



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 JUN 30 PM 3:53

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:

Lidia Herrera
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP Rialto Ca 92376
N/A

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):

Rialto Ca 92376

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 6/14/23 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.

In Front of my home
1046 N Willow and Apt A

3. HOW DID DAMAGE OR INJURY OCCUR?

Police vehicle hit my
Parked Vehicle. / please see attached
Police report

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.

Police vehicle crashed and
damaged my park vehicle.

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

\$ \$6500.00

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

DAMAGES INCURRED TO DATE:

Item/Date: 6/14/23

Item/Date: _____

Amount: \$ 6500.00

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: 2008 Nissan Armada 6/14/23

Amount: \$ 6500.00

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: Police Report

NAME: _____

ADDRESS: _____

ADDRESS: _____

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

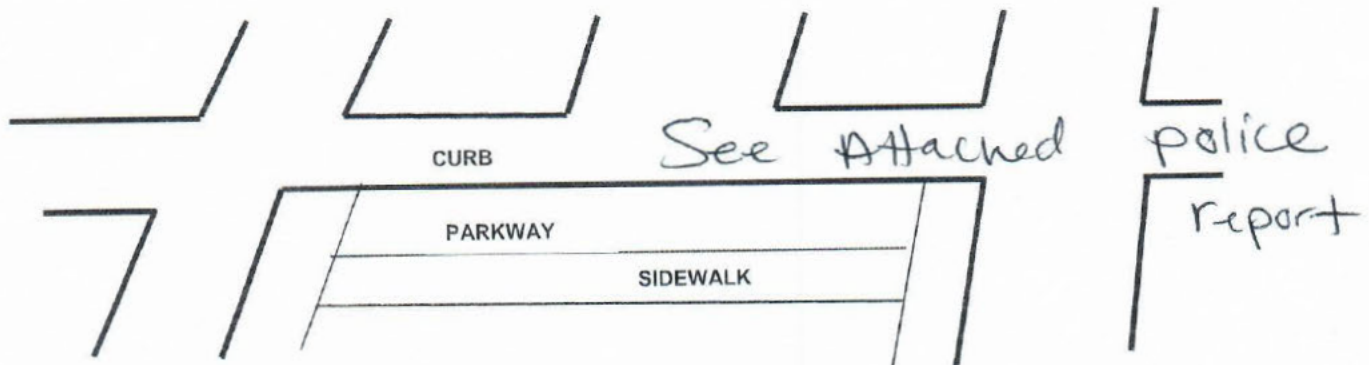
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

