



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2025 JUN 11 PM 1:36

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:

Dianne Yvette Fore

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):

Counsel: Kristal Pacheco, Esq., Sweet James, LLP: 4220 Von Karman Ave.

Suite 200, Newport Beach, CA 92660; (949) 644-100; Fax (949) 644-1005

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: March 23, 2025 TIME: 07:21 ☐ 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.

At, or around the south sidewalk near (see Addendum).

3. HOW DID DAMAGE OR INJURY OCCUR?

As a direct result of the hazardous condition, where there was a significant height differential between adjacent sidewalk panels, the Claimant was unable to maintain safe footing, tripped, and fell to the ground. The fall caused the Claimant to sustain serious physical injuries and other related damages (see Addendum).

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 of Rialto is responsible for the maintenance, control, preservation, upkeep, and restoration of sidewalk structures as nearly close as possible to the condition to which the sidewalks were constructed. This includes the Sidewalk where the Subject Incident occurred (see Addendum).

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ (see Addendum)

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

DAMAGES INCURRED TO DATE:

Item/Date: On going medical treatment (from 3/23/2025).

Amount: \$ 46,649.73

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$46,649.73

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Future medical treatment from injuries.

Amount: \$ 250,000.00

Item/Date: (see Addendum)

Amount: \$

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ (see Addendum)

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

NAME: Investigation ongoing (see Addendum)

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: On going medical treatment (from 3/23/2025)

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

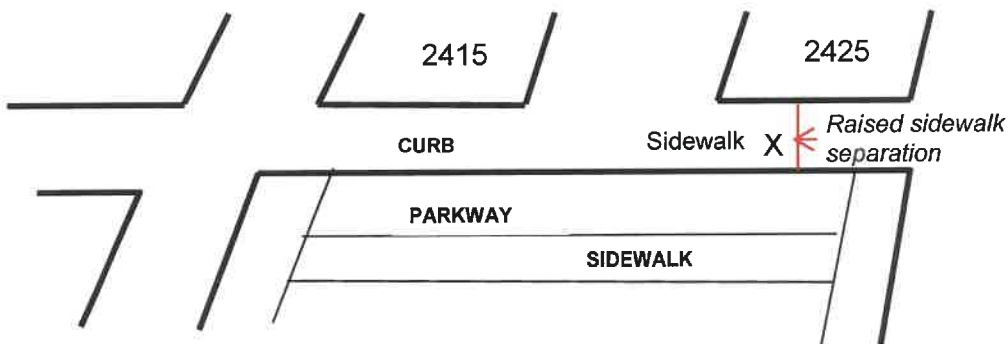
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Kristal Pacheco, Esq., Sweet James, LLP

TYPE OR PRINT NAME

Attorney for Claimant

RELATIONSHIP TO CLAIMANT

June 10, 2025

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**

CITY OF RIALTO
2025 JUN 11 PM 1:36
RECEIVED
CITY CLERK

1 Kristal Pacheco, Esq. (SBN: 350168)
Email: kristalp@sweetjames.com
2 Email: kp-service@sweetjames.com
3 **SWEET JAMES, LLP**
4220 Von Karman Avenue, Suite 200
4 Newport Beach, CA 92660
Telephone: (949) 644-1000
5 Fax: (949) 644-1005

6 Attorneys for Claimant, Dianne Yvette Fore

7
8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **FOR THE COUNTY OF SAN BERNARDINO**

10
11 DIANNE YVETTE FORE, an individual,
12 Claimant,
13 vs.
14 CITY OF RIALTO; and DOES 1 through 50,
15 inclusive,
16 Respondent.

