



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

CITY OF RIALTO
2025 JUL 21 PM 12:32
RECEIVED
CITY CLERK

CITY CLERK'S DATE STAMP

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:

Moshi Saleh

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

(626) 705-1160

BUSINESS TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

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: 6/30/2025 TIME: 3:17 ☐ 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.

1439 W Persimmon St. Rialto Back Fence

3. HOW DID DAMAGE OR INJURY OCCUR?

The grass fire occurred on a vacant lot owned by the City of Rialto.

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.

Excess weeds on the vacant lot. The lot was not maintained.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 3,495.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Repair Estimate of Back fence

Amount: \$ 3,495.00

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 3,495.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Wood Fence Replacement

Amount: \$ 3,495.00

Item/Date:

Amount: \$

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 3,495.00

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: Irene Aquila

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

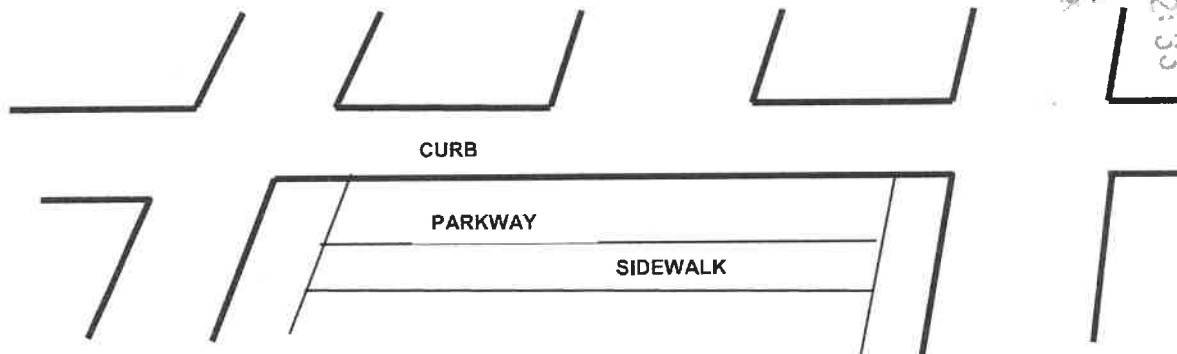
DATE: TIME: ☐ AM ☐ PM

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

Joshua Chao

TYPE OR PRINT NAME

7/21/25
DATE

Property Manager
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

Remit to Main Office
Main Office:
930 N. Main St.
Riverside, CA 92501
951-780-9300
Orange County 714-619-0498
Coachella Valley 760-834-6221

ALL COUNTIES

FENCE & SUPPLY

WOOD • VINYL • IRON • CHAINLINK
Lic. #717249 • Fully Insured & Bonded • Since 1978

Installation

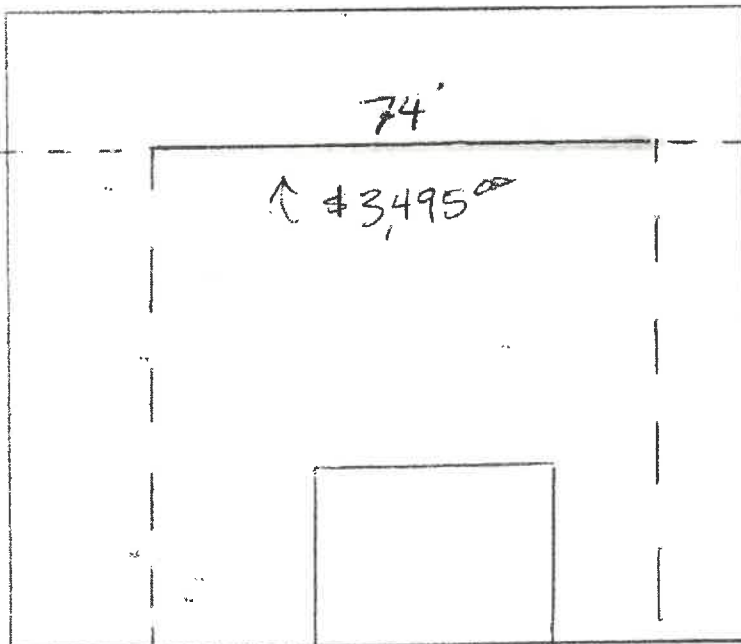
Date _____
Temp _____
Air Quality _____

7/9/25

Estimator Chris Barrett, Jr. Cell (951) 906-2029 - chrisb@allcountiesfenceandsupply.com