TYPE OR PRINT NAME

RELATIONSHIP TO CLAIMANT

Martin Monge

DATE

6/30/23

Self

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

Report Subject To Change

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SPECIAL CONDITIONS COURTESY REPORT		NUMBER INJURED 2	HIT & RUN FELONY <input type="checkbox"/>	CITY RIALTO	JUDICIAL DISTRICT SAN BERNARDINO SUPERIOR COURT SAN BERNARDINO JUSTICE CENTER		LOCAL REPORT NUMBER 9860-2023-02087			
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN BERNARDINO	BEAT CIVILIAN/PROBATE	DAY OF WEEK SMTWTFSS	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LOCATION	CRASH OCCURRED ON WILLOW AVE		CRASH DATE MO. DAY YEAR 06/14/2023	CRASH TIME (2400) 1345	NOTIFICATION DATE MO. DAY YEAR 06/14/2023	NOTIF. TIME (2400) 1346	NCIC #	OFFICER ID.		
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: SHAMROCK ST					STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIGITAL MEDIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) <input checked="" type="checkbox"/> SAME AS LOCATION <input type="checkbox"/> REFER TO NARRATIVE									
	LOC.	LAT.	LONG.	AOI 1	LAT.	LONG.	AOI 2	LAT.	LONG.	
		34.118566	-117.374800	1	34.118566	-117.374800	2	34.118729	-117.374840	
	AOI 3	LAT.	LONG.	AOI 4	LAT.	LONG.	AOI 5	LAT.	LONG.	ADDTL. AOI(s)
		34.118756	-117.374838							
PARTY 1	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2018	MAKE/MODEL/COLOR FORD EXPLORER WHI/BLK	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> ISIS DOLORES GUILLEN					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS <input type="checkbox"/> 150 S PALM AVE					CITY OF RIALTO				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> RIALTO CA 92376					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5' 1"	WEIGHT 140	BIRTHDATE Mo. Day Year	RACE H	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER		
OTHER	HOME PHONE					OWN ARRANGEMENTS				
OPERATOR	INSURANCE CARRIER SELF INSURED					POLICY NUMBER SELF INSURED				
	DIR OF TRAVEL N					VEHICLE IDENTIFICATION NUMBER:				
	ON STREET OR HIGHWAY WILLOW AVE					VEHICLE TYPE				
	LANE N/B					DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR				
	THRU LANES 1					<input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
	TOTAL LANES 2					CA _____ DOT _____				
	SPEED LIMIT 35					CALT _____ TCP/PSG _____ MCMX _____				
PARTY 2	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2004	MAKE/MODEL/COLOR MERZ 300 SERIES GLD	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> KARINA ERLINDA ESPINOSA					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP <input type="checkbox"/> RIALTO CA 92376					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER				
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5' 4"	WEIGHT 115	BIRTHDATE Mo. Day Year	RACE H	OWN ARRANGEMENTS		
OTHER	HOME PHONE					PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER NONE					VEHICLE IDENTIFICATION NUMBER:				
	POLICY NUMBER NONE					VEHICLE TYPE				
	DIR OF TRAVEL N					DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR				
	ON STREET OR HIGHWAY WILLOW AVE					<input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
	LANE N/B					CA _____ DOT _____				
	THRU LANES 1					CALT _____ TCP/PSG _____ MCMX _____				
	TOTAL LANES 2									
	SPEED LIMIT 35									
PARTY 3	DRIVER'S LICENSE NUMBER		STATE CA	CLASS P	AIR BAG P	SAFETY EQUIP. P	VEH. YEAR 2008	MAKE/MODEL/COLOR NISS ARMADA WHI	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input type="checkbox"/>					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS					LIDIA HERRERA				
PARKED VEHICLE	CITY/STATE/ZIP <input checked="" type="checkbox"/>					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX <input type="checkbox"/>	HAIR <input type="checkbox"/>	EYES <input type="checkbox"/>	HEIGHT <input type="checkbox"/>	WEIGHT <input type="checkbox"/>	BIRTHDATE Mo. Day Year	RACE <input type="checkbox"/>	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER		
OTHER	HOME PHONE					OWN ARRANGEMENTS				
OPERATOR	INSURANCE CARRIER MOENGO					PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
	POLICY NUMBER					VEHICLE IDENTIFICATION NUMBER:				
	DIR OF TRAVEL S					VEHICLE TYPE				
	ON STREET OR HIGHWAY WILLOW AVE					DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR				
	LANE S/B					<input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
	THRU LANES 1					CA _____ DOT _____				
	TOTAL LANES 2					CALT _____ TCP/PSG _____ MCMX _____				
	SPEED LIMIT 35									
PREPARER'S NAME HARRISON P STEWART, 022641			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME			DATE REVIEWED	

