



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2019 JAN 28 PM 1:01

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:

Kevin Sumner

FULL NAME

HOME ADDRESS INCLUDING CITY, STATE & ZIP

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

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

DATE OF BIRTH

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 8-1-18 TIME: 7:30 ☐ 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.

107 E Arbeth Street (Corner of E Arbeth Street & Riverside Drive)

3. HOW DID DAMAGE OR INJURY OCCUR?

While riding my bicycle I hit a large pot hole in the middle of the road causing me to fall off of my bike and break my left clavicle bone.
See attached for full statement

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.

Lack of maintenance to City Street. large pot hole 32"x36"x9" Deep
See attached photo

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

\$ 1014.01

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

DAMAGES INCURRED TO DATE:

Item/Date: Emergency Room & X-RAYS 8/1/18

Amount: \$ 527.01

Item/Date: Doctor And Physical Therapy Co-pay
Replacement Bike parts

Amount: \$ 350.00

Amount: \$ 127.00

(See Attached Spreadsheet For details)

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1014.01

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: San Antonio Hospital Emergency Room

NAME: Arrowhead Orthopaedics

ADDRESS: 999 San Bernardino Road

ADDRESS: 8805 Haven Ave Suite 200

Upland, CA 91786

Rancho Cucamonga, CA 91730

TELEPHONE: (909) 985-2811

TELEPHONE: (909) 912-1750

DATE: 8-1-18 TIME: 9:30 ☐ AM ☒ PM

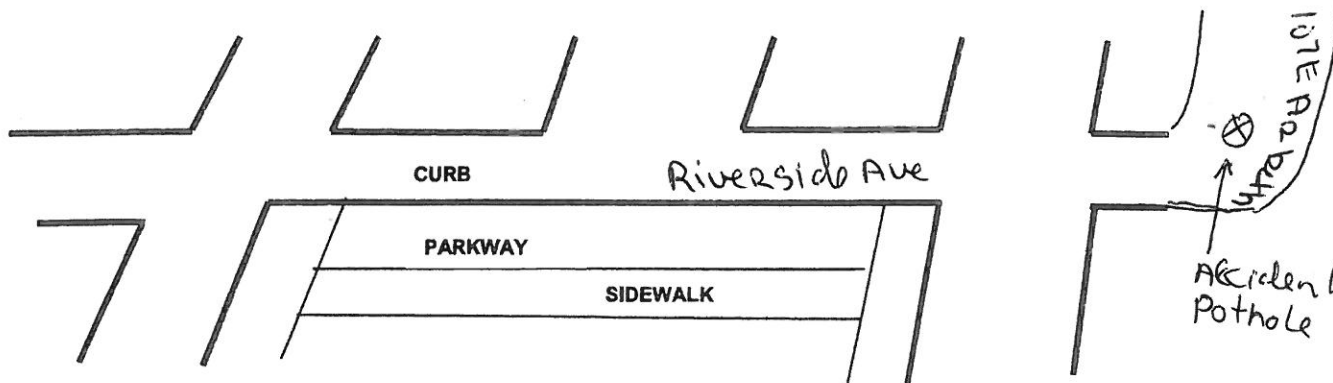
DATE: 8-7-18 TIME: 11:00 ☒ AM ☐ PM

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.

Kevin Sumner

SIGNATURE OF CLAIMANT OR AGENT

Kevin Sumner

TYPE OR PRINT NAME

1-28-18

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

1/28/19

Claim for Damages Statement – City of Rialto, California

Kevin Sumner

[REDACTED]
Rialto, CA

Home: [REDACTED]

Cell: [REDACTED]

On Wednesday August 1st, 2018 at approximately 7:30 PM while riding my bicycle east bound on Riverside Ave and turning left onto E Arbeth Street, I hit a large pothole in the middle of the road which caused me to fall off my bicycle and crash onto the pavement. After a few minutes assessing my injuries and the damage to my bicycle, I immediately road my bike home and had my wife drive me to the San Antonio Hospital emergency room where I was examined and x-rays showed my left clavicle bone was broken. I was sent home in a sling and with pain medicine and was instructed to make an appointment to see an orthopedic specialist.

On Tuesday August 7th and August 14th, 2018, I was examined by Amanda Thometz, PA-C at Arrowhead Orthopaedics and it was determined that no surgery was necessary and I would just keep my arm in a sling for several weeks to allow my clavicle to heal naturally.