CASE NO.: N/A

**CLAIM AGAINST A PUBLIC ENTITY;
ADDENDUM TO CLAIM AGAINST CITY OF
RIALTO, A PUBLIC ENTITY, ITS AGENTS
AND EMPLOYEES, AND
SUBCONTRACTORS**

17
18
19 Pursuant to California Government Code Sections 905 and 910 et seq., demand is hereby
20 made by CLAIMANT DIANNE YVETTE FORE (hereinafter "CLAIMANT") against the
21 Respondents, CITY OF RIALTO (hereinafter "RESPONDENT"), and DOES 1-50, in an amount in
22 excess of the minimum jurisdictional limits of the Superior Court of the State of California. In
23 support of this claim, the following information is submitted:

- 24 1. **CLAIMANT:** Dianne Yvette Fore
25 2. **Address to which CLAIMANT requests correspondence to be mailed:** SWEET
26 JAMES, LLP, c/o Kristal Pacheco, Esq.// 4220 Von Karman Avenue, Suite 200, Newport Beach, CA
27 92660 // (949) 644-1000.
28 3. **Nature of Injuries:** Bodily injury to CLAIMANT.

1 4. **Amount of Claimed Damages:** The full extent of CLAIMANT's damages are
2 unknown at this time but are expected to exceed \$250,000.00 and thus, pursuant to Government Code
3 Section 910(f), "no dollar amount shall be included in the claim." The claim will **not** be a limited
4 civil case (\$25,000 or less). The exact amount of said losses, which is believed to be far in excess of
5 \$25,000.00, will be stated according to proof pursuant to Code of Civil Procedure Section 425.10.

6 5. **Date and Time When Damage and Injury Occurred:** On or around March 23,
7 2025, at approximately 07:21 pm.

8 6. **Where Did the Damage and Injury Occur:** It is believed the incident occurred on,
9 around, or near _____, City of Rialto, County of San Bernardino, State of California
10 ("SIDEWALK").

11 7. **Governmental Entities Alleged to be at Fault:** Respondent CITY OF RIALTO, a
12 public entity, its agents, employees, subcontractors, and DOES 1-50.

13 8. **Names, Addresses and Telephone Numbers of Witnesses:** Investigations are still
14 ongoing and not all witnesses are known at this time.

15 9. **Nature of the Case:** On the above date and time, CLAIMANT went for a walk,
16 traveling along the south sidewalk of Via Bello Dr., in the City of Rialto, County of San Bernardino,
17 State of California.

18 As a direct result of the hazardous condition, where there was a significant height differential
19 between adjacent sidewalk panels, CLAIMANT was unable to maintain safe footing, tripped, and fell
20 to the ground. The fall caused CLAIMANT to sustain serious physical injuries and other related
21 damages (hereinafter "SUBJECT INCIDENT").

22 10. **Basis of Claim Against Government Entity:** At all said times mentioned herein, the
23 CITY OF RIALTO, its agents, employees, and/or independent contractors within the meaning of
24 California Government Code, including section 815.2, 815.4, et seq., negligently conducted
25 themselves and negligently owned, operated, designed, and maintained said SIDEWALK and the
26 property appurtenant and adjacent thereto, that was in a dangerous and defective condition within the
27 meaning of California Government Code, including sections 815.6, 820, 830, 835, 835.2, 840.2,
28 840.4, 840.6, of which said public entity knew or should have known and which they failed to warn

1 about or correct, so as to cause the uneven and raised concrete on SIDEWALK.

2 The CITY OF RIALTO is responsible for the maintenance, control, preservation, upkeep, and
3 restoration of sidewalk structures as nearly close as possible to the condition to which the sidewalks
4 were constructed. This includes the SIDEWALK where the SUBJECT INCIDENT occurred. The
5 CITY OF RIALTO caused, created, and/or allowed to exist and to continue to exist said dangerous
6 condition(s) when the CITY OF RIALTO failed to adequately control and/or maintain the concrete
7 sidewalk, as well as CITY OF RIALTO's lack of action or inaction to block off the uneven area/hole
8 being unsafe for pedestrians. These conditions created a concealed trap and the CITY OF RIALTO,
9 knowing of the dangerous condition or having should have known, failed to remedy it in a timely
10 matter and failed to warn of the dangerous condition before this incident. Said dangerous condition of
11 the SIDEWALK consisted of, inter alia:

