



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2020 APR 27 PM 1:49
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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:

Jennifer Ann D'Angelo

FULL NAME

[REDACTED]
DATE OF BIRTH

[REDACTED] Rialto, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
HOME TELEPHONE NO.

[REDACTED]
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):

Sweet James, LLP

4220 Von Karman Avenue, Suite 200, Newport Beach, CA 92660

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: On or around 11/19/2019 TIME: At approximately 7:00 ☐ 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.

On, around, or at the intersection of Baseline Road and Sycamore Avenue in Rialto, CA.

3. HOW DID DAMAGE OR INJURY OCCUR?

Claimant Jennifer D'Angelo was traveling eastbound on Baseline Road when she crossed through the intersection with North Sycamore Avenue at a green light. At approximately the same time, driver Abigail Islas was traveling southbound on North Sycamore Avenue and drove through a red light, colliding with claimant's vehicle, causing her the listed bodily injuries. The traffic signals at the intersection of the collision were believed to be defective at the time of the accident.

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.*

At this time the investigation is ongoing, and all City employees, agents, representatives, and operatives are unknown. However, it is believed the City Public Works, Community Services Department, Community Development Department, and Rialto Police Department may be liable. It is believed the City negligently controlled, designed, supervised, monitored, regulated, and/or maintained the traffic, traffic signals, intersection, and the surrounding areas that led to the accident in question. It is additionally believed the City negligently failed to maintain public safety by not having proper signage and not directing traffic when the traffic signals are not properly working, thereby creating a dangerous road condition for commuters. Any person using a public roadway is entitled to have the road maintained in a reasonable manner. The City has a duty to inspect and correct any traffic signal defects along with a duty to maintain public safety.

6. GIVE TOTAL AMOUNT OF CLAIM *Include estimate of amount of any prospective injury or damage* \$ 15,000,000.00 ☐ Unlimited civil case
HOW WAS THE ABOVE AMOUNT COMPUTED? *Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.* ☐ Superior Court
(over \$25,000.00)

DAMAGES INCURRED TO DATE: The amount was calculated based on claimant's current injuries, future medical care, and other damages.

Item/Date: TBD

Amount: \$ TBD

Item/Date: TBD

Amount: \$ TBD

The investigation is ongoing and not all injuries and damages are known at this time as claimant is currently still seeking medical treatment. However, claimant has suffered from a fractured fibula, fracture tibia, contusions and abrasions at various locations on her body, abdominal and back pain. Claimant reserves the right to disclose further information at a later time.

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ TBD

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: TBD

Amount: \$ TBD

Item/Date: TBD

Amount: \$ TBD

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ TBD

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

NAME: Claimant reserves the right to disclose further information at a later time.

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

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

NAME: Claimant reserves the right to disclose further information at a later time.

NAME:

ADDRESS:

ADDRESS:

TELEPHONE: ()

TELEPHONE: ()

DATE: TIME: ☐ AM ☐ PM

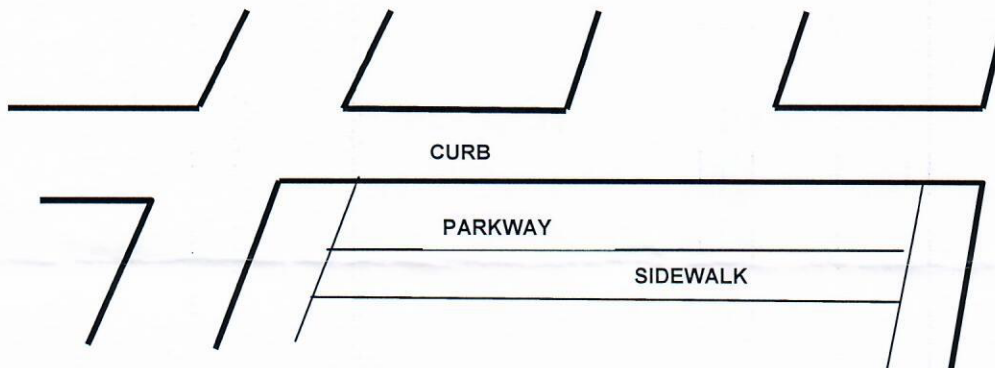
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9. PLEASE READ THE FOLLOWING CAREFULLY:

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

James M. Bergener, Esq.

TYPE OR PRINT NAME

Attorney for Claimant

RELATIONSHIP TO CLAIMANT

DATE

4-24-20

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

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At the time of service, I was over 18 years of age and not a party to this action. I am employed in the County of Orange, State of California. My business address is 4220 Von Karman Avenue, Suite 200, Newport Beach, CA 92660.

Rialto City Clerk's Office
City of Rialto
150 South Palm Avenue
Rialto, CA 92376

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Neila Pourhashem