No. 52333

NAME Joshua Chao
ADDRESS _____
CITY Rialto ZIP 92377
HOME PHONE _____ HONE _____
JOB ADDRESS _____ City _____
EMAIL CUSTOMER _____



Linear Ft. 74 Description REDWOOD

FENCING SPECIFICATIONS

CHAIN LINK	<u>WOOD-VINYL</u>	ORNAMENTAL IRON
Fence Height _____	Fence Height <u>6 FT</u>	Fence Height _____
Wire Gage _____	Type and Grade <u>REDWOOD Dog Ear</u>	Style _____
Top Rail O.D. _____	Cover Boards <u>1x6 - Butt joint</u>	Frame O.D. _____
Line Post O.D. _____	Post <u>Galvanized</u>	Picket O.D. _____
Corner Post O.D. _____	Rails <u>2x4 (3)</u>	Picket O.C. <u>2x4</u>
Gate Post O.D. _____	Walk Gates <u>Ø</u>	Post O.D. _____
Post Gage O.D. _____	Drive Gates _____	Scroll Design _____
Make Ups _____	Gate Hardware _____	Walk Gate _____
Walk Gates _____	Post on 6" Center _____	Drive/Slide _____
Drive/Slide _____	Post on 8" Center _____	Colors _____
<input type="checkbox"/> Pool	<input checked="" type="checkbox"/> Tear Out	<input type="checkbox"/> Core Drill
<input type="checkbox"/> Footing Removal	<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Generator

EXCLUDES: Paint or Stain, Q. Set, Dirt Box

BID VALID FOR 10 DAYS

Comments Install 74 LINEAR FEET OF 6FT TALL REDWOOD
DOG EAR w/ Galvanized posts.

* Plants, BUSHES, foliage, roots etc cleared off fence line by others prior to install
* INCLUDES REMOVAL & HAUL AWAY OF OLD FENCE. Old post footings chipped below grade & covered w/ dirt.

10% deposit required on acceptance of quote. Contracts without deposits will not be valid until deposit received.

CUSTOMER PAYMENT due day of completion. Please walk the job with the foreman upon completion.

Payments not received upon completion will be charged 3% per day after 7 days until paid. Customer has 1 year warranty for all materials and labor. Limited lifetime warranty on Ply Gem vinyl from manufacturer.

ACCEPTANCE: The undersigned accepts the conditions and terms as stated hereon and agrees that this proposal becomes a contract between the two parties whose signatures appear below.
Purchaser agrees to pay All Counties Fence & Supply 10% of total in case of contract cancellation.
We agree to furnish material, labor and installation complete as specified above.

Complete - Inc Tax

\$3,495.00

Accepted By X

Sign X
Core Wall Release X
Work Satisfied X

White - Work Order Yellow - Office Pink - Customer's Estimate/Sales Receipt

Cobb's Printing, LLC - Form 102 Rev. 8 26 21

Quote #1994510 - Landscaping

ORDER ID: #1140174
ORDER ADDRESS: 1439 W Persimmon Ave, Rialto, CA 92377, USA

CITY OF RIALTO
2025 JUL 21 PM 12:33
RECEIVED
CITY CLERK

SALING PER: Aquilino Alonso Soto Ellis ▾
TOTAL LENGTH: 76 ft
EXPIRES AT: Jul 21, 2025, 6:59 AM



Project Scope



76 ft Wooden Fences

\$3,450

Finish Height of 6'; Nail Up, finished side facing inwards, Side by Side, Dog Ear 1"x6" Redwood Con Common Pickets, 4"x4" PT Brown Tone Posts 3 PT Brown Tone 2"x4" Rails, Demo and Haul Away

Build Specifications



Project Footnotes



- * To avoid delays or added charges, please clear the work area by trimming back vegetation and removing obstacles at least 2 feet from the fence line on both sides before installation

Total: \$3,450

For as low as \$157.45/month* with  [Learn more](#)

© 2025 Ergeon Inc.