- 12 • An unapproved design plan;
- 13 • Changed conditions since the initial design which created a hazard for users of the
14 Roadway;
- 15 • A substantial prior accident history, and complaints of the dangerousness of the
16 Roadway and crosswalk by local residents;
- 17 • Insufficient signage, markings, and/or other warning signs/devices which were either
18 in addition to, or co-existent with, insufficient visibility that placed users at said
19 location into a zone of danger;
- 20 • A trap for pedestrians, which consisted of, among other things, sightline obscurements
21 caused by a curve in the Roadway, foliage, poorly maintained concrete, and sidewalk
22 geometry.
- 23 • These conditions created a serious risk of injury or death for users of the same, luring
24 and channeling pedestrians, such as CLAIMANT into harm's way, creating a false
25 sense of safety and security.
- 26 • Said public entity, knowing of the dangerous condition, failed to remedy it in a timely
27 matter and failed to warn of the dangerous condition before this incident.

28 ///

1 These dangerous conditions created a reasonably foreseeable risk of injury to CLAIMANT
2 and other pedestrians similarly situated on the SIDEWALK and was the legal, direct, and proximate
3 cause of the incident and serious injuries to CLAIMANT.

4 11. **The Damages and Injuries Claimed:** As a legal, direct and proximate result of the
5 conduct of Respondents CITY OF RIALTO and DOES 1-50 CLAIMANT sustained non-economic
6 damages, including, but not limited to, past and future physical pain and mental suffering, loss of
7 enjoyment of life, inconvenience, grief, anxiety, humiliation, serious emotional distress, in an
8 amount in excess of the jurisdictional minimum, according to proof, pursuant to Section 425.10 of the
9 *California Code of Civil Procedure*.

10 As a legal, direct and proximate result of the conduct of Respondents CITY OF RIALTO and
11 DOES 1-50 CLAIMANT was injured in her health, strength, and activity, sustaining injuries to her
12 body, and shock and injury to her nervous systems and person, all of which have caused, and
13 continue to cause him great physical, mental, and nervous pain and suffering. CLAIMANT was
14 compelled to, and did, employ the services of hospitals, physicians, nurses, and the like, to care for
15 and treat him, the exact amount of such losses to be stated according to proof, pursuant to Section
16 425.10 of the *California Code of Civil Procedure*. CLAIMANT continues to treat for her injuries at
17 this time so the full extent of her damages is unknown but will be supplemented as discovery
18 continues.

19 CLAIMANT continues to receive treatment at this time and not all damages are known.
20 CLAIMANT has incurred and will incur actual, special, and general damages, as allowed by law
21 within the jurisdiction of the Superior Court.

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

SWEET JAMES, LLP
4220 Von Karman Avenue, Suite 200
Newport Beach, CA 92660

12. **Reservation of Right to Amend and/or Supplement Claim:** Investigations are still ongoing at this time. As such, all statements contain herein are pending verification and not all facts/damages are known. Therefore, CLAIMANT reserves her right to amend and/or supplement this claim, including asserting new theories of liability or causes of action and their related damages, upon discovery of new or additional information or facts. CLAIMANT reserves her right to supplement or amend these claims as discovery proceeds in this matter. These claims and related damages are being made on the best information currently available to CLAIMANT and her counsel.

DATED: June 10, 2025

SWEI

By:



Kristal Pacheco, Esq.
Attorney for Claimant

INCIDENT REPORT

LOCATION/TIME

Agency Name: RIALTO POLICE DEPARTMENT		ORI #: CA0360900	Report Date/Time: 03/25/2025 07:13:39	OCA #: 932503450
Incident Start Date/Time: 03/23/2025 19:21:00	DOW: Sunday	Report Type: INITIAL	Case Screening: <input type="checkbox"/> Serialized Property <input type="checkbox"/> Evidence Collected <input type="checkbox"/> PC 293 Sex Crime	
Incident End Date/Time: 03/23/2025 22:00:00	Internal Incident Status:		<input type="checkbox"/> CHP 180 <input type="checkbox"/> Hate Crime <input type="checkbox"/> Gang Related <input type="checkbox"/> Domestic Viol.	Total Loss \$0.00
Incident Location:			Secondary Location:	
Case Description: AXON, PHOTOGRAPHS			UCR Status: All Other Reporting Area: R1007 Operation Method:	

