



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 MAY 17 AM 11:26
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1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
3. READ ENTIRE CLAIM FOR BEFORE FILING
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:
Rialto City Clerk's Office
Mail: 150 S. Palm Ave., Rialto, CA 92376
Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

LELIA D. ROBERTSON

FULL NAME

[REDACTED]

DATE OF BIRTH

[REDACTED] RIALTO, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]

HOME TELEPHONE NO.

150 SOUTH PALM AVENUE, RIALTO, CA 92376

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):

MICHELLE D. STRICKLAND #165966
P.O. BOX 2238
COLTON, CA 92324

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: ONGOING TIME: ☐ 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.
CITY OF RIALTO, 150 SOUTH PALM AVENUE, RIALTO, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

The City Council and City Manager have acted continually with discriminatory intent, violating ADA regs and
in violation of Fair Employment and Housing Guidelines, and in the commission of their discriminatory acts
continue to committing gender and racial discrimination, by refusing to address health (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.

The City Council and City Manager continue be indifferent and discriminatory regarding my personal safety
after a domestic terrorism report from the December 2 attack, which has gone unaddressed even though
as the Mayor, I have continued to address the issues of my vulnerability. See attached

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 5,000,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: ONGOING

Amount: \$ 5,000,000.00

Item/Date:

Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 5,000,000.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: unknown

Amount: \$ unknown

Item/Date: _____

Amount: \$ unknown

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 1,000,000.00

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

NAME: KURT WILSON - former City Council

NAME: SEE ATTACHED

ADDRESS: _____

ADDRESS: _____

RIALTO, CA 92376

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

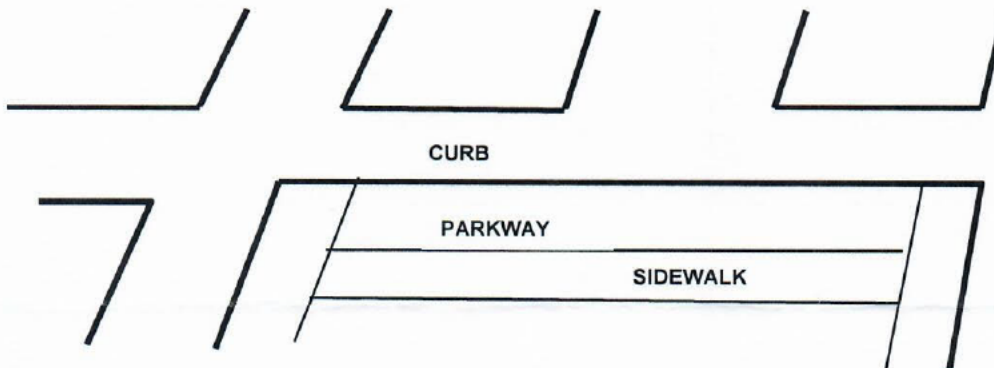
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.



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

MICHELLE D. STRICKLAND

TYPE OR PRINT NAME

ATTORNEY FOR LELIA D. ROBERTSON

RELATIONSHIP TO CLAIMANT

05/15/2023

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

ATTACHMENT TO CLAIM

CITY OF RIALTO

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4. And safety issues and ADA accommodations for disabilities which the City has been made aware since the inception of my employment and as Mayor and is an ongoing concern. Further, the City continues to financially abuse the Mayor in their refusal to compensate her for their own errors, which constitutes financial Elder Abuse in W & I Code §15657.5.
5. After the terrorism report was made the City immediately installed a security door in one of my Caucasian male colleague's office, completely ignoring my concerns for my personal safety. For at least one year and ongoing, the City Manager continues to ignore my requests for reasonable accommodation based on an automobile accident in 2019. The Mayor continues to request that she have ergonomic equipment for lumbar support and carpal tunnel support, as well as safety precautions. But the City Manager immediately addressed the concerns of the City Treasurer, a male, who just had surgery and complained that he could not go through the metal detectors or open certain doors because the were too heavy.

WITNESS LIST

Henry Garcia	Address to be determined
George Harris	Address to be determined
Wayne McAfee	Address to be determined
Mike Storey	Address to be determined
Bob Owens	Address to be determined
Ed Scott	Address to be determined
Angela McCrea	Address to be determined

MICHELLE STRICKLAND, ESQ.
PO BOX 2238
COLTON, CA 92324

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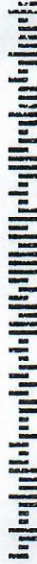


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CITY OF RIALTO
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RIALTO CA 92376-6525

92376-640799

