



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2026 JUN -5 PM 4:42

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 §914.2).
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:**

Maria G. Velasquez  
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP Bloomington, Ca 92310

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):

Bloomington, Ca 92310

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6/3/26 TIME: 9:30  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 6/3/26, I was transferred via ambulance fire dept/emt from home to Kaiser Hospital. Per paramedic/fire Dept. voluntarily carried my personal bag & "cellphone" to ambulance. However, I never did see my cellphone.

3. HOW DID DAMAGE OR INJURY OCCUR? near me or upon arrival.

my iPhone 17-pro max was brought back to me at Kaiser, by Fire Dept. completely broken, shattered screen & unable to fully function. Per Fire Dept. apologized for damaging my cellphone & reassured me that

4. WERE POLICE AT THE SCENE?  YES  NO WERE PARAMEDICS AT THE SCENE?  YES  NO Their chief was in charge of the situation

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.

Rialto Fire Dept. emt - MALES; unfortunately were nice & caring to be honest & return my phone, after possibly being damaged by ambulance equipment meanwhile I was unaware. I am disabled & had my cellphone replaced w/ Apple.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1507.42

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

**DAMAGES INCURRED TO DATE:**

Item/Date: iphone 17 pro max 512GB silver  
Item/Date: \_\_\_\_\_

Amount: \$ 1507.42  
Amount: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1,507.42

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: Zack Fire Dept / DMV  
ADDRESS: Rialto Fire Dept.

NAME: Gilong Burren  
ADDRESS: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

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

NAME: Kaiser Permanente  
ADDRESS: \_\_\_\_\_

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

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

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

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

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

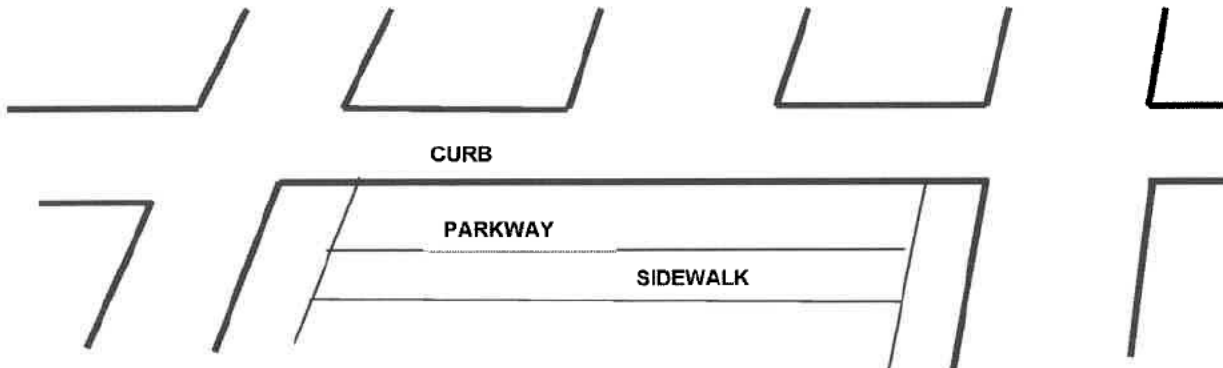
REC'D  
CITY OF RIALTO  
JUN -5 11:41 AM '20

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 DECARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Maria Velasquez

TYPE OR PRINT NAME

myself.

RELATIONSHIP TO CLAIMANT

DATE

6/4/2020

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

## Liability Claims – Filing a Claim

In the event an incident occurs, the affected person/group/business may file a claim with the City of Rialto. A claim against the City must be made in writing. A **CLAIM FORM** must be submitted to the City Clerk's Office within six (6) months of the date the incident occurred. If there is not enough space on the claim form, please use additional paper and identify information by paragraph number.

The claim form must be accurately completed, printed, signed and mailed or hand-delivered to the address below. **Electronic and facsimile filings will not be accepted.**

<b>Submit claims in person:</b> City of Rialto City Clerk's Office 290 W. Rialto Ave. Rialto, CA 92376	<b>Submit claims by mail:</b> City of Rialto Attn: City Clerk's Office 150 S. Palm Ave. Rialto, CA 92376
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Allow approximately 45 days to process and investigate your claim and all information/documentation submitted.

**\*\*Please be advised a claim submitted does not guarantee a commitment to pay your claim or an admission of liability. All information submitted will be evaluated and investigated to make a final liability decision.\*\***

### Contact Us

#### City Clerk / Management Services

[Email City Clerk's Office](mailto:CityClerk@rialto.org)

Phone: (909) 820-2519

2008 JUN -5 PM 1:42  
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Apple Victoria Gardens  
 12461 S. Main Street  
 Rancho Cucamonga, CA 91739  
 victoriagardens@apple.com  
 909-803-5220  
 www.apple.com/retail/victoriagardens

2026 JUN -5 PM 4:42  
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December 22, 2025 01:55 PM

**iPhone 17 Pro Max 512GB Silver \$ 1,399.00**

Part Number: MFXK4LL/A  
 Serial Number: LWXG74M27G  
 IMEI: 356605224169603  
 Return Date: Jan. 08, 2026  
 For Support, Visit: [www.apple.com/support](http://www.apple.com/support)

Use of iPhone constitutes acceptance of the iPhone terms and conditions and other third party terms and conditions found in the iPhone box, or at <http://www.apple.com/legal/sla/>.

