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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2026 AUG -5 PM 5:06
RECEIVED
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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:**

Alyece Watson
FULL NAME

DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP

( )
HOME TELEPHONE NO.

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):

**1. WHEN DID DAMAGE OR INJURY OCCUR?** DATE: 02/05/2026 TIME: 11:30 ☐ 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.*

654 N Aspen Ave Rialto CA

**3. HOW DID DAMAGE OR INJURY OCCUR?**

Physical injuries, emotional distress, mental anguish, pain and suffering, false arrest, excessive force, unlawful detention, negligence, assault and battery, and violations of my civil rights. See attached Statement of Facts.

**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.*

Claim arises from my encounter with Rialto Police Department officers involving false arrest, negligence, excessive force, unlawful detention, assault and battery, and civil rights violations. I was arrested after being accused of vandalism, but no vandalism charge was ultimately filed. See attached Statement of Facts for a complete description of the incident and resulting damages.

**6. GIVE TOTAL AMOUNT OF CLAIM** *Include estimate of amount of any prospective injury or damage* $ 500,000

**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:** $ 500,000

**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: Unknown at this time

ADDRESS: _____

TELEPHONE: (___) _____

NAME: _____

ADDRESS: _____

TELEPHONE: (___) _____

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

NAME: Arrowhead Hospital

ADDRESS: 400 N. Pepper Ave., Colton, CA 92324

TELEPHONE: (909-580-1000

DATE: 02/06/2026 TIME: 12:00 ☒ AM ☐ PM

NAME: Aurora Charter Oak

ADDRESS: 1161 E. Covina Blvd., Covina, CA 91724

TELEPHONE: (626-966-1632

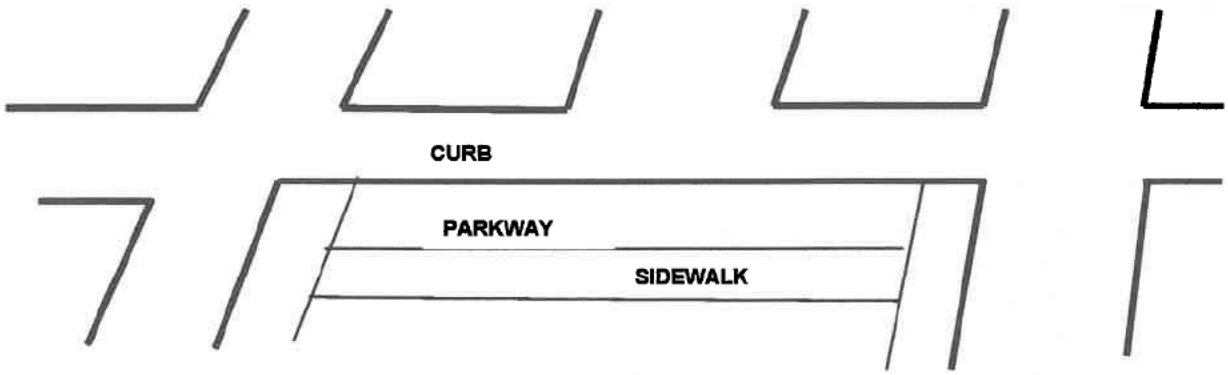
DATE: 02/07/2026 TIME: 8:00 ☒ AM ☐ PM

**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

Alyece Watson

TYPE OR PRINT NAME

08/05/2026

DATE

Self

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**

**Attachment to Government Claim – Statement of Facts**

I am making this claim based on **false arrest, negligence, excessive force, unlawful detention, assault and battery, and violations of my civil rights** arising from my encounter with Rialto Police Department officers and the actions that followed.

On **February 5, 2026, at approximately 11:30 p.m.**, I was accused of vandalizing a vehicle by my ex-girlfriend. I repeatedly denied vandalizing the vehicle and complied with the officers' commands. I did not attempt to flee, fight, or resist. I was handcuffed and placed in the back of a patrol vehicle while officers continued their investigation.

While I was already handcuffed and seated inside the patrol vehicle, officers suddenly removed me from the vehicle without explaining why. It was nighttime, and I could not clearly see what was happening. I am approximately **5'4" and 125 pounds**. Multiple officers restrained me on the ground. I was frightened, confused, and repeatedly yelled for help because I did not understand why I was being restrained.

During the restraint, my face was forced into the ground, causing dirt to enter my mouth. Officers attempted to place a spit hood over my head. I repeatedly stated, **"I can't breathe,"** and **"There is dirt in my mouth."** I attempted to remove the spit hood because I believed I could not breathe. I did not intentionally spit on any officer. I was attempting to clear the dirt from my mouth while trying to breathe.

I was then transported to the hospital without understanding why I was being taken there. Medical personnel attempted to inject me with medication. I told them that I did not consent because I felt unsafe and did not understand why medication was being administered. I was physically restrained while this occurred.

After leaving the hospital, I was transported to jail. During the booking process, I was falling in and out of consciousness. While I was in that condition, someone administered a substance into my nose. I do not know what the substance was, but I remember it causing a severe burning sensation in my nose. I was confused, disoriented, and drifting in and out of consciousness. I believe the jail booking records, medical records, EMS records, and any available video will identify what substance was administered, who administered it, and the reason it was given.

During the jail intake interview, I informed jail staff that I was suicidal. After that interview, I was transferred to a mental health facility.

I believe the actions taken against me constituted **false arrest** because I was arrested after being accused of vandalism, but no vandalism charge was ultimately filed against me.

I further believe that the level of force used against me, including removing me from the patrol vehicle, restraining me on the ground with multiple officers, placing a spit hood over my head while I repeatedly stated that I could not breathe and that there was dirt in my mouth, and restraining me during medical treatment, constituted **excessive force** under the circumstances.

I further believe the conduct of the involved officers and personnel constituted **negligence** because they failed to use reasonable care in handling the situation, failed to adequately explain what was occurring, and failed to appropriately respond to my repeated statements that I could not breathe and that there was dirt in my mouth.

As a direct result of these events, I suffered physical pain, emotional distress, mental anguish, humiliation, fear, and other damages. I believe the body-worn camera footage, dash camera footage, hospital records, EMS records, jail booking records, medical records, and witness statements will provide objective evidence regarding the events described above.