



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2026 MAY -7 PM 3:23
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:

izaiah morgado Frazier
 FULL NAME _____ DATE OF BIRTH _____

CA 92376 RIALTO
 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): _____

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 4-23-26 TIME: 23:59 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.
PEPPER AVE / POPLAR ST RIALTO, CALIFORNIA

3. HOW DID DAMAGE OR INJURY OCCUR?
I izaiiah morgado Frazier was ~~hit~~ arrested and my vehicle was taken due to a COURTHOUSE error the case was dismissed and has taken effect on my time, mental health, health, and finance.

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.
Rialto, I was complying with all laws and this situation has caused stress, impact of credit score, fear of harassment where I live.

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

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

DAMAGES INCURRED TO DATE:

Item/Date:	<u>impound fees PLAT # 9RFS711 4-23-26</u>	Amount:	<u>\$ 1,179.9</u>
Item/Date:	<u>4 days in county jail</u>	Amount:	<u>\$ 500.0</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 1739

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

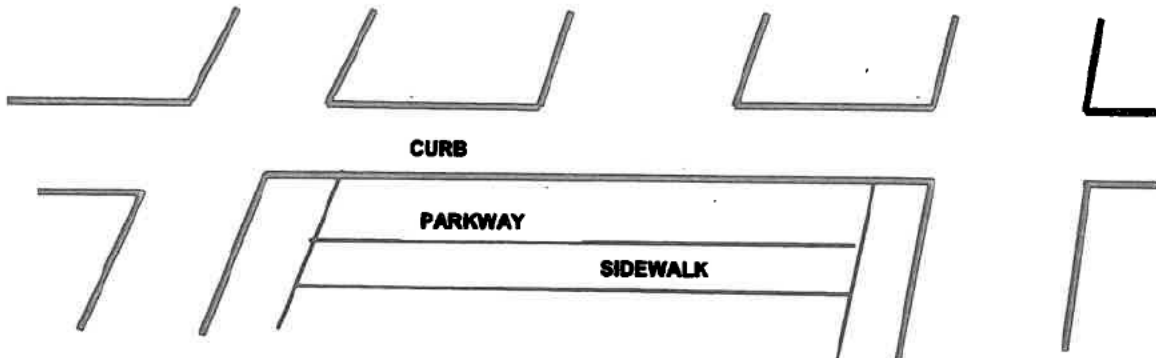
DATE: _____ TIME: _____ AM PM

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.



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

izaiah

TYPE OR PRINT NAME

SEIF

RELATIONSHIP TO CLAIMANT

5/7/26

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
POLICE

150 S Palm Ave
Rialto, CA 92376-6487
+1 (909) 820 2525
City of Rialto

04/28/2026 04:36PM
004213-0005 PD24-000011024
Payment effective date 04/28/2026

MISCELLANEOUS

Vehicle Release Fee
(629833)
2026 629833
1 @ \$216.80
Payment Id: 99801

\$216.80

\$216.80

Subtotal
Total

\$216.80

\$216.80

CASH

\$220.00

CASH

-\$3.20

Change due

-\$3.20

Paid by: IZATAH MORGADO FRAZIER

Thank you for your payment

CUSTOMER COPY



SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
Fontana District
17780 Arrow Boulevard
Fontana, CA 92335
www.sb-court.org

PORTAL MINUTE ORDER

Case Number: 24IN-042979

Date: 12/5/2024

Case Title: People of the State of California vs. IZAIAH JEZIC MORGADO

Department F8 - Fontana

Date: 12/5/2024

Time: 1:00 PM

Court Trial

Charges: VC23109(A)-I

Judge Pro Tem: Donald Dench
Judicial Assistant: Rachel Cruz
Court Reporter: Recorded Electronically
Bailiff: J Valencia
Minutes updated by Fabiola Moreno
1:18 PM

Appearances

Officer NOT present
Defendant present

Proceedings

Dismissal

As to Count 001. VC23109(A)-I: Speed Contest On Highway, a Disposition of Dismissal/Stricken - PC1385 Interest of Justice is entered.
ON COURT'S OWN MOTION

