

LAW OFFICES OF
KEITH CORDELL HOLMES
SUITE 210
556 NORTH DIAMOND BAR BOULEVARD
DIAMOND BAR, CALIFORNIA 91765-1000
Telephone (909) 861-2889
Facsimile (909) 860-9329

April 7, 2020

(909) 820-2519

City Clerk
City of Rialto
290 W. Rialto Ave.
Rialto, CA 91276

CITY OF RIALTO
RECEIVED
CITY CLERK
2020 APR 13 PM 3:43

Re.: LETTER OF REPRESENTATION with CLAIM FORM
My Client: Christopher Ruiz
Date of Incident: 10-12-19
My File No.: 43143

Dear Clerk:

This letter is to inform you that our law office does represent the interests of Christopher Ruiz in regards to the above claim involving City of Rialto. Please be further advised that any and all communication should be forwarded to this office.

As a result of negligence, in particular, the overgrown shrubbery in the center median a head-on collision occurred and my client suffered personal injuries. In an effort to assist in the smooth and orderly handling of this particular file, our office submits this to request that you IMMEDIATELY forward this to your insurance carrier, as they routinely handle such claims.

I am enclosing the Designation by Claimant Form for your carrier's file. Therefore, should your carrier need any information that may ensure the expeditious and proper handling of my client's case, they may contact me or my staff. Your attention and cooperation given to this matter shall be greatly appreciated.

Kindly conform the copy and send it back to me in the SASE provided. Thank you.

Sincerely,



KEITH CORDELL HOLMES
Attorney At Law

Encl.: Designation By Claimant Form



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

CITY CLERK'S DATE STAMP

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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: 200 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

CHRISTOPHER JONATHAN RUIZ

FULL NAME

DATE OF BIRTH

Rialto, CA 92376

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):

KEITH C. HOLMES
LAW OFFICE OF KEITH CORDELL HOLMES
556 N. Diamond Bar Blvd., Suite 210
Diamond Bar, CA 91765 (909) 861-2889

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 10-12-2019 TIME: 4:35 p.m. ☐ AM ☒ PM
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) locate or diagram on reverse side of this sheet.
Where appropriate, give street names and addresses, measurements and landmarks.
(See Attached)
3. HOW DID DAMAGE OR INJURY OCCUR?
(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 Attached)
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ (See Attached)
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:

\$(See Attached)

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: (See Attached)

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: Unknown

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

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

NAME: (See Attached)

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

DATE: TIME: ☐ AM ☐ PM

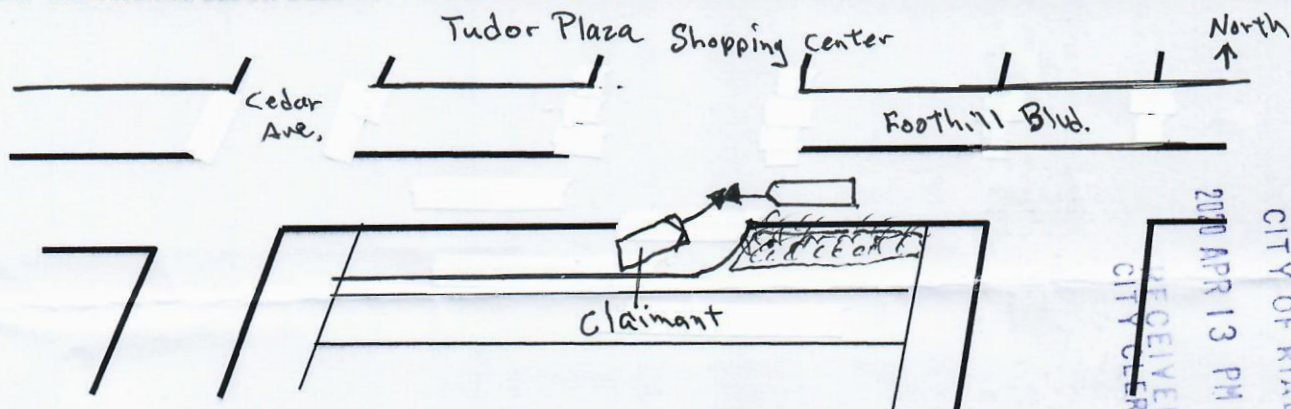
DATE: TIME: ☐ AM ☐ PM

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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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

Keith C. Holmes

4-7-20

TYPE OR PRINT NAME

Attorney for Claimant

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 **KEITH C. HOLMES, ESQ. State Bar #98527**
2 **LAW OFFICES OF KEITH CORDELL HOLMES**
3 **556 North Diamond Bar Boulevard, Suite 210**
4 **Diamond Bar, California 91765-1000**
5 **(909) 861-2889, Fax (909) 860-9329**
6 **Ref. #43143**

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8 **Attorney for Claimant,**
9 **CHRISTOPHER JONATHAN RUIZ**

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12 **SUPERIOR COURT FOR THE STATE OF CALIFORNIA**
13 **FOR THE COUNTY OF SAN BERNARDINO**

14 **CHRISTOPHER JONATHAN RUIZ**)

