

2022 OCT -3 PM 5: 21

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

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



## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY OF RIALTO

2022 OCT -3 PM 5: 21

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:	
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 Worsh  (if different from home address provided above):	nam Ave., Long Beach CA 90808
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: April 2, 2022	ИЕ: 1:00 ⊠ AM □ PM
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.	e officers.
4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE?  5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGE employee causing the injury or damage, if known.  The death of Irene Jaramillo was caused by the intentional, reckler Rialto Police Department police officers during a police pursuit which Canchola colliding with the vehicle wherein Irene Jaramillo and Aaron Marticular Canchola Colliding with the vehicle wherein Irene Daramillo and Aaron Marticular Canchola Colliding with the vehicle wherein Irene Daramillo and Aaron Marticular Canchola Colliding With the vehicle wherein Irene Daramillo and Aaron Marticular Canchola Colliding With the Vehicle Wherein Irene Daramillo and Aaron Marticular Canchola Colliding With the Vehicle Wherein Irene Daramillo and Aaron Marticular Canchola Colliding With the Vehicle Wherein Irene Daramillo and Aaron Marticular Canchola Colliding With the Vehicle Wherein Irene Daramillo Canchola Colliding With the Vehicle Wherein Irene Daramillo Canchola C	SES? Give the name of the city/town ss and/or negligent acts of the
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. I	T
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 addition	al pages, if necessary	)	
NAME: Driver Alejandro Canchola and Passenger Jose Castrocota; contact information unknown. NAME: Unknown Ria	Ito Police Department	officers engaged in the	
ADDRESS: pursuit and e	isung investigation.		
TELEPHONE: (			
8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HO			
VARIABLE VARIABLE AND			
ADDRESS			
TELEPHONE: () TELEPHONE: ()			
DATE: TIME: DATE:			
9. PLEASE READ THE FOLLOWING CAREFULLY:			
CURB  PARKWAY  SIDEWALK	R DIAGRAM SIGNED	BY THE CLAIMANT.	
Attorney RELATIONSHIP TO CLAIMANT	S I BELIEVE THEM TO BE IS TRUE AND CORR  09/28/22  DATE	TRUE.	
NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PE RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE – 150 S. PALM AVE	NAL CODE 72) E., RIALTO, CA 923	76	



### **CLAIM FOR DAMAGES** TO PERSON OR PROPERTY

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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	2
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	(562 ) 203-3030 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 Worsh	To laborate
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4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE? E.  5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGE employee causing the injury or damage, if known.  The death of Irene Jaramillo was caused by the intentional, reckles Rialto Police Department police officers during a police pursuit which Canchola colliding with the vehicle wherein Irene Jaramillo and Aaron M.	ES? Give the name of the city/town as and/or negligent acts of the
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. P	T
DAMAGES INCURRED TO DATE:	
Item/Date:	Amount: \$
Item/Date:	Amount: \$

