



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

CITY CLERK'S DATE STAMP  
CITY OF RIALTO  
2025 FEB 20 PM 12:40  
RECEIVED  
CITY CLERK

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:**

Ramrod Senior Housing Inc. N/A  
FULL NAME DATE OF BIRTH

HOME ADDRESS INCLUDING CITY, STATE & ZIP 1010 Terrace Rd., San Bernardino, Ca 92410  
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP 92410

HOME TELEPHONE NO. ( )  
BUSINESS TELEPHONE NO. 909 384-9855

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

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: October 11, 2024 TIME: 9:55  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 attached (page 1, 2)

3. HOW DID DAMAGE OR INJURY OCCUR?  
Please see attached (page 1, 3)

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.  
City of Rialto Emergency Services - Station 202 (name of emergency driver not given on City of Rialto Police report # 932411233. (see attachment A))

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 3,000 + \$ 5,900  
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.

**DAMAGES INCURRED TO DATE:**

Item/Date: <u>RLC WELDING NOV. 4, 2024</u>	Amount: \$ <u>3,000.00</u>
Item/Date: <u>Quintero's Iron works Nov 4, 2024</u>	Amount: \$ <u>5,900.00</u>
<u>(See attachments, page 2 &amp; 3)</u>	
<u>Additional Proposal: Mr. Alarm 11/25/24</u>	<u>Amount + \$ 285.00</u>
<u>Services Paid: Mr. Alarm 10-21-24</u>	<u>Amount + \$ 195.00 PAID</u>

**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:**

\$ 6,380.<sup>00</sup>

**ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

*Mr. Alarm 10-21-24*

Item/Date: Quintero's Iron Works 11-4-24

Amount: \$ 5,900.<sup>00</sup>

Item/Date: Mr Alarm 11-25-24

Amount: \$ 285.<sup>00</sup>

*195.<sup>00</sup> (Paid)*

**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: 1010 Terrace Rd  
San Bernardino, Ca 92410

ADDRESS: 1010 Terrace Rd.  
San Bernardino, Ca 92410

TELEPHONE: \_\_\_\_\_  
*(See Security report - 10-11-24)*

TELEPHONE: ( ) \_\_\_\_\_

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

NAME: NIA

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

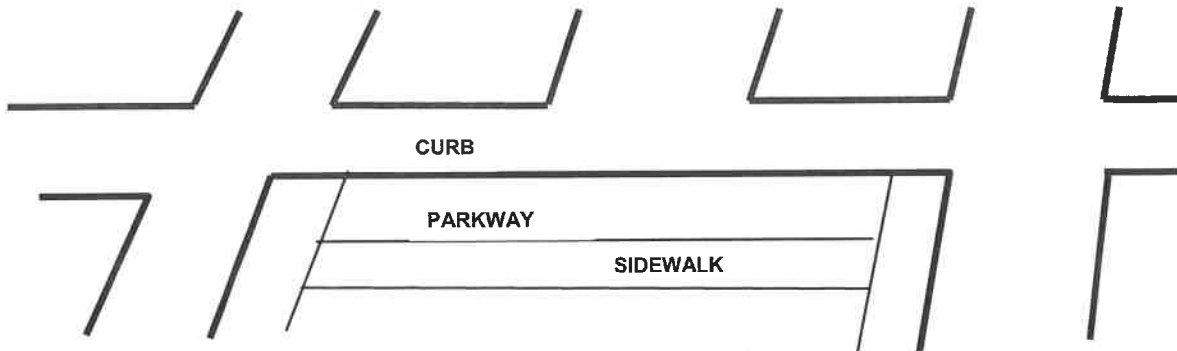
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

**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.**



*(See attachment B)*

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

Lorena Trevino - Office Manager

TYPE OR PRINT NAME

DATE

2/20/2025

RELATIONSHIP TO CLAIMANT

Employee - office manager

**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**

**2) PLACE ON ACCIDENT (OCCURRENCE) BE SPECIFIC-**

The accident happened at the north exit gate as the City of Rialto emergency vehicle was leaving the Ramrod property at approximately 9:55 pm on October 11, 2024. Exit and entrance to the Ramrod Senior Housing Inc. is located at 1010 Terrace Rd. San Bernardino, Ca 92410.