LICENSES

-  City of Corona, CA - Business License / Registration #03968149
-  California CSLB License (C13-Fencing/C27-Artificial Grass/C8-Concrete) #1040925

CUSTOMER

Joshua S Chao

ADDRESS

1439 W Persimmon Ave, Rialto, CA 92377, USA



NFIRS-1 Basic

A

36185	CA	06	30	2025	Station 202 (202)	25-157354	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:

☒ Street Address
Intersection
In Front Of
Rear Of
Adjacent To
Directions
US National Grid

2641	N-North	LINDEN	AVE-Avenue	
Number	Prefix	Street or Highway	Street Type	Suffix

	Rialto City	CA	92377
Apt./Suite/Room	City	State	Zip Code

Cross Street

C

Incident Type

143-Grass fire

D

Aid Given Or Received

- ☒ 1 Mutual Aid Received
☐ 2 Auto. Aid Received
☐ 3 Mutual Aid Given
☐ 4 Auto. Aid Given
☐ 5 Other Aid Given
☐ None

San Bernardino
County Fire
Department
(36193)

Their FDID

Their
State

Their Incident Number

E1 Dates and Times

Alarm	06	30	2025	15:17
Arrival	06	30	2025	15:23
Controlled	06	30	2025	15:46
Last Unit Cleared	06	30	2025	18:09

E2 Shifts and Alarms

A		Rialto
Shift or Platoon	Alarms	District

E3 Special Studies

ID#	Value
-----	-------

F

Actions Taken

11-Extinguishment by fire service personnel

Primary Action Taken

G1

Resources

☒ Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	5	10
EMS	1	2
Other	0	0

Resource counts include aid received resources.

G2

Estimated Dollar Losses and Values

Losses: Required for all fires if known. Optional for all non-fires. None

Property: \$ 10,000.00

Contents: \$ 2,000.00

Pre-Incident Values: Optional None

Property: \$ 5,000,000.00

Contents: \$ 100,000.00

Completed Modules 2 - Fire 3 - Structure Fire 4 - Civilian Fire Cas. 5 - Fire Service Cas. 6 - EMS 7 - HazMat 8 - Wildland Fire 9 - Apparatus 10 - Personnel 11 - Arson	H1 Casualties <input type="checkbox"/> None <div style="display: flex; justify-content: space-around;"> <div> Deaths Fire Service <input type="text" value="0"/> Civilian <input type="text" value="0"/> </div> <div> Injuries <input type="text" value="0"/> <input type="text" value="0"/> </div> </div>	H3 Hazardous Materials Release 1 - Natural Gas 2 - Propane Gas 3 - Gasoline 4 - Kerosene 5 - Diesel Fuel / Fuel Oil 6 - Household Solvents 7 - Motor Oil 8 - Paint 0 - Other <input type="checkbox"/> None	I Mixed Use Property Not Mixed 10 - Assembly Use 20 - Education Use 33 - Medical Use 40 - Residential Use 51 - Row Of Stores 53 - Enclosed Mall 58 - Business and Residential 59 - Office Use 60 - Industrial Use 63 - Military Use 65 - Farm Use 00 - Other Mixed Use
	H2 Detector Required For Confined Fires 1 - Detector Alerted Occupants 2 - Detector Did Not Alert Them 3 - Unknown		

J Property Use <input type="checkbox"/> None Structures 131 Church, Place of Worship 161 Restaurant or Cafeteria 162 Bar/Tavern or Nightclub 213 Elementary School, Kindergarten 215 High School, Junior High 241 College, Adult Education 311 Nursing Home 331 Hospital	341 Clinic, Clinic-Type Infirmary 342 Doctor/Dentist Office 361 Prison or Jail, Not Juvenile 419 1- or 2-Family Dwelling 429 MultiFamily Dwelling 439 Rooming/Boarding House 449 Commerical Hotel or Motel 459 Residential, Board and Care 464 Dormitory/Barracks 519 Food and Beverage Sales	539 Household Goods, Sales, Repairs 571 Gas or Service Station 579 Motor Vehicle/Boat Sales/Repairs 599 Business Office 615 Electric-Generating Plant 629 Laboratory/Science Laboratory 700 Manufacturing Plant 819 Livestock/Poultry Storage (Barn) 882 Non-Residential Parking Garage 891 Warehouse
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Outside 124 Playground or Park 655 Crops or Orchard 669 Forest (Timberland) 807 Outdoor Storage Area 919 Dump or Sanitary Landfill 931 Open Land or Field 936 Vacant Lot	938 Graded/Cared for Plot of Land 946 Lake, River, Stream 951 Railroad Right-of-Way 960 Other Street 961 Highway/Divided Highway 962 Residential Street/Driveway 981 Construction Site 984 Industrial Plant Yard	Property Use: <input type="text"/> Description: <input type="text"/> Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Local Option		Person/Entity Type	Business Name (if applicable)	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State		Zip Code		
<input type="text"/>		<input type="text"/>		

