CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 MAR -4 AM 11:10
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:

FULL NAME: Nolo Gaston

DATE OF BIRTH:

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):
2839 S Robertson Blvd.
Los Angeles, CA 90034

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11/17/2023 TIME: 10:00 ☒ 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.*

outside 876 W La Gloria Dr, Rialto, CA 92377, northern sidewalk of La Gloria Drive

3. HOW DID DAMAGE OR INJURY OCCUR?

client was walking her dog, she tripped on the lifted, cracked curb, causing her to land on her fide side, she also landed on the right side of her face, she also shattered her left knee in two places
See attachment

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.*

Trip and fall over dangerous condition of public property. Failure to warn of dangerous condition of public property - uneven sidewalk. See attachment

6. GIVE TOTAL AMOUNT OF CLAIM *Include estimate of amount of any prospective injury or damage* $ Not to exceed $10 Million

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

DAMAGES INCURRED TO DATE:

Item/Date: ER Records, Treatment to date and future medical treatment Amount: $ Not to exceed $10 Millio
Item/Date: Past and Future General Damages Amount: $ Not to exceed $10 Millio

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: Over $25,000 $ Not to exceed $10 Millio

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: TBD Amount: $ TBD

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: Brenda Villa	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE: ( )

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

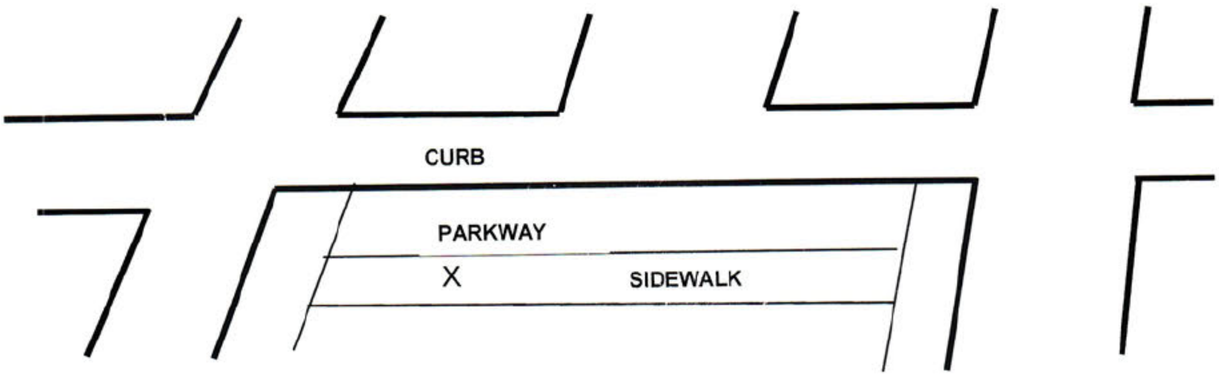
NAME: Arrowhead Regional Medical Clinic	**NAME:** Kaiser Permanente - Fontana
ADDRESS: 400 N Pepper Ave, Colton, CA 92324	ADDRESS: 9961 Sierra Ave, Fontana, CA 92335
TELEPHONE: (909) 580-1000	TELEPHONE: (833) 574-2273
DATE: 11/17/2023 TIME: 11 ☒ AM ☐ PM	DATE: 11/22/2023 TIME: ☐ AM ☐ PM

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

Jonathan M. Kashani, Esq.
TYPE OR PRINT NAME

2-29-2024
DATE

Attorney of Record
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

Dangerous Condition of Public Property

(By Plaintiff NOLO GASTON for Dangerous Condition of Public Property Against CITY OF RIALTO; COUNTY OF SAN BERNARDINO; DOES 1-50)

NOLO GASTON is informed and believes, and thereon alleges that at all times mentioned herein, the CITY OF RIALTO; COUNTY OF SAN BERNARDINO; DOES 1-50, designed, constructed, supervised, and maintained the area where the November 17, 2023 incident occurred (hereinafter "INCIDENT SITE"), including but not limited to the sidewalk in front of 876 W. La Gloria Dr., Rialto, CA 92377. This area was, at the time of the trip and fall, in a dangerous condition that the CITY OF RIALTO; COUNTY OF SAN BERNARDINO; DOES 1-50, created and/or knew about, or should have known about. The existence of this dangerous condition created and/or increased the foreseeable risk of injury to individuals walking on the sidewalk of W. La Gloria Dr.

NOLO GASTON is informed and believes, and thereon alleges that at all times mentioned herein, the CITY OF RIALTO; COUNTY OF SAN BERNARDINO; DOES 1-50, also knew or should have known that this dangerous, defective, hazardous, and unsafe condition of property created a foreseeable risk of injury to individuals walking on the sidewalk of W. La Gloria Dr. in or around the INCIDENT SITE. The CITY OF RIALTO; COUNTY OF SAN BERNARDINO; DOES 1-50, had actual or constructive knowledge of the dangerous condition in a sufficient amount of time before November 17, 2023, to have taken measures to protect against the dangerous condition, but failed to take any reasonable measures to correct the dangerous sidewalk and/or warn against the dangerous condition.

NOLO GASTON is informed and believes, and thereon alleges that at all times mentioned herein, the CITY OF RIALTO; COUNTY OF SAN BERNARDINO; DOES 1-50, failed to:

a. Maintain, design, and construct the INCIDENT SITE in a manner consistent with local laws and/or ordinances, and/or in a condition that did not create a danger for individuals walking along the sidewalk in front sidewalk in front of 876 W. La Gloria Dr., Rialto, CA 92377;

b. Provide pedestrians with a hazard-free sidewalk;

c. Repair the sidewalk at the INCIDENT SITE once it had developed a dangerous condition;

CITY OF RIALTO
2024 MAR -4 AM 11:10
RECEIVED
CITY CLERK

d. Keep the land in and around the INCIDENT SITE unobstructed and hazard free so pedestrians were not subjected to unsafe conditions in the subject sidewalk; and

e. Warn pedestrians with sufficient notice that there was an unsafe condition in the sidewalk at the INCIDENT SITE.

As a proximate and legal result of the failures of the CITY OF RIALTO; COUNTY OF SAN BERNARDINO; DOES 1-50, as outlined above, NOLO GASTON was caused to suffer permanent physical injury, emotional injury, and economic injury. Accordingly, NOLO GASTON has sustained special and general damages in an amount unascertained at this time, but according to proof at the time of trial.

INCIDENT REPORT

LOCATION/TIME

Agency Name: RIALTO POLICE DEPARTMENT		ORI #: CA0366900	Report Date/Time: 11/21/2023 05:30:03	OCA #: 932313119
Incident Start Date/Time: 11/17/2023 10:00:42	DOW: Friday	Report Type: INITIAL		
Incident End Date/Time: 11/17/2023 10:10:00	Internal Incident Status:			

Case Screening:
- ☐ Serialized Property
- ☑ Evidence Collected
- ☐ PC 293 Sex Crime
- ☐ CHP 180
- ☐ Hate Crime
- ☐ Gang Related
- ☐ Domestic Viol.

