

Detailed History for Fire Event #F210811146 As of 1/30/2023 12:44:50

Output for: 30052

Priority:E Type:17A02P - Falls
 Location:317 E MAIN ST, STOCKTON btwn N SAN JOAQUIN ST and N SUTTER ST
 Info:SIDEWALK
 Channel:Not Set

Created:	08/11/2021 12:19:15	AMRM	Unknown
Entered:	08/11/2021 12:19:15	AMRM	Unknown
Dispatch:	08/11/2021 12:20:04	FD02	29422
Enroute:	08/11/2021 12:21:35	FD02	29422
Closed:	08/11/2021 12:25:24	FD02	29422

ICUnit: PrimeUnit:E2 Dispo: Type:17A02P - Falls
 Agency:SFD Group:STO Company:CO-02 District:602G
 Case #:STO210028221 Detail

12:19:15pdt=CREATE /AMRM Location:317 E Main St #SIDEWALK, STOCKTON Name:PRISCILLA Phone:415-240-7681 TypeDesc:Falls Priority:E Response:M-S Agency:SFD LocType:0

12:19:15 =ENTRY Type:None-->17A02P Group:None-->STO RemRunCard:Not Set
 Comment:17A02P- Fall [Priority] P1 Medical [CallCreated] 08/11 12:19:14 [CrossStreets] btwn N San Joaquin St/N Sutter St and [none] [Lat/Lon] 37.953175, -121.286961 [DestAgency] SFD

12:19:15 =C2CREQ Channel:None-->Not Set RemCall:3207712 RemSys:AMRM RemTerm:WMODDSP17

12:19:15 =C2CMSC

12:19:15 =C2CMSC Comment:[6] Multi-Jurisdiction EMS San Joaquin Incident #: 21124096

12:19:15 =C2CMSC Comment:[1] [1] PT WEARING GRAY SHIRT JEANS AND CROCS[Shared]

12:19:15 =C2CMSC Comment:[3] [3] PT FELL 14 IN[Shared]

12:19:15 =C2CMSC Comment:[2] [2] [ProQA: Case Entry Complete] 31-year-old, Female, Conscious, Breathing. Problem Description: FELL INTO THE MAN HOLE // IS OUT NOW Chief Complaint: 17, CCText: Falls[Shared]

12:19:15 =C2CMSC Comment:[4] [4] [ProQA Dispatch] Dispatch Level: 17A02 (NOT DANGEROUS body area) Suffix: P (Public place (street, parking garage, market)) Response Text: Alpha. [Shared]

12:19:16 =INFO RemRunCard:330F8

12:19:49 CHANGE 29515/FD01 Location:317 E Main St #SIDEWALK, STOCKTON-->317 E MAIN ST, STOCKTON Info:None-->SIDEWALK Area:None-->602G District:None-->CO-02 LocDesc:None-->btwn N SAN JOAQUIN ST and N SUTTER ST Unknown:-121.286923 Unknown:37.953202

12:19:51 SELECT 29422/FD02

12:19:52 -SGGEST Unit:E2 Comment:Standard

12:20:03 =C2CMSC /AMRM Comment:[12] DAMERON STA 5 [Shared]

12:20:04 =INFO Comment:[Priority] P4 Fire Advisory

12:20:04 DISP 29422/FD02 [E2](#)
 12:20:04 -PRIU [E2](#)
 12:20:04 -CASE [E2](#) Case#:ST0210028221
 12:21:35 ENRTE [E2](#)
 12:23:41 =C2CLST /AMRM [Comment](#):E2202
 12:23:41 =C2CMSC [Comment](#): [13] 8192 04-On Scene at 08/11/2021 12:23:41, Latitude: 37.95329, Longitude: -121.28645 , Speed= 1 [Shared]
 12:25:24 CLEAR 29422/FD02 [E2](#) [Comment](#):WAIVED OFF BY AMB
 12:25:24 -CLEAR
 12:25:24 CLOSE
 12:25:33 =INFO /AMRM [Comment](#):RemSys:AMRM RemCall:3207712 CLOSED