Custody Status

== Minute Order Complete ==

VEHICLE REPORT
CHP 180 (Rev. 4-16) OPI 061

STORAGE

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

... THE VEHICLE. J. P. ... 4/28/26

REPORTING DEPARTMENT RIALTO PD		LOCATION CODE 3609	DATE / TIME OF REPORT 4-23-26 / 2350	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO. 932604883
LOCATION TOWED / STOLEN FROM PEPPER AVE / POPLAR ST		ODOMETER READING 187,284	VIN CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED 4-23-26 / 2355	
YEAR 05	MAKE NISSAN	MODEL 350Z	BODY TYPE 2DR	COLOR RED	LICENSE NO. <input checked="" type="checkbox"/> ONE <input type="checkbox"/> TWO 05/27
VEHICLE IDENTIFICATION NO.			ENGINE NO.	VALUATION BY <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> OWNER <input type="checkbox"/> 0-500 <input checked="" type="checkbox"/> 501-4000 <input type="checkbox"/> 4001+ <input type="checkbox"/> \$	

REGISTERED OWNER: **LOYA MANUEL ARTURO**
LEGAL OWNER: **LOYA MANUEL ARTURO**
 SAME AS R/O

STORED **IMPOUNDED** **RELEASED** **RECOVERED - VEHICLE / COMPONENT**

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE): **PEPE'S TOWING (909) 574-1490**
STORAGE AUTHORITY / REASON: **CVC 22651(H)(1) / ARR**

REASON FOR STOP CVC VIOLATION				AIRBAG? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2				DRIVEABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JUNK <input type="checkbox"/> UNK				VIN SWITCHED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED		<input checked="" type="checkbox"/>	SEAT (FRONT)	<input checked="" type="checkbox"/>		REGISTRATION	<input checked="" type="checkbox"/>		CAMPER		<input checked="" type="checkbox"/>	LEFT FRONT	FAIR
BURNED HULK per 431(c) CVC		<input checked="" type="checkbox"/>	SEAT (REAR)	<input checked="" type="checkbox"/>		ALT. / GENERATOR	<input checked="" type="checkbox"/>		VESSEL AS LOAD		<input checked="" type="checkbox"/>	RIGHT FRONT	FAIR
VANDALIZED		<input checked="" type="checkbox"/>	RADIO	<input checked="" type="checkbox"/>		BATTERY	<input checked="" type="checkbox"/>		FIREARMS		<input checked="" type="checkbox"/>	LEFT REAR	FAIR
ENG. / TRANS. STRIP		<input checked="" type="checkbox"/>	TAPE DECK		<input checked="" type="checkbox"/>	DIFFERENTIAL	<input checked="" type="checkbox"/>		OTHER		<input checked="" type="checkbox"/>	RIGHT REAR	FAIR
MISC. PARTS STRIP		<input checked="" type="checkbox"/>	TAPES		<input checked="" type="checkbox"/>	TRANSMISSION	<input checked="" type="checkbox"/>		MISC ITEMS		<input checked="" type="checkbox"/>	SPARE	NO
BODY METAL STRIP		<input checked="" type="checkbox"/>	OTHER RADIO		<input checked="" type="checkbox"/>	AUTOMATIC	<input checked="" type="checkbox"/>					HUB CAPS	NO
SURGICAL STRIP per 431(b) CVC		<input checked="" type="checkbox"/>	IGNITION KEY	<input checked="" type="checkbox"/>		MANUAL		<input checked="" type="checkbox"/>				SPECIAL WHEELS	NO

RELEASE VEHICLE TO: R/O OR AGENT AGENCY HOLD 22850.3 CVC
GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE): **CARLOS**
DATE / TIME: **4-23-26 2359**

NAME OF PERSON / AGENCY AUTHORIZING RELEASE: **J. P. ...** I.D. NO. **1487** DATE **4/28/26**
SIGNATURE OF PERSON AUTHORIZING RELEASE: *[Signature]*
CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.
SIGNATURE OF PERSON TAKING POSSESSION: *[Signature]*

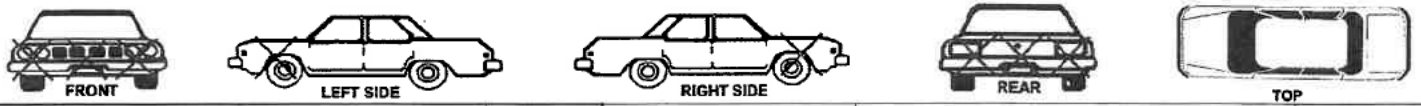
STOLEN VEHICLE / COMPONENT **EMBEZZLED VEHICLE** **PLATE(S) REPORT**