Total Loss: $0.00

Incident Location:

Secondary Location:

Case Description: AXON RECORDING, AXON PHOTOGRAPHS

UCR Status: All Other

Reporting Area: RI053

Operation Method:

OFFENSE

Penal Code: INCIDENT	UCR Code: 00	F/M:	Penal Code Description: INCIDENT	Counts: 1	Comp/Att: ☑ ☐
Structure:	TOD: Day	Bias Motivation: NONE	Offense Location: HIGHWAY / ROAD / ALLEY /		
Weapon Used: NONE		Situation Code: OTHER / NA	Premise: HIGHWAY (STREETS, ALLEYS,		
Penal Code:	UCR Code:	F/M:	Penal Code Description:	Counts:	Comp/Att: ☐ ☐
Structure:	TOD:	Bias Motivation:	Offense Location:		
Weapon Used:		Situation Code:	Premise:		

VICTIM

☐ Person ☐ Business Name:

Phone:

Cell Phone:

Address (Street, Apt., City, State, Zip):

Pager:

Involvement Type (Person):

Victim Type (Business):

Domestic Violence ☐

LEOKA Activity:

LEOKA Assignment:

Occupation:

Employer:

Employer Address:

Employer Phone:

Relationship to Offender (Person):

DOB:

Age:

Sex:

Height:

Weight:

Race:

Ethnicity:

SSN:

License (#, Class, State):

Related Offense(s):

Injury Type:
- ☐ Minor Injuries
- ☐ Internal Injuries
- ☐ Lacerations
- ☐ Other Injuries
- ☐ Unconscious
- ☐ Teeth Injury
- ☐ Bone Injury
- ☐ None

2024 MAR
CITY OF RIALTO

SUSPECT

Suspect #1 Name:

Phone:

Cell Phone:

Pager:

Address (Street, Apt., City, State, Zip):

Occupation:

Employer:

Suspect Forced Victim:

Primary Action:

Employer Address:

Employer Phone:

Solicited/Offered:

Suspect Force:

DOB:

Age:

Sex:

Height:

Weight:

Build:

Complexion:

Eye Color:

Race:

Ethnicity:

SSN:

License (#, Class, State):

Related Offense(s):

Hair Color:

Hair Length:

Hair Style:

Clothing Description:

NCIC #:

State ID #:

Facial Hair:

Speech:

Teeth:

Body Markings (Type, Location, Description):

Suspect Injured: ☐ Suspect Arrested: ☐ Additional Suspects: ☐ Additional Persons: ☐

ADMIN

GREEN, KEENEN	02398	11/21/2023 05:31:43
Reporting Officer	ID #	Date
Assisting Officer	ID #	Date
SCALF, RORY	01374	11/21/2023 12:16:23
Reviewing Officer	ID #	Date

Reporting Officer Signature

Assisting Officer Signature

Reviewing Officer Signature

CONTROLLED COPY
~~CONFIDENTIAL COPY~~
RESTRICTED PC 11142-11143
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL. TO: KASH LEGAL
BY: [illegible]

INCIDENT REPORT - ADDITIONAL PERSONS

ADDITIONAL PERSONS

Agency Name: RIALTO POLICE DEPARTMENT	ORI #: CA0360900	Report Date/Time: 11/21/2023 05:30:53	OCA #: 032313119

☑ Person ☐ Business
Name: NOLO GASTON
Phone:
Cell Phone:
Pager:
Address (Street, Apt., City, State, Zip):
Involvement Type (Person): OTHER
Victim Type (Business):
Domestic Violence ☐
LEOKA Activity:
LEOKA Assignment:
Occupation: 10 UNKNOWN OR NOT STATED
Employer:
Employer Address:
Employer Phone:
Relationship to Offender:
DOB: 11/02/1947
Age: 76
Sex: F
Height: 502
Weight: 165
Build: LIGHT
Complexion: LIGHT
Eye Color: HAZEL
Race: White
Ethnicity: NON-HISPANIC
SSN:
License (#, Class, State): C CA
Related Offense(s): 00
Hair Color: BROWN
Hair Length: MEDIUM
Hair Style: STRAIGHT
Clothing Description:
NCIC #:
State ID #:
Facial Hair:
Speech:
Teeth:
Body Markings (Type, Location, Description):
Solicited/Offered
Suspect Forced Victim
Primary Action
Suspect Force
Injury Type:
☐ Minor Injuries ☐ Unconscious
☐ Internal Injuries ☐ Teeth Injury
☐ Lacerations ☐ Bone Injury
☐ Other Injuries ☐ None

☑ Person ☐ Business
Name: BRENDA VILLA
Phone:
Cell Phone: [redacted]
Pager:
Address (Street, Apt., City, State, Zip): [redacted]
Involvement Type (Person): WITNESS
Victim Type (Business):
Domestic Violence ☐
LEOKA Activity:
LEOKA Assignment:
Occupation: 10 UNKNOWN OR NOT STATED
Employer:
Employer Address:
Employer Phone:
Relationship to Offender: Daughter
DOB: [redacted]
Age: 59
Sex: F
Height: 501
Weight: 190
Build: UNKNOWN
Complexion: UNK
Eye Color: BROWN
Race: White
Ethnicity: NON-HISPANIC
SSN:
License (#, Class, State): [redacted]
Related Offense(s): 00
Hair Color: BLONDE
Hair Length: UNKNOWN
Hair Style: UNKNOWN
Clothing Description:
NCIC #:
State ID #:
Facial Hair:
Speech:
Teeth:
Body Markings (Type, Location, Description):
Solicited/Offered
Suspect Forced Victim
Primary Action
Suspect Force
Injury Type:
☐ Minor Injuries ☐ Unconscious
☐ Internal Injuries ☐ Teeth Injury
☐ Lacerations ☐ Bone Injury
☐ Other Injuries ☐ None

☑ Person ☐ Business
Name: ERICK JOSEPH LOPEZ
Phone:
Cell Phone: [redacted]
Pager:
Address (Street, Apt., City, State, Zip): [redacted] W LA GLORIA ST RIALTO CA 92377-
Involvement Type (Person): OTHER
Victim Type (Business):
Domestic Violence ☐
LEOKA Activity:
LEOKA Assignment:
Occupation: 10 UNKNOWN OR NOT STATED
Employer:
Employer Address:
Employer Phone:
Relationship to Offender:
DOB: [redacted]
Age: 29
Sex: M
Height: 506
Weight: 125
Build: UNKNOWN
Complexion: UNK
Eye Color: BROWN
Race: Hispanic
Ethnicity: HISPANIC
SSN:
License (#, Class, State): [redacted]
Related Offense(s): 00
Hair Color: BROWN
Hair Length: UNKNOWN
Hair Style: UNKNOWN
Clothing Description:
NCIC #:
State ID #:
Facial Hair:
Speech:
Teeth:
Body Markings (Type, Location, Description):
Solicited/Offered
Suspect Forced Victim
Primary Action
Suspect Force
Injury Type:
☐ Lacerations ☐ Bone Injury
☐ Other Injuries ☐ None

CON[illegible] COPY
CONFIDENTIAL COPY
RESTRIC[illegible] 11142-11143
NO [illegible] PARTY RELEASE
THE [illegible] POLICE DEPARTMENT
REL[illegible] KASH LE[illegible]
BY [illegible]

INCIDENT REPORT - NARRATIVE

Agency Name:	ORI #:	Report Date/Time:	OCA #:
RIALTO POLICE DEPARTMENT	CA0360900	11/21/2023 05:30:53	932313119

NARRATIVE

ASSIGNMENT/ARRIVAL

On 11/17/2023, I (Officer K. Green) was assigned to and working uniformed patrol for the Rialto Police Department. I was wearing my department-issued uniform, and I was driving a marked black and white patrol vehicle. At approximately 1100 hours, I was dispatched to 876 West La Gloria Drive in the city of Rialto, county of San Bernardino in regards to an incident that had occurred.

