



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 AUG 22 AM 10:56
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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:

Michelle Wyble

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

~~N/A~~ 24003A Ventura Blvd., 2nd Floor, Calabasas CA 91302

(818) 285-0222

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):

Bauman Law, APLC.

24003A Ventura Blvd., 2nd Floor, Calabasas, CA 91302

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 02/26/2024 TIME: 12:40 ☐ 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 or near a crosswalk at Knollwood Avenue & Riverside Avenue, Rialto, CA 92377

GPS COORDINATES: 34.149383, -117.387722

3. HOW DID DAMAGE OR INJURY OCCUR?

The claimant was walking on the crosswalk when she slipped and fell to the ground. She noticed a
pothole where she caught her foot.

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.

If the city had properly inspected, maintained, and/or repaired this crosswalk, the claimant would not
have sustained these injuries.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ \$1,000,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Emergency Room Treatment

Amount: \$ Pending

Item/Date: Potential Surgery/Physical Therapy/Pain Management

Amount: \$ Pending/Still Treating

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,000,000.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Emergency Room Treatment

Amount: \$ Pending

Item/Date: Potential Surgery/Physical Therapy/Pain Management

Amount: \$ Pending/Still Treating

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 1,000,000.00

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

NAME: N/A

NAME: N/A

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Kaiser Permanente - Multiple Locations

NAME: Kaiser Permanente - Multiple Locations

ADDRESS: 2295 S. Vineyard Avenue, Ontario, CA 91761

ADDRESS: 9961 Sierra Avenue, Fontana, CA 92335

TELEPHONE: (213) 407-6636

TELEPHONE: (909) 427-5000

DATE: 02/26/2024 TIME: N/A ☐ AM ☐ PM

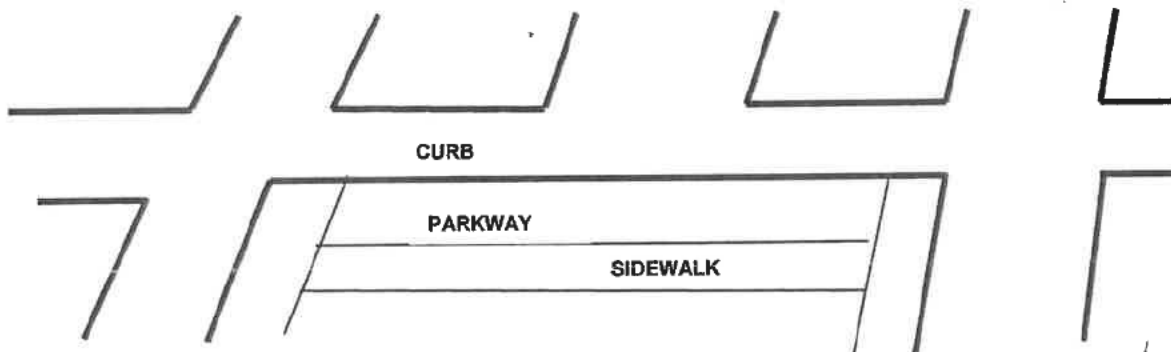
DATE: 2/27/2024 TIME: N/A ☐ AM ☐ PM

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.

BY SIGNING THIS CLAIM, I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SK

Heela Wardak, Esq.

08/19/2024

TYPE OR PRINT NAME

DATE

Attorney's Office - Bauman Law, APLC.

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



CITY OF RIALTO

BAUMAN LAW, APLC
24003A VENTURA BLVD, 2ND FLOOR, CALABASAS, CA 91302
TEL: (818) 285-0222 ♦ FAX: (818) 285-0224 ♦ INFO@BAUMANLAW.COM

707 AUG 22 AM 10:56

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August 19, 2024

SENT VIA CERTIFIED U.S. MAIL + RETURN RECEIPT
9589 0710 5270 2160 3158 23

City Of Rialto
150 S. Palm Avenue
Rialto, CA 92376
ATTN: RIALTO CITY CLERK'S OFFICE

RE: LETTER OF REPRESENTATION; BAUMAN LAW APLC ATTORNEY LIEN AND LETTER OF PRESERVATION

Our Client: Michelle Wyble
Your Insured: City of Rialto
Claim Number:
Our File #: 11987183
Date of Loss: 2/26/2024

To Whom It May Concern,

Please be advised that we have been retained by the above client regarding claims for personal injuries and damages sustained as a result of the accident on **2/26/2024**. We understand that you are the carrier for the above-named insured.

We would appreciate your cooperation in having a representative of your company contact our office. All further communications and inquiries of any sort regarding this matter should be directed to this office **ONLY** rather than to our client.

PLEASE TAKE NOTICE that this office possesses a lien for Attorney fees and costs advanced in this matter. Therefore, you are requested to include BAUMAN LAW APLC as payee, upon any draft or other negotiable instrument given or tendered in payment of any claim, verdict, judgment, award or settlement arising out of the above-mentioned matter.

Pursuant to Boicourt V. Amex Assurance Company, (78 Cal. App 4th 1390; 93 Cal. Rptr. 2d 763 2000 Cal. App. Lexis 186), we hereby respectfully request that you provide our offices with your insured's policy limits and a copy of the declarations page evidencing said limits. Please provide our office with a written liability decision in this matter as soon as possible and lastly, we request for you to ask permission of your insured to disclose a current address to our office.

An authorization pursuant to section 2695.2(c) of the California Code of regulations, Title 10 Chapter 5, is enclosed herewith.