DATE / TIME OF OCCURRENCE	DATE / TIME REPORTED	NAME OF REPORTING PARTY (R/P)	DRIVER LICENSE NO. / STATE
LAST DRIVER OF VEHICLE	DATE / TIME	ADDRESS OF R/P	TELEPHONE OF R/P ()
I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.		SIGNATURE OF PERSON MAKING REPORT	

REMARKS
[LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS]

DRIVER'S NAME MORGADO FRAZIER, IZAIAH 1/21/04	ARRESTED / SECTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WARRANT	REPORTED BY E. LOBOS	CARGO / TYPE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VALUE \$ <input type="checkbox"/> BILL OF LADING ATTACHED
---	---	--------------------------------	--	--

ON 04/23/26 AT APPROXIMATELY 2315 HOURS, I CONDUCTED A T-STOP ON THE ABOVE MENTIONED VEHICLE FOR VIOLATION OF CVC 24252(A)(10). UPON CONTACTING THE DRIVER AND CONDUCTING A RECORDS CHECK, IZAIAH WAS CONFIRMED THROUGH A RECORDS CHECK TO HAVE AN ACTIVE ARREST WARRANT FOR RECKLESS SPEED AND WAS ARRESTED. THE VEHICLE WAS THEN TOWED AND NO VALUABLES WERE LEFT IN THE VEHICLE AFTER AN INVENTORY SEARCH WAS CONDUCTED. THERE WERE NOTICEABLE MINOR 360 DAMAGES AROUND THE VEHICLE. IZAIAH STATED HE HAD JUST BOUGHT THE VEHICLE A DAY AGO AND HAD NOT REGISTERED IT TO HIS NAME. NO BILL OF SALE WAS LOCATED IN THE VEHICLE.



SIGNATURE OF OFFICER TAKING REPORT E. LOBOS	I.D. NO. 02419	SUPERVISOR RM	REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 CVC? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE NOTIFIED
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PEPE'S TOWING SERVICE
 14351 VETERANS WAY
 Moreno Valley CA 92553
 951-653-2423



Pepe's Towing Service
 PO Box 7450, Moreno Valley CA 92552
 Phone: (951) 682-5682 | Fax : (951) 682-5030

Impound Receipt

Printed 4/28/2026

04/28/2026 17:17
 Sale
 Trans:2 Batch:51
 AMEX CHIP
 *****2138 **/**
 AMOUNT: \$83.00
 Resp: APPROVAL
 Code: 469028
 Ref#: 611817432297
 App Name: AMEX
 AID: A000000025010402
 TVR: 0000008000
 TSI: E800

MORGAN FRAZIER
 26-0423-79973
 79973
 4/27/2026
 932604883
 RIALTO PD
 4/23/2026 11:27 PM
 4/23/2026 11:28 PM
 4/23/2026 11:40 PM
 4/23/2026 11:54 PM
 4/24/2026 12:18 AM
 Carlos R.
 TRK 53
 4/28/2026 5:01 PM
 5 days

455 S BURNEY ST RIALTO CA 92376 Phone: 9514970322
 Reason for Impound 22651-H DRIVER ARRESTED
 VIN Number
 Model 2005 Nissan 350Z (Red)
 License Plate
 Drivable Yes
 Keys Yes KEY BOX #2---36
 Towed from POPLAR AND PEPPER
 Stored at Willow Yard
 2879 S. Willow Avenue, Bloomington CA 92316

Cardholder acknowledges receipt of goods and obligations set forth by the cardholder's agreement with issuer.