BACKGROUND INFORMATION

Prior to arriving at the incident location, I received information from dispatch that the subject (Nolo Gaston, date of birth 11/2/1947) tripped on a cracked sidewalk. Further information from dispatch stated that Nolo was currently being transported to Arrowhead Regional Medical Center for further medical treatment.

ARRIVAL

Upon my arrival to the incident location, I observed the sidewalk right in front of the residence. The sidewalk had multiple cracks with the biggest one being on the eastern portion of the sidewalk, right after the driveway that was approximately 2 inches in size. Photographs of the sidewalk were taken and uploaded into the evidence.com system.

OTHER PARTY CONTACT/INTERVIEW

I contacted Nolo at Arrowhead Regional Medical Center. The following is a summary of her statements. This conversation was recorded using my Rialto Police Department-issued Axon body-worn camera which was later uploaded into the evidence.com system.

On 11/17/2023, at approximately 0900 hours, Nolo went to walk her dog. As she was walking eastbound on the northern sidewalk of La Gloria Drive, her left foot stepped into the crack on the eastern portion of the sidewalk. Nolo then began to fall. Nolo shifted her weight, so she would call on her right side, which also caused her to land on the right side of her face. As she was falling, Nolo's left knee also made contact with the ground. Once Nolo had fallen, her daughter (Brenda Villa, date of birth [redacted] called 911, and she was transported to Arrowhead Regional Medical Center for further treatment.

MEDICAL

While at Arrowhead Regional Medical Center, one of the physicians did a initial assessment on Nolo. Nolo stated that she felt an 8 out of 10 sharp pain, and she could not move or put her weight on her leg. Nolo also stated she felt pain in her right hand and can barely close it. Nolo stated the pain was achy in her right hand. Nolo also stated that her right ribs were sore and achy. There was no medication given at this time, but there was ice to place on her knee. Nolo advised that there was no loss of consciousness or dizziness.

I received information later that stated Nolo's kneecap was shattered in two different places. Nolo was later discharged from the hospital and was sent home with Brenda and her husband.

CITY OF RIALTO
2024 MAR -4 AM 11: 50
RECEIVED
CITY CLERK

CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL. [illegible] LEGAL
BY: JLM 2/21/24

INCIDENT REPORT - NARRATIVE

Agency Name: RIALTO POLICE DEPARTMENT	ORI #: CA0360900	Report Date/Time: 11/21/2023 05:30:53	OCA #: 932313119

NARRATIVE

OTHER PARTY CONTACT/INTERVIEW BRENDA VILLA

I contacted Brenda through my department-issued cellphone. The following is a summary of her statements. The conversation was recorded using my Rialto Police Department-issued Axon body-worn camera which was later uploaded into the evidence.com system.

On 11/17/2023, at approximately 0900 hours, Brenda went walking with Nolo with their dogs. Brenda was walking in front of Nolo, and as she was walking eastbound on the northern sidewalk of La Gloria Drive, Nolo then began to fall. Brenda could not catch her in time, and Nolo fell down onto the ground. Brenda called her husband who arrived at the incident location to transport Nolo to the hospital, but Nolo was unable to get inside of the vehicle. Brenda then contacted Rialto Fire Department to transport her to Arrowhead Regional Medical Center.

INFORMATION

While in the area of 876 West La Gloria Drive, I did a canvas for video surveillance. There was a Ring camera at the front door of the incident location. I knocked on the door and attempted to contact the homeowner through the telephone number that was listed. There was negative answers for both. The homeowner later called me (Eric Lopez) and advised that his Ring camera does not record through motion because he does not pay for the subscription. His video camera only records through ringing the doorbell.

EVIDENCE

All Axon video recording and photographs have been tagged and uploaded to the evidence.com system.

DISPOSITION

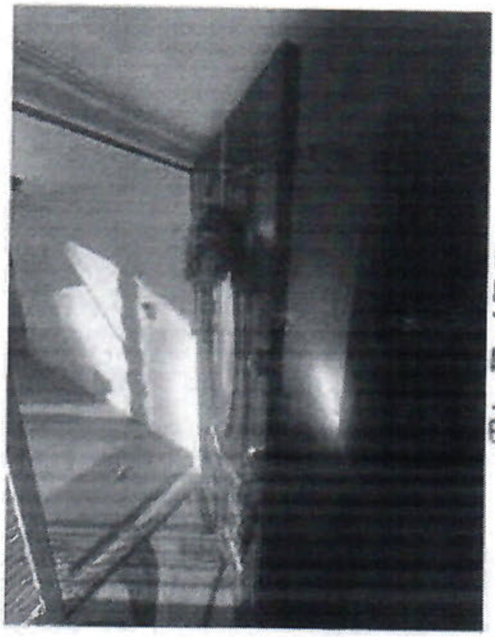
Report completed.

RECOMMENDATIONS

Report to file.

CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL. Page 4 KAS of LEGAL
BY: JLM 2/21/24

