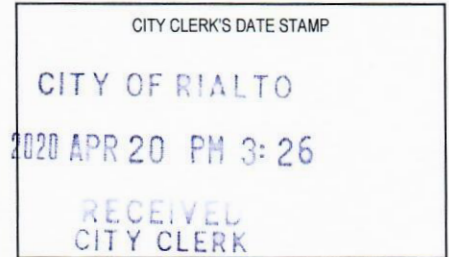




**CITY OF RIALTO  
LIABILITY  
CLAIM FOR DAMAGES  
TO PERSON OR PROPERTY**



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:**

Beatris Chavez

FULL NAME



DATE OF BIRTH



Rialto, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

( )

HOME TELEPHONE NO.

( 310 ) 933-5370

BUSINESS 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):

Law Office of Jonathan M. Pennell

11111 Santa Monica Blvd., Ste. 100, Los Angeles, CA 90025

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 9/20/2019 TIME: 12:51 ☒ 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.

Intersection at Bloomington Avenue and S. Lilac Avenue, Rialto, CA 92376.

3. HOW DID DAMAGE OR INJURY OCCUR?

Ms. Chavez was traveling Northeast on Bloomington Ave., approaching the intersection of S. Lilac Ave. on a green light. As she approached the intersection, a black and white Ford Taurus (possibly a City of Rialto police vehicle, Claimant is informed and believes) entered the intersection and broadsided Claimant.

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.

City of Rialto employee owned and/or operated motor vehicle that caused the incident. Claimant is informed and believes City of Rialto employee was negligent in operating the vehicle, per Cal. Govt. Code sec. 815.2, and his breach of his duty of care in operating his vehicle was a substantial factor in causing Claimant's injuries.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 115,000 to 200,000

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Medical treatment at Kaiser Permanente, including but not limited to

Amount: \$ Unknown at this time,

Item/Date: physical therapy, an epidural injection, and pain medication.

Amount: \$ but not less than \$15,000 to \$20,000.

Past pain and suffering.

\$20,000 to \$50,000



\$ 35,000 - 70,000

Item/Date: Additional injections (2 recommended)

Amount: \$ 2 @ \$15,000 each.

Item/Date: Future physical therapy after injections; future pain and suffering.

Amount: \$ 50,000 - 100,000

\$ 80,000 - 130,000

NAME: Joseph Stauffacher\*

NAME:

ADDRESS: [REDACTED] Rialto, CA 92376

ADDRESS:

\*Claimant is informed & believes he was a City of Rialto employee.

TELEPHONE:

TELEPHONE: ( )

NAME: Kaiser ER - Layla Seyedabadi, M.D.NAME: Kaiser Urgent Care - Johnny Chau Phu, M.D.

ADDRESS: 1401 S. Grand Ave. - Emergency Department

ADDRESS: Unknown at this time.

Los Angeles, CA 90015

TELEPHONE: (213) 748-2411

TELEPHONE: ( ) Unknown at this time.

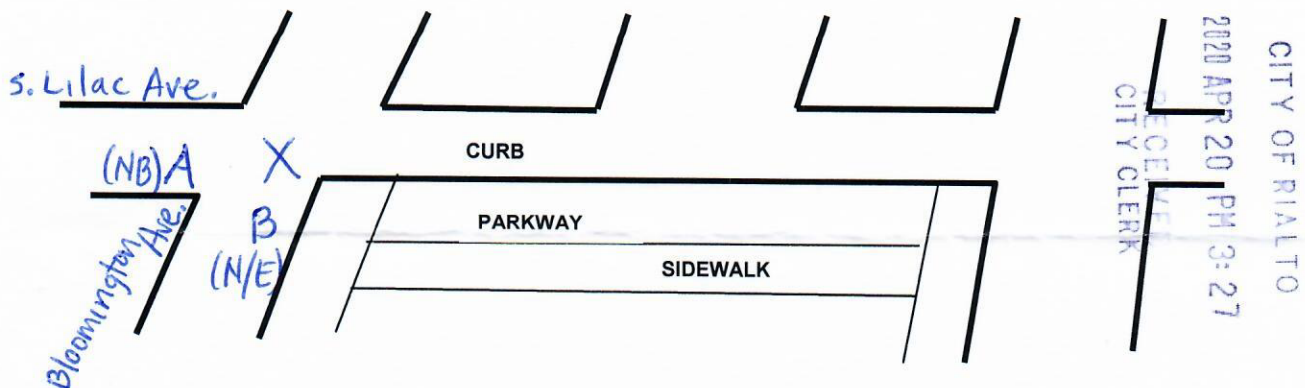
DATE: 9/20/2019 TIME: Unknown ☐ AM ☐ PM

DATE: 10/7/19, 10/31/19, TIME: \_\_\_\_\_ ☐ AM ☐ PM

11/14/19, & 1/14/20.

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 CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

# Jonathan M. Pennell

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

April 16, 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**

**LAW OFFICE OF JONATHAN M. PENNELL**

11111 Santa Monica Blvd. | Suite 100 | Los Angeles, CA 90025

CITY OF RIALTO

7019 2970 0002 0653 9466

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7019 2970 0002 0653 9466



2020 APR 20 PM 3

1024

RECEIVED  
CITY CLERK



92376

U.S. POSTAGE PAID  
FCM LETTER  
PACIFIC PALISADES, CA  
90272  
APR 17 20  
AMOUNT

**\$6.95**

R2305E125151-17

CITY OF RIALTO

2020 APR 20

REC  
CITY CLERK

**Rialto City Clerk's Office**

150 S. Palm Ave.

Rialto, CA 92376

92376-648799