L Remarks: ME202 responded along with ME204 to a reported vegetation fire at Birdsall Park. ME202 arrived on scene and found a 20 X 100 grass fire moving in light fuels with a quick rate of spread. There was an immediate structure threat to the north off of Persimmon Road. ME204 took Persimmon and was assigned structure defense by BC806. ME202 took the grass fire and was assigned Division A. BC806 took Linden IC and requested additional Type 1 engines. Structure defense was assigned ME81, ME78, and ME201. Division A was assigned ME176. The fire was extinguished without incident and no homes were damaged. There was damage to some fences and sheds in some of the backyards. This fire occurred on a vacant lot owned by the City of Rialto. The fire was investigated by I864. The origin of the fire was found to be along Linden Avenue on the east side of the street just north of Birdsall Park. The cause of the fire was undetermined.

M Authorization

001265	Huber, Jake	Battalion Chief		06/30/2025
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
001059	Westphal, Brett	Battalion Chief		06/30/2025
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A

36185	CA	06	30	2025	Station 202 (202)	25-157354	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Property Details

B1 Not Residential

Estimated number of residential living units in the building of origin whether or not all units became involved

B2 Buildings Not Involved

Number of buildings involved

B3 None Less than 1 acre

Acres burned (outside fires)

C

**On-Site Materials
Or Products**

**On-Site Materials
Storage Use**

D

Ignition

D1

Area of Fire Origin

D2

Heat Source

D3

Item First Ignited

D4

Type of Material First Ignited

E1

Cause of Ignition

- 1 - Intentional
- 2 - Unintentional
- 3 - Failure of Equipment or Heat Source
- 4 - Act of Nature
- 5 - Cause Under Investigation
- U - Cause Undetermined After Investigation

E2

Factors Contributing to Ignition

E3

Human Factors Contributing to Ignition

Check all applicable boxes

- ☐ None
- 1 - Asleep
- 2 - Possibly impaired by alcohol or drugs
- 3 - Unattended person
- 4 - Possibly Mentally Disabled
- 5 - Physically Disabled
- 6 - Multiple Persons Involved

7 - Age Was A Factor

Estimated Age of Person Involved

Male

Female

F1

Equipment Involved In Ignition



Equipment Involved

Brand

Model

Serial #

Year

F2

Equipment Power Source



Equipment Power Source

F3

Equipment Portability

- 1 - Portable
- 2 - Stationary

Portable equipment normally can be moved by one or two persons.

G

Fire Suppression Factors

H1

Mobile Property Involved

- 1 - Not involved in ignition, but burned
- 2 - Involved in ignition, but did not burn
- 3 - Involved in ignition and burned
- ☒ None

H2

Mobile Property Type and Make

Mobile Property Type

Mobile Property Make

Mobile Property Model

Year

State

License Plate Number

VIN

Local Use

Pre-Fire Plan Available
Arson Report Attached
Police Report Attached
Coroner Report Attached
Other Reports Attached