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

According to Ramrod's volunteer security this information was viewed on Ramrod's security camera 2\_MG\_FULL as he was scanning our camera's he noticed that there were police and ambulance from the City of Rialto at the north gate. He then went to the North gate and saw the damage to our north exit gate facing Terrace Rd. He explained that the supervisor of the fire department of City of Rialto was present as well as the City of Rialto Police Department. Mr.

reviewed the playback of the security cameras the following day. He stated that the cameras revealed that the Paramedic driver exited through the North exit gate at Ramrod Senior Housing at approximately 9:55 pm on October 11, 2024. He then witnessed the driver of the emergency vehicle pull to the left towards the guest parking directly outside of the exit gate. It was then that the exit gate began to close hitting the passenger side of the emergency vehicle and again closing on the back of the emergency vehicle in which stated that the gate caught on the back of the emergency vehicle dragging the gate off the track. than witnessed the driver of the emergency vehicle call someone which he later found out was his supervisor.

A report was filed by the City of Rialto Police Department by Officer S. Barajas badge #342. Report DR#932411233.

Security footage is attached, unfortunately we were only able to obtain footage after indecent occurred due to technical difficulties.

JAN 9 RECD

CAD Operations Report

Call Number: 241011-0329

Printed: 1/9/2025 1:22:43 PM

Call Detail Information

Jurisdiction: RIALTO

Call Number	Taker	Pos	Call Owner	Status	Date - Time Received	Inj
241011-0329	SBONDY	3		C	10/11/2024 22:17:02	0

Complaint	Ten Code	Priority	Fire Grade	Class	Alarm	How Received
1182		3		T		

Incident Location	Apart/Suite	Flr	Incident City	State	ZIP
1010 N TERRACE RD			RIALTO	CA	

Caller Name	Telephone	Alt Telephone	Tower ID
CAPTAIN BENDER//RFD			- -

Caller Location	Apart/Suite	Flr	Caller City	State	ZIP

Landmark	Weapons
RAMROD SENIOR MHP	

IRA	Grid	Disp Zone	Fire Run Zn	EMS Run Zn	ESN	Tract
117						2

<input type="checkbox"/>	Contacts	<input type="checkbox"/>	Fire Plan	<input checked="" type="checkbox"/>	Hazard	<input type="checkbox"/>	Images	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Traffic	<input checked="" type="checkbox"/>	Previous
<input type="checkbox"/>	BOLO	<input type="checkbox"/>	Warrant	<input type="checkbox"/>	RMS CH	<input type="checkbox"/>	RMS AI	<input type="checkbox"/>	InProg	<input type="checkbox"/>	Rpt Req	<input type="checkbox"/>	Sub Req

Ali Time	Call Rec'd	Xmit	Dispatch	Enroute	OnScene	Departed	Arrived
	22:17:02	22:18:41	22:19:44	22:19:44	22:19:49	22:19:49	

Comp	Unit	X:	Y:	Z:
23:02:26	P20G			

Lwr:	Upr:
SAN BERNARDINO CITY	SHAMROCK ST

CONTROLLED COPY  
 CONFIDENTIAL COPY  
 RESTRICTED PC 11142-11143  
 NOT FOR THIRD PARTY RELEASE  
 REL TO: ARNOLD TORRES  
 WALK IN REQ  
 BY: JLM

