



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 APR 29 PM 2:14
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:

Ernesto Ruiz _____
FULL NAME

_____ 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): 810 W 7th st, Unit C, San Bernardino, 92410

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11/09/2025 11/27/2025 TIME: N/A 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.
See Attached

3. HOW DID DAMAGE OR INJURY OCCUR?
see attached

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.
See Attached

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ \$18,000,000.00

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

DAMAGES INCURRED TO DATE: See Attached

Item/Date: _____ Amount: \$ _____

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 18,000,000.00

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: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

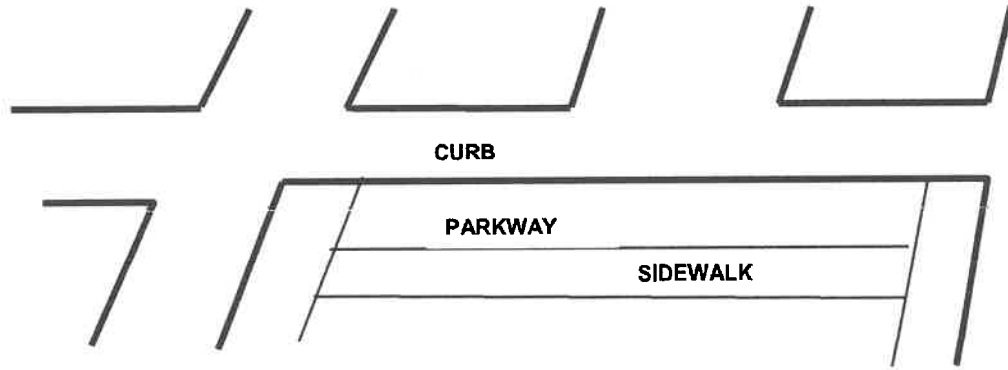
DATE: _____ TIME: _____ AM PM

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.



2026 APR 29 PM 2:15
CITY OF RIALTO
RECEIVED
CITY CLERK

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

Ernesto Ruiz

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

04/28/2026

DATE

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

GOVERNMENT TORT CLAIM

(Pursuant to California Government Code § 910 et seq.)

TO: CITY CLERK, CITY OF RIALTO
150 S. Palm Avenue
Rialto, CA 92376

CITY OF RIALTO
2025 APR 29 PM 2:14

RECEIVED
CITY CLERK

CLAIMANTS:

1. Ernesto Ruiz
134 S Willow Ave, Rialto, Ca, 92376

2. Jeffery Sabauste
134 S Willow Ave, Rialto, Ca, 92376

I. DATE AND PLACE OF INCIDENTS

The injuries occurred through a series of targeted law enforcement actions on November 9, 2025, and November 27, 2025, in the immediate vicinity of 134 S. Willow Avenue, Rialto, CA, and within the West Valley Detention Center.

II. DESCRIPTION OF OCCURRENCE (Gov. Code § 910(c))

This claim involves a pattern of retaliatory "street-level" harassment by the Rialto Police Department intended to intimidate the owner and associates of the property at 134 S. Willow Avenue.

A. Ernesto Ruiz (November 9, 2025):

Mr. Ruiz, the caretaker of the subject property, was walking towards 134 S Willow Ave. Rialto, Ca, 92376 when he was stopped by Rialto Police. Despite being compliant, a second officer arrived and violently kicked Mr. Ruiz from behind, launching him face-first into oncoming traffic. Mr. Ruiz suffered a dislocated knee and four bruised ribs. He was subsequently detained for 48 hours and denied medical attention. Officers explicitly threatened that requesting medical care would result in a longer jail stay. This incident was a pretextual arrest for "public intoxication" (PC 647(f)) intended to harass the property's management.

B. Jeffery Sabauste (November 27, 2025):

Mr. Sabauste and Mr. Ruiz was targeted for a pretextual property check (Ticket #169320) on South Willow Avenue, directly on the subject property 134 S Willow Ave. Rialto, 92376. This check was part of a "cordon" strategy where Rialto PD monitors and cites any individual

entering or exiting 134 S. Willow Avenue to facilitate the City's goal of declaring the property a "public nuisance" for municipal expansion.

III. DESCRIPTION OF INJURY AND LOSS (Gov. Code § 910(d))

1. **Physical Injuries (Ruiz):** Dislocated knee, four bruised ribs, atypical chest pain, and chronic back pain (confirmed by medical records dated 3/20/2026).
2. **Emotional Distress:** Severe trauma, humiliation, and anxiety resulting from the use of excessive force and the threat of oncoming traffic.
3. **Civil Rights Violations:** Violation of the Fourth Amendment (unreasonable seizure), the Fourteenth Amendment (Due Process), and the Bane Act (Civ. Code § 52.1).
4. **Economic Loss:** Loss of wages, medical expenses, and legal defense costs.

IV. PUBLIC EMPLOYEES INVOLVED (Gov. Code § 910(e))

Timothy Sun (Code Enforcement Manager), and other Doe Officers of the Rialto Police Department.

V. AMOUNT OF CLAIM (Gov. Code § 910(f))

The total amount claimed is \$18,000,000.00. Because the claim exceeds \$10,000, it is an unlimited civil case.