OFFENSE

Penal Code: INCIDENT	UCR Code: 00	F/M:	Penal Code Description: INCIDENT	Counts: 1	Comp/Att: <input checked="" type="checkbox"/>
Structure	TOD: Night	Bias Motivation: NONE		Offense Location: OTHER / UNKNOWN	
Weapon Used:		Situation Code: OTHER / NA		Premise: MISCELLANEOUS	
Penal Code:	UCR Code:	F/M:	Penal Code Description:	Counts:	Comp/Att:
Structure	TOD:	Bias Motivation:		Offense Location:	
Weapon Used:		Situation Code:		Premise:	

VICTIM

<input type="checkbox"/> Person	Name:	Phone:	Cell Phone:
<input type="checkbox"/> Business	Address (Street, Apt., City, State, Zip):		Pager:
Involvement Type (Person):	Victim Type (Business):	Domestic Violence <input type="checkbox"/>	LEOKA Activity:
Occupation:	Employer:	Employer Address:	Employer Phone:
Relationship to Offender (Person):	DOB:	Age:	Sex:
Race:	Ethnicity:	SSN:	License (#, Class, State):
Injury Type:		<input type="checkbox"/> Minor Injuries <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Lacerations <input type="checkbox"/> Other Injuries	
<input type="checkbox"/> Unconscious <input type="checkbox"/> Teeth Injury <input type="checkbox"/> Bone Injury <input type="checkbox"/> None		Related Offense(s): Hair Color: Hair Length: Hair Style:	

SUSPECT

Suspect #1 Name:	Phone:	Cell Phone:	Pager:
Address (Street, Apt., City, State, Zip):		Occupation:	Employer:
Suspect Forced Victim:	Primary Action:	Employer Address:	Employer Phone:
Solicited/Offered:	Suspect Force:	DOB:	Age:
Race:	Ethnicity:	SSN:	License (#, Class, State):
Clothing Description:		NCIC #:	State ID #:
Body Markings (Type, Location, Description):		Suspect Injured:	Suspect Arrested:
		Additional Suspects:	Additional Persons:

ADMIN

ZUNIGA, DANIEL	02594	03/25/2025 07:16:41
Reporting Officer	ID #	Date
Assisting Officer	ID #	Date
PULIDO, JAVIER	01487	03/28/2025 00:48:46
Reviewing Officer	ID #	Date

Reporting Officer Signature

Assisting Officer Signature

Reviewing Officer Signature

CONTROLLED COPY

CONFIDENTIAL COPY

RESTRICTED PC 11142-11143

NOT FOR THIRD PARTY RELEASE

THE RIALTO POLICE DEPARTMENT

REL TO: CYLMER & BEVERLY

BY: M.M. 04.09.25

INCIDENT REPORT - ADDITIONAL PERSONS

Agency Name: RIALTO POLICE DEPARTMENT		ORI #: CA0360900		Report Date/Time: 03/25/2025 07:13:39		OCA #: 932503450	
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Name: DAINNE YVETTE FORE			Phone:		Cell Phone:	
Address (Street, Apt., City, State, Zip):						Pager:	
Involvement Type (Person): OTHER		Victim Type (Business):		Domestic Violence <input type="checkbox"/>		LEOKA Activity:	
Occupation:		Employer:		Employer Address:		Employer Phone:	
Relationship to Offender:		DOB:		Age: 76		Sex: F	
Height: 502		Weight: 155		Build: LIGHT		Complexion: LIGHT	
Eye Color: GREEN		Race: White		Ethnicity: NON-HISPANIC		SSN:	
License (#, Class, State):		Related Offense(s): 00		Hair Color: GREY		Hair Length:	
Hair Style:		Clothing Description:		NCIC #:		State ID #:	
Facial Hair:		Speech:		Teeth:		Body Markings (Type, Location, Description):	
Solicited/Offered:		Injury Type:		<input type="checkbox"/> Minor Injuries		<input type="checkbox"/> Unconscious	
<input type="checkbox"/> Internal Injuries		<input type="checkbox"/> Teeth Injury		<input type="checkbox"/> Lacerations		<input type="checkbox"/> Bone Injury	
<input checked="" type="checkbox"/> Other Injuries		<input type="checkbox"/> None		Suspect Forced Victim		Primary Action	
Suspect Force:							