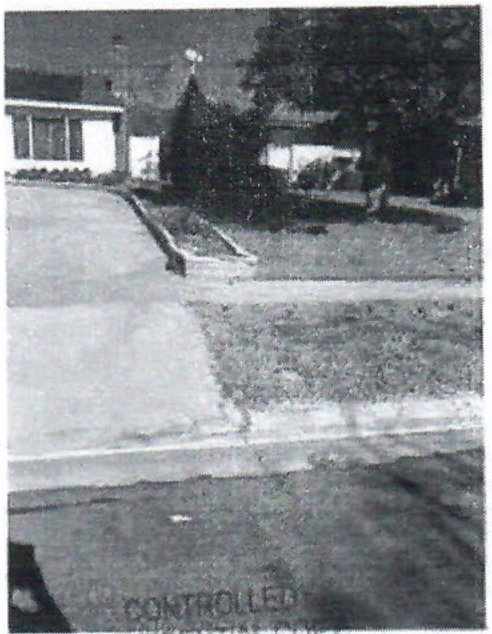
93251517

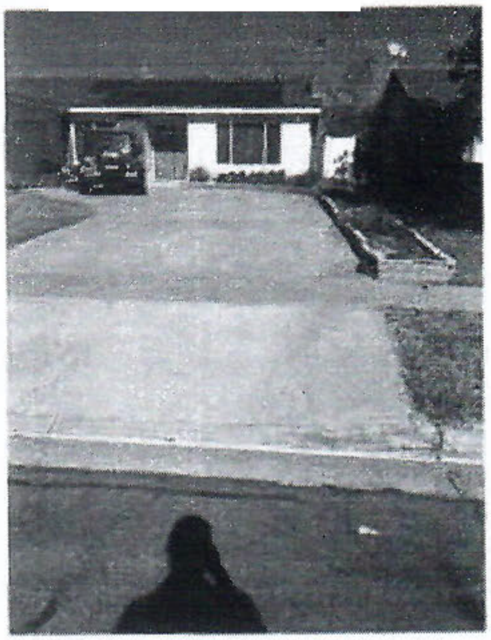


CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL TO: Kash Legal
BY JCM

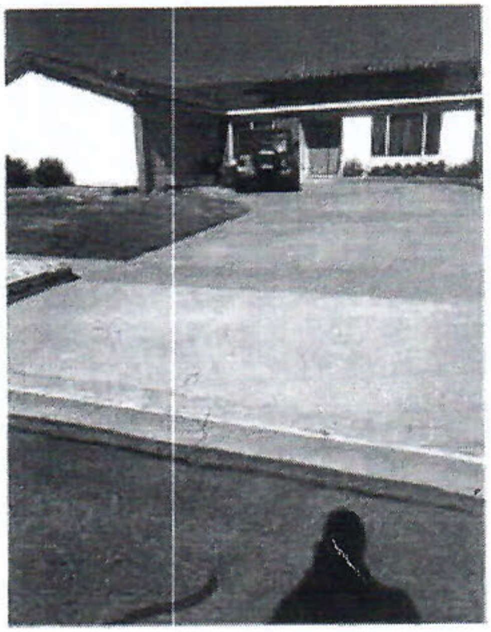
VT

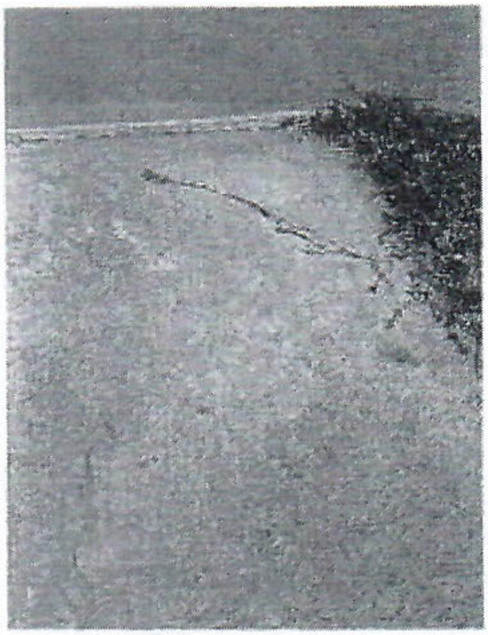
CITY OF RIALTO
2024 MAR -4 AM11:10
RECEIVED
CITY CLERK