15 **Claimant**)
16 **vs**)

17 **CITY OF RIALTO, a public entity; and**)
18 **DOES 1 through 50, inclusive**)

19 **Respondant**)
20)
21)
22)
23)
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**GOVERNMENT CLAIM FOR DAMAGES
PURSUANT TO GOVERNMENT CODE
SECTIONS 905 AND 910, ET SEQ.**

[WITH CLAIM FORM]

Pursuant to the provision of sections 905 and 910 et seq. of the California Government Code
demand is hereby made against the CITY OF RIALTO and DOES 1 through 50, (collectively
"Respondents") in an amount in excess of the jurisdictional limits of the Superior Court of the State
of California. In support of said claim, on information and belief, the following information is
submitted:

1. Claimant: **CHRISTOPHER JONATHAN RUIZ**
2. Address: [REDACTED] Rialto, CA 92376
3. Address to which claimant wishes correspondence to be mailed: Keith Cordell
Holmes, 556 N. Diamond Bar Blvd., Ste. 210, Diamond Bar, CA 91765

1 4. Name of injured party: **CHRISTOPHER JONATHAN RUIZ**

2 5. Nature of injuries: As a result of the subject car verses car accident,
3 claimant **CHRISTOPHER JONATHAN RUIZ** suffered permanent injuries including but not
4 limited to injuries to his neck, back, left knee, right arm, right foot, right leg as well as pain,
5 suffering and emotional duress.

6 6. Amount of claimed damages: In excess of \$100,000.00. Such amount at this time
7 is based on the nature and extent of injuries suffered by claimant and general damages by reason
8 of pain and suffering. Further, claimant has incurred expenses for the services of health care
9 professionals and other incidental expenses, and will continue to incur the same in future. The
10 exact amount of said losses will be stated according to proof, pursuant to Code of Civil Procedure
11 section 425.10.

12 7. Date damage occurred: October 12, 2019 at 4:35 p.m.

13 8. Place Where Damage Occurred: At or near Foothill Blvd., east of Cedar Avenue,
14 City of Rialto, and County of San Bernardino, State of California.

15 9. Governmental Entities Alleged to Be at Fault: CITY OF RIALTO, PUBLIC
16 WORKS AND STREETS DEPARTMENT, and DOES 1 through 50, inclusive.

17 10. Nature of the Case: October 12, 2019, at approximately 4:35 p.m., claimant was
18 eastbound making a left turn from a left turn pocket on Foothill Blvd., into a shopping center, east
19 of Cedar Avenue, Rialto and it collided with another vehicle going westbound.

20 As a result of this incident, claimant suffered severe injuries as described above. There are
21 no known witnesses at this time.

22 Claimant took himself to Arrowhead Regional Medical Center the next day, following this
23 incident. Discovery and investigations continue.

24 Claimant alleges among other things that respondents CITY OF RIALTO, and DOES 1
25 through 50, inclusive, and their employees, agents, servants and independent contractors,
26 negligently, carelessly, recklessly or in some other accidental manner, act or failure to act,
27 maintained the subject median and/or caused it to be overrun with shrubbery in such a manner as
28 to create a foreseeable risk of harm and injury as complained herein, which negligent, careless and

1 reckless acts or failures to act did proximately result in the above described accident and
2 consequential injuries and damages to claimant, **CHRISTOPHER JONATHAN RUIZ** as alleged
3 herein.

4 Such acts or failures to act include, but are not limited to, of the subject median in a
5 reckless, dangerous and unsafe manner, negligent hiring, supervision, training and control of the
6 employee-gardener, negligent entrustment of the subject median to employee-gardener and failure
7 to properly control, supervise, maintain, inspect, trim and/or maintain said median so as to permit
8 a foreseeable dangerous condition to exist capable of producing the nature and extent of injuries as
9 complained of herein.

10 Claimant contends that as a direct and proximate result of the above described negligent
11 and/or reckless acts and/or omissions of respondents, and each of them, claimant was injured as
12 alleged herein.

13 11. Reservation of right to amend and/or supplemental claim: Claimant, Christopher
14 Jonathan Ruiz reserves the right to amend and/or supplement this Claim for Damages, including
15 asserting new theories of liability or causes of action, upon discovery of new or additional
16 information or facts.

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19
20 DATED: April 07, 2020

LAW OFFICES OF KEITH CORDELL HOLMES

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24 **KEITH CORDELL HOLMES**
25 Attorney for Claimant, **CHRISTOPHER JONATHAN**
26 **RUIZ**
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I am employed in the County of Los Angeles, State of California. I am over the age of 18 years and not a party to the within action; my business address is 556 North Diamond Bar Boulevard, Suite 210, Diamond Bar California 91765-1000.

CITY CLERK
CITY OF RIALTO
150 S. Palm Avenue
Rialto, CA 92376

Executed on April 07, 2020, at Diamond Bar, California.

**LAW OFFICES OF
KEITH CORDELL HOLMES**
KEITH CORDELL HOLMES
ATTORNEY AT LAW
556 N. DIAMOND BAR BLVD., SUITE 210
DIAMOND BAR, CALIFORNIA 91765-1000



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