VI. LEGAL BASIS FOR LIABILITY

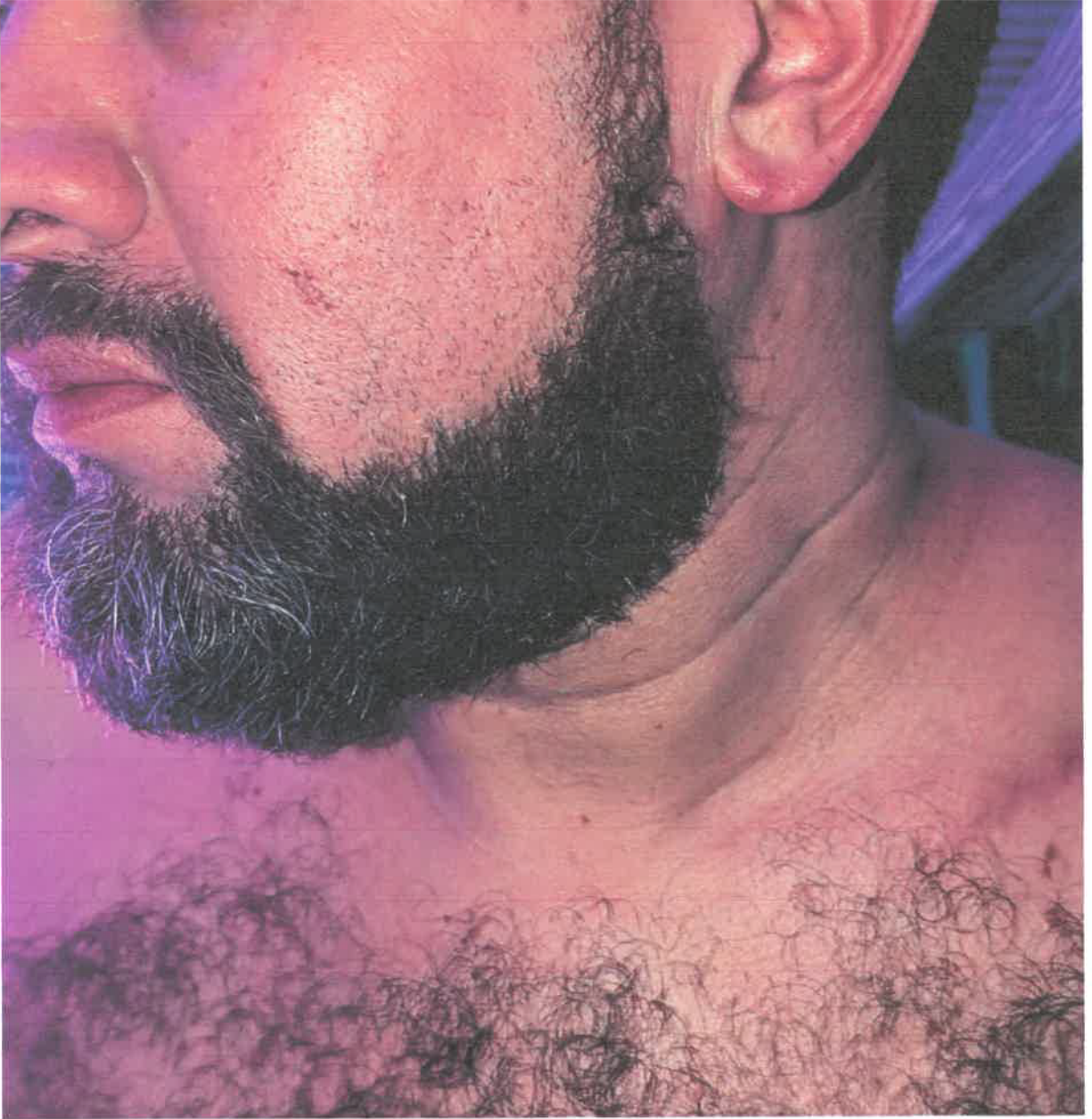
1. **Battery and Excessive Force:** The unprovoked physical assault on Ernesto Ruiz.
2. **False Arrest/Imprisonment:** Pretextual stops without probable cause.
3. **Bane Act (Civ. Code § 52.1):** Interference with constitutional rights through "threats, intimidation, or coercion." The City's use of physical violence to influence a property dispute constitutes a classic Bane Act violation.
4. **Failure to Furnish Medical Care (Gov. Code § 845.6):** Intentionally discouraging and denying medical care for Ruiz's dislocated knee while in custody.

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

Dated: April 28, 2026

Ernesto Ruiz, Claimant













CITY OF RIALTO POLICE DEPARTMENT

181552

NOTICE TO:

APPEAR IN COURT AT AM PM ON: _____
OR

RESPOND TO CITATION BEFORE:
DATE: ____ / ____ / ____

See back for detailed instructions

- Superior Court of California Fontana District
17880 Arrow Rd., Fontana, CA 92335
(909) 350-8322 => sb-court.org/divisions/traffic
- Superior Court of California Rancho Cucamonga District
9303 Haven Ave., Rancho Cucamonga, CA 91730
(909) 350-9784 => sb-court.org/divisions/criminal-general-information
- Superior Court of California Juvenile Delinquency
800 East Gilbert St. Bldg 2, San Bernardino, CA 92415
(909) 269-8840 => sb-court.org/divisions/juvenile
- San Bernardino County Juvenile Probation
17830 Arrow Rd., Fontana, CA 92335
(909) 383-2700 => sanbernardinocountyprobation/about-us/juvenile-probation-101

To be notified

ACT BY THIS DATE TO AVOID A WARRANT OR ADDED FEES

Date of Violation (mm/dd/yy) Time AM PM Driver's License Number (all states) Class State

Name (first, middle, last)

Current Address (no. street, city, state, zip)

Date of Birth (mm/dd/yy) Parent/Guardian Phone No. Juvenile Commercial Y N Insurance Y N

Race / Ethnicity Sex Hair Eyes Height Weight

Vehicle License/VIN State Year of Veh. Make

Registered Owner/Lessee Same as Driver Owner's Responsibility (VC § 40001) Model Body Style

Address (no., street, city, state, zip) Same as Driver Color

Reason for Stop

CITATION DETAILS

Booking Required (see reverse)

Correctable (V.C. 40610)

M = Misdemeanor
I = Infraction (circle)

(Fix-It)	Code/Section	Description	M	I
<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	M	I
<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	M	I
<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	M	I
<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	M	I

Approx. Speed: PF/Max Speed Speed Limit Safe Speed Radar/Lidar Commercial Veh. VC § 15210(b)

Location of Violation Hazardous Mat. VC § 353

City/County of Occurrence (if outside Rialto) Agency Case No.