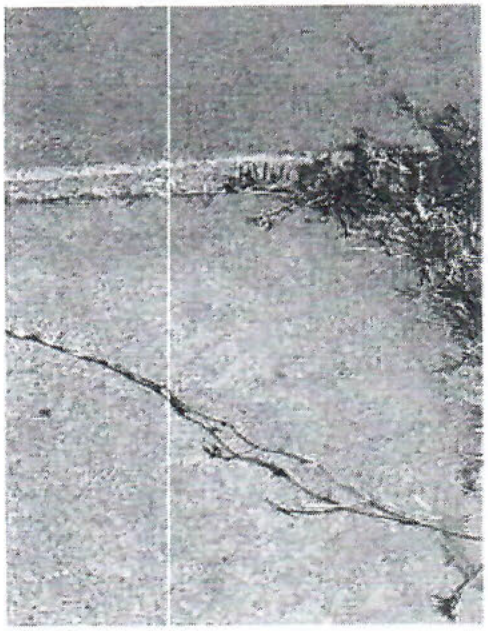


CONTROLLED
CONFIDENTIAL COPY

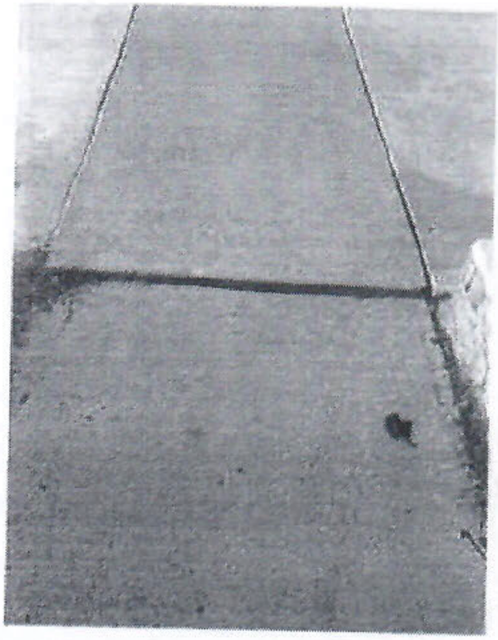


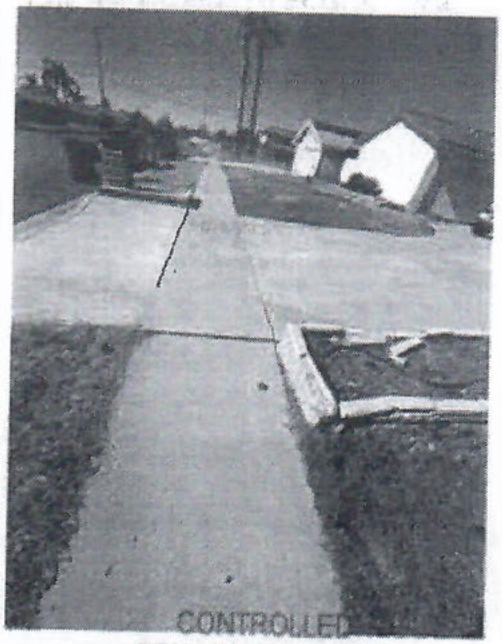


CONTROLLED
CONFIDENTIAL COPY

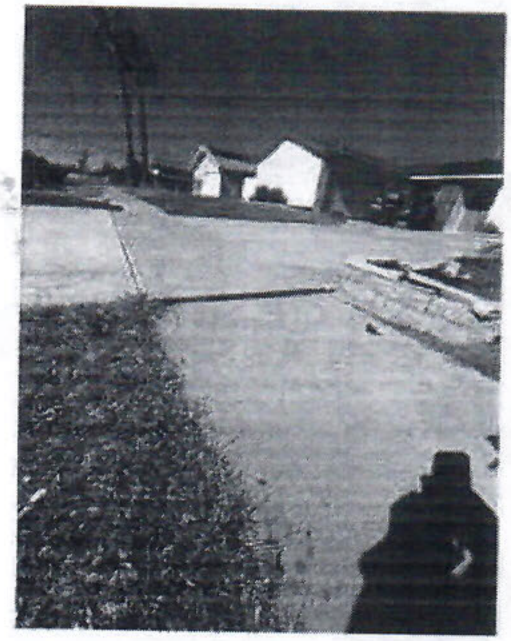


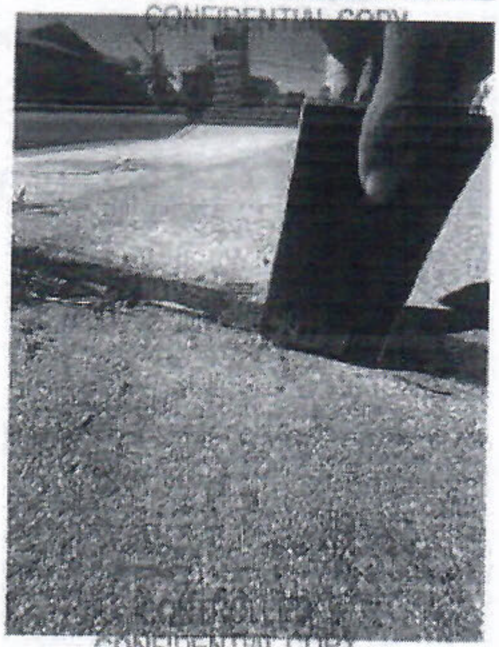
CONTROLLED
CONFIDENTIAL COPY



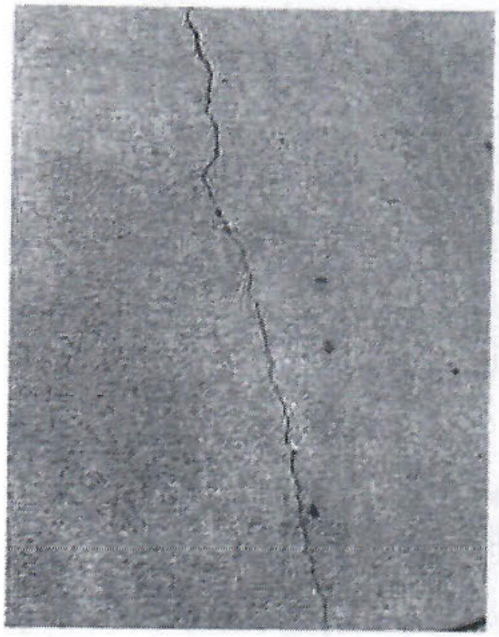


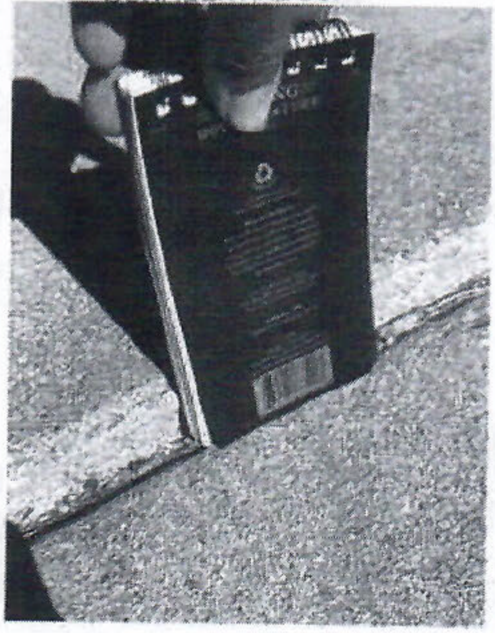
CONTROLLED
CONFIDENTIAL COPY

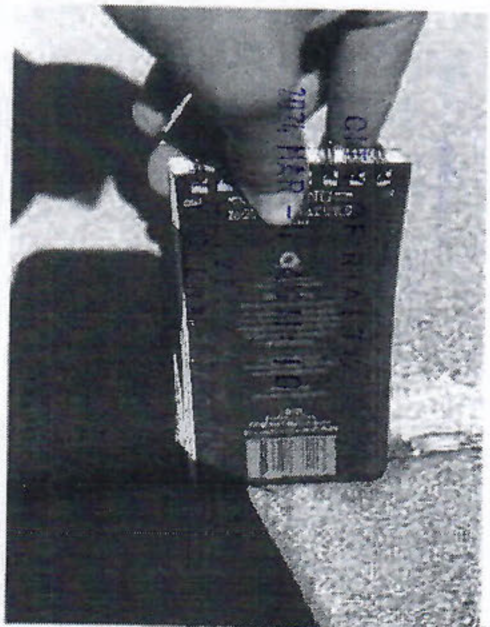




CONTROLLED
CONFIDENTIAL COPY

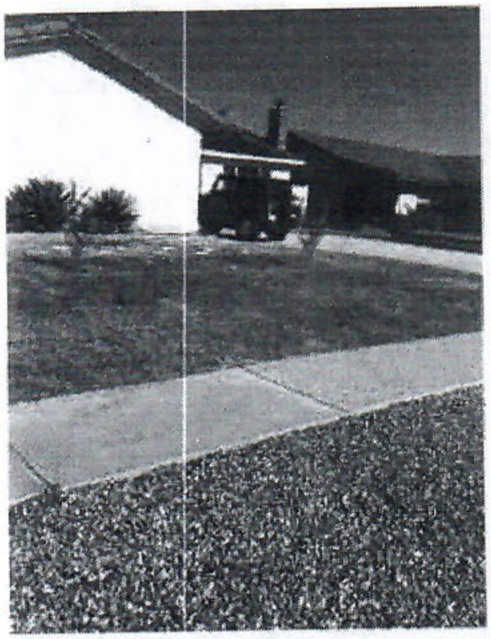