**CAD Operations Report**

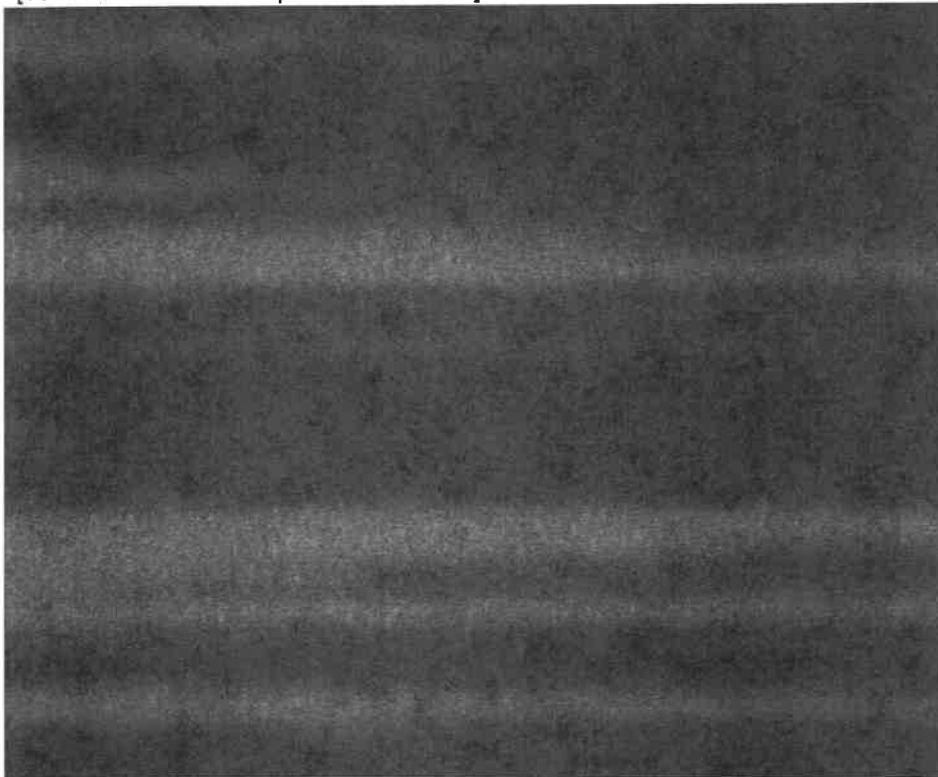
Call Number: 241011-0329

Printed: 1/9/2025 1:22:43 PM

Narrative...

[10/11/2024 23:02:26 : pos4 : YWRIGHT]  
[Cleared with unit P20G]

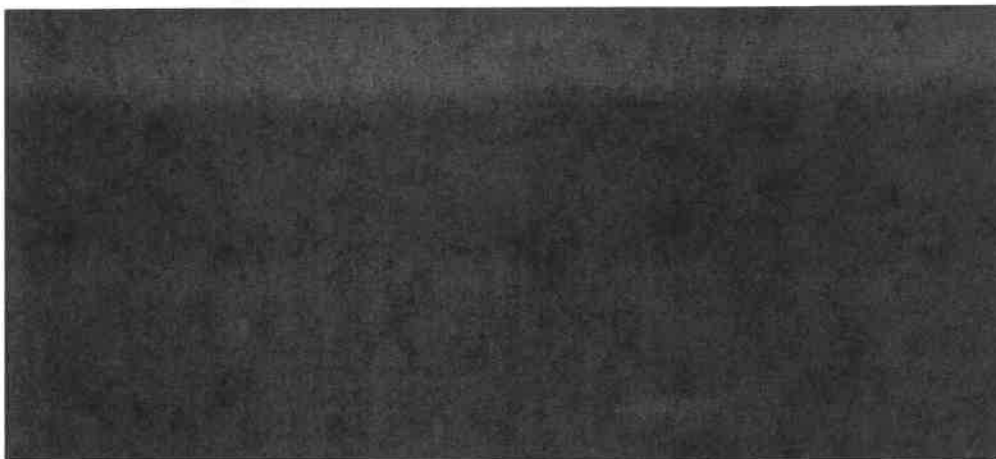
[10/11/2024 22:52:41 : pos4 : YWRIGHT]