Report Subject To Change

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SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
COURTESY REPORT ON-DUTY EMERGENCY VEHICLE		2	<input type="checkbox"/>	RIALTO	SAN BERNARDINO SUPERIOR COURT SAN BERNARDINO JUSTICE CENTER	9860-2023-02087	
NUMBER KILLED		0	HIT & RUN MISDEMEANOR	COUNTY	CIVIL/CRIM/PROB/DET	BEAT	DAY OF WEEK
			<input type="checkbox"/>	SAN BERNARDINO			SMTWTFSS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LOCATION	CRASH OCCURRED ON		CRASH DATE		CRASH TIME (2400)	NOTIFICATION DATE	NOTIF. TIME (2400)
	WILLOW AVE		06/14/2023		1345	06/14/2023	1346
	<input checked="" type="checkbox"/> AT INTERSECTION WITH		GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI)		STATE HWY REL		DIGITAL MEDIA
	<input type="checkbox"/> OR SHAMROCK ST		<input checked="" type="checkbox"/> SAME AS LOCATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	LAT. LONG.		LAT. LONG.		LAT. LONG.		LAT. LONG.
34.118566 -117.374800		34.118566 -117.374800		34.118729 -117.374840			
AOI 3 34.118756 -117.374838		AOI 4		AOI 5		ADDTL AOI(s)	
PARTY 1		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.
				CA	C	L	G
VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE	
2018		FORD EXPLORER WHI/BLK		1410349		CA	
DRIVER		NAME (FIRST, MIDDLE, LAST)		ON-DUTY EMERGENCY VEHICLE		OWNER'S NAME	
<input checked="" type="checkbox"/>		ISIS DOLORES GUILLEN				<input type="checkbox"/> SAME AS DRIVER	
PEDESTRIAN		STREET ADDRESS		CITY OF RIALTO		OWNER'S ADDRESS	
<input type="checkbox"/>		150 S PALM AVE				<input type="checkbox"/> SAME AS DRIVER	
PARKED VEHICLE		CITY/STATE/ZIP		150 S PALM AVE RIALTO CA 92376		DISPOSITION OF VEHICLE ON ORDERS OF:	
<input type="checkbox"/>		RIALTO CA 92376				<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER	
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>		F	BRN	BRN	5' 1"	140	Mo. Day Year
OTHER		HOME PHONE		BUSINESS PHONE		OWN ARRANGEMENTS	
<input type="checkbox"/>				NONE		PRIOR MECHANICAL DEFECTS:	
OPERATOR		INSURANCE CARRIER		POLICY NUMBER		<input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
<input type="checkbox"/>		SELF INSURED		SELF INSURED		VEHICLE IDENTIFICATION NUMBER:	
						VEHICLE TYPE	
						49	
						DESCRIBE VEHICLE DAMAGE	
						<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR	
						<input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
						TOP VIEW	
						CA _____ DOT _____	
						CAL-T _____ TCP/PSC _____ MCMX _____	
PARTY 2		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.
				CA	C	M	G
VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE	
2004		MERZ 300 SERIES GLD				CA	
DRIVER		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER	
<input checked="" type="checkbox"/>		KARINA ERLINDA ESPINOSA				OWNER'S ADDRESS	
PEDESTRIAN		STREET ADDRESS		OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER	
<input type="checkbox"/>						DISPOSITION OF VEHICLE ON ORDERS OF:	
PARKED VEHICLE		CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER	
<input type="checkbox"/>		RIALTO CA 92376				OWN ARRANGEMENTS	
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>		F	BRN	BRN	5' 4"	115	Mo. Day Year
OTHER		HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS:	
<input type="checkbox"/>				NONE		<input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OPERATOR		INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:	
<input type="checkbox"/>		NONE		NONE		VEHICLE TYPE	
						01	
						DESCRIBE VEHICLE DAMAGE	
						<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR	
						<input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
						TOP VIEW	
						CA _____ DOT _____	
						CAL-T _____ TCP/PSC _____ MCMX _____	
PARTY 3		DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.
				CA	P	P	
VEH. YEAR		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE	
2008		NISS ARMADA WHI				CA	
DRIVER		NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER	
<input type="checkbox"/>						LIDIA HERRERA	
PEDESTRIAN		STREET ADDRESS		OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER	
<input type="checkbox"/>						DISPOSITION OF VEHICLE ON ORDERS OF:	
PARKED VEHICLE		CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER	
<input checked="" type="checkbox"/>						OWN ARRANGEMENTS	
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>							Mo. Day Year
OTHER		HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS:	
<input type="checkbox"/>				UNKNOWN		<input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OPERATOR		INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:	
<input type="checkbox"/>		MOENGO				VEHICLE TYPE	
						07	
						DESCRIBE VEHICLE DAMAGE	
						<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR	
						<input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
						TOP VIEW	
						CA _____ DOT _____	
						CAL-T _____ TCP/PSC _____ MCMX _____	
PREPARED BY		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED	
HARRISON P STEWART, 022641		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					