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:  Item/Date:		OUNT CLAIMED AS OF PRE		CLAIM:	\$
TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:   NAME: Driver Alejavirio Cardodia and Passarger Jose Castrocote: cortact information unknown, NAME:   Unknown Riatio Police Department officers engaged in the pursuit and onsuing investigation.   ADDRESS:					
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 Aliginatro Catchda and Passargor Jose Casticosta; contact information unknown, NAME;   Driver Aliginatro Catchda and Passargor Jose Casticosta; contact information unknown, NAME;   Driver Aliginatro Catchda and Passargor Jose Casticosta; contact information unknown, NAME;   ADDRESS.	Item/Date:				A00
T. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)  NAME:				Amount:	\$
NAME: _ Chriev Aligandro Canchola and Passenger Jose Castrocobis contact information unknown, NAME: _ Dursuit and ensuing investigation.    ADDRESS:			The state of the s		\$
ADDRESS:  ADDRESS:  TELEPHONE:   S. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:  NAME:  NAME:  TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:   TELEPHONE:   TELEPHONE:  TELEPHONE:   TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:	7. WITNESSES TO DAN	MAGE OR INJURY List all persons kr	nown to have information (a	tach additional pages, if necess	sary)
TELEPHONE:			Information unknown.NAME:	Onknown Rialto Police Departmoursuit and ensuing investigation	ent officers engaged in the
8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:  NAME:	ADDICESS.		ADDRESS:		
8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:  NAME:   rene daramillo and Aaron McDonaid suffered fatal injuries.   NAME:   ADDRESS:   ADDRESS:   ADDRESS:   ADDRESS:   ADDRESS:   TELEPHONE:   DATE:   TIME:   DAM   PM DATE:   TIME:   DATE:   TIME:   DATE:   TIME:   DATE:   DATE:	TELEPHONE: ( )		TELEPHONE: ()		
NAME:lene_saramillo and Aaron McDonald suffered fatal injuries.   NAME:	8. IF INJURED, PROVID	DE NAME, CONTACT INFORMATION			
TELEPHONE:					
TELEPHONE:   TIME:   DATE:   TIME:   DATE:   TIME:   DATE:   DATE   DATE:   DATE   DATE:   DATE   DATE:   DATE   DATE   DATE:   DATE   DATE	ADDRESS:				
TELEPHONE:     TIME:					
DATE:TIME:	TELEPHONE: ()		TELEPHONE: ()		
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.  ***CURB**  PARKWAY**  SIDEWALK**  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.  SIGNATURE OF CLAIMANT OR AGENT  Denisse O. Gastélum*  O9/28/22  TYPE OR PRINT NAME  Attorney  RELATIONSHIP TO CLAIMANT  NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)					
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THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.  LICENTIFY (OR DESCRIPTION OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.  SIGNATURE OF CLAIMANT OR AGENT  Denisse O. Gastélum  TYPE OR PRINT NAME  Attorney  RELATIONSHIP TO CLAIMANT  NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)	accident by "B-1" and the  NOTE: IF THE DIAGE  I HAVE READ THE FORE	CURB  PARKV  GOING CLAIM AND KNOW THE CONTENTS	VAY  SIDEWALK  THEREOF: AND CERTIFY THAT	THE SAME IS TRUE OF MY OWN KNO	ED BY THE CLAIMANT.
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	DET	NOTE: PRESENTATION OF A F	FALSE CLAIM IS A FELC	NY (CA PENAL CODE 72)	



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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
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP	BUSINESS TELEPHONE NO.
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DAMAGES INCURRED TO DATE:	ease attach L estimates.
Item/Date:	Amount: \$
Item/Date:	Amount: \$

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	THE DAMAGES, AS LAK AS KNOW		Λ	mount: \$	
				mount: \$	
Item/Date: TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:			Φ		
	AGE OR INJURY List all persons kno		attach additional name	<i>'</i>	
	nola and Passenger Jose Castrocota; contact i				engaged in the
			pursuit and ensuing in		ongaged in the
		ADDRES			
TELEPHONE: ()		TELEPHONE: (	)		
	E NAME, CONTACT INFORMATION				
	Aaron McDonald suffered fatal injuries.				
			3:		
TELEPHONE: ()		TELEPHONE: (			
	TIME: AM D F		Т		□ АМ □ РМ
9 PI FASE READ THE E	OLLOWING CAREFULLY:				
7	CURB				-
	SOING CLAIM AND KNOW THE CONTENTS T		T THE SAME IS TRUE OF MY THOSE MATTERS I BELIEV		CEPT AS TO



#### **CLAIM FOR DAMAGES TO PERSON OR PROPERTY**

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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.
Gastelum Law, APC; 3767 Worsham Ave., Long Beach CA 90808	(562 ) 203-3030
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP	BUSINESS TELEPHONE NO.
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM	ham Ave., Long Beach CA 90808
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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:	\$	
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ADDRESS: ADDRESS:	nsuing investigation.	
TELEPHONE: ( ) TELEPHONE: ( )		
8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HO	SPITAL(S) VISITED:	
NAME: Irene Jaramillo and Aaron McDonald suffered fatal injuries.  NAME:		
ADDRESS: ADDRESS:		
TELEPHONE: () TELEPHONE: ()		
DATE: TIME: DATE:	TIME: #	АМ 🗆 РМ
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PARKWAY		
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Denisse O. Gastélum	09/28/22	
TYPE OR PRINT NAME	DATE	
Attorney		
RELATIONSHIP TO CLAIMANT		
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Palm Ave.

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