[10/11/2024 22:52:17 : pos4 : YWRIGHT]  
4BNMM.ID

DATE:10-11-24\*TIME:22:52\*

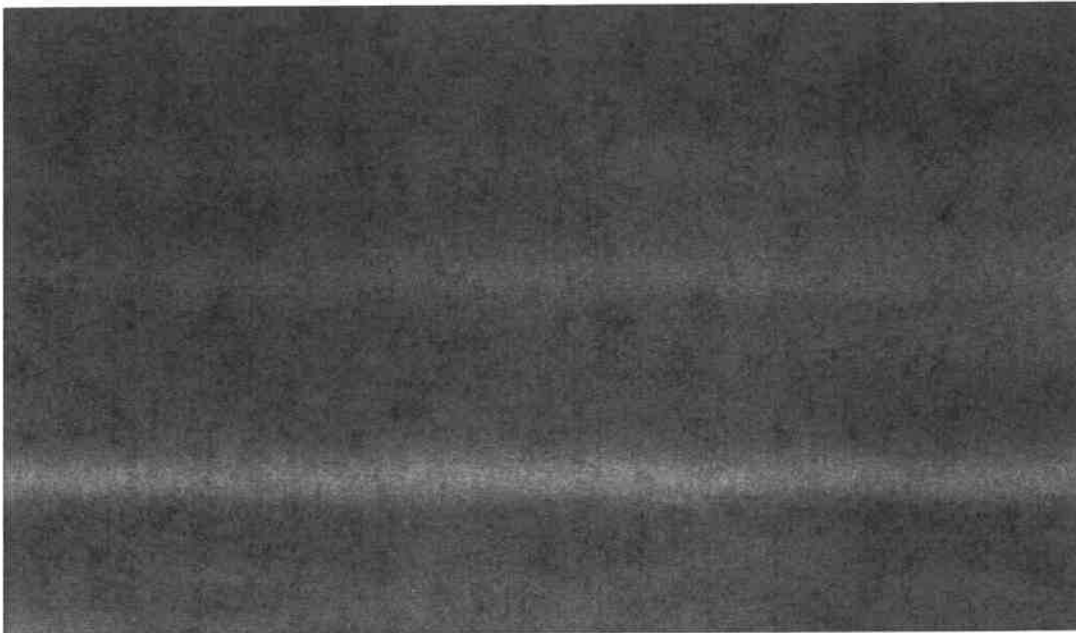
DMV RECORD FOR LAW ENFORCEMENT USE ONLY



# CAD Operations Report

Call Number: 241011-0329

Printed: 1/9/2025 1:22:43 PM



[10/11/2024 22:43:37 : pos4 : YWRIGHT]  
932411233

[10/11/2024 22:43:18 : MOB : P20G]  
\$5-6,000 to repair gate

[10/11/2024 22:35:33 : pos3 : SBONDY]  
SUPERVISOR //SEC NRT TO THE FRONT GATE

[10/11/2024 22:34:07 : pos4 : YWRIGHT]  
\* GATE \*

[10/11/2024 22:34:02 : pos4 : YWRIGHT]  
Unit : P20G  
HAVE RESP 87 FRONT GARE

[10/11/2024 22:19:21 : pos4 : YWRIGHT]  
S14 ADV

[10/11/2024 22:18:41 : pos3 : SBONDY]  
Landmark: RAMROD SENIOR MHP  
Cross streets: SAN BERNARDINO CITY//SHAMROCK ST

