

Claim for Damages and Personal Injuries

Attention:

Rialto City Clerk's Office

150 S. Palm Ave.

Rialto, CA 92376

Please let this letter serve as a formal Government Claim in compliance with California Government Code section 910 et seq. against the City of Rialto ("City") and Omnitrans for personal injuries and damages arising out of the incident described herein.

Date: 12/06/2025

Location: Intersection of Locust Avenue and Casa Grande Drive, City of Rialto

Name:

Christopher Matthew Quintana

On December 6, 2025, at approximately 5:47 p.m. at the intersection of Locust Avenue and West Casa Grande Drive in Rialto, California, City and Omnitrans bus driver Quentyka Tymisha Macklin negligently executed a left-hand turn westbound onto West Casa Grande Drive directly into the path of Christopher Quintana, who was lawfully traveling southbound on Locust Avenue with the right of way. Driver Macklin failed to yield to Mr. Quintana's oncoming motorcycle in violation of California Vehicle Code § 21801(a), striking his motorcycle near the right rear of the bus.

As a direct result, Mr. Quintana suffered major bodily injuries including to his right knee — with cartilage, bone, and ligaments exposed — and was transported to the hospital. The investigation and subsequent collision report established that Mr. Quintana had the right of way and Driver Macklin caused the collision. As the owner of the subject bus and employer of Driver Macklin, City and Omnitrans bear full responsibility for Mr. Quintana's serious injuries.

Accordingly, Mr. Quintana hereby demands the sum of **Fifty Million Dollars (\$50,000,000.00)** in compensation for the damages sustained as a result of this incident.

Mr. Quintana's damages include, but are not limited to, past and future medical expenses, past and future lost wages, property damage, and general damages for pain, suffering, and emotional distress. Mr. Quintana continues to receive medical treatment and incur medical expenses.

Please forward all notices and future correspondence to the below address.

Thank you, your cooperation is highly anticipated.



Nikdel Ghaemi, Esq.

Mendez & Sanchez, APC

RECEIVED
CITY OF RIALTO
7025 MAR 25 10:50

5440 E. Beverly Blvd.,
Los Angeles, CA 90022
ngaemi@mswlegal.com
CHP report #932514625 enclosed.

CITY OF RIALTO
2028 MAR 25 AM 10:50
RECEIVED
CITY CLERK



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2023 MAR 25 AM 10:50
RECEIVED
CITY CLERK'S OFFICE
2023 MAR 25 10:50
CITY OF RIALTO

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:

<u>Christopher Matthew Quintana</u> FULL NAME	_____	_____	DATE OF BIRTH
_____	_____	_____	HOME TELEPHONE NO.
_____	_____	() _____	BUSINESS TELEPHONE NO.
_____	_____	_____	BUSINESS TELEPHONE NO.
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):	_____	5540 E Beverly Blvd, Los Angeles, CA 90022	_____
	_____	(323) 838-1444	_____

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/06/2025 TIME: 5:47 PM 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.
Intersection of Locust Avenue and West Casa Grande Drive, Rialto, California.

3. HOW DID DAMAGE OR INJURY OCCUR?
On December 6, 2025, at approximately 5:47 p.m. at the intersection of Locust Avenue and West Casa Grande Drive in Rialto, California, City and Omnitrans bus driver Quentyka Tymisha Macklin negligently executed a left-hand turn westbound onto West Casa Grande Drive directly into the path of Christopher Quintana, who was lawfully traveling southbound on Locust Avenue with the right of way. Driver Macklin failed to yield to Mr. Quintana's oncoming motorcycle in violation of California Vehicle Code § 21801(a), striking his motorcycle near the right rear of the bus.