WEATHER CONDITIONS	ROADWAY	TRAFFIC CONDITIONS	CRASH
CLEAR CLOUDY FOG RAIN	WET DRY	LIGHT MODERATE HEAVY	FAT INJ PDO

Violations not committed in my presence, declared on information and belief. (VC § 40600)
I declare under penalty of perjury under the laws of the State of CA that the foregoing is true and correct.

DECL. DATE _____ ARRESTING OFFICER _____ ID # _____
DECL. DATE _____ ARRESTING OFFICER (if different from above) _____ ID # _____

I promise to act by the date at the top of this citation. Signing DOES NOT admit guilt.

CELL PHONE - Optional (may be used for reminders)

X _____
SIGNATURE

DEFENDANT COPY

Continuation Form
Form Adopted for Mandatory Use
Judicial Council of California Form
TR-130, Traffic/Nontraffic Notice to Appear
(Rev'd. Jan 1, 2024)
SEE REVERSE SIDE

(Veh. code § 40500(b), 40513(b),
40522, 40600; Pen code § 853.9)

WHAT YOU NEED TO DO

Step ① Which box is checked on the front of the citation:
APPEAR IN COURT or RESPOND TO CITATION?

Step ② Follow instructions based on the box checked on the front.

If APPEAR IN COURT is checked on the front

- ▶ **Your next step:** Go to court on the date, time, and location on the front. Appearing in court is your **only option**. You can plead guilty or not guilty.
IMPORTANT: *Missing court may result in a warrant for your arrest. Don't let that happen – go to court! The judge will explain next steps.*
- **Helpful Tip:** Put the court date in your calendar, set a reminder, start planning now.
- **Juveniles:** if you were under 18 years old at the time of the violation, you must bring a parent or guardian with you to court.

If RESPOND TO CITATION is checked on the front

Citations can take up to 14 days to show up in the court system. Keep checking to find your citation, and then complete Option A, B, C, or D by the date listed on front.

- ▶ **Your next step:** Choose an option below and respond by the date.
IMPORTANT: *Not responding by the date on the front can result in a "failure to appear" charge, a guilty finding, an additional fee of up to \$100, and a hold on your car registration (owner's responsibility). Choose one of the options below to avoid these penalties:*

– **Option A: Pay or Ask for a Reduction (Guilty Finding)**

- Pay (online, call, in person). If you cannot pay in full now, contact the court (see front for contact information) to request a payment plan or extension.
- Ask for a reduction at MYCITATIONS.COURTS.CA.GOV (takes about 10 minutes).

Note: *This option may add points to your driving record and affect insurance.*

– **Option B: Request Traffic School** To avoid points on your driving record, you can request traffic school. You pay the citation plus an additional traffic school fee and complete traffic school. Contact the court to see if you are eligible.

– **Option C: Dispute the Citation (Plead Not Guilty)** You can dispute the citation **in person** by requesting a court date for a trial (no cost) or by mail ("trial by written declaration"), which requires you to pay the fine up front (amount returned if citation is dismissed). Contact court for more details (court info on front of citation).

– **Option D: Correctable ("Fix-It")** If "Correctable" is checked on the front, first show an officer, authorized inspection agency, or DMV (license and registration issues only) that you fixed the issue and they will sign the citation (below). Then, you must show the court that you fixed the issue to have the violation dismissed. You must also pay a transaction fee. For insurance issues, you must show the court you had insurance when you got the ticket and pay a transaction fee.

CERTIFICATE OF CORRECTION (MUST BE RETURNED TO COURT)

Section(s) Violated	Signature of Person Certifying Correction	Serial No.	Agency	Date

If "**Booking Required**" is checked on front, call 909-350-9764 to schedule an appointment before the court date. You will not be arrested and will attend your court date on your own.



MORE INFORMATION

For translations and general information about the process visit <https://www.courts.ca.gov/forms.htm>

To contact the court, see front of citation for court's website and phone number. The court will send notice explaining next steps.

NOTICE TO:
 APPEAR IN COURT AT AM PM ON: _____
OR
 RESPOND TO CITATION BEFORE:
DATE: ____/____/____
 See back for detailed instructions →

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- Superior Court of California Rancho Cucamonga District
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- San Bernardino County Juvenile Probation
17830 Arrow Rd., Fontana, CA 92335
(909) 383-2700 → sanbernardinocountyprobation/about-us/juvenile-probation-101

To be notified **ACT BY THIS DATE TO AVOID A WARRANT OR ADDED FEES**

Date of Violation (mm/dd/yy) Time AM PM Driver's License Number (all states) Class State
 1/25/25 1030 [Redacted] C CA

Name (first, middle, last)
 RIALTO, RUIZ

Current Address (no., street, city, state, zip)
 139 S Willow Ave

Date of Birth (mm/dd/yy) Parent/Guardian Phone No. Juvenile Commercial Insurance
 1/25/17 952-3513 Y N Y N

Race / Ethnicity Sex Hair Eyes Height Weight
 M M BRN GRN 5 10 185

Vehicle License/VIN State Year of Veh. Make

Registered Owner/Lessee Same as Driver Owner's Responsibility (VC § 40001) Model Body Style

Address (no., street, city, state, zip) Same as Driver Color

Reason for Stop

CITATION DETAILS Booking Required (see reverse)

Correctable (V.C. 40610) (Fix-It) Code/Section Description M = Misdemeanor I = Infraction (circle)

<input type="checkbox"/> Y <input type="checkbox"/> N			M	I
<input type="checkbox"/> Y <input type="checkbox"/> N			M	I
<input type="checkbox"/> Y <input type="checkbox"/> N			M	I
<input type="checkbox"/> Y <input type="checkbox"/> N			M	I

Approx. Speed PF/Max Speed Speed Limit Safe Speed Radar/Lidar Commercial Veh. VC § 15210(b)

Location of Violation Hazardous Mat. VC § 353
 CITY OF RIALTO

City/County of Occurrence (if outside Rialto) Agency Case No.