GATE WAS STRUCK BY FIRE ENGINE AND ENGINE IS DAMAGED

MEDIC AMBULANCE 202

RP IS STANDING BY AT STATION 202

# CAD Operations Report

Call Number: 241011-0329

Printed: 1/9/2025 1:22:43 PM

## Department Numbers

Department	Dept Number	Unit Id
3609	241011-00223	P10G

## Department OCA Numbers

Department	OCA Number	RMS Juris
3609	932411233	CA0360900

## Call Dispositions

Date Time	Disposition	Unit ID
10/11/2024 23:02:26	RTF	P20G

## Call Log

Unit	Status	Date Time	Dept	Type	Comments	Officers	Odo
P20G		10/11/2024 22:43:49	3609	POL	Primary Unit	02672/01734	0
P20G		10/11/2024 22:43:48	3609	POL	Primary Unit	02672/01734	0
P20G	ONS	10/11/2024 22:30:05	3609	POL	1010 N TERRACE RD, RIALTO	02672/01734	0
P20G	COM	10/11/2024 23:02:26	3609	POL	COM	02672/01734	0
P10G	REM	10/11/2024 22:20:19	3609	POL	REM	02458	0
P10G	ENR	10/11/2024 22:20:11	3609	POL	FIRE STATION 202 , RIALTO	02458	0
P20G	ENR	10/11/2024 22:20:07	3609	POL	1010 N TERRACE RD, RIALTO	02672/01734	0
P10G	LEF	10/11/2024 22:19:49	3609	POL	Left Scene, FIRE STATION 202 , RIALTO	02458	0
P10G	ENR	10/11/2024 22:19:44	3609	POL	1010 N TERRACE RD, RIALTO	02458	0

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
P10G	3609		22:19:44		22:19:49			22:20:19	
P20G	3609		22:20:07	22:30:05					23:02:26

## Call Persons

Category	Last Name	First Name	Middle Name	Suffix	Crim Hist	RMS Alerts		
		Race	Sex	Ethnic	Height	Weight	DOB	OLN
		Clothing	Demeanor					
		Relationship	Hair Color	Eye Clr	Complexion			
Business Name	Description							
Location	Apt/Ste	Fir/Bl	City	ST	ZIP	Phone		
					C	F1535791		

CONTROLLED COPY  
 CONFIDENTIAL COPY  
 RESTRICTED PC 11142-11143  
 NOT FOR THIRD PARTY RELEASE  
 REL TO: ARNOLD TORRES  
 WALK IN REQ  
 BY: JLM

**CAD Operations Report**

Call Number: 241011-0329

Printed: 1/9/2025 1:22:43 PM

**Call Vehicles**

Year	Make	Model	VIN	Plate	Color	Towed	BOLO
	Role		Body Style				
	Comments			Owner			
				C 1608202			





SPECIALIZED IN CUSTOM DESIGNS, INNOVATION AND HARD STEEL

590 Maple Ct. Suite B Colton, Ca 92324

Office (909) 329 0695

www.quinterosironworks.com



Customer Name <b>RAM ROD SENIOR H.</b>	Phone Number <b>(909) 384-9855</b>	Date <b>12/15/24</b>
Address <b>1010 N. TERRACE RD</b>	City <b>S. Bernardino CA</b>	Zip <b>92410</b>

**Specifications**

- SINGLE GATE
  - SINGLE DOOR
  - DOUBLE GATE
  - DOUBLE DOOR
  - PANELS
  - FENCES
  - SLIDING GATE **ONE**
  - FOLDING GATE
  - WINDOWS PROTECTION
  - MOTOR FOR GATE
  - HAND RAILS
  - STAIR CASES
  - REPAIR
- w                      H                      Open                      Side**  
(In/out) (L/R)
- REMOVE THE OLD GATE**
- AND INSTALL NEW GATE**
- NEW 18' x 6' Approx. DIM.**
- SAM TYPE THE MATERIALS EXIST.**
- TH OTHE GATE**
- NEW HADWARE INCLUD.**

**Designs on top**

- ARC
- SEMI ARC
- STRAIT
- SPEARS
- CASTING
- TOP
- MEDIUM
- BOTTOM

**Floor**

- 
- 
- 
- 

**NOTE:**  
 1.- Total will change if any alterations are made from this invoice.  
 2.- Not responsible for broken lines, sprinkles, power, gas, not identified by customer.  
 3.- Although powder coating oil base and water base enamel provide protection; there is never a guarantee against rust, proper maintenance by owner is required to control corrosion.