<input type="checkbox"/> Person <input type="checkbox"/> Business	Name:			Phone:		Cell Phone:	
Address (Street, Apt., City, State, Zip):						Pager:	
Involvement Type (Person):		Victim Type (Business):		Domestic Violence <input type="checkbox"/>		LEOKA Activity:	
Occupation:		Employer:		Employer Address:		Employer Phone:	
Relationship to Offender:		DOB:		Age:		Sex:	
Height:		Weight:		Build:		Complexion:	
Eye Color:		Race:		Ethnicity:		SSN:	
License (#, Class, State):		Related Offense(s):		Hair Color:		Hair Length:	
Hair Style:		Clothing Description:		NCIC #:		State ID #:	
Facial Hair:		Speech:		Teeth:		Body Markings (Type, Location, Description):	
Solicited/Offered:		Injury Type:		<input type="checkbox"/> Minor Injuries		<input type="checkbox"/> Unconscious	
<input type="checkbox"/> Internal Injuries		<input type="checkbox"/> Teeth Injury		<input type="checkbox"/> Lacerations		<input type="checkbox"/> Bone Injury	
<input type="checkbox"/> Other Injuries		<input type="checkbox"/> None		Suspect Forced Victim		Primary Action	
Suspect Force:							

<input type="checkbox"/> Person <input type="checkbox"/> Business	Name:			Phone:		Cell Phone:	
Address (Street, Apt., City, State, Zip):						Pager:	
Involvement Type (Person):		Victim Type (Business):		Domestic Violence <input type="checkbox"/>		LEOKA Activity:	
Occupation:		Employer:		Employer Address:		Employer Phone:	
Relationship to Offender:		DOB:		Age:		Sex:	
Height:		Weight:		Build:		Complexion:	
Eye Color:		Race:		Ethnicity:		SSN:	
License (#, Class, State):		Related Offense(s):		Hair Color:		Hair Length:	
Hair Style:		Clothing Description:		NCIC #:		State ID #:	
Facial Hair:		Speech:		Teeth:		Body Markings (Type, Location, Description):	
Solicited/Offered:		Injury Type:		<input type="checkbox"/> Minor Injuries		<input type="checkbox"/> Unconscious	
<input type="checkbox"/> Internal Injuries		<input type="checkbox"/> Teeth Injury		<input type="checkbox"/> Lacerations		<input type="checkbox"/> Bone Injury	
<input type="checkbox"/> Other Injuries		<input type="checkbox"/> None		Suspect Forced Victim		Primary Action	
Suspect Force:							

ADDITIONAL PERSONS

CONTROLLED COPY
CONFIDENTIAL COPY

RESTRICTED TO 11143
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL TO: CYLMEY & BEVERLY
BY: M.M. 04.09.25

INCIDENT REPORT - NARRATIVE

Agency Name:	ORI#:	Report Date/Time:	OCA#:
RIALTO POLICE DEPARTMENT	CA0360900	03/25/2025 07:13:39	932503450

NARRATIVE

****DOCUMENTATION ONLY****

ASSIGNMENT:

On 03/23/2025, I (Officer D. Zuniga) was assigned to uniform patrol for the Rialto Police Department in the City of Rialto, County of San Bernardino. At approximately 1943 hours, I responded to a call for service at the 2400 block of West Via Bello Drive in reference to a city property-related injury report.

BACKGROUND INFORMATION:

Before arriving at the incident location, I received information from the Rialto Police Department dispatch personnel that the reporting party advised that a subject tripped, fell, and injured herself on the sidewalk in front of residence. The subject was later identified as Rialto resident, Dianne Fore, DOB

Paramedics transported Fore to the Arrowhead Regional Medical Center due to her sustained injuries.

SUBJECT STATEMENT: DIANNE FORE, DOB

I spoke to Fore at the Arrowhead Regional Medical Center and later conducted a follow-up via cell phone. The following is a summary of Fore's statement. This conversation was recorded using my Rialto Department-issued Axon body-worn camera placed onto Evidence.com.