CONTACT INFO:

Name	Phone	RPaddr	Contact?	Method
PRISCILLA	415-240-7681			



Stockton Fire Department

Station: 2
Shifts Or Platoon: **Shift B**

Location: 317 E MAIN ST Stockton CA 95203	Incident Type: 611 - Dispatched & cancelled en route
Lat/Long: N 37° 57' 11.53" W 121° 17' 12.92"	FDID: 39065 Incident #: 2021-0028221 Exposure ID: 60175006 Exposure #: 0 Incident Date: 08/11/2021 Dispatch Run #: STO210028221
Zone: Co 2 - Engine 2 Response District Location Type: 1 - Street address Map Page: 602G	

Report Completed by:	Salvestrin , Paul A	ID: 19061	Date: 01/30/2023
Report Reviewed by:	Salvestrin , Paul A	ID: 19061	Date: 01/30/2023
Report Printed by:	Salvestrin, Paul A	ID: 19061	Date: 1/30/2023 Time: 10:34

Structure Type:	Property Use: 900 - Outside or special property, other		
Automatic Extinguishment System Present: <input type="checkbox"/>	Detectors Present: <input type="checkbox"/>	Cause of Ignition:	
Aid Given or Received:	None	Primary action taken:	93 - Cancelled en route
Losses	Pre-Incident Values		
Property:	Property:	Civilian Injuries: 0	Fire Service Injuries: 0
Contents:	Contents:	Civilian Fatalities: 0	Fire Service Fatalities: 0
Total:	Total:	Total Casualties: 0	Total Fire Service Casualties: 0
Total # of apparatus on call:	1	Total # of personnel on call:	3

Special Studies	
COVID 19 was a factor in this incident.	Unknown.

NARRATIVE (2)
Narrative Title: n/a
Narrative Author: Taylor, Kevin
Narrative Date: 08/17/2021 05:56:08
Narrative Apparatus ID: E2
Narrative: Cancelled AOR

APPARATUS	
Unit	E2
Type:	Engine
Use:	Suppression
Response Mode:	Lights and Sirens
# of People	3
Alarm	08 /11/2021 12:19:15
Dispatched	08 /11/2021 12:20:04
Enroute	08 /11/2021 12:21:35
Arrived	-- / -- / -- -- : -- : --
Cancelled	08 /11/2021 12:25:24
Cleared Scene	-- / -- / -- -- : -- : --
In Quarters	-- / -- / -- -- : -- : --
In Service	08 /11/2021 12:25:24
Number Of People not on apparatus: 0	

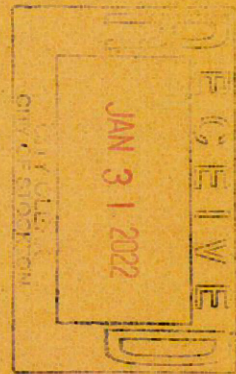
CUSTOM FIELDS FORM

Was this call related to homelessness?	No
Was this a BLS ambulance response?	No
This call was fire works related	No
A responding unit was cancelled en route to a fire alarm?	No
Was this a billable fire alarm call?	No
Does this incident require fire investigator follow up?	NO

Member Making Report (Deputy Chief Paul A Salvestrin): _____

Incident Reviewer (Deputy Chief Paul A Salvestrin): _____

Law Offices of Samer Habbas
200 Spectrum Center Drive
Suite 1230
Irvine, CA 92618



City of Stockton City Clerk's Office
425 North El Dorado Street
Stockton, California 92502

PTNEY BOWIES
\$7.33 0
US POSTAGE
FIRST-CLASS
020000004897229
2000154616
JAN 21 2022

2021 2720 0003 2722 6735



CERTIFIED MAIL

CLAIM FOR DAMAGES

CITY OF STOCKTON

JAN 18 2021

Note: Claims for bodily injury or death, damage to personal property, or damage to growing crops may be filed on this form, not later than six months after the occurrence out of which the claims arose. All other claims must be filed not later than one year after the occurrence out of which the claims arose. (Refer to California Government Code sections 910.4 and 911.2)

DIRECTION: The original claim must be filed with the City of Stockton City Clerk's Office, 425 North El Dorado Street, Stockton, California 95202. Retain the yellow copy for your records.