NFIRS-9 Apparatus or Resources

A

36185	CA	06	30	2025	Station 202 (202)	25-157354	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B

Apparatus/Resource	Dates/Times	Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="BC804"/> Type: <input type="text" value="91-Mobile command post"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:34"/> Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:44"/> Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:26"/>	Sent	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input type="text" value="BC806"/> Type: <input type="text" value="91-Mobile command post"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:21"/> Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:25"/> Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:39"/>	Sent	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input type="text" value="MA205"/> Type: <input type="text" value="76-ALS unit"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:56"/> Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="16:15"/> Clear: <input type="text" value="06/30/2025"/> <input type="text" value="16:37"/>	Sent	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input type="text" value="ME201"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:17"/> Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:34"/> Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:32"/>	Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input type="text" value="ME202"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:21"/> Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:23"/> Clear: <input type="text" value="06/30/2025"/> <input type="text" value="18:09"/>	Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>
ID: <input type="text" value="ME204"/> Type: <input type="text" value="11-Engine"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:17"/> Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:45"/> Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:47"/>	Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>

NFIRS-10 Personnel

A

36185

CA

06

30

2025

Station 202
(202)

25-157354

0

FDID

State

Month

Day

Year

Station

Number

Exposure

B Apparatus/Resource		Dates/Times		Sent	Number of People	Apparatus Use	Actions Taken
ID: <input type="text" value="BC804"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:34"/>	Sent	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>		
Type: <input type="text" value="91-Mobile command post"/>	Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:44"/>			EMS	<input type="checkbox"/>		
	Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:26"/>			Other	<input type="checkbox"/>		
Personnel ID	Name	Rank	Role	Attend	Actions Taken		
001265	Huber, Jake	Battalion Chief			<input type="checkbox"/>		

ID: <input type="text" value="BC806"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:21"/>	Sent	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	
Type: <input type="text" value="91-Mobile command post"/>	Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:25"/>			EMS	<input type="checkbox"/>	
	Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:39"/>			Other	<input type="checkbox"/>	
Personnel ID	Name	Rank	Role	Attend	Actions Taken	
001265	Huber, Jake	Battalion Chief			<input type="checkbox"/>	

ID: <input type="text" value="MA205"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:56"/>	Sent	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	
Type: <input type="text" value="76-ALS unit"/>	Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="16:15"/>			EMS	<input type="checkbox"/>	
	Clear: <input type="text" value="06/30/2025"/> <input type="text" value="16:37"/>			Other	<input type="checkbox"/>	
Personnel ID	Name	Rank	Role	Attend	Actions Taken	
002770	Bugarin, Samantha	Paramedic			<input type="checkbox"/>	
002111	Carrillo, Frank	EMT			<input type="checkbox"/>	

ID: <input type="text" value="ME201"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:17"/>	Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:34"/>			EMS	<input type="checkbox"/>	
	Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:32"/>			Other	<input type="checkbox"/>	
Personnel ID	Name	Rank	Role	Attend	Actions Taken	
001769	Mendoza, Jeremiah	Captain			<input type="checkbox"/>	
002034	Gerardi, Joseph	Engineer			<input type="checkbox"/>	
002164	Klein, Christian	Firefighter Paramedic			<input type="checkbox"/>	

ID: <input type="text" value="ME202"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:21"/>	Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:23"/>			EMS	<input type="checkbox"/>	
	Clear: <input type="text" value="06/30/2025"/> <input type="text" value="18:09"/>			Other	<input type="checkbox"/>	
Personnel ID	Name	Rank	Role	Attend	Actions Taken	
001059	Westphal, Brett	Battalion Chief			<input type="checkbox"/>	
001058	Vogtman, Chad	Engineer			<input type="checkbox"/>	
002446	Lopez, Devin				<input type="checkbox"/>	

ID: <input type="text" value="ME204"/>	Dispatch: <input type="text" value="06/30/2025"/> <input type="text" value="15:17"/>	Sent	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	
Type: <input type="text" value="11-Engine"/>	Arrival: <input type="text" value="06/30/2025"/> <input type="text" value="15:45"/>			EMS	<input type="checkbox"/>	
	Clear: <input type="text" value="06/30/2025"/> <input type="text" value="17:47"/>			Other	<input type="checkbox"/>	
Personnel ID	Name	Rank	Role	Attend	Actions Taken	
000850	Brownlee, Todd	Captain			<input type="checkbox"/>	
000969	Frederick, Dewayne	Engineer			<input type="checkbox"/>	
002676	Rendon, Eduardo	Firefighter Paramedic			<input type="checkbox"/>	

NFIRS-1S Supplemental

A

36185	CA	06	30	2025	Station 202 (202)	25-157354	0
FDID	State	Month	Day	Year	Station	Number	Exposure

Primary Narrative:

