



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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
RECEIVED  
CITY CLERK  
APR -6 PM 5:46

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:**

Full Name: Izayan Jones DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS INCLUDING CITY, STATE & ZIP: \_\_\_\_\_ HOME TELEPHONE NO.: \_\_\_\_\_

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP: N/A 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: 3/25/26 TIME: 6:30  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.

The entrance gate to the Rialto PD parking lot.

3. HOW DID DAMAGE OR INJURY OCCUR?

Police officer didn't yield when exiting the parking lot and struck me on my bike. Sending me flying off my bike, and bike was damaged leaving it unrideable.

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.

Officer S. Ford was the driver of the vehicle that struck me.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ \$400

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

DAMAGES INCURRED TO DATE:

Item/Date: Electric Bicycle  
Item/Date: \_\_\_\_\_

Amount: \$ \$400  
Amount: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 9400

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: Officer N. Villarreal

NAME: Rochelle Jones

ADDRESS: Rialto P.D.

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

NAME: Loma Linda

NAME: \_\_\_\_\_

ADDRESS: Emergency Room

ADDRESS: \_\_\_\_\_

1184 Anderson St., Loma Linda 92354

TELEPHONE: 909 559-4444

TELEPHONE: ( ) \_\_\_\_\_

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

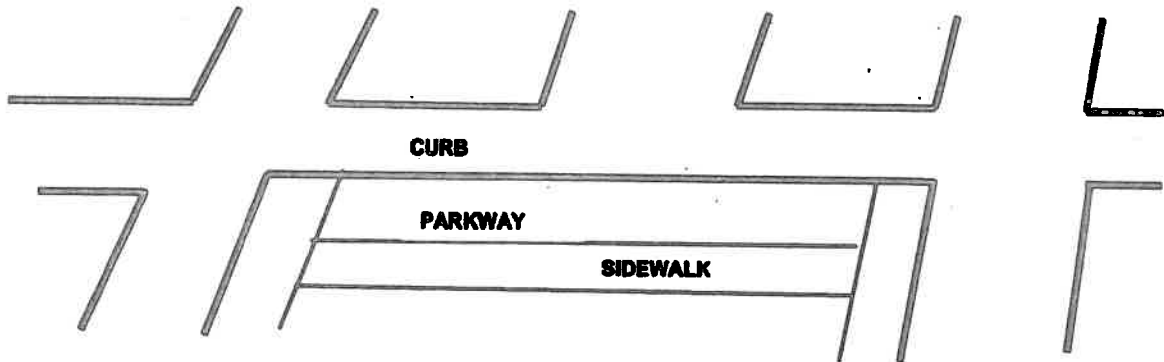
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

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.

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Izayah Jones

TYPE OR PRINT NAME

Self

RELATIONSHIP TO CLAIMANT

4/3/26

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

004566

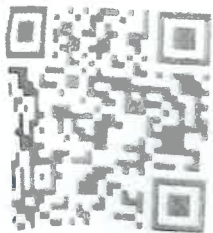
Invoice

BILL TO	PHONE NO.
ADDRESS <i>Rachelle Jones</i>	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>04/03/20</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>FORK -</i>			<i>\$ 199.<sup>00</sup></i>
		<i>(with front -</i>			<i>80</i>
		<i>L-1150 II -</i>			<i>50</i>
		<i>(OTHER ACCESSORIES)</i>			
		<i>Estimated TO</i>			<i>\$ 360</i>
					<i>400</i>

J FIGUEROA 909-644-7874



Get more help of your car & injuries of an item over  
figure out your rights on claim to the court, where the  
accident occurred.

Simply go to <https://buycrash.com> and use the  
information provided to help you file a claim to view,  
download and print your report.

It's quick and easy.

DATE OF ACCIDENT: 03/25/22

PLATE NUMBER: 021K

INSURANCE: 932603620

AGENCY: RZAVTD RD

For further assistance please call the

LexisNexis BuyCrash support line at 866-215-2771



## 025 California Code Vehicle Code - VEH DIVISION 11 - RULES OF THE ROAD CHAPTER 4 - Right-of-Way Section 21804.

Universal Citation:  
1 Veh Code § 21804 (2025) [?](#)

[Previous](#)

[Next](#)

804. (a) The driver of any vehicle about to enter a highway from any public or private property, or from an alley, shall yield the right-of-way to all traffic, as defined in Section 620, approaching on the highway close enough to constitute an immediate hazard, and shall continue to yield the right-of-way to that traffic until he or she can proceed with reasonable safety.



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