The health insurance from my job has covered most of my medical expenses so I am only asking that the City of Rialto reimburse me for my out of pocket expenses not covered by my health insurance and for the parts to repair my damaged bicycle.

See attached photo showing size and location of pothole. Hole was 36" x 32" x 9" deep.

See attached street view photo showing pothole.

See attached map from my Garmin Edge 500 bike computer on 8-1-18 showing the streets I road on. The bike computer shows after reaching the corner of Riverside Ave and E Arbeth Street, I immediately returned home.

See attached photo of damaged bike items. Helmet, Rear wheel, saddle.

See attached that I contacted by email City of Rialto Public Works to report pothole.

See attached spreadsheet showing itemized list of out of pocket expenses and receipts for emergency room and x-ray bill. I also can provide if required, copies of paid co-pay payment made for the 3 Doctor visits and 11 physical therapy visits.

Kevin Sumner
1 28 19

Kevin Sumner Bike Accident Out of Pocket Expenses Spreadsheet

	Number of Visits	Copay	
San Antonio Hospital Emergency Room			\$491.90
X-Ray Emergency Room			\$35.11
Prescription Pain Drugs			\$10.00
Doctor visit Arrowhead Orthopaedics	3	\$25.00	\$75.00
Physical Therapy Arrowhead Orthopaedics	11	\$25.00	\$275.00
Replacement Rear wheel estimate			\$67.00
Replacement Giro Isode Bike Helmet			\$40.00
Replacement Canondale Bike Saddle			\$20.00
Total Out of Pocket as of 1-28-19			\$1,014.01

 **SAN ANTONIO**
REGIONAL HOSPITAL
PATIENT ACCOUNTS
8301 ELM AVENUE SUITE 300
RANCHO CUCAMONGA CA 91730

SERVICE RENDERED/ TYPE OF SERVICE	AMOUNT
SUMMARY CHARGES TO DATE	
PHARMACY	11.25
PROSTH/ORTH DEVICE	205.00
DX X-RAY	2,218.00
EMERG ROOM	3,150.00
TOTAL CHARGES TO DATE	5,584.25
PAYMENTS/ADJUSTMENTS	5,092.35

*Paid 10/16/18
3:44pm*

*Ref # 4333993143
491.90*

THE BALANCE OF THIS ACCOUNT IS YOUR RESPONSIBILITY. PLEASE
FORWARD PAYMENT IN FULL TODAY. THANK YOU.

PAY THIS AMOUNT

\$491.90

PATIENT NAME	ACCOUNT NUMBER	STATEMENT DATE	DISCHARGE DATE
KEVIN SUMNER		October 1, 2018	08/01/2018

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
08/01/18	73080 - RADEX ELBW COMPL MINIMUM 3 VIEWS Location: (1) SAN ANTONIO COMMUNITY HOSPITAL	\$34.00			\$8.83
08/20/18	BCBS CA BLUE CROSS OF CALIFORNIA Applied to Deductible			\$25.17	
08/01/18	73502 - X-RAY EXAM HIP UNI 2-3 VIEWS Location: (1) SAN ANTONIO COMMUNITY HOSPITAL	\$46.00			\$16.49
08/20/18	BCBS CA BLUE CROSS OF CALIFORNIA Applied to Deductible			\$29.51	
08/01/18	73030 - RADEX SHO COMPL MINIMUM 2 VIEWS Location: (1) SAN ANTONIO COMMUNITY HOSPITAL	\$39.00			\$9.79
08/20/18	BCBS CA BLUE CROSS OF CALIFORNIA Applied to Deductible			\$29.21	

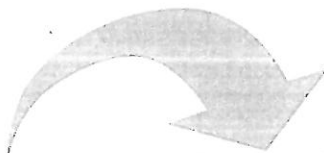
check #
2430. 35.11 9/4/18.

*** You are responsible for payment in full within 20 days. ***

IMPORTANT MESSAGES:

Please verify your insurance information above to ensure everything is correct. Complete the back of this form and return it to our office if there are any discrepancies.

Estos son servicios proporcionados para usted. Si tiene alguna pregunta con respecto a esta declaracion, por favor llame a nuestra oficina al Toll Free: (800) 841-4236.



