



GASTÉLUM LAW

3767 WORSHAM AVE., LONG BEACH, CALIFORNIA 90808-1774
(213) 340-6112 | DGASTELUM@GASTELUMFIRM.COM

CITY OF RIALTO
2022 OCT -3 PM 5: 21

RECEIVED
CITY CLERK

September 28, 2022

Sent Via Certified Mail, RRR,

Article No. 7021-0350-0001-1195-6030

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

Re: Government Claim
Claimants: Estate of Irene Jaramillo, Isabel Jaramillo, Julian Ramos, Jr., Roberto Ramos
Date of Incident: April 2, 2022

To Whom It May Concern:

Enclosed please find four Government Claims pursuant to California Government section 910 presented to the City of Rialto, both an original and a copy, for filing on behalf of claimants Estate of Irene Jaramillo, Isabel Jaramillo, Julian Ramos, Jr. and Robert Ramos.

Please retain the original for your files and return the conformed copies of the claims for Estate of Irene Jaramillo, Isabel Jaramillo, Julian Ramos, Jr. and Robert Ramos to our office in the enclosed self-addressed stamped envelopes.

If you have questions regarding this claim, please do not hesitate to contact our office.

Very Truly Yours,

GASTÉLUM LAW, APC


DENISSE O. GASTÉLUM

Enclosures



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

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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:	
Estate of Irene Jaramillo	
FULL NAME	DATE OF BIRTH
Bloomington, CA 92316	()
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
Gastelum Law, APC; 3767 Worsham Ave., Long Beach CA 90808	
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):	Gastelum Law, APC; 3767 Worsham Ave., Long Beach CA 90808

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: April 2, 2022 TIME: 1:00 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 near the intersection of Cedar Avenue and Randall Avenue in Rialto, California 92316.

3. HOW DID DAMAGE OR INJURY OCCUR?
The death of Irene Jaramillo occurred during a police pursuit involving Rialto Police Department police officers.

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 death of Irene Jaramillo was caused by the intentional, reckless and/or negligent acts of the Rialto Police Department police officers during a police pursuit which resulted in suspect Alejandro Canchola colliding with the vehicle wherein Irene Jaramillo and Aaron McDonald were passengers.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 20,000,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

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: Driver Alejandro Canchola and Passenger Jose Castrocotá; contact information unknown. NAME: Unknown Rialto Police Department officers engaged in the

ADDRESS: _____ ADDRESS: pursuit and ensuing investigation.

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Irene Jaramillo and Aaron McDonald suffered fatal injuries.

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

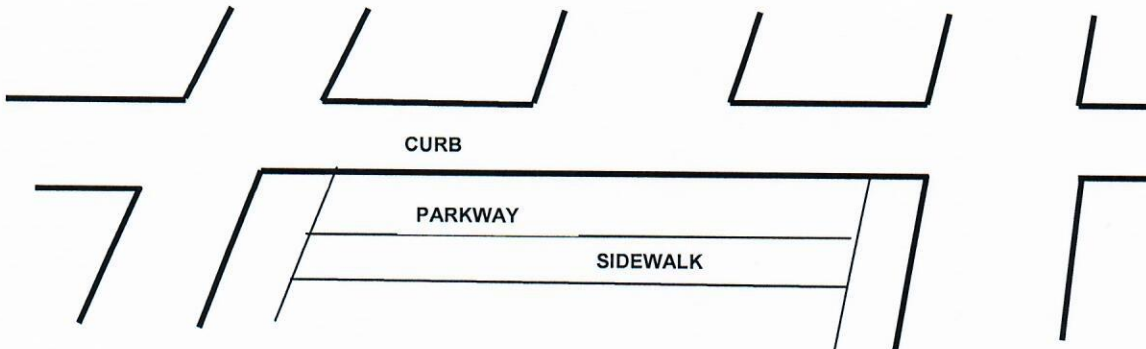
DATE: _____ TIME: _____ AM PM

9. PLEASE READ THE FOLLOWING CAREFULLY:

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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.

Denise O. Gastelum

SIGNATURE OF CLAIMANT OR AGENT

Denisse O. Gastelum

09/28/22

TYPE OR PRINT NAME

DATE

Attorney

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



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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:	
Isabel Jaramillo, natural born sister of Irene Jaramillo	
FULL NAME	DATE OF BIRTH
Bloomington, CA 92316	()
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
Gastelum Law, APC; 3767 Worsham Ave., Long Beach CA 90808	(562) 203-3030
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):	Gastelum Law, APC; 3767 Worsham Ave., Long Beach CA 90808

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At or near the intersection of Cedar Avenue and Randall Avenue in Rialto, California 92316.

3. HOW DID DAMAGE OR INJURY OCCUR?

The death of Irene Jaramillo occurred during a police pursuit involving Rialto Police Department police officers.

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 death of Irene Jaramillo was caused by the intentional, reckless and/or negligent acts of the Rialto Police Department police officers during a police pursuit which resulted in suspect Alejandro Canchola colliding with the vehicle wherein Irene Jaramillo and Aaron McDonald were passengers.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 20,000,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

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: Driver Alejandro Canchola and Passenger Jose Castrocola; contact information unknown. NAME: Unknown Rialto Police Department officers engaged in the

ADDRESS: _____ ADDRESS: pursuit and ensuing investigation.