2:53



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Done



Report Subject To Change

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SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER				
COURTESY REPORT ON-DUTY EMERGENCY VEHICLE		2	<input type="checkbox"/>	RIALTO	SAN BERNARDINO SUPERIOR COURT SAN BERNARDINO JUSTICE CENTER	9860-2023-02087				
NUMBER KILLED		0	HIT & RUN MISDEMEANOR	COUNTY	CIVIL/CRIM/PROBATION	BEAT	DAY OF WEEK			
			<input type="checkbox"/>	SAN BERNARDINO			SMTWTFSS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LOCATION	CRASH OCCURRED ON		CRASH DATE		CRASH TIME (2400)	NOTIF. DATE	NOTIF. TIME (2400)			
	WILLOW AVE		06/14/2023		1345	06/14/2023	1346			
	<input checked="" type="checkbox"/> AT INTERSECTION WITH		STATE HWY REL		DIGITAL MEDIA					
	<input type="checkbox"/> OR: SHAMROCK ST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) <input checked="" type="checkbox"/> SAME AS LOCATION									
LOC.		LAT.	LONG.	AOI 1	LAT.	LONG.	AOI 2	LAT.	LONG.	
34.118566		-117.374800		1	34.118566	-117.374800	2	34.118729	-117.374840	
AOI 3		LAT.	LONG.	AOI 4	LAT.	LONG.	AOI 5	LAT.	LONG.	
34.118756		-117.374838		4			5			
ADDTL. AOI(S) <input type="checkbox"/>										
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
			CA	C	L	G	2018	FORD EXPLORER WHI/BLK		CA
DRIVER	NAME (FIRST, MIDDLE, LAST)		ON-DUTY EMERGENCY VEHICLE							
	<input checked="" type="checkbox"/> ISIS DOLORES GUILLEN									
PEDESTRIAN	STREET ADDRESS		CITY OF RIALTO							
	<input type="checkbox"/> 150 S PALM AVE									
PARKED VEHICLE	CITY/STATE/ZIP		150 S PALM AVE RIALTO CA 92376							
	<input type="checkbox"/> RIALTO CA 92376									
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	OWN ARRANGEMENTS		
	F	BRN	BRN	5' 1"	140	Mo. Day Year	H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:					
			NONE							
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE					
	SELF INSURED		SELF INSURED		49					
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	DESCRIBE VEHICLE DAMAGE			
	N	WILLOW AVE	N/B	1	2	35	<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
			CA	C	M	G	2004	MERZ 300 SERIES GLD		CA
DRIVER	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME							
	<input checked="" type="checkbox"/> KARINA ERLINDA ESPINOSA		<input checked="" type="checkbox"/> SAME AS DRIVER							
PEDESTRIAN	STREET ADDRESS		OWNER'S ADDRESS							
	<input type="checkbox"/>		<input checked="" type="checkbox"/> SAME AS DRIVER							
PARKED VEHICLE	CITY/STATE/ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER							
	<input type="checkbox"/> RIALTO CA 92376									
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	OWN ARRANGEMENTS		
	F	BRN	BRN	5' 4"	115	Mo. Day Year	H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:					
			NONE							
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE					
	NONE		NONE		01					
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	DESCRIBE VEHICLE DAMAGE			
	N	WILLOW AVE	N/B	1	2	35	<input checked="" type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
			CA	P	P		2008	NISS ARMADA WHI		CA
DRIVER	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME							
	<input type="checkbox"/>		<input type="checkbox"/> SAME AS DRIVER							
PEDESTRIAN	STREET ADDRESS		LIDIA HERRERA							
	<input type="checkbox"/>		OWNER'S ADDRESS							
PARKED VEHICLE	CITY/STATE/ZIP		<input type="checkbox"/> SAME AS DRIVER							
	<input checked="" type="checkbox"/>									
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER		
						Mo. Day Year		OWN ARRANGEMENTS		
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
			UNKNOWN							
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:					
	MOENGO				07					
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	DESCRIBE VEHICLE DAMAGE			
	S	WILLOW AVE	S/B	1	2	35	<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
PREPARER'S NAME		DISPATCH NOTIFIED		REVIEWER'S NAME		DATE REVIEWED				
HARRISON P STEWART, 022641		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A								