



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

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:

Linda Rodriguez
FULL NAME

_____ DATE OF BIRTH _____

_____ HOME ADDRESS INCLUDING CITY, STATE & ZIP _____
 LAW OFFICES OF DALE K. GALIPO
 21800 Burbank Blvd., Suite 310, Woodland Hills, CA 91367 HOME TELEPHONE NO. _____
 (818) 347-3333

_____ 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): _____
 LAW OFFICES OF DALE K. GALIPO
 21800 Burbank Blvd., Suite 310, Woodland Hills, CA 91367

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: July 30, 2024 TIME: 4:06 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.

Please see attachment

3. HOW DID DAMAGE OR INJURY OCCUR?

Please see attachment

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.

Please see attachment

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ in excess of \$2,000,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: _____ 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: _____

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

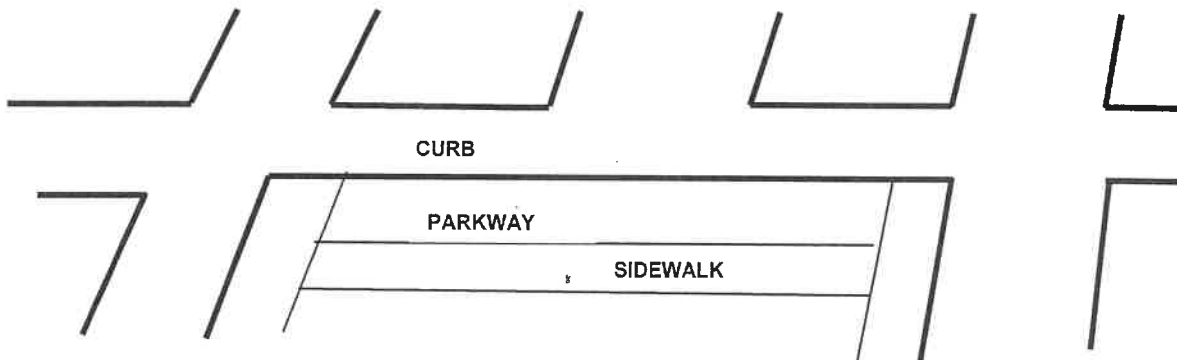
DATE: _____ TIME: _____ AM PM

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

Dale K. Galipo, Esq.

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

01/14/2025

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

CLAIM FOR DAMAGES
(AGAINST CITY OF RIALTO, CITY OF RIALTO POLICE DEPARTMENT
OFFICERS (names currently unknown), COUNTY OF SAN BERNARDINO,
COUNTY OF SAN BERNARDINO SHERIFF'S DEPARTMENT DEPUTIES
(names currently unknown))
Government Code Section 910 et seq.

TO: CITY OF RIALTO; CITY OF RIALTO POLICE
DEPARTMENT OFFICERS (names unknown);
COUNTY OF SAN BERNARDINO, COUNTY OF
SAN BERNARDINO SHERIFF'S DEPARTMENT
DEPUTIES (names currently unknown).

FROM: LAW OFFICES OF DALE K. GALIPO
21800 Burbank Blvd., Suite 310
Woodland Hills, CA 91367
(818)347-3333

CLAIMANTS: OMAR SANDOVAL, LINDA RODRIGUEZ, , a
minor, ALAN MADERO-SANDOVAL, and OSCAR
MADERO-SANDOVAL.

INJURY/DAMAGE: Omar Sandoval; Linda Rodriguez; , a
minor; Alan Madero-Sandoval; and Oscar Madero-
Sandoval suffered physical injuries and mental and
emotional distress as a result of the physical injuries
inflicted by the involved officers. Damages include:

1. General Damages
2. Punitive Damages
3. Attorney's Fees
4. Past and future medical expenses
5. Past and future loss of earnings

AMOUNT CLAIMED: in excess of \$2,000,000

DATE OF INCIDENT: July 30, 2024

PLACE OF INCIDENT: At or near the Parking lot near "El Pollo Loco" located near 1225 W. Renaissance Pkwy., in the City of Rialto, in the County of San Bernardino

WITNESSES: RIALTO POLICE DEPARTMENT OFFICERS (names currently unknown); COUNTY OF SAN BERNARDINO SHERIFF'S DEPUTIES (names currently unknown); RESPONDING PARAMEDICS (names currently unknown), additional percipient witnesses (names currently unknown)

CLAIMS AGAINST: CITY OF RIALTO; CITY OF RIALTO POLICE DEPARTMENT OFFICERS (names currently unknown); COUNTY OF SAN BERNARDINO; SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT DEPUTIES (names currently unknown).

FACTS:

On July 30, 2024, law enforcement officers working in the course and scope of their employment for the City of Rialto Police Department and County of San Bernardino Sheriff's Department initiated a traffic stop of a vehicle that Omar Sandoval was driving. Omar Sandoval's wife, Linda Rodriguez, and their minor son, were also in the vehicle, as were Omar Sandoval's brothers, Alan Madero-Sandoval and Oscar Madero-Sandoval. Omar Sandoval pulled into the parking lot at 1225 W. Renaissance Pkwy., in the City of Rialto, to comply with the City of Rialto Police Officers' traffic stop. The police officers (names currently unknown), contacted Omar Sandoval and escalated the situation. In attempting to place Omar Sandoval in handcuffs without justification, the police officers used physical force against Omar Sandoval and deployed a Taser at him, also without justification. The police officers also used physical force against Linda Rodriguez in their attempt to detain and arrest her, without justification. Alan Madero-Sandoval and Oscar Madero-Sandoval were also wrongfully detained without

reasonable suspicion of any illegal activity. On information and belief, the law enforcement officers also used physical force to handcuff and arrest Alan Madero-Sandoval.