ME202 responded along with ME204 to a reported vegetation fire at Birdsall Park. ME202 arrived on scene and found a 20 X 100 grass fire moving in light fuels with a quick rate of spread. There was an immediate structure threat to the north off of Persimmon Road. ME204 took Persimmon and was assigned structure defense by BC806. ME202 took the grass fire and was assigned Division A. BC806 took Linden IC and requested additional Type 1 engines. Structure defense was assigned ME81, ME78, and ME201. Division A was assigned ME176. The fire was extinguished without incident and no homes were damaged. There was damage to some fences and sheds in some of the backyards. This fire occurred on a vacant lot owned by the City of Rialto. The fire was investigated by I864. The origin of the fire was found to be along Linden Avenue on the east side of the street just north of Birdsall Park. The cause of the fire was undetermined.

Additional Narrative (#1 of 1):

06/30/2025 15:15:53SYS [1] WPH2 LAT:34.14890885 LON:-117.400910 METERS:3 %:090 | 06/30/2025 15:15:53SYS [2] ELV 445 UNC 1.125 | 06/30/2025 15:15:53SYS [3] Validity of address cannot be determined:2611 N LINDEN AVE. | 06/30/2025 15:16:12SYS [4] WPH2 LAT:34.14890885 LON:-117.400910 METERS:3 %:090 | 06/30/2025 15:16:12SYS [5] ELV 445 UNC 1.125 | 06/30/2025 15:16:12SYS [6] Validity of address cannot be determined:2611 N LINDEN AVE. | 06/30/2025 15:16:12SYS [7] A cellular re-bid has occurred, check the ANI/ALI Viewer for details | 06/30/2025 15:16:56K2626 [8] RIAC | 06/30/2025 15:17:05K2626 [9] BRUSH ON FIRE // FLAMES VISIBLE // SMOKE VISIBLE | 06/30/2025 15:17:11K2626 [10] APPROX 15 FT IN SIZE | 06/30/2025 15:17:27K2626 [11] FIELD AT BIRDSALL PARK | 06/30/2025 15:17:30PAGINGSERVICE [12] Paging Groups Notified:USFS - AUTO-NOTIF | 06/30/2025 15:17:39C5716 [13] * PRD REVIEWED THE INCIDENT * | 06/30/2025 15:18:46K4593 [14] *** MULTIPLE REPORTS *** | 06/30/2025 15:19:00K4593 [15] 2ND RP ADVSD FIRE GREW TO 50 FT | 06/30/2025 15:23:52J6558 [16] BC806 ADD ME202 TO THIS CALL IPO ME201/ ADD BC 806 TO CALL | 06/30/2025 15:24:04J6558 [17] BC803 RE ADDED ME201 TO CALL AND ADD TAC | 06/30/2025 15:30:10I4957 [18] ME81 IPO ME79 | 06/30/2025 15:33:02J6558 [19] *** BC ADVISED OF OUT OF AREA RESPONSE*** BC122 FOR ME78 AND ME81 | 06/30/2025 15:34:15J3263 [20] [Page] Unit: ME78, Sent From: DISPATCH03, AF, ME78 CONFIRM RESPONSE AF/CCC | 06/30/2025 15:35:09J6558 [21] ***LEVEL 1 PAGE SENT*** | 06/30/2025 15:35:51J6558 [22] LAET NOTE BC806 OS 20/100 WITH STRUCTURE THREAT / START 3 TYPE 1 | 06/30/2025 15:35:55J3263 [23] ME78 SHOWING OS PER AVL | 06/30/2025 15:45:43J6558 [24] IC FORWARD PROG STOPPED / WORKING ON EXPOSURE ISSUES | 06/30/2025 15:46:22J6558 [25] ME81 AND ME204 OS PER AVL | 06/30/2025 15:56:41J6558 [26] IC DISPATCH AMB FOR MED AID | 06/30/2025 15:58:35J6558 [27] IC FIRE KNOCKDOWN 3 ACRES OVERHAUL APPROX 45 MIN | 06/30/2025 17:39:53J6558 [28] IC TERMN CMD RELEASE ME202 WILL BE POC FOR THE NEXT 5 MIN / RELEASE CORE STA MOVEUP