



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2025 MAY 28 PM 12:48

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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:

Ezekiel Noah Fabela

FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

The Miller Law Group

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

(626) 240-0714

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

15 S. Raymond Ave., Pasadena, CA 91105

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11/29/2024 TIME: 10:00 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.

The incident occurred on North Ayala Drive and Renaissance Place in the city of Rialto.

3. HOW DID DAMAGE OR INJURY OCCUR?

The damage and injuries occurred when law enforcement vehicles from the City of Rialto collided with the vehicle I was a passenger in. Mr. Ortiz, the driver of the vehicle, and I had attended a car show. Officers arrived and instructed everyone to leave. We complied and exited. (Please see attached sheet).

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 collision, caused by the Rialto Police Department, directly resulted in my injuries. Following the incident, I began experiencing severe migraines and symptoms consistent with whiplash.

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

\$ TBD

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: Andrew Ortiz NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: _____ TELEPHONE: () _____

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

NAME: Kaiser Permanente Ontario Medical Center NAME: _____

ADDRESS: 2995 South Vineyard Avenue, ADDRESS: _____

Ontario, CA 91761 _____

TELEPHONE: (833) 574-2273 TELEPHONE: () _____

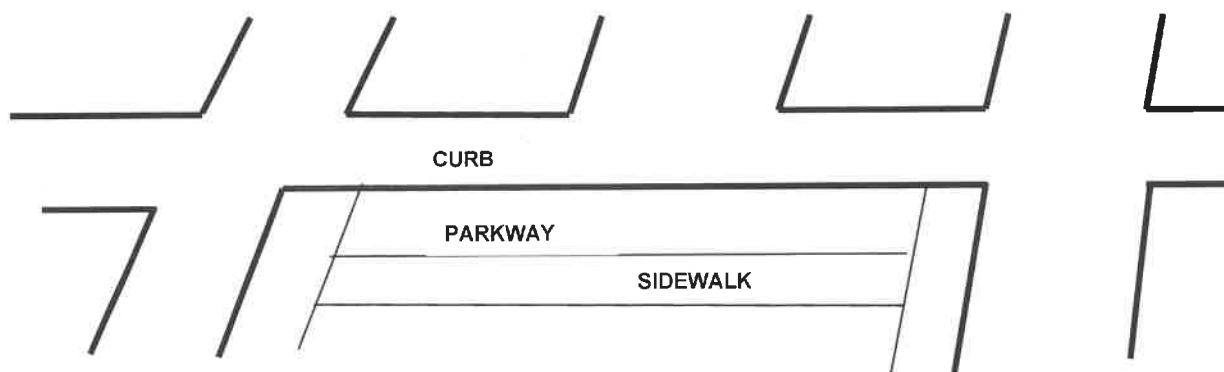
DATE: _____ TIME: 9:30 AM PM DATE: _____ TIME: _____ AM PM

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

Garrett Miller
TYPE OR PRINT NAME

Attorney
RELATIONSHIP TO CLAIMANT

5/28/25
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

As we exited through the main gate of the parking lot, one officer followed us. At no point were sirens activated, nor were there any audible commands given through a loudspeaker or intercom instructing us to pull over. All the police units present had their lights activated, but we were unsure of the situation or their intentions.

We made two right turns, with the first onto Renaissance Parkway, then onto Ayala Drive. After the second turn, we activated our hazard lights. At that point, four police vehicles were behind us. Suddenly, one officer intentionally struck the driver's side of our vehicle, causing it to spin. Immediately afterward, another police vehicle collided with the passenger side, and a third hit the rear of the car.