NAME OF CLAIMANT: Lopez Prezilla Date of Birth 01/30/1990
(Last) (First) (Middle)

HOME ADDRESS/PHONE: 2365 Pisa Circle Stockton, CA 95206 (415) 240-7681
(Number/Street) (City/State/Zip Code) (Phone Number)

BUSINESS ADDRESS/ PHONE: 200 Spectrum Center Drive, Suite 1230 Irvine, CA 92618 (949) 727-9300
(Number/Street) (City/State/Zip Code) (Phone Number)

DIRECTION: Indicate to which address you wish notice sent HOME BUSINESS

WHEN DID INJURY OR DAMAGE OCCUR? 08/11/2021 Wednesday 12:00pm
(Month/Day/Year) (Day of Week) (Time of Day)

WHERE DID INJURY OR DAMAGE OCCUR? E Main St., S Sutter St
(Street address, intersecting streets, or other location)

HOW DID INJURY OR DAMAGE OCCUR?
(Describe accident or occurrence in complete detail)

Client was walking to her car and fell through a manhole. Police and paramedics arrived at the scene shortly after.

NAME OF CITY EMPLOYEE(S) INVOLVED? _____

WHAT ACTION OR INACTION OF CITY EMPLOYEE(S) CAUSED YOUR INJURY OR DAMAGES? City of Stockton and
its employees failed to remove and protect against a dangerous condition and are liable for such under Government Code Section 835.

WHAT INJURIES OR DAMAGES DID YOU SUFFER? Concussion-like symptoms, pain in left leg, right hand, entire upper body. Bruising to ribs and arms

TOTAL AMOUNT CLAIMED: Unlimited case—over \$25,000.00 Limited case—\$25,000.00 or less

If under \$10,000.00, please specify amount \$ _____

DIRECTION: Sign and date this Claim For Damages below. If the signer is not the claimant, indicate the relationship of the signer to the claimant.

[Signature] 09/15/2021 _____
(Signature) (Month/Day/Year) (Social Security Number-Optional)

Attorney
(Relationship of signer, if not claimant)

DIRECTION: You may attach and include with this completed form any bills for medical treatment and expenses, and any estimates or bills for personal property damage. Questions may be referred to (209) 937-8807

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (Refer to California Penal Code Section 72)

PROOF OF SERVICE BY MAIL

I, the undersigned say:

I am now and at all times herein mentioned have been over the age of 18 years, not a party to the within cause or claim, and am employed by Sedgwick, State of California. My business address is P.O. Box 619079, Roseville, California, 95661. I am readily familiar with this agency's business practice for collection and processing of correspondence for mailing with the United States Postal Service. On the date set forth below, I served a copy of the attached letter to claimant by placing the original in an envelope addressed to:

**Prezilla Lopez c/o Law Offices of Samer Habbas
200 Spectrum Center Drive, Suite 1230
Irvine, CA 92618**

which envelope was then sealed and, with postage fully prepaid thereon and placed for collection and mailing at my remote business location and following ordinary business practices. Said correspondence will be deposited with the United States Postal Service at Martinez, California on the date set forth below in the ordinary course of business; there is a delivery service by mail at the Martinez location.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on this 9th Day of February, 2022, at Martinez, California.