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.
As a direct result, Mr. Quintana suffered major bodily injuries including to his right knee — with cartilage, bone, and ligaments exposed — and was transported to the hospital. The investigation and subsequent collision report established that Mr. Quintana had the right of way and Driver Macklin caused the collision. As the owner of the subject bus and employer of Driver Macklin, City and Omnitrans bear full responsibility for Mr. Quintana's serious injuries.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 50,000,000.00

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:

\$ 50,000,000.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 50,000,000.00

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

NAME: info on police report _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Arrowhead Regional Medical Center _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

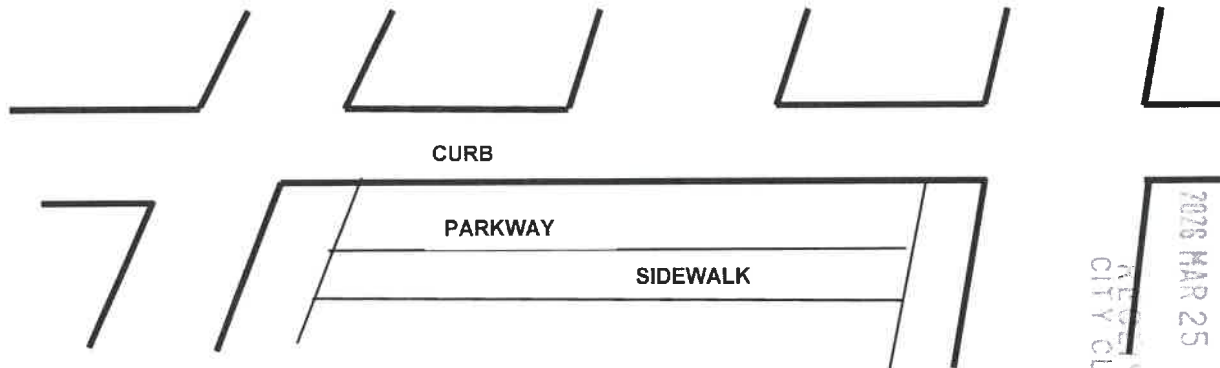
DATE: _____ TIME: _____ AM PM

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

Jennifer L. Russell, Esq.

03/20/2026


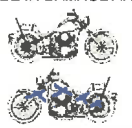

TYPE OR PRINT NAME

DATE


Attorney

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

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY RIALTO	JUDICIAL DISTRICT Fontana Superior Court	LOCAL REPORT NUMBER 932514625				
		NUMBER KILLED 0	HIT & RUN MISD. <input type="checkbox"/>	COUNTY SAN BERNARDINO	REPORTING DISTRICT 08	BEAT 1	DAY OF WEEK Saturday			
LOCATION	CRASH OCCURRED ON LOCUST AVE				MO. DAY YEAR 12/06/2025	TIME (2400) 1747	NCIC # 3609			
	MILEPOST INFORMATION FEET OF			GPS COORDINATES LATITUDE	LONGITUDE	PHOTOGRAPHS BY W. TORRES				
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR FEET OF W CASA GRANDE				STATE HWY REL <input type="checkbox"/>	OFFICER I.D. 02307				
					RECEIVED CITY CLERK					
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. A	VEH. YEAR 2018	MAKE / MODEL / COLOR NEW FLYER XN40 WHITE	LICENSE NUMBER 1613622	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) QUENTYKA TYMISHA MACKLIN				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS				OMNITRANS					
PARKED	CITY / STATE / ZIP VICTORVILLE / CA / 92395				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
BICYCLIST	SEX F	HAIR BRO	EYES BRN	HEIGHT 507	WEIGHT 146	BIRTH DATE	RACE H	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER	HOME PHONE	BUSINESS PHONE			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
OPERATOR	INSURANCE CARRIER CALTIP				POLICY NUMBER				VEHICLE IDENTIFICATION NUMBER:	
	DIR OF TRAVEL NORTH	ON STREET OR HIGHWAY LOCUST AVE		LANE 1	THRU LANES 1	TOTAL LANES 1	SPEED LIMIT 45	VEHICLE TYPE 20	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	SHADE IN DAMAGE AREA 
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. W	VEH. YEAR 2009	MAKE / MODEL / COLOR HARLEY DAVIDSON MC BLACK	LICENSE NUMBER	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) CHRISTOPHER MATTHEW QUINTANA				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS				CHRISTOPHER MATTHEW QUINTANA					
PARKED VEHICLE	CITY / STATE / ZIP APPLE VALLEY / CA / 92308				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 600	WEIGHT 170	BIRTH DATE	RACE H	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER	HOME PHONE	BUSINESS PHONE () -			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
OPERATOR	INSURANCE CARRIER VIKING				POLICY NUMBER				VEHICLE IDENTIFICATION NUMBER:	
	DIR OF TRAVEL SOUTH	ON STREET OR HIGHWAY LOCUST AVE		LANE 1	THRU LANES 1	TOTAL LANES 1	SPEED LIMIT 40	VEHICLE TYPE 02	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	SHADE IN DAMAGE AREA 
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE	BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
OPERATOR	INSURANCE CARRIER				POLICY NUMBER				VEHICLE IDENTIFICATION NUMBER:	
	DIR OF TRAVEL	ON STREET OR HIGHWAY		LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	SHADE IN DAMAGE AREA 
PREPARER'S NAME TORRES, WILLIAM 02307		DISPATCH NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			REVIEWER'S NAME BREEN, JUSTIN 01023			DATE REVIEWED 01/22/2026		