Account Information

Statement Date: 08/24/2018
Account: 299331
Patient: KEVIN SUMNER
Total Balance: \$35.11
* = Insurance Pending: \$0.00
Patient Balance: \$35.11

DUE NOW

\$35.11

This amount is
your responsibility

Pay Online At:

www.ePayitOnline.com

Code ID: MSN00001 Access#: 7529597-1-7413

Or Call (800) 841-4236



VISA



SCAN FOR
MOBILE
PAYMENT



To receive statements electronically go to www.ePayitOnline.com
Primary Insurance: -----0449454 - Bcbs Ca Blue Cross Of California
To Chat live with a representative or to update insurance please visit us at
www.msnllc.net

San Antonio Radiological Medical Group
PO Box 3070
Cottonwood AZ 86326
(800) 841-4236

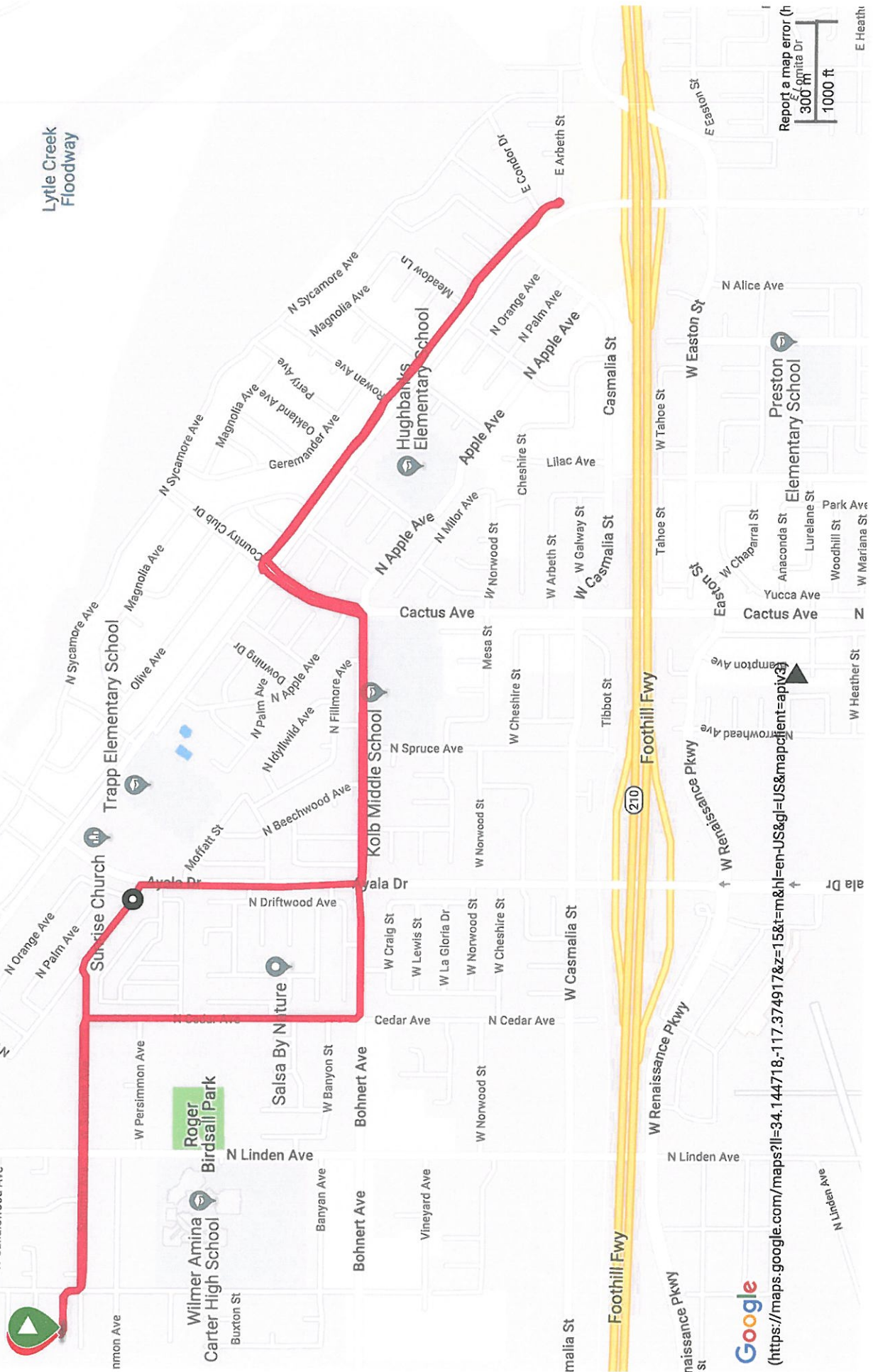
MSN00001-0630927-0000000-7529597-001-007413-#007426-0043