Linda Del Vigna, Declarant



CITY OF STOCKTON

HUMAN RESOURCES DEPARTMENT

400 E. Main Street, 3rd Floor • Stockton, CA 95202
Phone: 209 / 937-8233 • Fax 209 / 937-8558 • www.stocktongov.com

February 9, 2022

Prezilla Lopez c/o Law Offices of Samer Habbas
200 Spectrum Center Drive, Suite 1230
Irvine, CA 92618

RE: Claim of Prezilla Lopez

Dear Law Offices of Samer Habbas:

NOTICE IS HEREBY GIVEN the claim for damages you presented to the CITY OF STOCKTON on **January 31, 2022** fails to substantially comply with the requirements of the California Government Code. See Sections 910 and 910.2 of the Government Code. Your claim will not be accepted for filing or consideration for the reasons checked below:

- The claim fails to state the name and post office address of the claimant. (See GC §910(a)).
- The claim fails to state the post office address to which the person presenting the claim desires notices to be sent. (See GC §910(b)).
- The claim fails to state the date, place and other circumstances of the event, occurrence or transaction which gave rise to the claim asserted. (See GC §910 (c)).
- The claim fails to state a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim. (See GC §910(d)).
- The claim fails to state the name or names of the public employee or employees causing the injury, damage, or loss, if known. (See GC §910(e))
- The claim fails to state the amount or the basis of computation of the amount claimed as of the date of the presentation of the claim. (See GC §910(f))
- The claim was not signed by the claimant or by some person on behalf of the claimant. (See GC §910.2)
- The claim for indemnity fails to state the date on which the underlying lawsuit was served. (See GC §901)
- Although your claim indicates some facts giving rise to your damages, it fails to link those facts to the City of Stockton in such a way that it would give rise to a cause of action or a dangerous condition of public property with its employee(s) or notice information provided.

WARNING

Your claim may be amended at any time before the expiration of the period designated in Section 911.2 of the Government Code, or before final action thereon is taken by the CITY OF STOCKTON, whichever is later. See Section 910.6 of the Government Code.

Sincerely,

Jeff Rogers, Claims Examiner

Email: jeff.rogers2@sedgwick.com

Cell: (209) 275-4235

PROOF OF SERVICE BY MAIL

I, the undersigned say:

I am now and at all times herein mentioned have been over the age of 18 years, not a party to the within cause or claim, and am employed by Sedgwick, State of California. My business address is P.O. Box 619079, Roseville, California, 95661. I am readily familiar with this agency's business practice for collection and processing of correspondence for mailing with the United States Postal Service. On the date set forth below, I served a copy of the attached letter to claimant by placing the original in an envelope addressed to:

**Prezilla Lopez c/o Law Offices of Samer Habbas
200 Spectrum Center Drive, Suite 1230
Irvine, CA 92618**

which envelope was then sealed and, with postage fully prepaid thereon and placed for collection and mailing at my remote business location and following ordinary business practices. Said correspondence will be deposited with the United States Postal Service at Martinez, California on the date set forth below in the ordinary course of business; there is a delivery service by mail at the Martinez location.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on this **17th day of March 2022**, at Martinez, California.



Linda Del Vigna, Declarant



CITY OF STOCKTON

HUMAN RESOURCES DEPARTMENT

400 E. Main Street, 3rd Floor • Stockton, CA 95202
Phone: 209 / 937-8233 • Fax 209 / 937-8558 • www.stocktongov.com

March 17, 2022

TO: Prezilla Lopez c/o Law Offices of Samer Habbas
200 Spectrum Center Drive, Suite 1230
Irvine, CA 92618

CLAIM OF: Prezilla Lopez

SUBJECT: **NOTICE OF REJECTION**

NOTICE IS HEREBY GIVEN that the Claim which was received by the City Clerk on **January 31, 2022** was rejected by operation of law on **March 16, 2022 (45th day)**, and the undersigned hereby gives you notice to this effect.

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was deposited in the mail to file a lawsuit on this claim. See California Government Code Section 945.6.

This time limitation applies only to causes of action arising under California law for which a claim is mandated by the California Government Tort Claims Act, Government Code sections 900 et. seq. Other causes of action, including those arising under federal law, may have shorter time limitations for filing.

If you choose to bring your case to court and the court should determine that the proceeding was not brought in good faith and with reasonable cause, the City will seek defense costs reasonably and necessarily incurred by the City of Stockton. See Code of Civil Procedure Section 1038.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Sincerely,
Jeff Rogers, Sr. Claims Examiner
Email: Jeff.Rogers2@Sedgwick.com
Cell: (209) 275-4235