



8301 Utica Ave., Suite 101, Rancho Cucamonga, CA 91730

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May 17, 2019

Rialto City Clerk
150 S. Palm Ave.
Rialto, CA 92376

Via Certified Mail-Return Receipt Requested

Re: Government Claim for Damages
Grace Reyes

Dear Clerk:

Enclosed please find a Claim for Damages to Person or Property regarding Grace Reyes. Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Very truly yours,

LAW OFFICES OF JUSTIN H. KING



Justin H. King

JHK:sp
Encl.

CITY OF RIALTO
2019 MAY 20 PM 5:18
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CITY CLERK



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2019 MAY 20 PM 5:18

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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:

Grace Reyes

FULL NAME

[REDACTED], Rialto, Ca. 92376

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):

8301 Ullica Ave, Suite 101

Rancho Cucamonga, Ca. 91730

DATE OF BIRTH

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11/20/18 TIME: ☐ 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.

Sidewalk outside Alberto's Mexican Restaurant located
at 1169 N. Riverside Ave Rialto, Ca. 92376
(See Attached)

3. HOW DID DAMAGE OR INJURY OCCUR?

Tripped over raised sidewalk.

(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.

(See Attachment)

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

\$3,000,000

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

DAMAGES INCURRED TO DATE:

Item/Date: (See Attached)

Amount: \$

Item/Date:

Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 3,000,000

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: (See Attached)

Amount: \$ Unknown at present

Item/Date: _____

Amount: \$ Unknown at present

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

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

NAME: Rudy Reyes

NAME: _____

ADDRESS: _____

ADDRESS: _____

Rialto, Ca. 92376

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

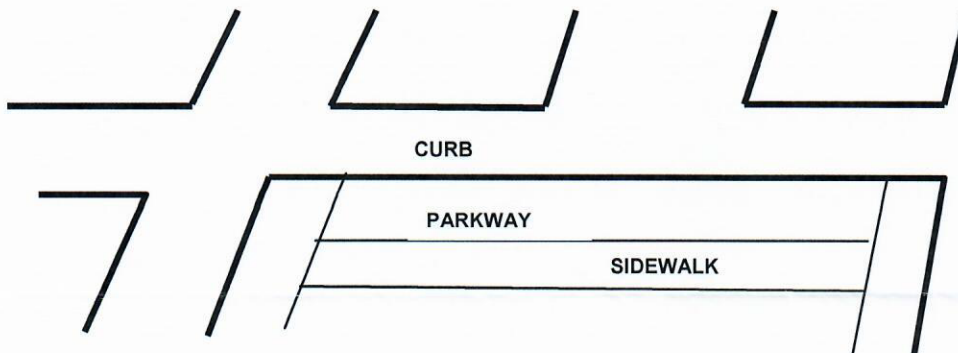
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.



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CITY OF RIALTO

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

RELATIONSHIP TO CLAIMANT

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

**ATTACHMENT
GOVERNMENT CLAIM FORM**

CITY OF RIALTO
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2. Location of the incident.

The incident occurred on Riverside Avenue on the sidewalk out in front outside Alberto's Medican Restaurant on City of Rialto property just up from a City of Rialto buss stop. The rough area where it occurred is on the sidewalk out in front of 1169 N. Riverside Ave, Rialto, Ca. 92376.

3. Describe the specific damage or injury.

Personal Injuries: Fractured humurous. She has suffered pain and suffering and emotional distress damages and has been out of work due to her physical injuries for months. Further, her future earning capacity is diminished and her ability to do things involving this body part will be impaired for the remainder of her life.

5. What particular act or omission do you claim caused the injury or damages.

This personal injury claim arises out of a November 20, 2018 trip and fall (hereinafter referred to as the "subject accident") due to a raised sidewalk square in the area described above..

At all relevant times, the City of Rialto owned and controlled the sidewalk at which the aforementioned accident took place. At the time of the accident, plaintiff was acting in a reasonably foreseeable manner, walking on the sidewalk, yet the sidewalk created a substantial risk of injury to Claimant. At all relevant times, the City of Rialto had actual and constructive notice that the sidewalk was dangerous when used in a reasonably foreseeable manner. Further, at all relevant times the City of Rialto had the power to prevent, remedy or guard against the dangerous conditions of the sidewalk and had a legal duty to do so. The City failed to prevent, remedy or guard against the dangerous conditions of the sidewalk and, as a result, such dangerous conditions proximately caused substantial and reasonably foreseeable personal injuries to Claimant Grace Reyes.

The City of Rialto was on notice that the sidewalk was dangerous in sufficient time prior to the Subject Accident to have taken measures to protect against the dangerous conditions, yet the City of Rialto failed to take adequate protective measures. To the extent the City of Rialto had taken protective measures to protect against the dangerousness of the sidewalk prior to the Subject Accident, these protective measures were inadequate and unreasonable when viewed in light of the time and opportunity the

City had to take action. These protective measures were also inadequate and unreasonable when the probability and gravity of potential injury to persons and property foreseeably exposed to the risk of injury is viewed against the practicability and cost of protecting against the risk of such injuries.

The sidewalk, and its raised concrete section created a substantial and unacceptable protrusion and trip hazard and constituted a dangerous condition because, among other things, the concrete "lip" was too high and the area was not well lit, and thus there was a trip hazard, especially at night, and when people are looking ahead of them, as is foreseeable when walking on a sidewalk. Claimant reserves the right to allege that the area was dangerous in other ways, upon additional investigation.

The above-mentioned dangerous conditions were a legal and proximate cause of Claimant's substantial and reasonably foreseeable personal injuries. The full extent of Claimant's personal injuries and other damages are still being ascertained. Further, Claimant reserves the right to add to the factual basis as to why the State of California is responsible as additional information is available. Investigation and Discovery continue in this matter.

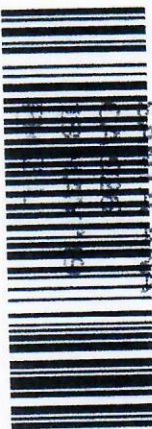
All Notices regarding this claim can be sent to plaintiff's counsel at 8301 Utica Avenue, Suite 101, Rancho Cucamonga, Ca. 91730. Phone number 909-297-5001; Fax 909-297-5126 and email at jking@justinkinglaw.com.

6. Explain how you calculated the amount.

Plaintiff suffered fractures in 3 places to her humerous. The past and future medical specials, past loss of earnings; loss of earning capacity, special needs expenses required by someone with a talus humerous fracture and other damages that accompany claimant's personal injuries.



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150 S. Palm Ave.
Rialto CA 92376-6406

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\$6.950
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