



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2019 MAY 20 PM 5:16

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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

7014 2120 0001 2778 3809

CLAIMANT INFORMATION:

Virginia Magaña

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):

Tishbi Law Firm, APC.

10940 Wilshire Blvd., Ste. 1600, Los Angeles, CA 90024

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 03/02/2019 TIME: ~ 11:30 ☒ 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 incident occurred inside the Rialto Fitness + Aquatic Center located at
1243 S. Riverside Avenue in the city of Rialto.

3. HOW DID DAMAGE OR INJURY OCCUR?

Ms. Magaña was walking towards the treadmills and she did not see there were
any steps/stairs in front of her since the floor seemed leveled. Ms. Magaña missed
the step and tried to regain her balance, but was unable to so she fell forward and hit her head

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.

Dangerous conditions were created by city or city employees due to city's failure
to provide notice of stairs from where Ms. Magaña was coming from. Moreover, the
treadmills are placed too close to the steps.

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

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

DAMAGES INCURRED TO DATE:

Item/Date: _____

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: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 3,000,000

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: Arrowhead Regional Medical center

NAME: The Grove care and Wellness

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

ADDRESS: 3401 Lemon Street, Riverside, CA 92501

TELEPHONE: (909) 580-1000

TELEPHONE: (951) 686-8202

DATE: 03/02/2019 TIME: _____ ☐ AM ☐ PM

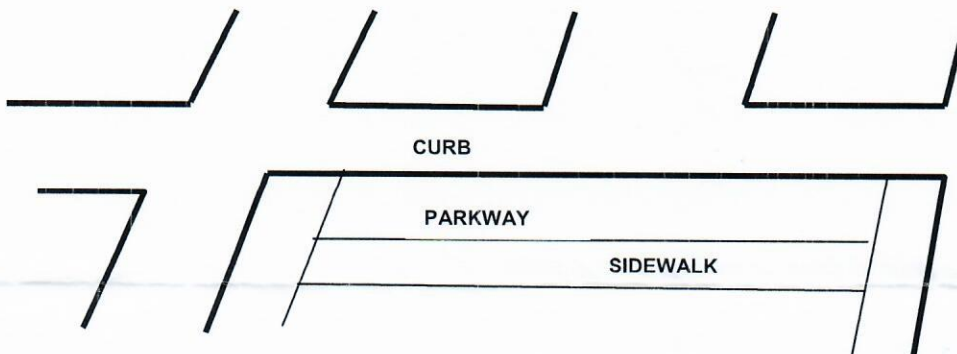
DATE: _____ TIME: _____ ☐ AM ☐ PM

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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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

Payam Tishbi

TYPE OR PRINT NAME

Legal Representative

RELATIONSHIP TO CLAIMANT

DATE

5/14/19

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

AUTHORIZATION

(CLIENT'S DESIGNATION OF REPRESENTATION)

TO: Rialto City Clerk's office
150 S. Palm Avenue
Rialto, CA 92376

RE: Mrs. Virginia Magana

DATE OF ACCIDENT/OCCURRENCE: March 2, 2019

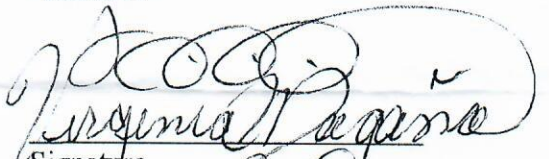

YOUR FILE NUMBER: Unknown

Pursuant to California Code of Regulations, Title, 10, Chapter 5, Section 2695.2(c), the undersigned ("Client") hereby authorizes his/her attorneys, TISHBI LAW FIRM, APC (and their agents, representatives, independent contractors and employees), to handle Client's claims arising out of or in connection with the above captioned accident.

This Authorization shall be valid for one year from the below date unless renewed or revoked by the Client. Any and all prior authorizations are hereby revoked by the Client as of the date of this authorization.

Client understands that he/she has a right to receive a copy of this Authorization upon demand.

"CLIENT"


Signature

VIRGINIA MAGANA
Name (Please Print)

4/6/19
Date

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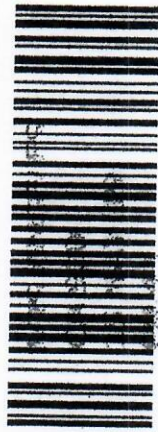
TISHBI LAW FIRM, APC

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Rialto, CA 92376



92376-648799