DATE OF CRASH (MO. DAY YEAR) 12/06/2025		TIME (2400) 1747	NCIC # 3609	OFFICER ID 02307	NUMBER 932514625
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS CITY OF RIALTO			
PERSON NOTIFIED	<input type="checkbox"/> SAME AS OWNER	TELEPHONE NUMBER	METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input checked="" type="checkbox"/> CHP 422	LOG / INCIDENT NUMBER 2M10-51	
DESCRIPTION OF DAMAGE					

SEATING POSITION  <p>1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.* 11- POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED	SAFETY EQUIPMENT CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO/ CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	VEHICLE AUTOMATION LEVEL	1	2	3	MOVEMENT PRECEDING CRASH
1 A CVC SECTION VIOLATED 21801A Cited NO	<input checked="" type="checkbox"/> A CONTROLS FUNCTIONING		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A SAE LEVEL - 0				A STOPPED
B OTHER IMPROPER DRIVING*	<input type="checkbox"/> B CONTROLS NOT FUNCTIONING*				B SAE LEVEL - 1		<input checked="" type="checkbox"/>		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	<input type="checkbox"/> C CONTROLS OBSCURED				C SAE LEVEL - 2				C RAN OFF ROAD
D UNKNOWN*	<input type="checkbox"/> D NO CONTROLS PRESENT/FACTOR*				D SAE LEVEL - 3				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SAE LEVEL - 4		<input checked="" type="checkbox"/>		E MAKING LEFT TURN
	<input type="checkbox"/> A HEAD - ON				F SAE LEVEL - 5				F MAKING U TURN
	<input type="checkbox"/> B SIDESWIPE				G UNKNOWN				G BACKING
	<input type="checkbox"/> C REAR END		1	2	3	VEHICLE AUTOMATION ENGAGED			H SLOWING / STOPPING
	<input checked="" type="checkbox"/> A CLEAR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A NO AUTOMATION				I PASSING OTHER VEHICLE
	<input type="checkbox"/> B CLOUDY				B DRIVER ASSISTANCE				J CHANGING LANES
	<input type="checkbox"/> C RAINING				C PARTIAL ASSISTANCE				K PARKING MANEUVER
	<input type="checkbox"/> D SNOWING				D CONDITIONAL AUTOMATION				L ENTERING TRAFFIC
	<input type="checkbox"/> E FOG / VISIBILITY .FT				E HIGH AUTOMATION				M OTHER UNSAFE TURNING
	<input type="checkbox"/> F OTHER*				F FULL AUTOMATION				N XING INTO OPPOSING LANE
	<input type="checkbox"/> G WIND				G UNKNOWN*				O PARKED
	LIGHTING								P MERGING
	<input checked="" type="checkbox"/> A DAYLIGHT								Q TRAVELING WRONG WAY
	<input type="checkbox"/> B DUSK - DAWN								R OTHER*
	<input checked="" type="checkbox"/> C DARK - STREET LIGHTS								S LANE SPLITTING
	<input type="checkbox"/> D DARK - NO STREET LIGHTS								SOBRIETY - DRUG PHYSICAL (MARK ALL THAT APPLY)
	<input type="checkbox"/> E DARK - STREET LIGHTS NOT FUNCTIONING*				A VC SECTION VIOLATION CITED <input type="checkbox"/>	1	2	3	A HAD NOT BEEN DRINKING
					B VC SECTION VIOLATION CITED <input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	B HBD - UNDER INFLUENCE
					C VC SECTION VIOLATION CITED <input type="checkbox"/>				C HBD - NOT UNDER INFLUENCE*
					D VC SECTION VIOLATION CITED <input type="checkbox"/>				D HBD - IMPAIRMENT UNKNOWN*
	ROADWAY SURFACE				E VISION OBSCUREMENT				E UNDER DRUG INFLUENCE*
	<input checked="" type="checkbox"/> A DRY				F INATTENTION*				DRE EXAM CONDUCTED
	<input type="checkbox"/> B WET				G STOP & GO TRAFFIC				STIMULANT
	<input type="checkbox"/> C SNOWY - ICY				H ENTERING / LEAVING RAMP				HALLUCINOGEN
	<input type="checkbox"/> D SLIPPERY (MUDDY, OILY, ETC.)				I PREVIOUS CRASH				DISSOCIATE ANESTHETICS
					J UNFAMILIAR WITH ROAD				NARCOTIC ANALGESIC
					K DEFECTIVE VEH. EQUIP. CITED <input type="checkbox"/>				INHALANT
					L UNINVOLVED VEHICLE				CANNABIS
					M OTHER*				DEPRESSANT
					N NONE APPARENT				F IMPAIRMENT - PHYSICAL*
					O RUNAWAY VEHICLE				G IMPAIRMENT NOT KNOWN
									H NOT APPLICABLE
									I SLEEPY / FATIGUED*

Miscellaneous <input checked="" type="checkbox"/> "See Attached Sketch" <input type="checkbox"/> "See Attached factual diagram"					
					SPECIAL INFORMATION
					A HAZARDOUS MATERIAL
					B CELL PHONE HANDHELD IN USE
					C CELL PHONE HANDSFREE IN USE
				<input checked="" type="checkbox"/>	D CELL PHONE NOT IN USE
					E CELL PHONE USE UNKNOWN
					F SCHOOL BUS RELATED
					BIKEWAY FACILITY
					A SHARED ROADWAY
					B CLASS I - BIKE PATH *
					C CLASS II - BIKE LANE *
					D CLASS III - BIKE ROUTE *
					E CLASS IV - SEPERATED BIKEWAY