WEATHER CONDITIONS CLEAR CLOUDY FOG RAIN	ROADWAY WET DRY	TRAFFIC CONDITIONS LIGHT MODERATE HEAVY	CRASH FAT INJ PDO
---	--------------------	--	----------------------

Violations not committed in my presence, declared on information and belief. (VC § 40600)
 I declare under penalty of perjury under the laws of the State of CA that the foregoing is true and correct.

DECL. DATE ARRESTING OFFICER ID #
 DECL. DATE ARRESTING OFFICER (if different from above) ID #

I promise to act by the date at the top of this citation. Signing DOES NOT admit guilt.
 ()
 CELL PHONE - Optional (may be used for reminders)
 X SIGNATURE

WHAT YOU NEED TO DO

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APPEAR IN COURT *or* RESPOND TO CITATION?

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If RESPOND TO CITATION is checked on the front

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- ▶ **Your next step:** Choose an option below and respond by the date. **IMPORTANT:** Not responding by the date on the front can result in a "failure to appear" charge, a guilty finding, an additional fee of up to \$100, and a hold on your car registration (owner's responsibility). **Choose on of the options below to avoid these penalties:**
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CERTIFICATE OF CORRECTION (MUST BE RETURNED TO COURT)

Section(s) Violated	Signature of Person Certifying Correction	Serial No.	Agency	Date

If "Booking Required" is checked on front, call 909-350-9764 to schedule an appointment before the court date. You will not be arrested and will attend your court date on your own.



MORE INFORMATION

For translations and general information about the process visit <https://www.courts.ca.gov/forms.htm>.

To contact the court, see front of citation for court's website and phone number. The court will send notice explaining next steps.

CITY OF RIALTO POLICE DEPARTMENT 169320

NOTICE TO:
 APPEAR IN COURT AT AM PM ON: _____
OR
 RESPOND TO CITATION BEFORE:
DATE: 3-12-25

See back for detailed instructions. →

To be notified

ACT BY THIS DATE TO AVOID A WARRANT OR ADDED FEES

Date of Violation (mm/dd/yy) Time AM PM: Dr: _____
 11-27-25 0335

Name (first, middle, last) _____
 SPENCER LUTS SUBANUE

Current Address (no., street, city, state, zip) _____
 134 S Willow Ave Rialto CA 92376

Date of Birth (mm/dd/yy) Parent/Guardian Phone No. Juvenile Commercial Insurance
 11-16-25 _____ Y N Y N

Race Ethnicity Sex Hair Eyes Height Weight
 _____ M BRN BLU 600 170

Vehicle License/VIN State Year of Veh. Make

Registered Owner/Lessee Same as Driver Owner's Responsibility (VC§40001) Model Body Style

Address (no., street, city, state, zip) Same as Driver Color

Reason for Stop
 CALL FOR SERVICE

CITATION DETAILS Booking Required (see reverse)

Code	Code/Section	Description	M	I
<input type="checkbox"/> Y <input type="checkbox"/> N	PC 214	UNLAWFUL PASS LANE	M	I
<input type="checkbox"/> Y <input type="checkbox"/> N			M	I
<input type="checkbox"/> Y <input type="checkbox"/> N			M	I
<input type="checkbox"/> Y <input type="checkbox"/> N			M	I

Approx. Speed PF/Max Speed Speed Limit Safe Speed Radar/Lidar Commercial Veh. VC.8 15210(b)

Location of Violation
 134 S Willow Ave

City/County of Occurrence (if outside Rialto) _____ Agency Case No. 230514215

WEATHER CONDITIONS	ROADWAY	TRAFFIC CONDITIONS	CRASH
CLEAR CLOUDY FOG RAIN	WET DRY	LIGHT MODERATE HEAVY	FAT INJ PDO

Violations not committed in my presence, declared on information and belief. (VC § 40600)
 I declare under penalty of perjury that the foregoing is true and correct.

DECL. DATE _____ ARRESTING OFFICER _____
 DECL. DATE _____ ARRESTING OFFICER (if different from above) _____

I promise to act by the date at the top of this citation. Signing DOES NOT admit guilt.
 CELL PHONE - Optional (may be used for reminders)
 X _____ SIGNATURE

DEFENDANT COPY

Continuation Form
 Form Adopted for Mandatory Use
 Judicial Council of California Form
 TR-130, Traffic/Nontraffic Notice to Appear
 Revised Jan 1 2024

(Veh. code § 40500(b).
 40522 40523

Booking No. 2511340717 San Bernardino County Sheriff's Department DR/Case No. 232513440
 Date/Time Booked 11/9/25 @ 9:10 ARREST/BOOKING APPLICATION Arresting Agency RIALTO PD
 SSN _____ Date of Arrest 11/25
 DL/ID No. 27334033 State CA Time of Arrest 2:03

Name: Last		First		Middle		Aka or Maiden Name	
Sex	DOB	Age	Ht	Wt	Hair	Eyes	Race
Arrested With		Associated DR#					
Address No. and Street			City		State	Zip	Phone - Home & Cell
Spouse/Domestic Partner			Home Phone		Cell Phone		
Employer		Employer Address		Employer Phone		Type of Job	
Clothing Description							Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you out on Bail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Parole or Probation Officer		PO's Office/Address		PO's Phone	
OR Release? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Arrest		Location of Vehicle			
License No. of vehicle		Make	Model		Color		

BOOKING CHARGES

ARREST TYPE: S = On Site W = Warrant H = Hold C = Citizen O = Other

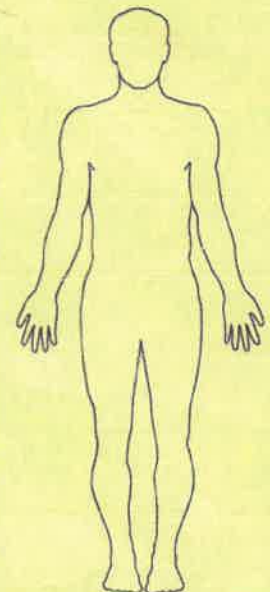
Type	Charges	M/F	Definition	Court	Warrant No.	Bail
S	PC 14700.1	M	AGGRAVATED BATTERY	RIALTO		

