



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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
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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:**

Rosa Maria Padilla Soto

FULL NAME

DATE OF BIRTH

[REDACTED] 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):

Law Offices of Andrew Zeytuntsyan, P.C.  
1306 W. Magnolia Blvd Burbank, CA 91506

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 09/22/2021 TIME: 11:50 ☒ 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.

Rialto City Park  
130 E. San Bernardino Ave. Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Claimant was walking in the park when city employees were  
watering the walkway. The water went on the walkpath, causing it to be slippery.  
Claimant slipped and fell on the water.

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.

Employees negligently watered the grass.  
Water truck plates: 1272806 CA.

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

\$ \$25,000.00 and over

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

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: \_\_\_\_\_

Cotton, CA 92324

TELEPHONE: (909) 580-1000

TELEPHONE: ( ) \_\_\_\_\_

DATE: 09/23/2021 TIME: unknown ☐ AM ☐ PM

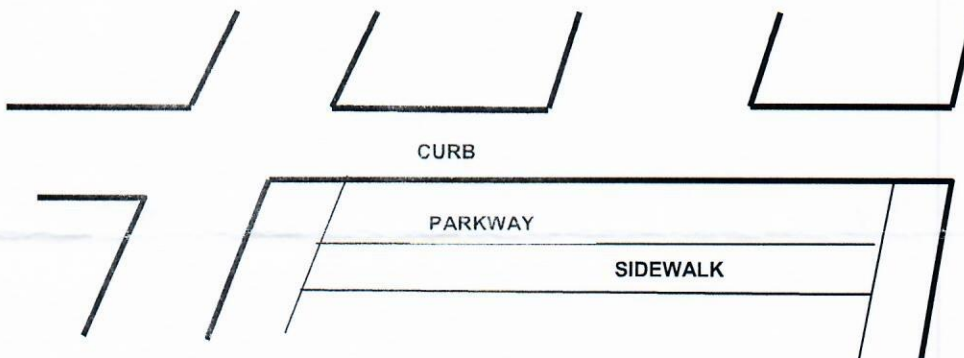
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

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.



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

Andrew Zeytuntsyan

TYPE OR PRINT NAME

09/28/2021

DATE

Attorney

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



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CA EXEMPT  
1272806

CT



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**LAW OFFICES OF  
ANDREW ZEYTUNTSYAN**

A PROFESSIONAL CORPORATION

1306 W. Magnolia Blvd.  
Burbank, CA 91506  
Tel: (323) 882-6500  
Fax: (800) 506-7176  
www.a2zlegal.com

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CITY OF RIALTO  
HUMAN RESOURCES

September 28, 2021

**VIA CERTIFIED MAIL**

City of Rialto  
150 S. Palm Ave.  
Rialto, CA 92376

**RE: Our Client: Rosa Maria Padilla Soto**  
**Date of Accident: 09/22/2021**

Dear Sir or Madam:

This office has been retained to represent the above-named client for a claim against the County of San Bernardino, for the personal injuries and property damage arising out of an incident that occurred on the above-mentioned date. Also, enclosed please find the Claim for Damages form.

Please advise us as to any irregularities or errors that need to be corrected to secure the proper and timely acceptance of this claim. In the event we do not hear from you, we will assume that all necessary requirements have been met.

Should you have any question or comments, please do not hesitate to contact this office.

Very truly yours,  
LAW OFFICES OF ANDREW ZEYTUNTSYAN, PC

  
ANDREW ZEYTUNTSYAN, ESQ.

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