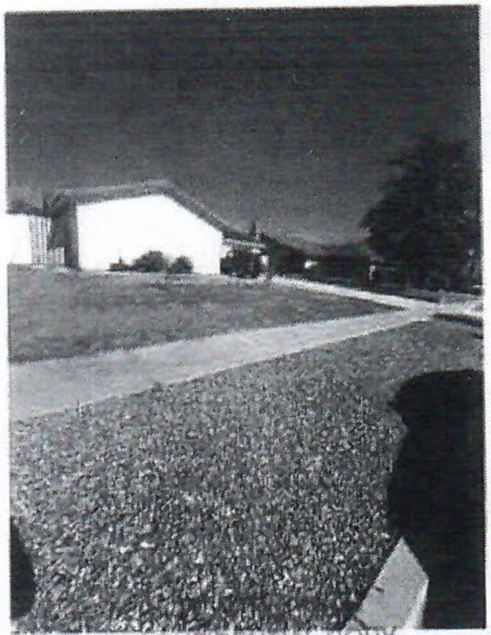


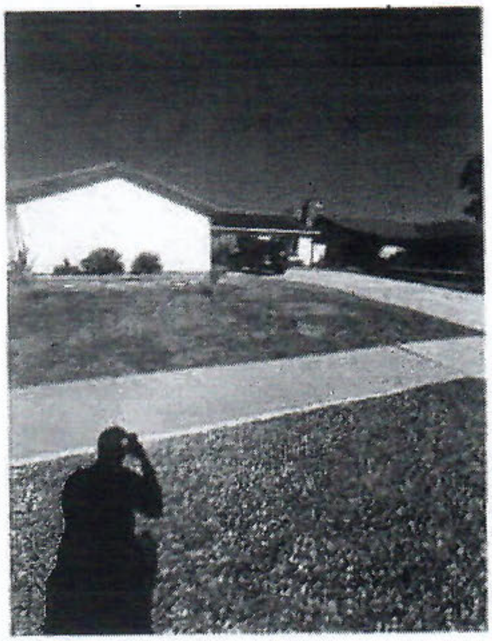


CONTROLLED
CONFIDENTIAL COPY

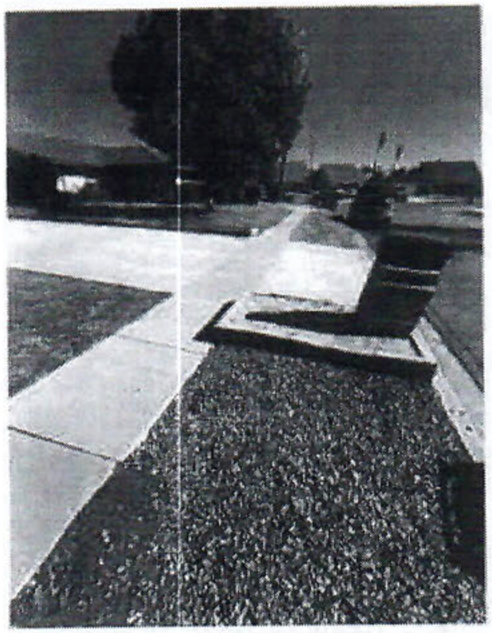
3/7

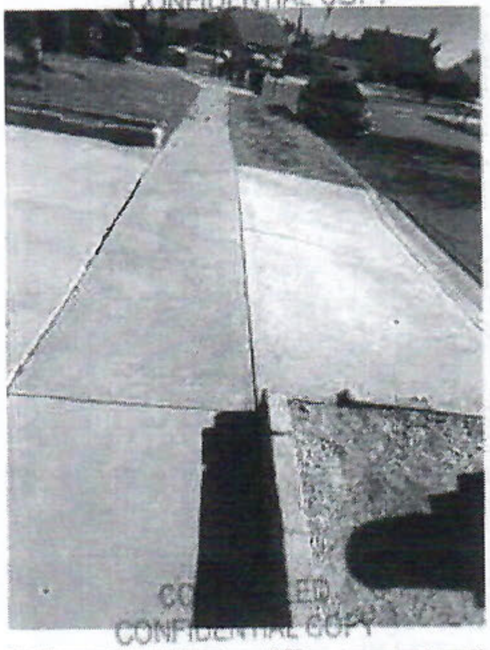


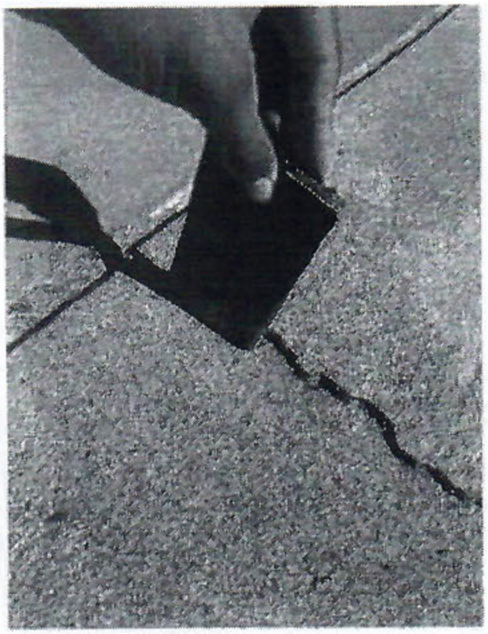




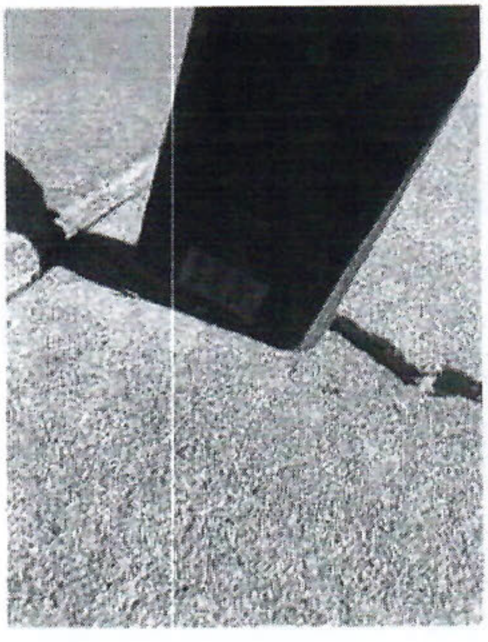
CONFIDENTIAL COPY

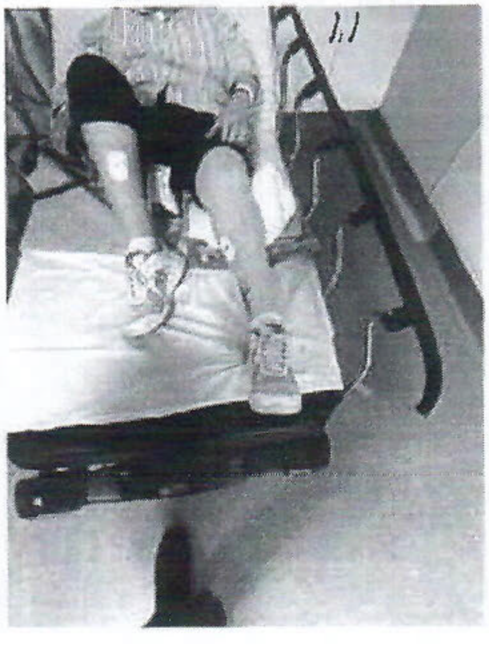


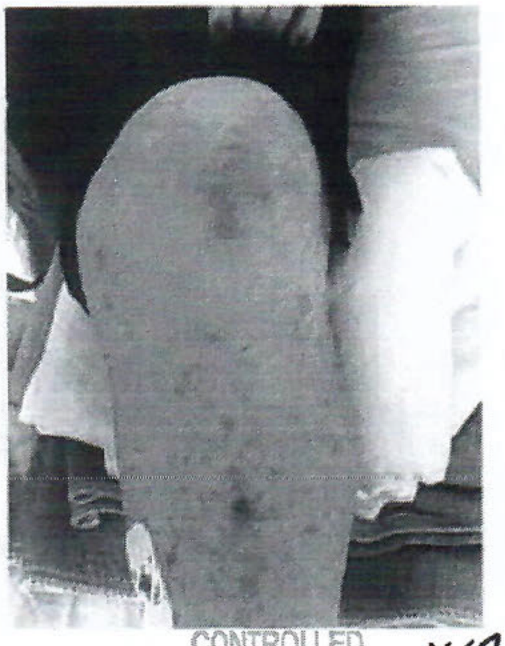




CONTROLLED
CONFIDENTIAL COPY

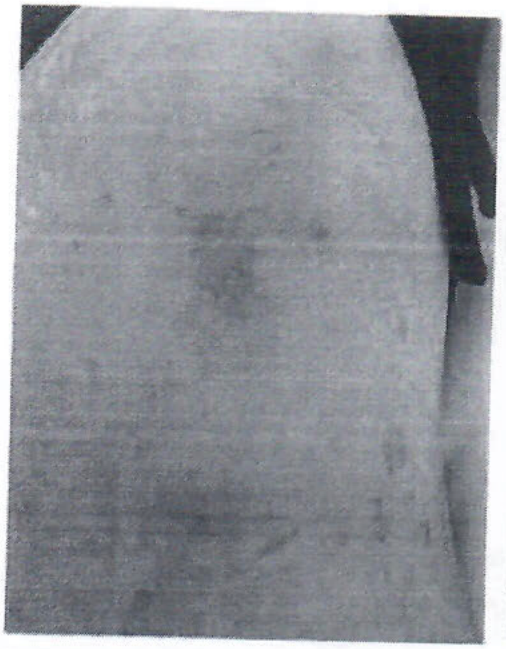
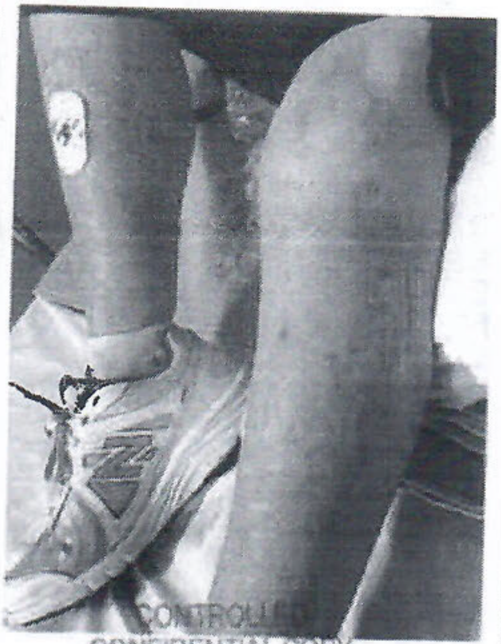
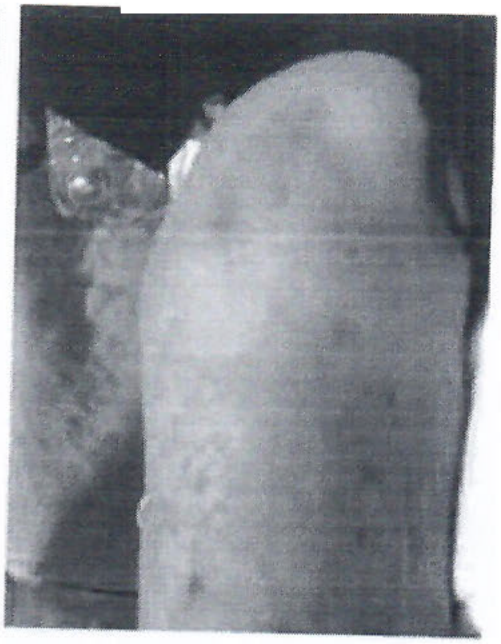