If you are not fully satisfied with your iPhone purchase, you can return your undamaged iPhone within 17 days of purchase for a full refund with no restocking fee.

If you disagree with these terms and conditions you can return the iPhone in accordance with the Apple Store's return policy [http://www.apple.com/legal/sales\\_policies/retail.html](http://www.apple.com/legal/sales_policies/retail.html)

For information on Apple's privacy policy see [www.apple.com/privacy](http://www.apple.com/privacy)

Sub-Total	\$ 1,399.00
Tax	\$ 108.42
<b>Total</b>	<b>\$ 1,507.42</b>

**Payment Method**

Amount Paid Via Cash	\$ 1,200.00
Amount Paid Via US DEBIT (Chip)	\$ 307.42
**** 6348	
761602	



\* 2 0 2 5 1 2 2 2 R 0 9 4 1 1 2 6 5 9 9 \*

Please debit my account \*\*\*\* 6348 by \$ 307.42 (Sale)  
 Card Number: \*\*\*\* 6348  
 Date/Time: 2025/12/22 13:54:33  
 Application ID: A0000000980840

Application PAN Sequence Number: 00  
Trace Number: 00997150  
Device Id: 0042  
Card Type: Debit  
TVR: 8000048000  
TSI: 6800  
Verified by PIN

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CITY OF RIALTO

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[https://www.apple.com/legal/sales-support/sales-policies/retail\\_us.html](https://www.apple.com/legal/sales-support/sales-policies/retail_us.html)  
Apple can recycle your old electronics, visit [apple.com/recycle](https://apple.com/recycle) to learn how  
Learn how to set up your product and transfer your data from home at [support.apple.com](https://support.apple.com).

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# AFTER VISIT SUMMARY

Maria G. Velasquez

6/3/2026 FMC FMED EMG 888-750-0036

## Instructions

### HOME HEALTH

Your doctor has ordered visits from our home health for PHYSICAL THERAPY for evaluation/treatment and for home safety evaluation; they will contact you and arrange to come to your home after your discharge from the hospital.

### FONTANA HOME HEALTH

If you need to contact someone in regards to this, please call the Kaiser Permanente Fontana Home Health Department: Office Hours 8:30am - 5:30pm - (909) 609-3800. After Hours - (888) 576-6225 (888-KP-ONCALL).



### Your medications have changed today

See your updated medication list for details.



### Read the attached information

ORTHOSTATIC HYPOTENSION (ENGLISH)



### Pick up these medications at KP FO FONTANA 24 HR

Albuterol

Address: 9961 Sierra Ave, Hosp Bldg, Fl 1, Fontana CA 92335  
Phone: 855-434-2155



### Referrals made today

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY

Where: \*FONTANA

Address: FOR REFERRALS ONLY FONTANA CA 92335-6720

Expires: 6/3/2027 (requested)

REFERRAL HOME HEALTH CARE

Where: \*FONTANA

Address: FOR REFERRALS ONLY FONTANA CA 92335-6720

Expires: 6/3/2027 (requested)



### Follow up with ALEX ZUCKER MCDONALD MD, M.D.

Why: As needed, If symptoms worsen

Specialty: Family Practice

Contact: 9961 SIERRA AVE  
Fontana CA 92335-6720  
833-574-2273

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# Today's Visit

You were seen by AURORE RICHARD DO

## Diagnoses

- POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME
- ORTHOSTATIC HYPOTENSION (LOW BLOOD PRESSURE UPRIGHT)
- CHRONIC FATIGUE SYNDROME
- SHORTNESS OF BREATH

## Lab Tests Completed

BLOOD UREA NITROGEN (BUN)  
CBC (COMPLETE BLOOD COUNT) WITH DIFFERENTIAL  
CREATININE  
ELECTROLYTE PANEL  
GLUCOSE  
N-TERMINAL PRO-BRAIN NATRIURETIC PEPTIDE  
TROPONIN I  
URINALYSIS  
URINALYSIS  
WHITE BLOOD CELL DIFFERENTIAL

CITY OF QUILICHO  
JUN 15 11:48 AM

## Imaging Tests

X-RAY CHEST

## Done Today

INPATIENT DISCHARGE PLANNING CONSULT

## Medications Given

Albuterol (PROVENTIL) Last given at 12:07 PM  
sodium chloride 0.9 % Stopped at 12:00 PM



Blood Pressure  
132/97



Temperature  
98.6 °F



Pulse  
94



Respiration  
16



Oxygen Saturation  
98%

## What's Next

AUG  
18  
2026

**Office Visit with MONIKA UPADHYE CURLIN MD**  
Tuesday August 18 2:15 PM

DERMATOLOGY  
9961 SIERRA AVE  
FONTANA CA 92335-6720  
833-574-2273