Another purpose of this letter is to advise you and your insured/client to preserve the vehicle they were driving at the time of this accident. Please note the vehicle driven by your insured may contain a data recorder, which captures important information, such as whether the brakes were applied, the speed at the time of the impact, the steering angle, among other data. We formally request that the data contained in any black box or similar recording instrument for the above date of loss is preserved until after it may be inspected and information downloaded.



BAUMAN LAW, APLC
24003A VENTURA BLVD, 2ND FLOOR, CALABASAS CA 91302
TEL: (818) 285-0222 ♦ FAX: (818) 285-0224 ♦ INFO@BAUMAN.LAW

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Destroying evidence: "Every person who, knowing that any book, paper, record, instrument in writing, or other matter or thing, is about to be produced in evidence upon any trial, inquiry or investigation whatever, authorized by law, willfully destroys or conceals same with intent thereby to prevent it from being produced, is guilty of a misdemeanor."

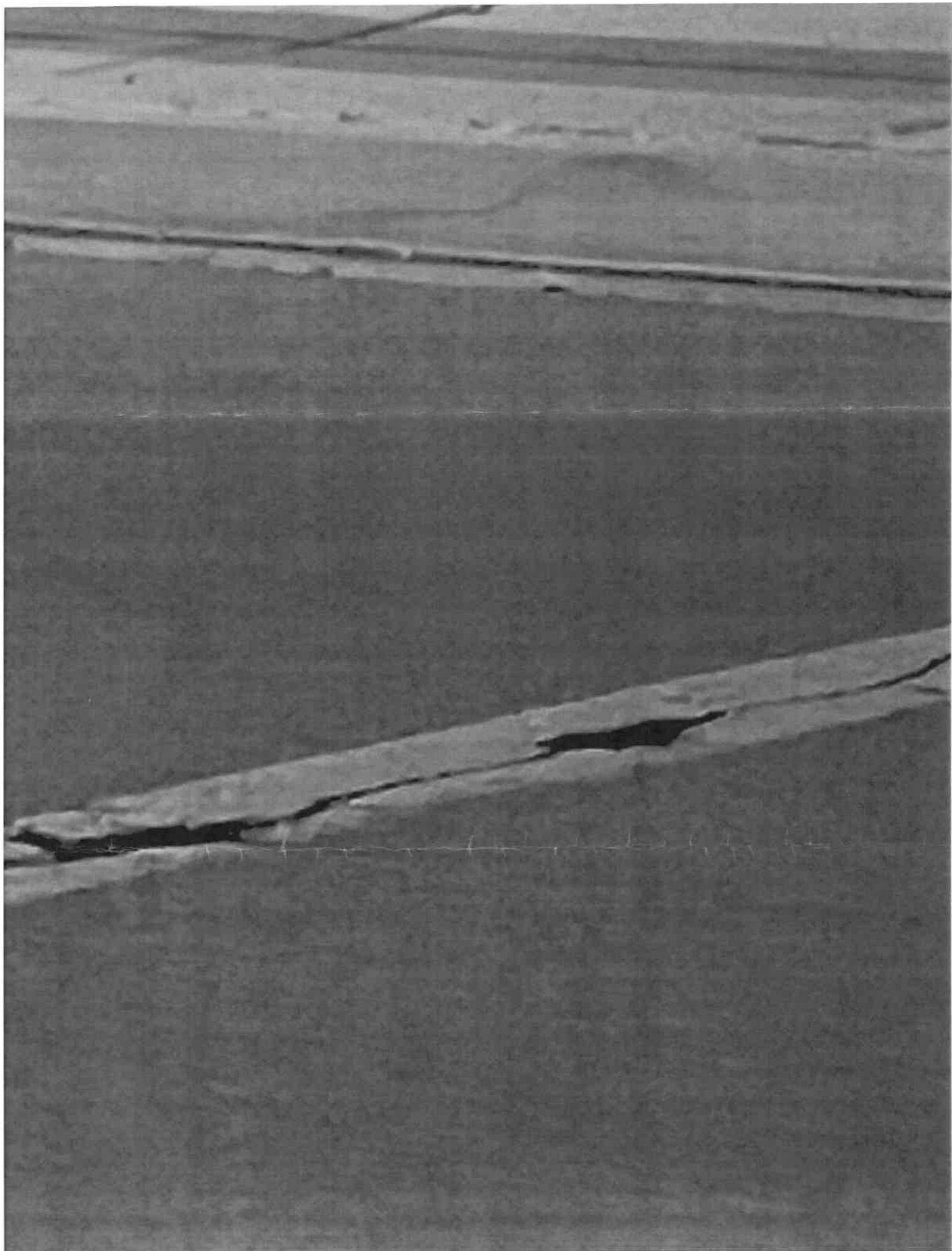
Thank you very much for your anticipated cooperation in this matter.

Very Truly Yours,
BAUMAN LAW, APLC

Sal T.
Legal Assistant











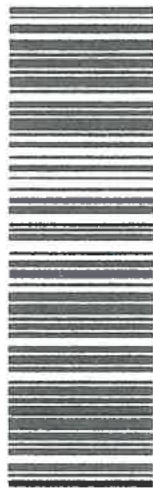


Bauman Law, APPLC
24003A Ventura Blvd.

2nd Floor

Carlsbad, CA 91302

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*City of Rialto
City Clerk's Office
150 S. Palm Avenue
Rialto, CA 92376*

CERTIFIED MAIL

FIRST-CLASS



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