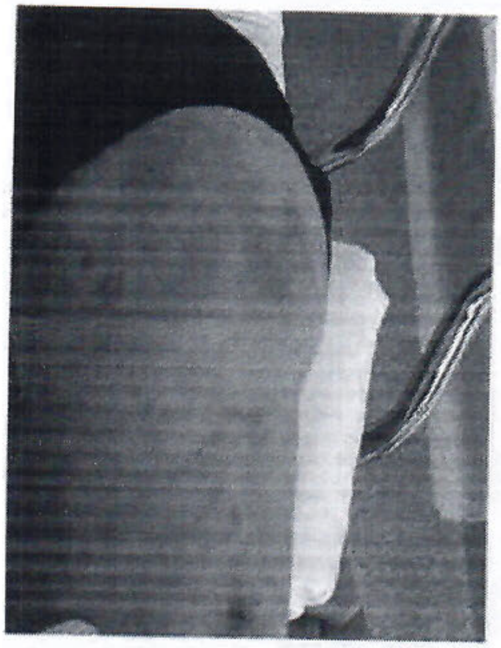
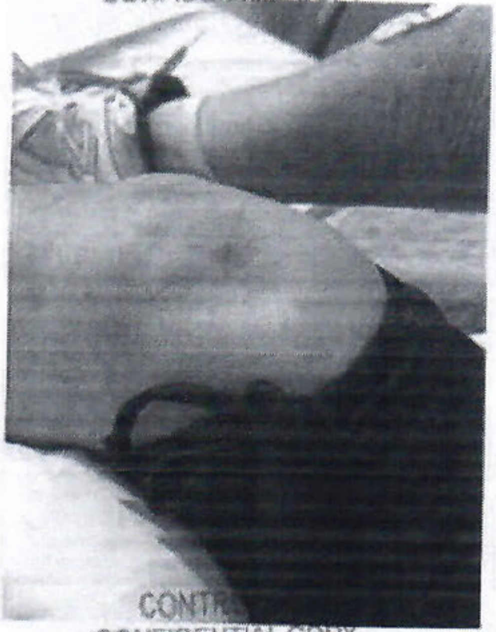
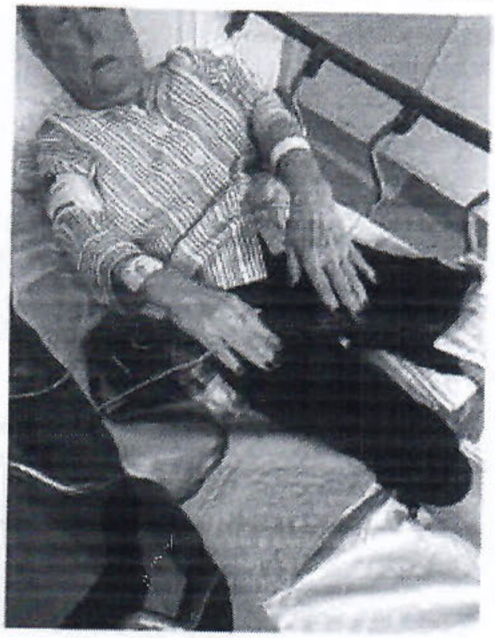


CONTROLLED
CONFIDENTIAL COPY

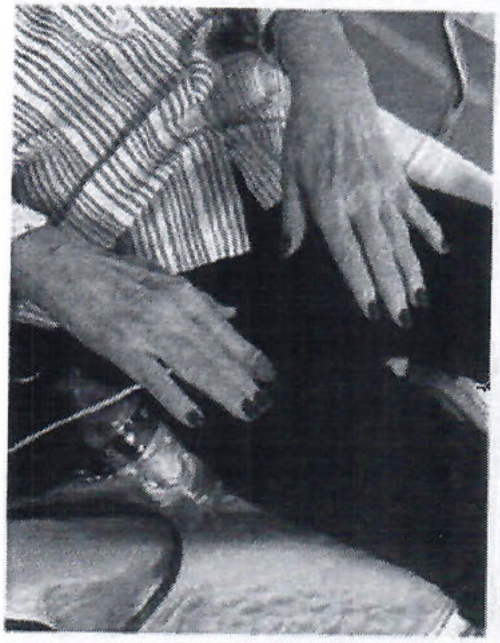
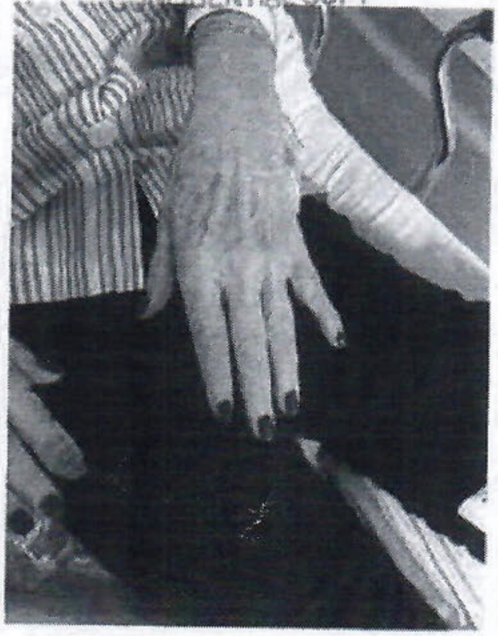
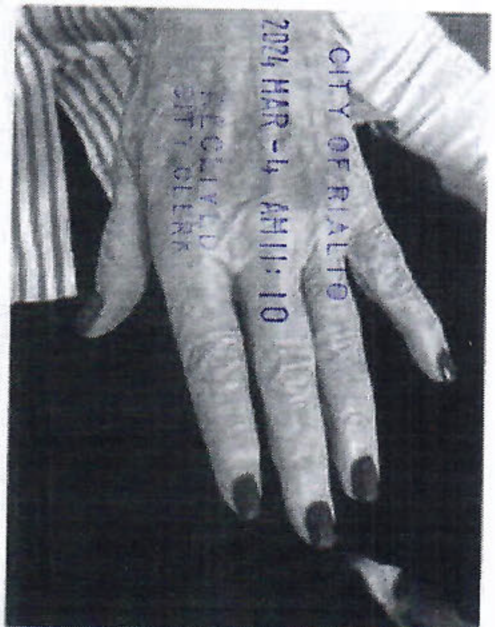
4/7