Fore informed me that she went for a walk on the day of the incident. She traveled the south sidewalk of Via Bello Dr. As she walked on the sidewalk in front of she tripped and fell, hitting her right knee on the concrete. Fore informed me that the concrete was raised, which she believed caused her to trip. Fore contacted her neighbor, who called for an emergency response at her location.

Fore informed me that her right kneecap appeared misplaced, and she sustained pain in this knee. Fore did not sustain any other injuries. Fore received an x-ray at the hospital, and she told me that the discharge paperwork indicated that she was diagnosed with a closed nondisplaced fracture of the right patella, unspecified fracture morphology, initial encounter. Fore provided pictures of her discharge paperwork. These pictures were uploaded onto Evidence.com.

Fore informed me that she struggled to walk and received crouches to assist her mobility.

OBSERVATIONS:

Upon arriving at the incident location, I found the raised concrete in front of I measured the raised concrete slap, which indicated it was approximately 2.5 inches from level. The raised concrete may have been caused by tree roots from a large tree in the lawn of 2425 W. Via Bello Dr.

I canvassed the area for surveillance cameras and found that

had a doorbell

CONTROLLED COPY
CONFIDENTIAL COPY

RESTRICTED PC 11142-11143
Page 3 of 4

NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL TO: CYLMER & BEVERLY
BY: M.M. 04.09.25

INCIDENT REPORT - NARRATIVE

Agency Name:	ORI#:	Report Date/Time:	OCA #:
RIALTO POLICE DEPARTMENT	CA0360900	03/25/2025 07:13:39	932503450

NARRATIVE

camera. The camera may not have captured the incident due to a pillar blocking its view. I knocked on the door and attempted to contact the resident of this home but was met with negative results.

Traffic cones and caution tape were placed around the area as a temporary safety measure until repairs can be made. A cell phone and email message was left for the City of Rialto's Public Works regarding the incident.

PHOTOGRAPHS:

Photographs were taken of Fore's injury, and the location of the incident before and after the traffic cones were set.

These photographs were uploaded onto Evidence.com.

EVIDENCE:

The Axon video taken during this incident was uploaded onto evidence.com.

DISPOSITION:

This report was taken for documentation purposes.

RECOMMENDATIONS:

Report to file.

CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143
Page 4 of 4
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL TO: CYLMER & BEVERLY
BY: M.M. 04.09.25











ORIGIN DTMHA (949) 844-1000
SWEET JAMES LLP
SWEET JAMES
4220 VON KARMAN AVENUE
SUITE 200
NEWPORT BEACH, CA 92660
UNITED STATES US

SHIP DATE: 10JUN25
ACTWGT: 1.00 LB
CAD: 1128085171NET4535
BILL SENDER

TO **RIALTO CITY CLERKS OFFICE**

150 S. PALM AVE

RIALTO CA 92376

(000) 000-0000
INV:
PO:

REF:

DEPT:



FedEx
Express



**WED - 11 JUN 5:00P
STANDARD OVERNIGHT**

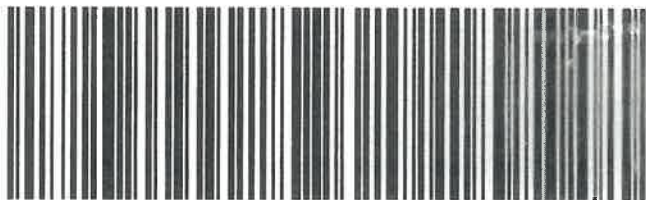
TRK#
0201

8819 2879 2091

WM RIVA

92376

CA-US SBD



CITY OF RIALTO
2025 JUN 11 PM 1:37
CITY CLERK

FedEx

This envelope is only for FedEx Express® shipment
You can help us get your package safely to its destination by following the instructions in the FedEx Express®
items securely. Need help? Go to [fedex.com/packaging](https://www.fedex.com/packaging)
Check your FedEx Express shipping document, the current FedEx
Guide, or the conditions of carriage for complete terms, conditions



◀ Insert shipping
document here.