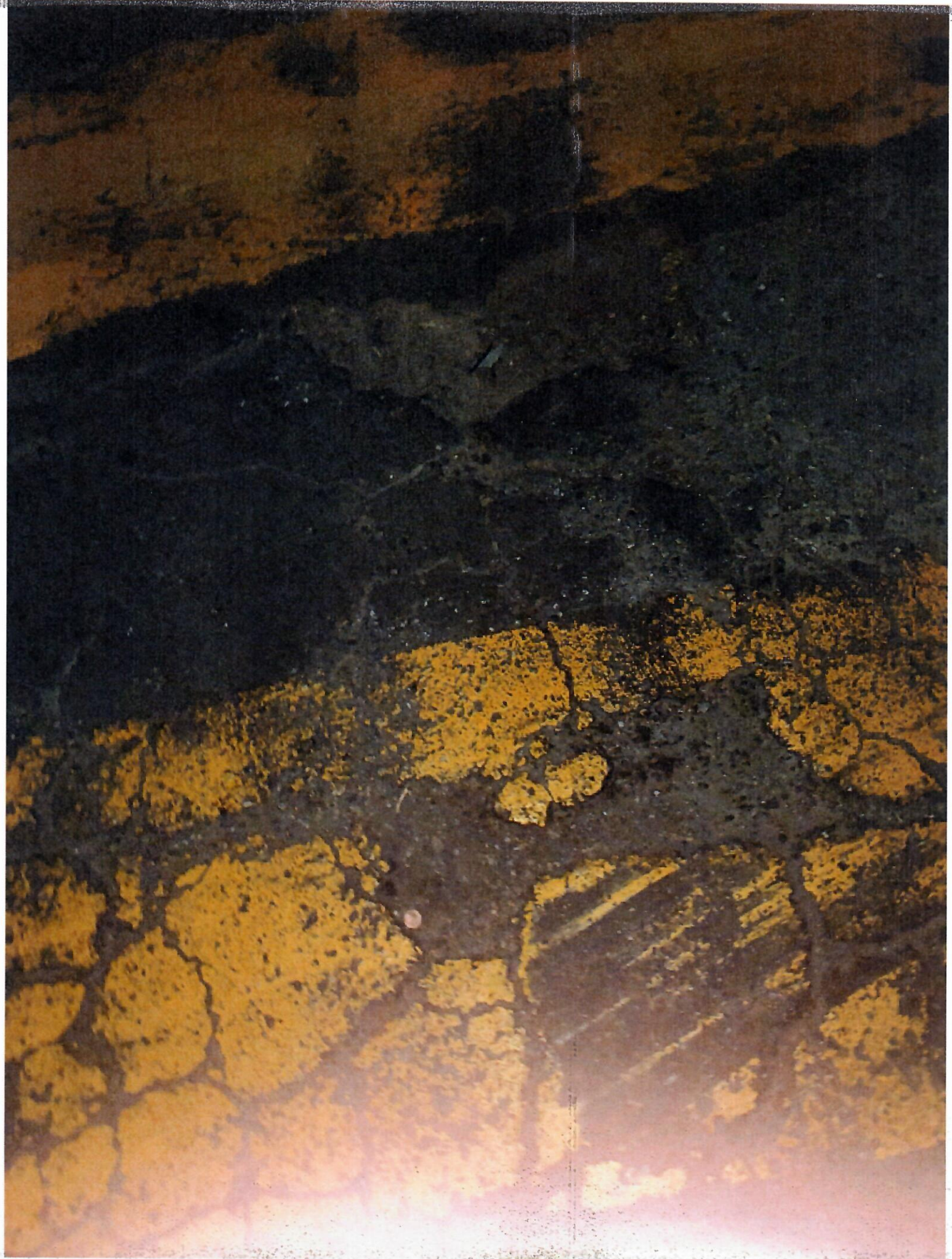
This claim is being brought because of violations to the California Government Claims Act, including but not limited to, Gov. Code sections 815 *et seq.*, 820 *et seq.*, 830 *et seq.*, 835 *et seq.*, and 840 *et seq.*

EXHIBIT A









ORIGIN ID: JSNA (818) 702-2570
 P. CHRISTOPHER ARDALAN
 3225 OLD CONEJO ROAD
 THOUSAND OAKS, CA 91320
 UNITED STATES US
 BILL SENDER
 SHIP DATE: 27 JUL 22
 ACTWGT: 1.00 LB
 CAD: 251065672/INNET4490

150 S. PALM AVE.

RIALTO CA 92376

(818) 702-2570

INV.

REF: DANIELLE WOMACK

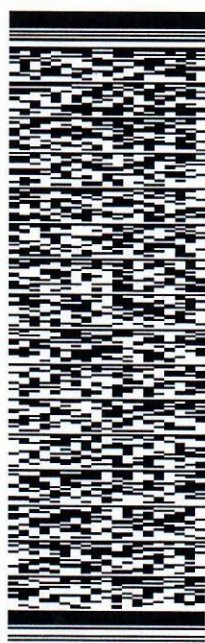
PO:

DEPT:

RECEIVED
 CITY CLERK

2022 JUL 29 AM 11:55

CITY OF RIALTO 5910200027 E4A



J222022041201uv

TRK# 7775 0683 1210

STANDARD OVERNIGHT

THU - 28 JUL 4:30P

WM RIVA

92376
 CA-US SBD



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.