DATE OF CRASH (MO. DAY YEAR) 12/06/2025				TIME (2400) 1747				NCIC # 3609				OFFICER ID 02307				NUMBER 932514625				
WITNESS ONLY		PASSENGER ONLY		AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)							CITY OF RIALTO			
<input type="checkbox"/>		<input type="checkbox"/>		41	M	FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS	PED.	BICYCLIS	OTHER	OPER.	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP	EJECTED
<input checked="" type="checkbox"/> #1		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADD BRANDEN COLLINS / / REFUSED																			Telephone	
(INJURED ONLY) TRANSPORTED BY										EMS RUN NUMBER					TAKEN TO					
DESCRIBE INJURIES																				
<input type="checkbox"/>	<input type="checkbox"/>	37	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	W	1
NAME / D.O.B. / ADDRESS CHRISTOPHER MATTHEW QUINTANA / /																			Telephone	
(INJURED ONLY) TRANSPORTED BY Rialto Fire Department										EMS RUN NUMBER					TAKEN TO Arrowhead Regional Medical Center					
DESCRIBE INJURIES MAJOR INJURY TO LEFT KNEE. CARTILAGE AND LIGAMENTS EXPOSED.																				
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS / /																			Telephone	
(INJURED ONLY) TRANSPORTED BY										EMS RUN NUMBER					TAKEN TO					
DESCRIBE INJURIES																				
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS / /																			Telephone	
(INJURED ONLY) TRANSPORTED BY										EMS RUN NUMBER					TAKEN TO					
DESCRIBE INJURIES																				
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS / /																			Telephone	
(INJURED ONLY) TRANSPORTED BY										EMS RUN NUMBER					TAKEN TO					
DESCRIBE INJURIES																				
PREPARED BY TORRES, WILLIAM 02307						ID NUMBER 02307				MO DAY YEAR 12/06/2025				REVIEWERS NAME BREEN, JUSTIN 01023				MO DAY YEAR 01/22/2026		

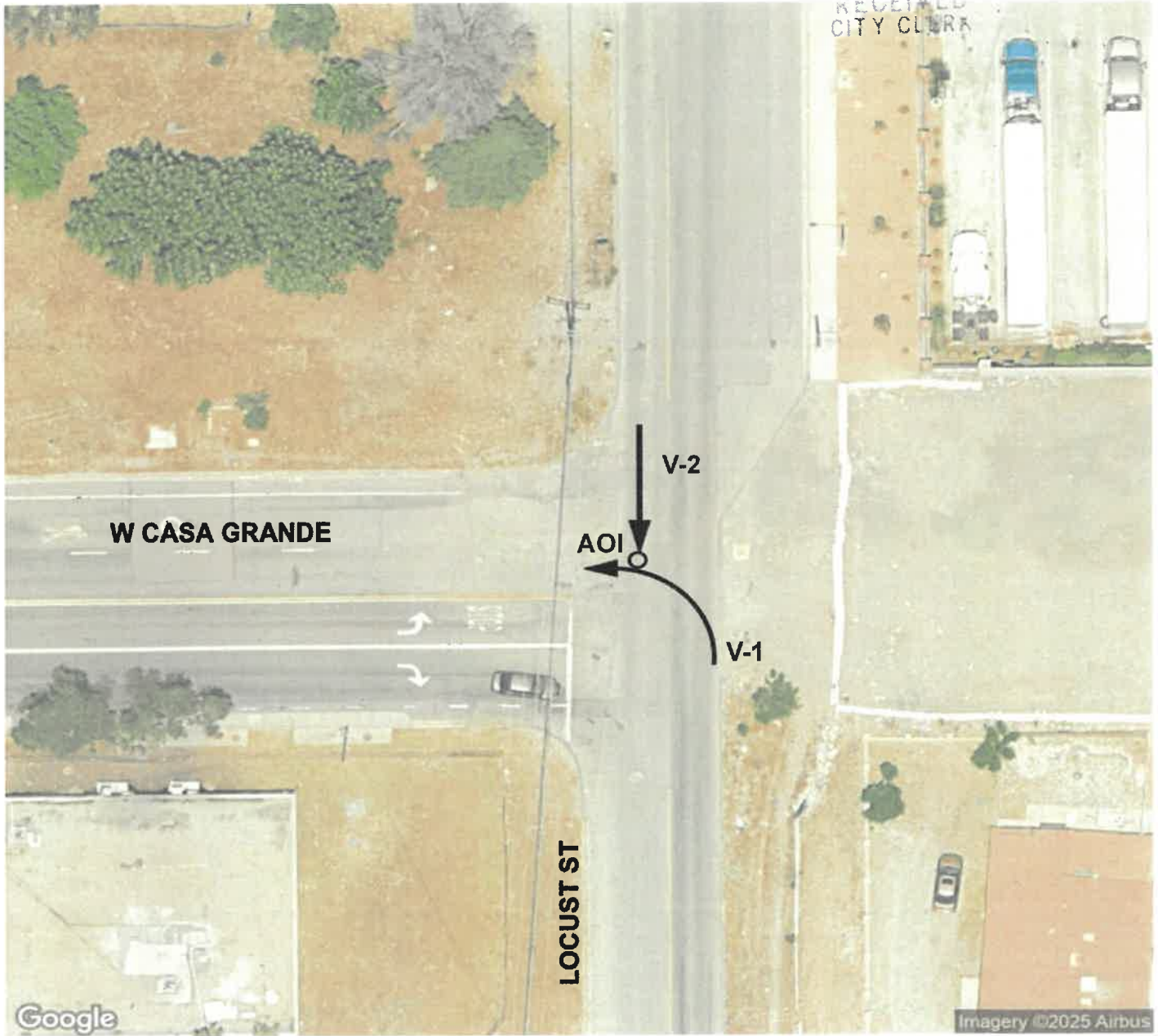
CITY OF RIALTO
 RECEIVED
 CITY CLERK
 MAR 25 AM 10:51