Other Agency Hold (O/C, FUG, INS, Etc.) _____ Agency/Jurisdiction _____ Code Section _____ Warrant No. _____
 Any Injuries or Illnesses? Yes No Any Required Medications? Yes No If Yes to Either, Explain on Medical Screening/Receiving Form
 Medical Examination Prior to Booking? Yes No Hospital Where Treated _____ If Yes, Attach Hospital/Clinic Referral
 Fought with Law Enforcement? Yes No Fought with Other (than Law Enforcement)? Yes No Use of Force LVNR Taser OC ASP Time _____
 Rendered Unconscious? Yes No

Special Instructions and Mandatory Information

Emergency Notification	
Name/Relationship	Home & Cell Phone
Address	
Name/Relationship	Home & Cell Phone
Address	
Amount of Money	\$ <u>9.00</u>
Arresting/Transporting Officer Signature	
Additional Comments	
Arresting Officer	
Transporting Officer	
Agency	
24-hour Agency or Investigating Officer Contact Phone No. (Required for All Arrests RE: High Profile Release Notification)	
Marsy's Law Notification / Agency	
Agency Contact Time and Date	Who Was Contacted?
By Whom	

TATTOOS/SCARS:
DESCRIPTION (indicate any gang tattoos)
CHEST
BACK
NECK
HEAD
FACE
R ARM
L ARM
R LEG
L LEG
BIRTHMARK
OTHER



March 19, 2026

To whom it may concern,

On Saturday November 8th, 2026, at approximately 8:30 pm I began walking home from Fontana to Rialto going eastbound on Arrow Highway. I was walking home from attending band rehearsal as I am a singer and a musician. About half ways through the walk home about 30mins in, I began to sweat and my shirt got wet. As a singer I knew I couldn't get sick, therefore I took my shirt off for the rest of the walk home. I was alone the whole walk didn't interfere with one person at all; it was a very peaceful walk. I was approximately one block away from my house. I live right next to the police station they know exactly who I am because I have been dealing with the city and the police department over my building being unfairly red tagged. The officer was barely pulling out of the police department I believe they were starting their shift.

As I continued walking at a normal pace without any problems, he made an illegal U-turn and lite me up. I politely greet the office. I'm sure as he saw me walking down the street with no shirt it could cause some concern that I possibly needed help or maybe got into a fight and lost my shirt. At this moment I'm not sure why he detained me, but I remained compliant and explain my situation to the officer. I pointed to exactly where I live, you could see my house from where I was stopped.

I attempted to be responsible by walk, as my driver was slightly intoxicated to drive and I could not miss rehearsal. Everyone was only waiting on me to begin. I told him I took my shirt off because I've been walking since Fontana and Sierra by the other Fontana Police Department and I didn't want to get sick from my wet shirt. I have no tattoos or have I ever been arrested in my life. He asks for my identification, and I asked if I was being detained and if I was, what crime was I suspected of committed. He stated: well, you're out here by our police cars with no shirt on. I politely said I understand but I told you I'm walking home, and I didn't want to get sick, so I took my shirt off. I told him I have no criminal record, but I still give him my license number, he ran my information without probably causing or justification. At that time a second police officer shows up as back up. I recognize the cop immediately from a previous encounter I was not a part of but witness too. He is rude to people and goes beyond his job title and was definitely abusing his status and power. I told the arresting officer " Oh man this isn't going to end well I know that officer he is a gunnie from the army" when that officer heard that comment he whispered into the arresting officer ear, but I'm too

far away to hear what he said. At this point they knew who I am and where I lived, at the house they want to but to build their new parking lot. My backyard is the police station parking lots for all the civilian vehicles they have already bought the old mortuary next to me and have been fighting with me to get my property unjustly. At this point I'm fully compliant and have answered every question they have but have not answered any of mine. I am sitting on the curb with my hands behind my back but without cuffs, I still don't get any answers about why I'm being detained or what crime I haven't been suspended of committing. I believe at this point is when this went astray. The arresting officer comes and tries to cuff me. Without reading me my rights or telling me why I'm being arrested in the first place at all. While I'm sitting on the curb, I move my hands to the front of me without trying to get up and say, "hey this is illegal you need to tell me why I was detained and especially why I'm being arrested". I can see my house I'm so close had no problem at all the whole walk home until I got stopped by Rialto PD. The second aggressive officer suddenly kicks me from the back into the street completely caught off guard I several damage both of my knees and fall face first into the street into oncoming traffic. At this point I'm scared from my life because I don't want to get hit by oncoming traffic since I was completely caught off guard, I was literally in the middle of the street they scrap me all over the ground unnecessarily. And then once I'm upset and blown away by the way I've been treated then they tell me public intoxication. They never did any sobriety tests or read me my rights I told them I had come from a show and a couple drinks there, but I was never driving I choose to do the right thing and just walk home. What kind of world do we live in here the people sworn to protect and serve us are allowed to treat civilians like this and get away with breaking the law?