**Ornamentals**

- WOOD
- SCREEN
- SHEET SOLID
- GATE LATCH
- SLIDING BOLT
- CANE BOLT
- SPRING
- SINGLE LOCK (BOX)
- DOUBLE LOCK (BOX)
- HANGER BOLT
- LOCKS

**Color**

- STAIN
- METALIZE
- POWDER COAT
- REGULAR PAINT

**BLACK**

**TOTAL \$ 5900<sup>00</sup>**

**DEPOSIT \$ 2900<sup>00</sup>**

**BALANCE \$ 3000<sup>00</sup>**

*Rodolfo Quintero*  
**RODOLFO QUINTERO**

**CUSTOMER**

NOV - 4 2024



1066 vassar st Phone-909-626-7978  
Pomona ca Fax-909-626-7978  
91767 Email: [RLCWELDING@GMAIL.COM](mailto:RLCWELDING@GMAIL.COM)  
Cell-951-285-5133



# RLC WELDING

**TOTAL PAGES, INCLUDING COVER:**

URGENT   
  REPLY ASAP   
  PLEASE COMMENT   
  PLEASE REVIEW   
  FOR YOUR INFORMATION

<i>Send to:</i>		<i>From:</i>	
<i>Attention:</i>		<i>Office</i>	<i>POMONA CA.</i>
<i>Office location:</i>		<i>Location:</i>	
	1010 TERRACE RD SN BERNARDINO CA 92410	<i>Date:</i>	<i>11/1/24</i>
<i>Fax number:</i>		<i>Phone number:</i>	

\*\*\*BUILD ENTRY GATE US SAME EXISTING ONE,US WE SPOKE,  
 BUILD AND INSTALL TOTAL PRICE, \_\_\_\_\_ \$3,000  
 THIS QUOTE IS A C,O,D

**NOTE,,THE ENTRANCE GATE NEEDS TO BE ALL WAYS OPEN FOR TENANTS,ANY INTERRUPTED TIME WILL BE EKTRA CHARGE OF \$195,00 PER HR,,,**

THANK YOU,,

Page 4  
JAN 13 2025  
REC'D

Mr. Alarm  
P.O BOX 4501  
Ontario, CA 91761

# Proposal

Date of Proposal: 11/25/24

Proposal Number:

Customer Number: 1235

Ramrod Senior Housing Inc  
1010 Terrace Road  
San Bernardino, CA 92410

The terms of this proposal are valid  
for 30 days from the date shown above.

## Mr. Alarm

Hereby Submits Specification and Estimate for:

1235 Ramrod Senior Housing Inc @ 1010 Terrace Road

<u>Quantity</u>	<u>Description</u>	<u>Amount</u>
1	Disconnect gate damaged by emergency vehicle and reconnect new gate.	285.00

**Complete in accordance with above specifications for: \$285.00**

If you have any questions regarding this proposal please call us at (909)854-5530

# Invoice

Mr. Alarm  
P.O BOX 4501  
Ontario, CA 91761

Invoice Date: 10/21/24  
Customer Number: 1235  
Invoice Number: 01121757  
Monitoring No:

Due Date: 10/21/24  
Amount Due: \$195.00

Ramrod Senior Housing Inc  
1010 Terrace Road  
San Bernardino, CA 92410

Mr. Alarm  
P.O BOX 4501  
Ontario, CA 91761

Please detach and return this coupon with your payment.

## Mr. Alarm

Invoice Date: 10/21/24  
Invoice Number: 01121757

1235 Ramrod Senior Housing Inc @ 1010 Terrace Road

<u>Quantity</u>	<u>Description</u>	<u>Amount</u>
1	Inspect gate after being struck by emergency vehicle.	
1	Reset start stop limits as gate has ben bent changing adjustments.	
1	Adjusted chain as needed after incident.	
*	Advised customer gate is bent and can not be properly straightend, the gate will need to be replaced.	
* Total amount due for labor.		195.00

**PAID**  
 CK. NO. 11353  
 DATE 11/1/2024

**All charges are due upon receipt.**

**\$195.00**

10-11-24

On 10/11/24 a ambulance leaving the park hit the gate approximate time after 9:55pm. Instead of pulling straight out the gate he truns to the right to park lenght ways in visitors parking hitting the gate twice with the side of the ambulance, knocking the gate off the track and got stuck in open position. I think the gate was allso bent.

