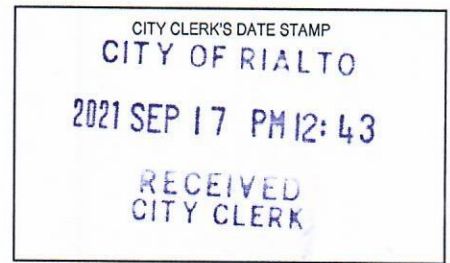




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

ALEXANDER TAMAYOCHIMAL

FULL NAME

DATE OF BIRTH

[REDACTED] RIALTO, CA 92376

HOME TELEPHONE NO.

HOME ADDRESS INCLUDING CITY, STATE & ZIP

()

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):

HOMAN, STONE & ROSSI, 1461 FORD STREET, #201,

REDLANDS, CA 92373

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 01/09/2020 TIME: 5:52 ☐ 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.

RIVERSIDE AVENUE AT THE INTERSECTION WITH MADRONA STREET, CITY OF RIALTO, COUNTY OF SAN
BERNARDINO, CALIFORNIA.

3. HOW DID DAMAGE OR INJURY OCCUR?

CLAIMANT WAS INVOLVED IN AN ACCIDENT WITH HOSSEIN FALLAH. CLAIMANT IS SEEKING INDEMNITY
FROM THE CITY OF RIALTO FOR BEING A SUBSTANTIAL FACTOR IN THE ACCIDENT. CLAIMANT WAS
SERVED WITH A LAWSUIT ON MARCH 8, 2021.

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 "ATTACHMENT A" HERETO

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

\$

THIS CLAIM IS FOR INDEMNITY ONLY. PROSPECTIVE DAMAGES ARE UNKNOWN AT THIS TIME.

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: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

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 TO CLAIMANT

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: NOT APPLICABLE

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

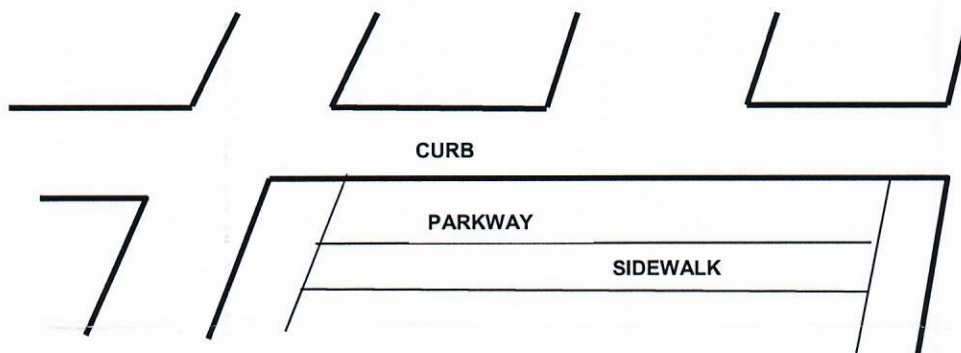
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.



2011 SEP 17 PM 12:43
CITY OF RIALTO
RECEIVED
CITY CLERK

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

ROBERT J. ROSSI, ESQ.

TYPE OR PRINT NAME

ATTORNEY

RELATIONSHIP TO CLAIMANT

09/03/2021

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

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

ATTACHMENT A

5. THE CITY OF RIALTO FAILED TO PROVIDE AND MAKE SAFE THE ROADWAY FOR USE BY THE GENERAL MOTORING PUBLIC FOR ITS INTENDED PURPOSE AT THE INTERSECTION OF RIVERSIDE AVENUE AND MADRONA STREET IN THE SOUTHBOUND DIRECTION OF TRAVEL RESULTING IN A DANGEROUS CONDITION OF PUBLIC PROPERTY FOR MOTORIST USING THE ROADWAY AS INTENDED. THE DANGEROUS CONDITION OF THE ROADWAY CREATED A REASONABLY FORESEEABLE RISK OF THE FATAL INJURY THAT OCCURRED. CLAIMANT SEEKS INDEMNITY ONLY FOR DAMAGES BEING SOUGHT BY THE ESTATE OF THE DECEDENT HOSSEIN FALLAH.

CERTIFIED MAIL

FIRST-CLASS MAIL

Hasler

09/03/2021

US POSTAGE \$006.13⁰



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CITY OF RIALTO
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CITY CLERK