At this point I'm in the back of the police going to the Rialto police department 50 feet from my house. Unbelievable that something like this happened. I'm put in the tank and then transferred to West valley when my ticket says cite and release. I spend over 48 hours in jail with a dislocated knee and 4 bruised ribs and scratches and bruises everyone and they didn't even give me my shirt back. When I got out and started getting transferred to West valley that's when my knee started to swell up extremely bad, but no one cared I felt humiliated and degraded. I was being treated like an animal without any criminal history. I believe what they did was to scare me away from my property and retaliation for the headache we have given the police department and the city of Rialto. I felt they want to bend the rules in their favor to ultimately break the law and bulldoze my house

Under certain laws the property I caretake for is a history by building it cannot build taking down for any parking lots or parks or any other city services. It's the law. Once I get to West valley I'm in terrible pain and can barely walk I tell the officer who is

transferring me there that "hey I think I need medical attention for my knee I'm in a lot of pain" she says if I ask for medical attention I will stay longer in jail

Which makes no sense to me at all. Remember I have never been arrested or in jail my whole 38 years on this planet I don't know how the jail system works but I know from firsthand experience that it's broke. I was coached and groomed into not telling the first medic that checked me in about my condition I'm limping to the medical office and the officer says " stop limping or you're going to stay longer" I tell her I can't help it I'm in excruciating pain. I sit with the medic and say I'm fine because I don't want to stay longer in jail after I get checked in I ask for medication and I'm denied I asked for a shirt and took them almost 28 hours for a shirt. We don't have toilet paper, and I have to shit on the toilet for an hour without being able to wipe I'm on the toilet so long without paper I fall asleep

That was the most humiliating part of my life to date I will never forget that experience and the traumas people are put thru

8 domestic violence cases 3 DUIs case and 2 illegal arm possession and I'm the only one with severe injuries. I was targets and intimidated but the Rialto police department and am I asking for a full investigation on the actions taken by both officers on scene and full body camera footage of both officers and the video camera footage of West valley showing me limping and being coached to not say anything and hide the abuse and assault of the officers. I will be taking legal against to make sure no one else suffers this injustice by the people sworn to protect. I can provide pictures and documentation from Arrowhead hospital. That is the hospital I went to immediately after getting out of that hell hole you guys' call. Jail...

Fontana Urgent Care
17051 Sierra Lakes Parkway Suite 102
Fontana, CA 92336
(909) 428-1800

RUIZ, ERNESTO

DOB:
MRN:
Visit Date: 03/20/2026

SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgement when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen or lost prescriptions for pain medication.
5. We do not prescribe long-acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Methadone.
7. We do not usually give shots for flare-ups of chronic pain.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. In California, we use the California Prescription Drug Monitoring Program called CURES. In Arizona and Nevada, we use the Prescription Monitoring Program that has oversight by the Arizona and Nevada state boards of pharmacy. These statewide computer systems track opioid pain medications and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call **1-800-662-HELP (4357)** for

confidential referral and treatment.

Sponsored by:

**American College
of Emergency Physicians**
ADVANCING EMERGENCY CARE

CMA
California
Medical Association

AZHHA
Arizona Hospital
and Healthcare Association

NHA
Nevada Hospital Association

ENA
Emergency Nurses Association
Safe Practice, Safe Care
California State Council

KAISER PERMANENTE

Emergency Department Patient Discharge Instructions

If your symptoms continue or worsen, return to the emergency department or contact your physician.

If you have questions about your discharge instructions, call the phone number above.

Providers

Attending Physician - Bearie, Brian J MD

Primary Care Physician - PCP, Not on Staff

Reason for Visit

SOB - Shortness of breath, UC - Rib/Trunk Pain or Swelling

Discharge Diagnosis

Acute on chronic back pain

Atypical chest pain

Rib pain

Discharge Vitals

T: 36.6 °C (Tympanic) **HR:** 103 (Monitored) **RR:** 20 **BP:** 122/80 **SpO2:** 98%

Time patient left the UC

These instructions are intended to provide general information and guidelines to follow at home to properly care for your particular medical problem. The following diagnostic tests and/or procedures were performed during your stay.

Tests Performed

CXR 1 View AP or PA

Follow-up Instructions:

All referrals for follow up medical care may require approval by your insurance carrier. Any provider contact information (below) is provided to assist you in getting the follow up we recommend. However, it's important that you first check with your insurance provider to assure that the provider is in your network and such a visit will be covered. Some plans may require a Primary Care doctor to provide a referral for specialist appointments.

You May Need to Schedule the Following Appointments

Follow Up with Not on Staff PCP

When Within 1 to 3 days

Follow Up with Go to the emergency room if you have any worsening or new signs or symptoms

When Within As soon as possible

We encourage you to sign up for My Portal, where you can easily access your medical records and test results from all Dignity Health care centers.

Please sign up in one of the following ways:

1. **Email invitation.** You may have a message in your inbox. Please click the link provided to create an account. OR
 2. **Request an invitation at your next clinic or hospital visit.** Please ask a staff member and they will be happy to assist you.
-

Medications

	What	How much	When	Instructions
New	cyclobenzaprine (cyclobenzaprine 5 mg oral tablet)	1 tab (s) By mouth	Three times daily as needed for Muscle spasm	Duration: 7 Days Do NOT drive or operate machinery when taking this medicine. This medicine may cause drowsiness Pickup at RALPHS PHARMACY 70300113
New	ibuprofen (Motrin 400 mg oral tablet)	1 tab (s) By mouth	Every 6 hours as needed for Pain Mild to Moderate (1-6)	Pickup at RALPHS PHARMACY 70300113

Pharmacy Information

RALPHS PHARMACY 70300113: 16225 Sierra Lakes Pkwy Fontana, CA 923361245 (909) 357 - 2525

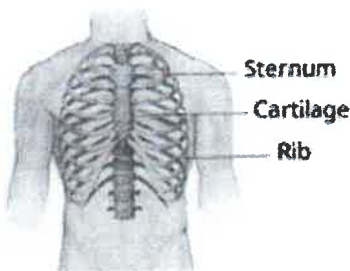
Discharge Orders

Discharge Orders:

Discharge to Now, Home or self care

Education Materials

Costochondritis



Costochondritis is irritation and swelling (inflammation) of the tissue that connects the ribs to the breastbone (sternum). This tissue is called cartilage.

This condition causes pain in the front of the chest. The pain often starts slowly. It may be in more than one rib.

What are the causes?

The cause of this condition is not always known. It can come from stress on the sternum. The cause of this stress could be:

- Chest injury.
- Exercise or activity. This may include lifting.
- Very bad coughing.

What increases the risk?