The ambulance driver must have called his supervisor, he came to look at the gate.

I saw him inspecting the gate thur the cameras, and then the police showed up, I called to tell him something going on at the frort gate, I met cliff at the front gate. called (Mr. Alarm) because the gate wouldn't close. I got the gate to close and operate correctly.

The Fire department supervisor will come to the park Saturday morning around 7:am and will also be here to check the gate.

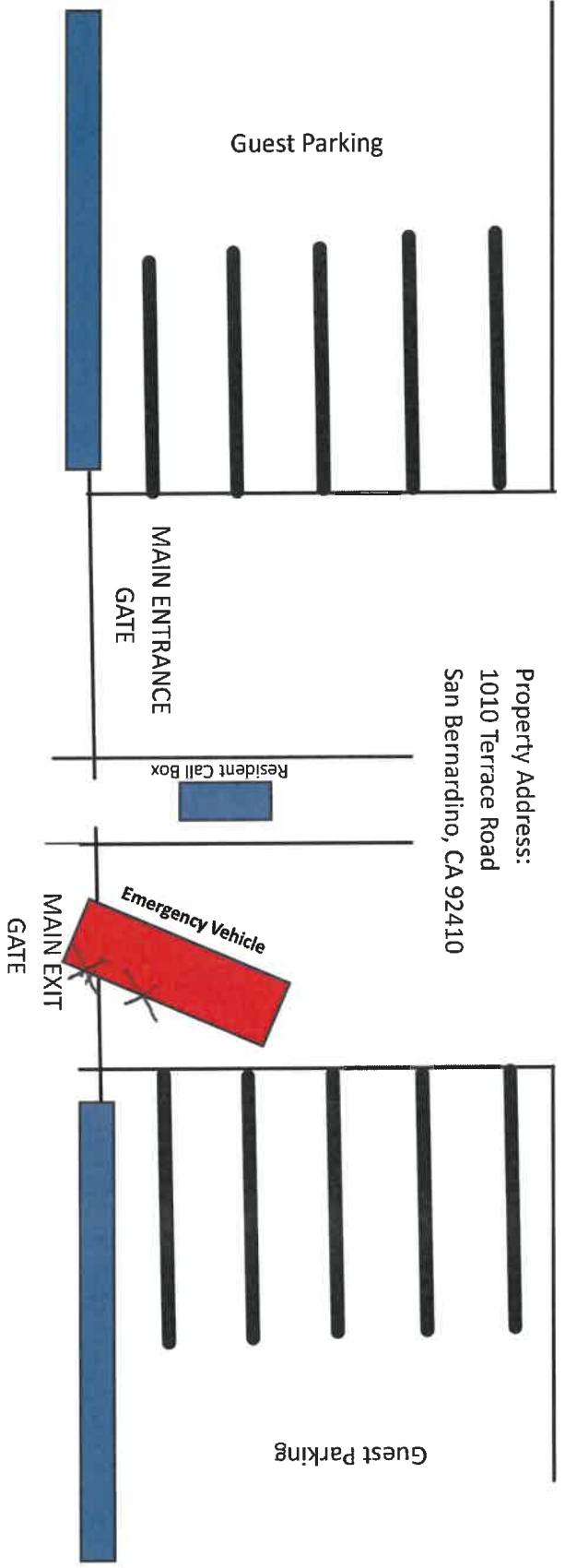
report by Lonnie, Head of security

Lonnie Felt

10-11-24

# N. Terrace Road

Property Address:  
1010 Terrace Road  
San Bernardino, CA 92410



X is point of contact