SKETCH
CHP 555 Page 4 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY. YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
12/06/2025	1747	3609	02307	932514625

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED

CITY OF RIALTO
2026 MAR 25 AM 10:51



PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
TORRES, WILLIAM 02307	02307	12/06/2025	BREEN, JUSTIN 01023	01/22/2026

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
12/06/2025	1747	3609	02307	932514625

CITY OF RIALTO
2026 MAR 25 AM 10:51
RECEIVED

1 **ASSIGNMENT:**

2 On 12/06/25 I was assigned to patrol for the Rialto Police Department. I was driving a marked
3 black and white police vehicle and wearing my department issued uniform. At approximately 1748
4 I was dispatched to the intersection of W. Casa Grande Dr. and Locust St. in reference to a traffic
5 collision. I arrived at the incident location shortly after and began my investigation.
6

7 All times, speeds and measurements that may be found within this investigation are approximate
8 using Google maps.
9

10 **NOTIFICATION:**

11
12 I contacted OMNI Trans headquarters and informed them of the incident. OMNI Trans advised
13 they would contact the bus driver and have them return to headquarters. I contacted OMNI Trans
14 manager Jonathan Cryer at headquarters and he provided me the bus driver's information and
15 bus number. I was able to take photographs of the bus and damage on the bus as a result of the
16 collision.
17

18 **PARTIES INVOLVED:**

19
20 D1_Quentyka Macklin was identified by CDL and their statement as driver of V1
21 V1- 2018 New Flyer XN40 public transit bus was located at 1700 W. 5th St. San Bernardino, CA
22 92411.
23

24 D2- Christopher Quintana was identified by CDL and their statement as driver of V2.
25 V2- 2009 Harley Davidson Motorcycle at the incident location with minor damage to the left side
26 of V2.
27

28 **STATEMENT (QUINTANA, CHRISTOPHER)**

29
30 Quintana advised he was driving southbound on Locust Ave. and observed a bus conducted a left
31 hand turn in front of him. Quintana attempted to swerve around the bus to avoid being hit but was
32 unable to and was side swiped by the bus as a result. Quintana appeared to be driving the speed
33 limit and advised he made an evasive turn at the last second to attempt to go around the bus to
34 avoid contact but was unsuccessful.
35

36 Quintana did not advised the speed he was traveling and did not recall his speed.
37

38 **ADDITIONAL INFORMATION:**

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
TORRES, WILLIAM 02307	02307	12/06/2025	BREEN, JUSTIN 01023	01/22/2026

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
12/06/2025	1747	3609	02307	932514625

CITY OF RIALTO

2026 MAR 25 AM 10:51

39

40 Quintana was critically injured due to the collision and was provided medical attention from Rialto
41 Fire Department at the scene of the collision. Quintana was immediately transported to the
42 hospital to receive further medical attention. Quintana's right knee was nearly severed. Quintana
43 received immediate medication and medical attention and I was unable to obtain further
44 information about the crash.