CONTROLLED
CONFIDENTIAL COPY

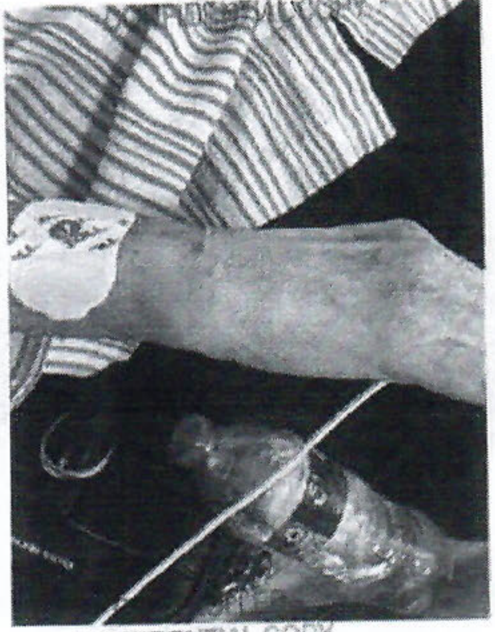
CONTROLLED
CONFIDENTIAL COPY

CITY OF RIALTO
2024 MAR -4 AM 11:10
RECEIVED
CITY CLERK

CONTROLLED
CONFIDENTIAL COPY

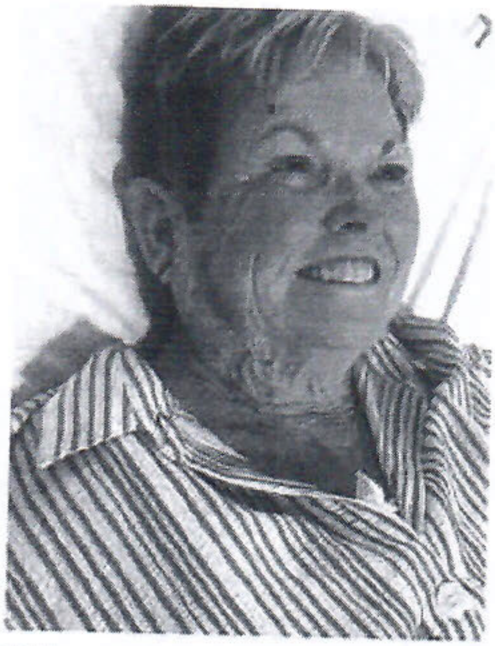
CONTROLLED
CONFIDENTIAL COPY

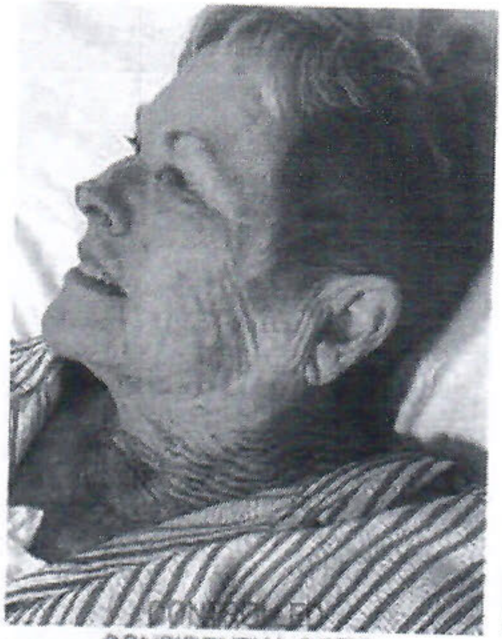


CONFIDENTIAL COPY

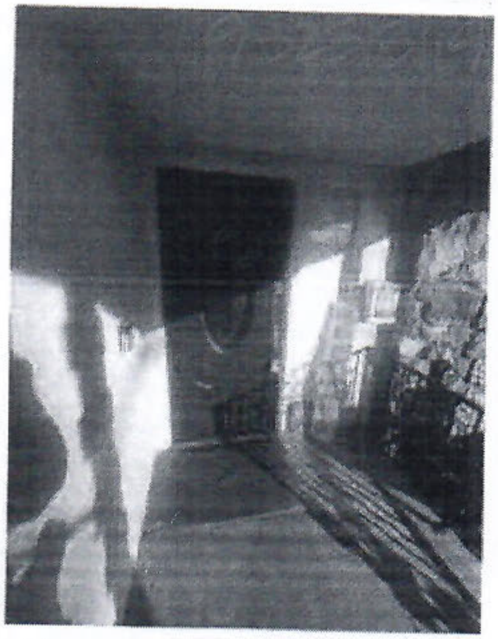
CONTROLLED
CONFIDENTIAL COPY

6/7

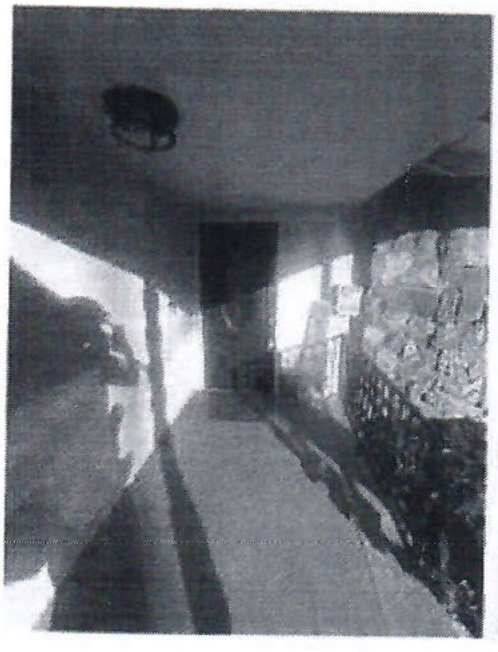


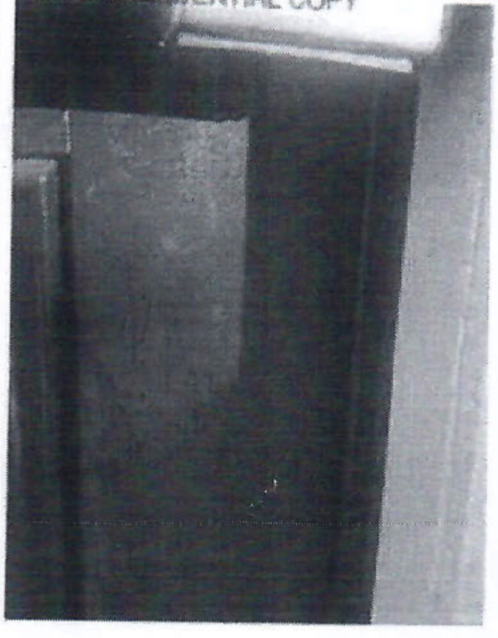


CONTROLLED
CONFIDENTIAL COPY



CONTROLLED
CONFIDENTIAL COPY





CITY OF RIALTO
2011 MAR -4 AM 11:10
CITY CLERK

CONTROLLED
CONFIDENTIAL COPY

7/7

CERTIFIED MAIL®

9589 0710 5270 1272 9558 73

$11.76 US POSTAGE
1 OZ FIRST-CLASS MAIL FLATS RATE
ZONE 2
RETAIL

0623001434980
12622466
FROM 90034

stamps endicia
02/29/2024

USPS FIRST CLASS MAIL®

Jonathan Kashani
Law Office of Jonathan M. Kashani,
2839 S Robertson Blvd
Los Angeles CA 90034-2405

SHIP TO:
Rialto City Clerks Office
150 S Palm Ave
Rialto CA 92376-6406

2

USPS CERTIFIED MAIL™

9415 5112 0621 0942 6502 78