



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

CITY CLERK'S DATE STAMP  
  
CITY OF RIALTO  
2024 JUN 27 AM 10:56  
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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:**

Nancy Fricks  
\_\_\_\_\_

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):  
Gregory Peacock, Law Office of Gregory Peacock; 4063 Birch Street,  
Suite 100, Newport Beach, CA 92660.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 25, 2023 TIME: Early morning  xAM  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.

\_\_\_\_\_

\_\_\_\_\_

3. HOW DID DAMAGE OR INJURY OCCUR?  
On December 25, 2023, various Rialto Police Department officers, including Martinez and Schepp, unlawfully entered and searched Claimant's home, located at \_\_\_\_\_ The involved Rialto Police Department officers, including Martinez and Schepp also unlawfully destroyed Claimant's real and personal property.

4. WERE POLICE AT THE SCENE?  YES  NO      WERE PARAMEDICS AT THE SCENE?  YES  NO

5. WHAT PARTICULAR ACT OR COMMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.

Various Rialto Police Department Officers, including but not limited to Officers Martinez and Schepp, unlawfully entered and searched Claimants home. The involved Rialto Police Department Officers also unlawfully destroyed Claimant's real and personal property.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ \_\_\_\_\_ In excess of \$25,000

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

**DAMAGES INCURRED TO DATE:**

Item/Date: General and Special Damages; emotional distress pain and suffering Amount: \$ \_\_\_\_\_ In excess of \$25,000  
Loss of Real and personal property; Punitive damages.

Item/Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ In excess of \$25,000

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ In excess of \$25,000

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: General + special damages, including loss of rent +

Amount: \$ In excess of \$25,000

Item/Date: Personal property; emotional distress

Amount: \$ \_\_\_\_\_

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ In excess of \$25,000

**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

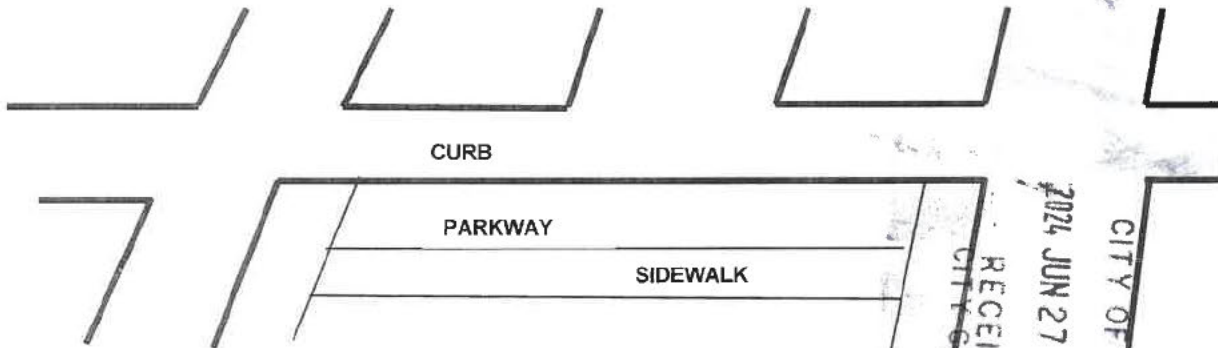
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

**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

Gregory Peacock

June 24, 2024

TYPE OR PRINT NAME

Lawyer

DATE

RELATIONSHIP TO CLAIMANT

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

**PROOF OF SERVICE**

CITY OF RIALTO

2024 JUN 27 AM 10:57

**STATE OF CALIFORNIA, COUNTY OF ORANGE**

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I, the undersigned, hereby certify that I am a citizen of the United States and over the age of eighteen; I work in the County of Orange, California, in which County the within mailing took place; and I am not a party to the subject case. My business address 4063 Birch Street, Suite 100, Newport Beach, CA 92660.

I am familiar with the practice of this law firm for the collection and processing of documents for mailing with the United States Postal Service, that the documents would be deposited with the United States Postal Service that same day in the ordinary course of business.

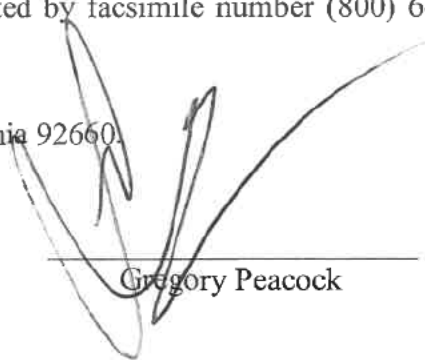
On March 9, 1970, I placed the within document(s) described as:

**NANCY FRICK'S CLAIM FOR DAMAGES TO CITY OF RIALTO**

BY MAIL: I am "readily familiar" with the firm's practice of collecting and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon full prepaid at Whittier, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

VIA FACSIMILE TRANSMISSION: I caused the above-described document(s) to be transmitted to the offices of the interested parties at the facsimile number(s) indicated on the attached Service List and the activity report(s) generated by facsimile number (800) 644-9861 indicated all pages were transmitted.

Executed on March 9, 1970, at Newport Beach, California 92660.



Gregory Peacock

SERVICE LIST

CITY OF RIALTO

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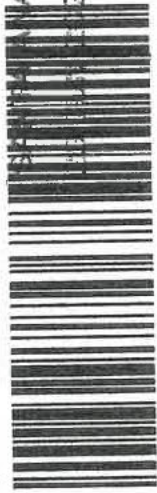
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3 150 S. PALM AVE.  
4 RIALTO, CA 92376  
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GREG PEACOCK LAW  
4063 Birch St. Suite 100  
Newport Beach, CA 92660

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CERTIFIED MAIL



RIALTO CA 926

9589 0710 5270 0690 2591 12

Rialto City Clerk's Office  
150 S. Palm Ave  
Rialto CA 92376

92376-648799



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