- Being female.
- Being 30–40 years old.
- Starting a new exercise or work activity.
- Having low levels of vitamin D.
- Having a condition that makes you cough a lot.

What are the signs or symptoms?

Chest pain that:

- Starts slowly. It can be sharp or dull.
- Gets worse with deep breathing, coughing, or exercise.
- Gets better with rest.
- May be worse when you press on your ribs and breastbone.

How is this treated?

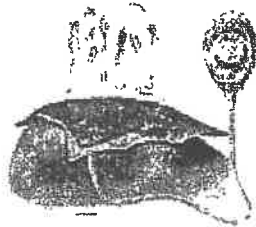
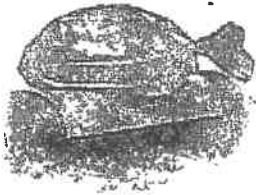
In most cases, this condition goes away on its own over time. You may need to take an NSAID, such as ibuprofen. This can help reduce pain. You may also need to:

- Rest and stay away from activities that make pain worse.
- Put heat or ice on the area that hurts.
- Do exercises to stretch your chest muscles.

If these treatments do not help, your doctor may inject a medicine to numb the area. This can help relieve the pain.

Follow these instructions at home:

Managing pain, stiffness, and swelling



- If told, put ice on the painful area. To do this:
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2–3 times a day.
- If told, put heat on the affected area. Do this as often as told by your doctor. Use the heat source that your doctor recommends, such as a moist heat pack or a heating pad.
 - Place a towel between your skin and the heat source.
 - Leave the heat on for 20–30 minutes.

If your skin turns bright red, take off the ice or heat right away to prevent skin damage. The risk of skin damage is higher if you cannot feel pain, heat, or cold.

Activity

- Rest as told by your doctor.
- **Do not** do things that make your pain worse. This includes activities that use your chest, belly (abdomen), and side muscles.
- You may have to avoid lifting. Ask your doctor how much you can safely lift.
- Return to your normal activities when your doctor says that it is safe.

General instructions

- Take over-the-counter and prescription medicines only as told by your doctor.

Contact a doctor if:

- You have chills or a fever.
- Your pain does not go away or gets worse.
- You have a cough that does not go away.

Get help right away if:

- You have a hard time breathing.
- You have very bad chest pain that does not get better with medicines, heat, or ice.

These symptoms may be an emergency. Get help right away. Call 911.

- **Do not wait to see if the symptoms will go away.**
- **Do not drive yourself to the hospital.**

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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Chest Pain Observation

IntroductionIt is often hard to give a specific diagnosis for the cause of chest pain. Along with other possible causes, your symptoms might be caused by not getting enough oxygen delivered to your heart (*angina*). Angina that is not treated or evaluated can lead to a heart attack (*myocardial infarction*) or death.

Blood tests, electrocardiograms, and X-rays may have been done to help figure out a possible cause of your chest pain. After evaluation and observation, your health care provider has determined that it is unlikely your pain was caused by an unstable condition that requires hospitalization. However, a full evaluation of your pain may need to be completed and may include additional tests.

Follow these instructions at home:**Eating and drinking**

- Decrease your salt intake.
- Eat a balanced, healthy diet. Talk to a dietitian to learn about heart-healthy foods.
- Increase your fiber intake by including whole grains, vegetables, fruits, and nuts in your diet.

Lifestyle

- Maintain or work toward achieving a healthy weight.
- Stay physically active and exercise regularly.
- Avoid situations that cause stress, anger, or depression.
- Do not use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Limit alcohol intake to no more than 1 drink a day for nonpregnant women and 2 drinks a day for men. One drink equals 12 oz of beer, 5 oz of wine, or 1½ oz of hard liquor.
- Do not use illegal drugs.

General instructions

- Take over-the-counter and prescription medicines only as told by your health care provider. Report any side effects to your health care provider. Do not stop taking medicines or adjust any dosages on your own.
- Keep your blood pressure, blood sugar, and cholesterol levels within normal limits.
- Keep all followup visits as told by your health care provider. This is important. Not keeping your follow-up visits could result in permanent heart damage, disability, or death. If there is any problem keeping your follow-up visits, call your health care provider.

Get help right away if:

- You have severe chest pain or pressure.
- You feel pain or pressure in your arms, neck, jaw, or back.
- You have severe back or abdominal pain, feel sick to your stomach (*nauseous*), or throw up (*vomit*).
- You are sweating a lot.
- You have a fast or irregular heartbeat.
- You feel short of breath while at rest.
- You have increasing shortness of breath during rest, sleep, or with activity.
- You have chest pain that does not get better after rest or after taking your usual medicine.
- You wake up from sleeping with chest pain.
- You cannot sleep because you have trouble breathing.
- You develop a frequent cough or you cough up blood.
- You feel dizzy, faint, or very tired.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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I understand that Dignity Health is not responsible for any personal belongings/effects or valuables that have not been identified on the valuables and belongings list. Any personal effects brought into the facility and not recorded on the valuables and belongings form are the responsibility of the patient/family/significant other. I have received the indicated patient education materials/instructions and medication list and have verbalized understanding.