Omar Sandoval and Linda Rodriguez's minor son, _____, contemporaneously perceived the uses of force against his parents. Omar Sandoval's brothers, Alan Madero-Sandoval and Oscar Madero-Sandoval contemporaneously perceived the uses of force against Omar Sandoval. As a result of witnessing the uses of force against their loved ones, _____, Alan Madero-Sandoval, and Oscar Madero-Sandoval suffered severe emotional distress.

The hands-on physical force against Omar Sandoval, Linda Rodriguez, and Alan Madero-Sandoval, as well as the deployment of the Taser against Omar Sandoval, were excessive and unreasonable and escalated the situation, including because all claimants were unarmed and posed no threat to the safety of the officers or others at all relevant times. The police officers ultimately handcuffed and arrested Omar Sandoval, and handcuffed and detained Linda Rodriguez and Alan Madero-Sandoval. The police officers detained Omar Sandoval, Linda Rodriguez, and Alan Madero-Sandoval without reasonable suspicion (having not observed either of them engaged in any criminal activity) and arrested Omar Sandoval without probable cause. Even if some brief investigatory detention was warranted, the scope and manner of the detentions were unreasonable. It was not necessary to use any force to take Omar Sandoval into custody, if it were necessary to take him into custody at all. Furthermore, it was not necessary to use any force to detain Linda Rodriguez and Alan Madero-Sandoval, if it were necessary to detain them at all.

Additionally, after using force against Omar Sandoval, Linda Rodriguez, and Alan Madero-Sandoval, the involved officers did not timely summon medical attention and/or prevented the provision of prompt and adequate medical attention,

thereby contributing to claimants' injuries. Moreover, the Individual Officers detained Omar Sandoval for an unreasonably long period of time, which further delayed treatment for his injuries. As a result of the officers' uses of force against them during this incident, Omar Sandoval, Linda Rodriguez, and Alan Madero-Sandoval suffered physical injuries, mental and emotional distress stemming from the physical injuries, past and future medical expenses, and past and future financial loss.

CONTENTIONS OF THE CLAIMANT:

(1) false arrest/ false imprisonment, (2) failure to summon medical assistance; (3) battery; (4) negligence; (5) violation of the Bane Act (Civil Code § 52.1); (6) violations of state constitution, (7) negligent infliction of emotional distress; (8) intentional infliction of emotional distress.

AMOUNT OF CLAIM:

In excess of \$2,000,000. Jurisdiction is designated as "unlimited." The United States District Court for the Central District of California and the Superior Court of the State of California for the County of San Bernardino would have jurisdiction over an action filed with respect to this claim.

REQUEST TO PRESERVE ALL EVIDENCE

Please consider this submission to also be a formal request that you preserve all evidence in connection to this matter. Please preserve all reports, statements, photographs, video evidence, security footage, complaints, personnel records, human resources records, cleaning records, and any and all other evidence in connection to this matter. Please maintain and prepare to disclose all Officer Worn Body Camera Footage and any/all other forms of video, audio, or documented evidence in the possession and control of City of Rialto and County of San

Bernardino related to the Incident, including but not limited to any audio recordings, dispatch calls, radio communications, 911 calls, officer logs, supervisory logs, any and all notes, reports, records, investigative files, or all other evidence related to the Incident.

CLAIMANT'S ADDRESSES:

Law Offices of Dale K. Galipo
21800 Burbank Blvd., Suite 310
Woodland Hills, CA 91367

Kirakosian Law, APC
11684 Ventura Blvd., Suite 975
Studio City, California 91604
Facsimile: (213) 477-2355

CLAIMANT'S TELEPHONE NUMBER:

Law Offices of Dale K. Galipo: (818) 347-3333
Kirakosian Law, APC: (213) 986-5389

CLAIMANT'S EMAIL ADDRESS:

Dalekgalipo@yahoo.com; sleap@galipolaw.com; greg@kirakosianlaw.com

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ADDRESSES TO WHICH ALL NOTICES ARE TO BE SENT:

Law Offices of Dale K. Galipo
21800 Burbank Blvd., Suite 310
Woodland Hills, CA 91367

Kirakosian Law, APC
11684 Ventura Blvd., Suite 975
Studio City, California 91604
Facsimile: (213) 477-2355

DATED: January 7, 2025

DALE K. GALIPO 

DATED: January 7, 2025

/s/ Greg Kirakosian
GREG KIRAKOSIAN

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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California and am over the age of eighteen years and not a party to the within action. My business address is 21800 Burbank Boulevard, Suite 310, Woodland Hills, California 91367.

On January 15, 2025, I served the foregoing document described as: **CLAIM FOR DAMAGES TO PERSON OR PROPERTY AGAINST THE CITY OF RIALTO** on all interested parties by placing a true copy thereof enclosed in a sealed envelope addressed as specified below:

Rialto City Clerk's Office
Mail: 150 S. Palm Ave., Rialto, CA 92376

XX (BY FEDERAL EXPRESS) I enclosed the documents in an envelope or package provided by an overnight delivery carrier and addressed to the persons at the addresses as indicated on the attached service list. I placed the envelope or package for collection and overnight delivery at an office or regularly utilized drop box of the overnight delivery carrier.

— (BY PERSONAL SERVICE) I caused such envelope(s) to be delivered by hand to the offices of the addressee(s).

— (BY FACSIMILE) I caused such document (s) to be telephonically transmitted to the offices of the addressee.

XX (State) I declare under penalty of perjury that the above is true and correct.

— (Federal) I declare that I am employed in the office of a member of the bar of this Court at whose direction the service was made.

Executed on January 15, 2025, at Woodland Hills, California.

/s/ Santiago G. Laurel
Santiago G. Laurel