CUSTOMER COPY
 Thank You
 Powered By ValorPay(v3.0.16)

	Quantity	Price	Line Total
orage: Daily Impound Rate	5	\$77.00	\$385.00
EN NOTICE	1	\$35.00	\$35.00

	Quantity	Price	Line Total
(Towing) Admin Fee	1	\$121.00	\$121.00
(Towing) AFTER HOURS TOWING FEE PORT TO PORT (price per hour)	1 (1 h)	\$422.00	\$422.00
		Towing SubTotal	\$543.00
		Storage - Notification Fees SubTotal	\$35.00
		Storage - Storage Fees SubTotal	\$385.00
		Subtotal	\$963.00
		Taxes	\$0.00
		Grand Total	\$963.00
		Amount Due:	\$0.00 / Paid

Cash payment (Ref # CASH) of \$880.00 applied on 4/28/2026
American Express payment (Ref # 12138/AUTH/469028) of \$83.00 applied on 4/28/2026

All towing services sales are final at time of payment. By authorizing payment, you agree to the following terms:
 No Cancellations/Changes: Once service is dispatched or rendered, payments cannot be canceled or modified.
 No Refunds: All fees (towing, recovery, storage, etc.) are non-refundable.
 No Chargebacks: Disputing valid charges may lead to additional fees.
 By proceeding with payment, you confirm acceptance of these terms.

Pepe's Towing Service appreciates your business; if you have any questions regarding this invoice, please contact us at 951-682-5682. Thank you.

Damage Disclaimer:

I Have been advised that my vehicle may be damaged if winched, towed, unlocked, jump started, tire changed or left on unattended premises. I recognize the difficulty involved and I agree not to hold Pepe's Towing Service responsible for such damages should it result. I, the undersigned do hereby certify that I am legally authorized and entitled to take possession of the vehicle described and all personal property therein. I have received the vehicle and all personal property in satisfactory condition.

Signature: _____ Date: _____

CA# 117433 USDOT: 1005094

Upon request, you are entitled to receive a copy of the Towing and Storage Fees and Access Notice

Booking No. 7604342140 San Bernardino County Sheriff's Department DR/Case No. 922604003
 Date/Time Booked 4/24/20 Arresting Agency Rialto PD
 SSN _____ ARREST/BOOKING APPLICATION Date of Arrest 4/23/20
 DL/ID No. _____ State CA Time of Arrest 2324

Name: Last MORGADO FRAZIER		First IZAZAM			Middle JEZIC		Aka or Maiden Name _____		
Sex M	DOB _____	Age 22	Ht 600	Wt 130	Hair BLK	Eyes BLK	Race BLK	Place of Birth RIALTO	Country of Citizenship U.S.
Arrested With _____							Associated DR# _____		
Address: No. and Street _____				City RIALTO		State CA	Zip 92376	Phone - Home & Cell _____	
Spouse/Domestic Partner _____				Home Phone _____		Cell Phone _____			
Employer _____		Employer Address _____			Employer Phone _____		Type of Job _____		
Clothing Description BLK SHIRT / BLK PANTS								Veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Branch _____	
Are you out on Bail? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Parole or Probation Officer _____			PO's Office/Address _____		PO's Phone _____		
Place of Arrest PEPPER AVE / POPLER ST.				Location of Vehicle SAME					
License No. of vehicle _____		Make NISSAN		Model 350Z		Color RED			

BOOKING CHARGES

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

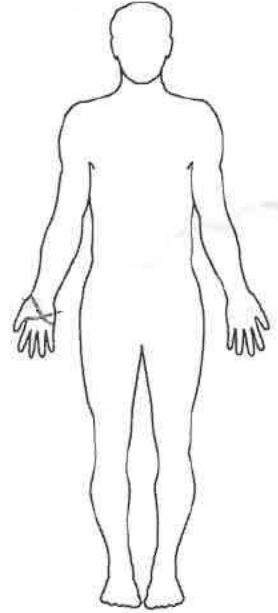
Type	Charges	M/F	Definition	Court	Warrant No.	Bail
W	CVC 23109 (s)	M	RECKLESS / DRIVING / MSB 23012360 / \$10,000			

Other Agency Hold (OVC, 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	\$32.00
Arresting/Transporting Officer Signature	[Signature]
Additional Comments _____	
Arresting Officer	E. LOBOS #02419
Transporting Officer	_____
Agency	RIALTO PD
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 MONKEY BAG
L ARM
R LEG
L LEG
BIRTHMARK
OTHER



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <input type="checkbox"/> 247 W. Third Street, San Bernardino, CA 92415-0240 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 235 E Mountain View St., Barstow, CA 92311 <input type="checkbox"/> 17780 Arrow Blvd., Fontana, CA 92335		FOR COURT USE ONLY	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA		FILE NUMBER:	
DEFENDANT: MORGADO, FRAZIO		CASE NUMBER: MSB23 012360	
AGREEMENT FOR OWN RECOGNIZANCE		(blank)	