TELEPHONE: () _____ TELEPHONE: () _____

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

NAME: Irene Jaramillo and Aaron McDonald suffered fatal injuries. NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: () _____ TELEPHONE: () _____

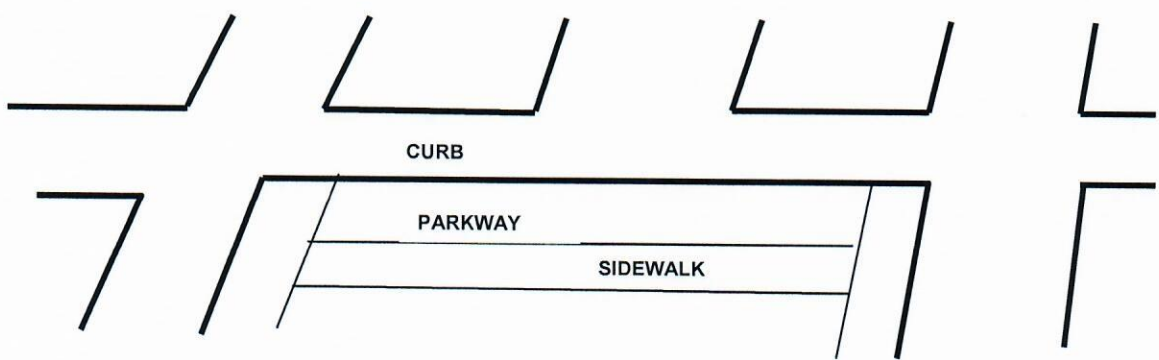
DATE: _____ TIME: _____ AM PM DATE: _____ TIME: _____ AM PM

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Denisse O. Gastelum
SIGNATURE OF CLAIMANT OR AGENT

Denisse O. Gastelum
TYPE OR PRINT NAME

09/28/22
DATE

Attorney
RELATIONSHIP TO CLAIMANT

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

CLAIMANT INFORMATION:	
Robert Ramos, natural born brother of Irene Jaramillo	
_____	_____
FULL NAME	DATE OF BIRTH
Bloomington, CA 92316	()
_____	_____
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
Gastelum Law, APC; 3767 Worsham Ave., Long Beach CA 90808	(562) 203-3030
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NAME: _____

ADDRESS: _____

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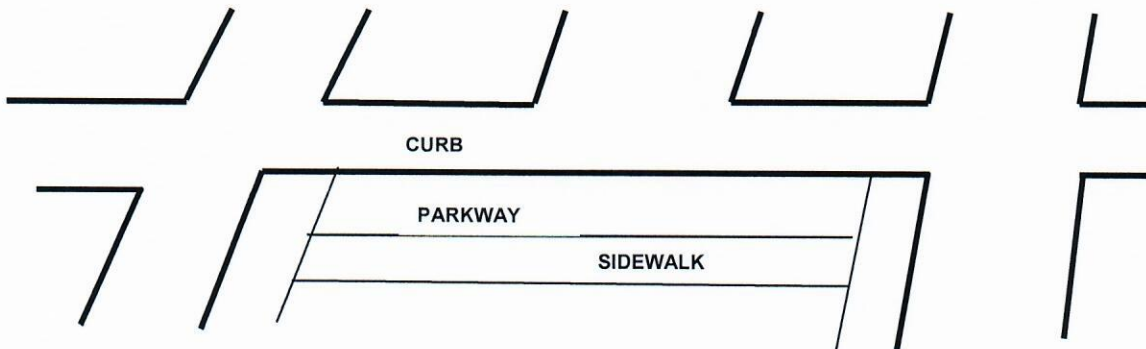
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Denisse O. Gastélum

SIGNATURE OF CLAIMANT OR AGENT

Denisse O. Gastélum

TYPE OR PRINT NAME

09/28/22

DATE

Attorney

RELATIONSHIP TO CLAIMANT

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CLAIMANT INFORMATION:

Julian Ramos, Jr., natural born brother of Irene Jaramillo	
FULL NAME	DATE OF BIRTH
Bloomington, CA 92316	()
HOME ADDRESS INCLUDING CITY, STATE & ZIP	HOME TELEPHONE NO.
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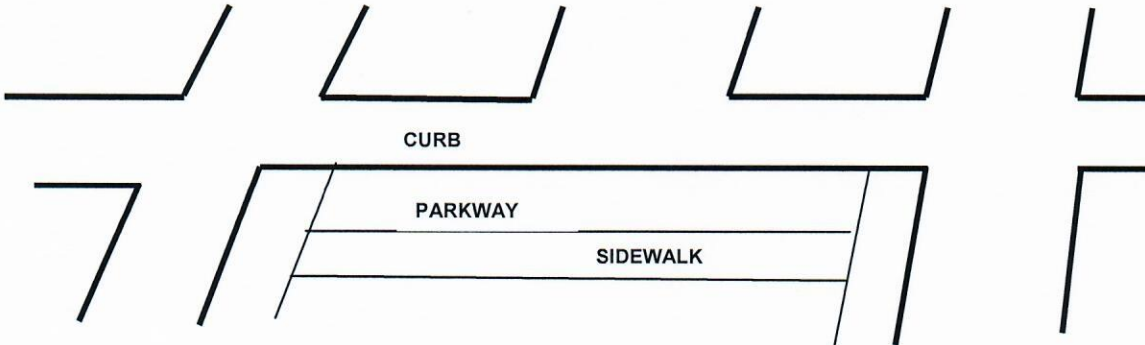
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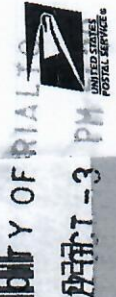
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7021 0350 0001 1195 2022 OCT -3 PM



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92376



U.S. POSTAGE PAID
FCM LG ENV
BEA CA
92376
SEP 29 22
AMOUNT
\$8.93
R2305K138961-04

Rialto City Clerk's Office
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Rialto, CA 92376