45

46 WITNESS (COLLINS, BRANDEN)

47

48 Collins advised he called 911 after observing a motor cycle driving southbound on Locust Ave.
49 Collins was stopped at the stop sign at the intersection of Locust Ave. and W. Casa Grande.
50 Collins advised the driver of the motor cycle appeared to be struck by a purple and blue full size
51 passenger transport city bus. Collins advised he did not see the actual contact between the
52 motorcycle and bus because he was looking down at his phone. Collins heard the impact and
53 then looked up. Collins saw Quintana appeared to be seriously injured and called 911 after
54 observing the bus leaving the area.

55

56

57 VIDEO SURVEILLANCE:

58

59 I observed video surveillance of the collision while at OMNI headquarters in San Bernardino. The
60 video showed V1, driven by Quentyka Macklin, driving northbound on Locust Ave. I observed
61 Quintana driving V2 southbound on Locust Ave. in the video. Macklin conducted a lefthand turn in
62 front of Quintana, who appeared to have the right of way. As a result, a collision occurred between
63 V1 and V2 near the right rear of V1. Macklin did not appear to be aware she collided with V2 and
64 continued to drive her bus route. It appeared both the OMIN bus and motorcycle had their
65 headlights on and working properly.

66

67 The video was uploaded to evidence.com and a physical copy of the video was obtained on a CD
68 and booked into Rialto Police Department Property.

69

70 STATEMENT (MACKLIN, QUENTYKA):

71

72 Macklin stated she was driving northbound on Locust Ave. and conducted a left hand turn to go
73 westbound on W. Casa Grande Dr. Macklin did not observe any vehicle or motorcycle drive
74 southbound on Locust St. approaching W. Casa Grande Dr. As Macklin conducted the turn, she
75 heard a noise but believed the transit bus swayed from the turn. Macklin advised she believed the
76 bottom of the bus scraped the ground. Macklin advised it was common for OMNI buses to scrap
77 the ground when driving on uneven pavement or driving over dips. Macklin looked in the right rear

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78 view mirror and did not observe any vehicles or subjects and continued to drive her work route.

79

80 **SUMMARY:**

81

82 Driver of V1, Macklin, was driving northbound on Locust Ave. and approached the intersection of
83 W. Casa Grande Dr. V1 conducted a westbound turn onto W. Casa Grande Dr. V2 attempted to
84 avoid the bus but was side swiped V1.

85

86 **CAUSE:**

87

88 D1 caused the collision by violating CVC 21801(a) which stated, "The driver of a vehicle intending
89 to turn to the left or to complete a U-turn upon a highway, or to turn left into public or private
90 property, or an alley, shall yield the right-of-way to all vehicles approaching from the opposite
91 direction which are close enough to constitute a hazard at any time during the turning movement,
92 and shall continue to yield the right-of-way to the approaching vehicles until the left turn or U-turn
93 can be made with reasonable safety."

94

95 **AOI:**

96

97 V1 vs V2 occurred 18 feet south of the prolonged north curb line of W. Casa Grande Dr. and 18
98 feet west of the Locust Ave. east curb line.

99

100 **INJURIES:**

101

102 Quintana sustained a major injury to his left knee and was transported to Arrowhead Regional
103 Medical Center.

104

105 **DISPOSITION:**

106

107 Case to date.

108

109 **RECOMMENDATIONS:**

110

111 Report to file.

112

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
TORRES, WILLIAM 02307	02307	12/06/2025	BREEN, JUSTIN 01023	01/22/2026

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