The undersigned, a defendant in the above-entitled criminal action, in consideration of release from custody on their own recognizance, and at their request, hereby voluntarily agrees as follows:

a. That I will appear before the Superior Court of California County of San Bernardino, at the following place and time:

Court District: _____ Address: SEE ABOVE ADDRESS
 Date: 5/4 Time: 0800 Department: 55

and at such other times and places as may be thereafter specified and ordered by the Court or Magistrate granting my release in which, or any other Magistrate before whom, the change is subsequently pending.

- b. I shall not leave the State of California without permission of the Court.
- c. In the event I shall fail to so appear, as herein agreed, and am apprehended outside the State of California, then I waive extradition, and will voluntarily surrender myself to custody of the proper officials for return to the State.
- d. It is further understood that this release from custody on my own recognizance is not granted as a matter of right, but is an exercise of discretion by the Court. The Court may require that I give my bail or other security, in an amount to be required to assure my appearance in these proceedings, and may order me committed to actual custody.
- e. I further understand that if I willfully fail to appear for fourteen (14) days past my scheduled date, I have intentionally evaded the process of the Court.
- f. I am further advised of the fact that my willful failure to appear, as agreed herein, is a felony (if the offense with which I am charged in these proceedings is a felony) punishable by a fine of \$10,000.00 plus assessments, and/or imprisonment in person up to three years or in the county jail for up to a year; or a misdemeanor (if the offense with which I am charged in these proceedings is a misdemeanor) punishable by a fine of \$1,000.00 plus assessments or imprisonment in County Jail for six months or both.
- g. That, upon my release from custody, I intend to establish my permanent residence with _____

Address: 1551 RUTLEY ST Phone: 951 492 2122

In the event of any change in such residence, then I agree to immediately notify the Court concerning my whereabouts at all times while released from custody under this agreement.

h. Other requirements: FOLLOW ALL ORDERS GIVEN BY THE COURT

I hereby certify that I have read the above agreement and that I understand its provisions. Further, I acknowledge that I have received a copy of the same.

Date: 4/27/26 By: [Signature]
 Signature of Defendant,

Witness Signature: _____ (fingerprint)

Certificate of Interpreter:
 I declare under penalty of perjury that I have translated this form to the above-named defendant in the _____ language in the presence of and directly to the defendant in this case and that said defendant subscribed to this document in my presence.

Name: _____ Signature: _____

AGREEMENT FOR OWN RECOGNIZANCE RELEASE

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
BOOKING RECORD

INMATE COPY

Booking Number: 2604342140 Supl: - Booking Station: WEST VALLEY JAIL
Name (Last, First Mid): MORGADO FRAZIER, IZAIHA JEZIC Booking Type: Sheriff Automated Warrant
ID: HMA DOB: Age: 22 Height: 600 Weight: 130 Hair: BLK Eyes: BLK
D/L: SSN:
Scars/Marks/Tattoos:

Charge(s):
VC23109(A) ILLEGAL SPEED CONTEST

Court: SAN BRDNO SUPE Bail: 10000.00 Warr/File Number: MSB23012360

Arrest Address: PEPPER AVE POLER ST Arrest Agency: RIALTO PD
Vehicle Location: PEPPER AVE POLER ST Arrest Officer:
Booking Officer: Trans Officer:

Intake Date/Time: 04/24/2026 04:57 Booking Date/Time: 04/24/2026 05:03

I acknowledge I have the right to make three (3) completed telephone calls. Calls outside the local area must be collect or at my expense. I have been advised there is a telephone located in the booking cell for my use.

I acknowledge I have received a copy of the Inmate Rules and Regulations.

I acknowledge that I was advised of my charges.

X _____
Prisoner's Signature When Booked

Cash Out: _____

Release Date: _____ Time: _____

X _____
Prisoner's Signature for Remaining Cash & Property

Reason For Release: _____

Released By: _____

X _____
Prisoner's Signature When Released

Released To: _____

RIGHT THUMB PRINT (WHEN BOOKED)

RIGHT THUMB PRINT (WHEN RELEASED)