Kevin Sumner Bike Accident

Map showing bike route from

Garmin Bike Computer 8-1-18



(<https://maps.google.com/maps?ll=34.144718,-117.374917&z=15&t=m&hl=en-US&gl=US&mapofcent=apiv2>)

Report a map error (h
300 ft
1000 ft

E Heath

Email notification to City of Rialto of Pothole and response

Subject: Large pothole corner of Riverside Ave & Arbeth

From: kevinsumnerabs@yahoo.com
To: publicworks@rialtoca.gov
Date: Wednesday, August 8, 2018, 6:20:40 AM PDT

Just notifying you that there is a large pothole at the corner of Riverside Ave & E Arbeth Street in Rialto. The street address is 107 E Arbeth Street.

Attached is a photo showing the hole.

I hit this hole while riding my bicycle last Wednesday, 8/1/18. This caused me to fall off my bike and broke my Clavicle bone.

Please fill this hole ASAP so someone else does not get injured or leads to a car accident.

Thank you!

Kevin - Sumner
Rialto, CA

Subject: RE: Large pothole corner of Riverside Ave & Arbeth

From: maguirre@rialtoca.gov
To: kevinsumnerabs@yahoo.com
Date: Wednesday, August 8, 2018, 8:49:27 AM PDT

Mr. Sumner, thank you for your submission. A service request for this pothole has been generated for repair.

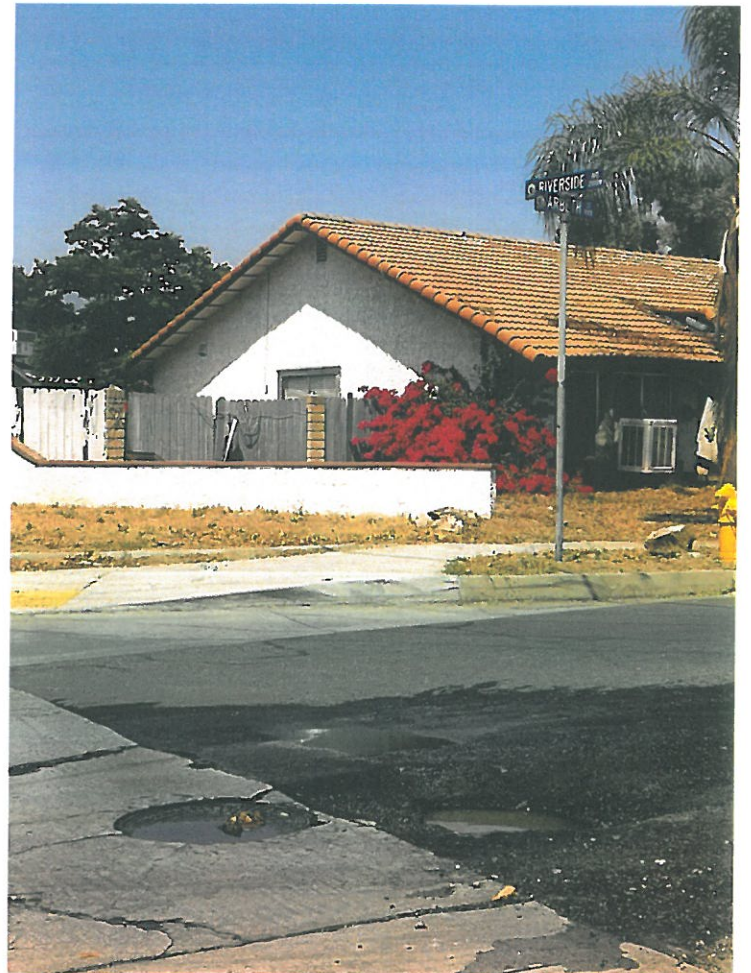
Thank you,

Michele Aguirre, Executive Assistant
City of Rialto – Public Works
150 S. Palm Avenue
Rialto, CA 92376
Direct: (909) 421-7279
Main: (909) 820-2602
Fax: (909) 421-7210
Email: maguirre@rialtoca.gov
Hours: M – Th; 7:00 am to 6:00 pm



Kevin Sumner Bike Accident pot hole photo

Kevin Sumner Bike Accident Street View Photo





Kevin Sumner Bike Accident damaged bike items Helmet, Rear wheel, Saddle