



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2021 JAN -6 AM 11:20

RECEIVED
CITY CLERK

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:

FG Ray Hall

FULL NAME

c/o Jacoby & Meyers, Maria Gomez, Esq.

10900 Wilshire Blvd., Floor 15, Los Angeles, CA 90024

HOME ADDRESS INCLUDING CITY, STATE & ZIP

c/o Jacoby & Meyers, Maria Gomez, Esq.

10900 Wilshire Blvd., Floor 15, Los Angeles, CA 90024

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

DATE OF BIRTH

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE

N/A; Same as above

NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM

(if different from home address provided above):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 8/10/2020 TIME: 5:10 pm ☐ 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 of Foothill Blvd. and Shopping Center, in the City of Rialto and
County of San Bernardino, California. Please see attachment and attached Traffic
Collision Report. Investigation is still pending.

3. HOW DID DAMAGE OR INJURY OCCUR?

Please see attachment and attached Traffic Collision Report. Investigation is
still pending.

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.

Please see attachment and attached Traffic Collision Report. Investigation is
still pending.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage TBD; exceeds 1 million

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

DAMAGES INCURRED TO DATE: (includes past economic and noneconomic damages)

Item/Date:	<u>TBD</u>	Amount:	<u>\$ TBD</u>
Item/Date:	<u>TBD</u>	Amount:	<u>\$ TBD</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: TBD; exceeds \$1 million

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN: (includes future economic and noneconomic damages)

Item/Date: TBD Amount: \$ TBD

Item/Date: TBD Amount: \$ TBD

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: TBD; exceeds \$ 1 million

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

NAME: Shannon Eileen Smith

NAME: Lusia Alvarado

ADDRESS: [REDACTED]

ADDRESS: [REDACTED]

Fontana, CA 92335

TELEPHONE: [REDACTED]

TELEPHONE: [REDACTED]

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

NAME: Arrowhead Regional Medical Center

NAME:

ADDRESS: 400 N Pepper Ave.

ADDRESS:

Colton, CA 92324

TELEPHONE: (909) 580-1000

TELEPHONE: ()

DATE: 8/10/2020 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.**

C: Claimant

LA: Lusia Alvarado

North

Shopping
Center

West

LA

C

Foothill Boulevard

East

South

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.

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

SIGNATURE OF CLAIMANT OR AGENT

Maria Gomez, Esq.

12/28/2020

TYPE OR PRINT NAME

DATE

Attorney for Claimant

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**

Attachment

On August 10, 2020 at approximately 5:10 pm, Claimant FG Hall who was operating a 2011 Harley Davidson motorcycle with CA license plate [REDACTED] was traveling west on Foothill Boulevard when with Lusia Alvarado, who was operating a 2005 Honda Pilot with CA license plate [REDACTED], was traveling in the opposite direction (eastbound) on Foothill Boulevard and made a left turn in Claimant's direct path of travel, resulting in a collision. The lights were green for both east and west bound traffic.

The City of Rialto, County of San Bernardino, and/or the State of California, by and through the acts of their employees, agents, independent contractors, and representatives, negligently and improperly designed, operated, repaired, maintained and/or controlled the intersection of Foothill Blvd and Shopping Center, Rialto, California (hereinafter "Subject Intersection"), which resulted in a dangerous condition that created a reasonably foreseeable risk of the kind of injuries and harm claimant sustained. The Subject Intersection had improper signaling, stopping, control devices, stripping, signage, lighting etc., (e.g., unprotected versus protected turn signal) which caused the Subject Intersection to pose a danger to all drivers and pedestrians who entered it. The said lack of proper signaling, stopping, control devices, stripping, signage, lighting etc. caused the motor vehicle collision, involving Lusia Alvarado and Claimant.

As a result of this incident, Claimant sustained serious injuries and has past and future economic and past and future non-economic damages.

CITY OF RIALTO
2021 JAN -6 AM 11:21
RECEIVED
CITY CLERK