Patient Name: RUIZ, ERNESTO

Patient/Responsible Adult Signature: _____

Date/Time: _____

Provider Signature: _____

Date/Time: _____

Fontana Police Department
Holding Facility

Case #: 25-16035
 Date: 12/14/25
 Name: RUIZ, ERNESTO

**Booking receipt for Prisoner
 Property**

<input type="checkbox"/>	Bracelet	<input type="checkbox"/>	Cigarettes	<input type="checkbox"/>	Bandana do rag
<input type="checkbox"/>	Watch	<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Make up
<input checked="" type="checkbox"/>	Necklace	<input type="checkbox"/>	Comb/Brush	<input type="checkbox"/>	Tobacco
<input checked="" type="checkbox"/>	Earrings	<input type="checkbox"/>	CDL/ID card	<input type="checkbox"/>	Toiletries
<input type="checkbox"/>	Piercing-other	<input type="checkbox"/>	Hat	<input type="checkbox"/>	Tools
<input type="checkbox"/>	Ring	<input type="checkbox"/>	Keys	<input checked="" type="checkbox"/>	Other: List Below
<input type="checkbox"/>	Belt	<input type="checkbox"/>	Knife	<input checked="" type="checkbox"/>	CIGS
<input type="checkbox"/>	Cell phone	<input type="checkbox"/>	Hair ties/clips	<input checked="" type="checkbox"/>	DENTAL PASTE
<input type="checkbox"/>	I-pod, MP3	<input checked="" type="checkbox"/>	Lighters/Matches	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Billfold/wallet	<input type="checkbox"/>	Medicine	<input type="checkbox"/>	
<input type="checkbox"/>	Purse	<input type="checkbox"/>	Money clip	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Backpack	<input checked="" type="checkbox"/>	Gloves	<input type="checkbox"/>	
<input type="checkbox"/>	Glasses/ Sun glasses	<input type="checkbox"/>	CD's	<input type="checkbox"/>	
<input type="checkbox"/>	Books/magazines	<input type="checkbox"/>	Misc. papers	<input type="checkbox"/>	
<input type="checkbox"/>	Camera	<input type="checkbox"/>	Pens/Pencils	<input type="checkbox"/>	

Comments:

[Handwritten scribbles and illegible text]

Currency \$	—
Change \$	25.00
Check \$	—
Total \$	—

Property Received

Arrestee Signature

Jailer/Officer Signature 1670
 ID#

12/14/25
 Date/Time @2315
12/14/25
 Date/Time

Property Returned

Arrestee Signature

Jailer/Officer Signature 1670
 ID#

12/15/25
 Date/Time @0502
12/15/25
 Date/Time

2511340717
RDIZ /
510 185 ERNESTO
PC647(F) BRO ARREST DATE 11/09/25 (RI)
DISORD CONDUCT:ALCOHOL H M
RCSDP 0.00
11/09/25 0917 34 DNA Date:

CITY OF RIALTO POLICE DEPARTMENT

169320

NOTICE TO:
 APPEAR IN COURT AT AM PM ON:
OR
 RESPOND TO CITATION BEFORE:
DATE: 3/10/25

- Superior Court of California Fontana District
17800 Arrow Rd., Fontana, CA 92335
(909) 350-8322 - sb-court.org/divisions/traffic
- Superior Court of California Rancho Cucamonga District
8300 Huron Ave., Rancho Cucamonga, CA 91730
(909) 350-8784 - sb-court.org/divisions/criminal-general-information
- Superior Court of California Juvenile Division
900 East Gilbert St. Bldg 2, San Bernardino, CA 92416
(909) 298-8840 - sb-court.org/divisions/juvenile
- San Bernardino County Juvenile Probation
17820 Arrow Rd., Fontana, CA 92335
(909) 383-2700 - sanbernardinocountyprobationatout.us/juvenile-probation-101

See back for detailed instructions.

ACT BY THIS DATE TO AVOID A WARRANT OR ADDED FEES

To be notified

Date of Violation (mm/dd/yy) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Driver's License Number (all states)	Class	State
11-27-25 0335			C	CA
Name (first, middle, last) SCIPPER LUIS SUBAUNE				
Current Address (no., street, city, state, zip) 134 S WILLOW AVE RIALTO CA 92376				
Date of Birth (mm/dd/yy)	Parent/Guardian Phone No.	<input type="checkbox"/> Juvenile	Commercial <input type="checkbox"/> Y <input type="checkbox"/> N	Insurance <input type="checkbox"/> Y <input type="checkbox"/> N
Race / Ethnicity	Sex	Hair	Eyes	Height
	M	BRO	BRO	600
Weight	Vehicle License/VIN	State	Year of Veh.	Make
170				
Registered Owner/Lessee	<input type="checkbox"/> Same as Driver	<input type="checkbox"/> Owner's Responsibility (VC.640001)	Model	Body Style
Address (no., street, city, state, zip)	<input type="checkbox"/> Same as Driver			Color
Reason for Stop CALL FOR SERVICE				

CITATION DETAILS

Booking Required (see reverse)

Corollary (VC. 40610) Penalty Code/Section	Description	M = Misdemeanor I = Infraction (series)
<input type="checkbox"/> Y <input type="checkbox"/> N PC 414	DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL	M I
<input type="checkbox"/> Y <input type="checkbox"/> N		M I
<input type="checkbox"/> Y <input type="checkbox"/> N		M I
<input type="checkbox"/> Y <input type="checkbox"/> N		M I

Approx. Speed	PF/Max Speed	Speed Limit	Safe Speed	Radar/Lidar	<input type="checkbox"/> Commercial Veh. VC.8 15210(b)
					<input type="checkbox"/> Hazardous Mat VC.8 353
Location of Violation 134 S WILLOW AVE					CITY OF RIALTO
City/County of Occurrence (if outside Rialto)				Agency Case No. 932514215	

WEATHER CONDITIONS	ROADWAY	TRAFFIC CONDITIONS	CRASH
CLEAR CLOUDY FOG RAIN	WET DRY	LIGHT MODERATE HEAVY	FAT INJ PDO

Violations not committed in my presence, declared on information and belief. (VC.8 40600)
 I declare under penalty of perjury that the foregoing is true and correct.

DECL DATE _____ ARRESTING OFFICER _____
 DECL DATE _____ ARRESTING OFFICER (if different from above) _____

I promise to act by the date at the top of this citation. Signing DOES NOT admit guilt.
 CELL PHONE - Optional (may be used for reminders)
 X _____ SIGNATURE

DEFENDANT COPY

Continuation Form
 Form Adopted for Mandatory Use
 Judicial Council of California Form
 TR-130 Traffic/Nontraffic Notice to Appear
 (Revised Jan 1, 2024)

(Veh. code) 40600(b)
 40522-40600