



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2020 FEB 18 PM 5:24

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

RECEIVED  
CITY CLERK

**CLAIMANT INFORMATION:**

Abdul Adh

FULL NAME

HOME ADDRESS INCLUDING CITY, STATE & ZIP

FONTANA CA  
92336

DATE OF BIRTH

HOME TELEPHONE NO.

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):

FONTANA CA 92336

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: October 16, 2019 TIME: 9:30 ☐ 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.

Strained foot due to sidewalk HAZARD

3. HOW DID DAMAGE OR INJURY OCCUR?

While I was exercising on the public sidewalk.

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.

The HAZARD ITSELF (see attached) also you super took  
a long time to fix it

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

\$ 500.00

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: \$ \_\_\_\_\_

I need to possibly get Foot therapy  
& also my time on HAZARD This amount



TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ \_\_\_\_\_

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Therapy / MASSAGE machine

Amount: \$ 250.

Item/Date: Time spent in DR

Amount: \$ 250.

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 500.00

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

NAME: Only me & picture of 1972 AD.

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

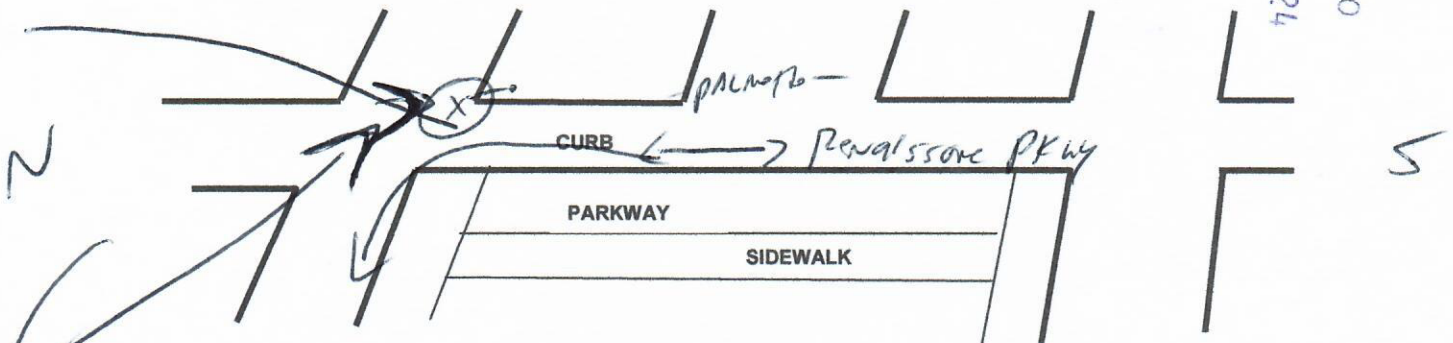
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

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.



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

2-12-2020

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

→ Top corner of Renaissance Pkwy & Palmetto

## LETTER OF INTENT TO SUE

February 12<sup>th</sup>, 2020

City of Rialto,  
Rialto Public Works  
Department

**Attention: City Clerk**

Dear Sir/Madam,

CITY OF RIALTO  
2020 FEB 18 PM 5:24  
RECEIVED  
CITY CLERK

### PROTRUDING HAZARD ON THE PUBLIC SIDEWALK

I am writing this letter to give you notice of the time, place and manner of damages caused to me by your gross negligence for failure to fix a protruding hazard on the public sidewalk.

This protruding concrete hazard can cause serious injury if someone trips and falls on it. Location is an area popular with citizens for walking and jogging. Citizens also ride their bikes in that area and children ride their bikes there as well. Since it's an area at a corner type area, your view is looking at the cars passing by and a person may trip and fall on the hard concrete.

Last October 16, 2019, I send you an email calling your attention to fix the protruding hazard located at the corner of Palmetto and Highland. Two (2) weeks after (Oct 29, 2019) I send another follow-up email regarding my concern and until now, you haven't fixed the protruding hazard on the public sidewalk. Note: I have proof of all email interactions with the city.

I have nearly stumbled on the protruding hazard myself. Moreover, metal/iron wires are sticking out of it as well. I had to re-route myself, causing strain to my leg/foot muscles.

They finally fixed it, after it being like that for years. It's not right. I am simply asking for \$500.00 in damages and I will consider this matter closed. \$250 for the possible therapy costs/foot massage machine(s), and \$250 for the time spent in handling this matter. Calculated at \$100 a day for 3 days, rounded down to \$250. \$500 total.

What I am asking for is reasonable and also to avoid a lawsuit for negligence, as you know in our system time is money.

Thank you.

Sincerely,  
Abdul Adli

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