



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO  
2025 JUL -7 PM 12:31

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:**

Veronica Casillas Lopez, Vienna Lopez and Vivyanna Lopez

FULL NAME

See Attachment A

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):

See Attachment A

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: January 17, 2025 TIME: 6:05 ☐ 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.

I-10 at Rancho Avenue, Rialto, California

3. HOW DID DAMAGE OR INJURY OCCUR?

See Attachment A

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.

See Attachment A

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

\$ See Attachment A

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:

\$ See Attachment A

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: See Attachment A

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

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

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

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

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

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

NAME: See Attachment A

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

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

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

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

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

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

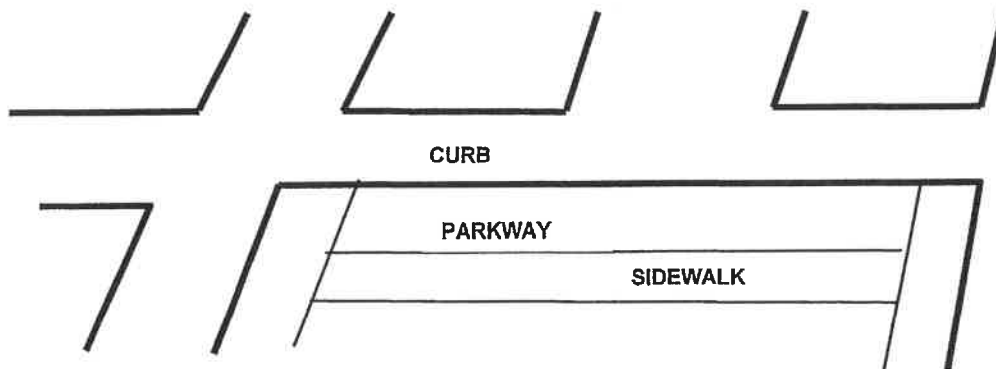
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ☐ AM ☐ PM

**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.



2025 JUL -7 PM 12:31  
CITY OF RIALTO  
CITY CLERK

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

Raffi H. Ohanian

TYPE OR PRINT NAME

July 3, 2025

DATE

Attorney for Claimant, Veronica Casillas Lopez

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

LAW OFFICES

**THON BECK VANNI  
CALLAHAN & O'CONNOR**

A PROFESSIONAL CORPORATION

140 SOUTH LAKE AVENUE, SUITE 208

PASADENA, CALIFORNIA 91101-4904

Tel: 626-795-8333 / Fax: 626-449-9933

RAFFI H. OHANIAN, State Bar No. 251433

[rohanian@thonbeck.com](mailto:rohanian@thonbeck.com)

CITY OF RIALTO

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Attorneys for Claimant, VERONICA  
CASILLAS LOPEZ

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF SAN BERNARDINO**

VERONICA CASILLAS LOPEZ, VIENNA  
LOPEZ, a minor, VIVYANNA LOPEZ, a  
minor

Claimant,

vs.

STATE OF CALIFORNIA DEPARTMENT  
OF TRANSPORTATION; CITY OF  
RIALTO; COUNTY OF SAN  
BERNARDINO,

Respondents.

**ATTACHMENT A**

GOVERNMENT CLAIM FOR  
DAMAGES PURSUANT TO  
GOVERNMENT CODE SECTIONS 905  
AND 910, *ET SEQ*

Pursuant to provisions of Sections 905 and 910, *et seq.*, of the California *Government Code*, demand is hereby made by claimants VERONICA LOPEZ, VIENNA LOPEZ, a minor, and VIVYANNA LOPEZ, a minor against the following:

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION

CITY OF RIALTO

COUNTY OF SAN BERNARDINO

/ / /

/ / /

Each claim is for an amount in excess of the minimum jurisdictional limits of the Superior Court of the State of California.

In support of this claim, the following information is submitted:

**1. CLAIMANT INFORMATION:**

VERONICA CASILLAS LOPEZ (DOB: ), VIENNA LOPEZ (DOB: ), and VIVYANNA LOPEZ (DOB: ),  
Glendora, California 91740,

**2. ADDRESS TO WHICH CLAIMANT WISHES CORRESPONDENCE TO BE MAILED:**

Raffi H. Ohanian, Esq., Thon Beck Vanni Callahan & O'Connor, 140 South Lake Avenue, Suite 208, Pasadena, California 91101-4904, 626-795-8333, [rohanian@thonbeck.com](mailto:rohanian@thonbeck.com).

**3. DATE, TIME AND LOCATION OF THE DAMAGE OR INJURY:**

January 17, 2025, 6:05 p.m., I-10 eastbound near Rancho Avenue, Rialto, California.

**4. SUBJECT ACCIDENT / FACTUAL ALLEGATIONS:**

On January 17, 2025, at approximately 6:05 p.m., decedent ERIC DANIEL LOPEZ was traveling eastbound on the I-10 freeway near Rancho Avenue in Rialto, California. At the same time, GESSELL GUADALUPE RODRIGUEZ was driving her 2018 Ford F150 westbound on the I-10 freeway near Rancho Avenue in Rialto, California. At the time this government claim is being filed, the subject Traffic Crash Report is still pending and thus claimants are lacking most significant facts from the investigation.

Based on information and belief, however, GESSELL GUADALUPE RODRIGUEZ lost control of her vehicle for unknown reasons and went over the center median and  
/ / /

directly into eastbound traffic on the 10 freeway, striking decedent ERIC DANIEL LOPEZ's vehicle and killing him.

**5. NATURE OF INJURIES:**

Death of ERIC DANIEL LOPEZ (husband to VERONICA CASILLAS LOPEZ and father to VIENNA LOPEZ and VIVYANNA LOPEZ).

**6. WITNESSES, INVOLVED PARTIES, HOSPITAL AND DOCTORS:**

At the time of filing this government claim, the Traffic Crash Report is not yet finalized or complete, so claimants have limited information. What is known is that the investigating officer is Nathaniel J. Alva, Badge 022931, with the California Highway Patrol. Others unknown.

Decedent died due to blunt head trauma per the coroner, Sharon Wang, D.O.

Witnesses are unknown but claimants produce the first 3 pages of the Traffic Crash Report which is only what is available at this time.

**7. AMOUNT OF DAMAGES CLAIMED:**

The amount claimed for claimants are in excess of \$25,000 for the wrongful death of ERIC DANIEL LOPEZ as well as a survivorship action. Pursuant to *Government Code, Section 9120(f)*, "no dollar amount shall be included in this claim." This claim will not be a limited civil case (\$25,000 or less). The exact amount of said losses is unknown at this time and will be stated according to proof, pursuant to *Code of Civil Procedure, Section 425.10*.

**8. GOVERNMENTAL ENTITIES ALLEGED TO BE AT FAULT:**

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION  
CITY OF RIALTO  
COUNTY OF SAN BERNARDINO

1     **9.     NATURE OF CASE AND ALLEGATIONS:**

2             On January 17, 2025, at approximately 6:05 p.m., decedent ERIC DANIEL LOPEZ  
3 was traveling eastbound on the I-10 freeway near Rancho Avenue in Rialto, California.  
4 At the same time, GESSELL GUADALUPE RODRIGUEZ was driving her 2018 Ford F150  
5 westbound on the I-10 freeway near Rancho Avenue in Rialto, California. At the time this  
6 government claim is being filed, the subject Traffic Crash Report is still pending and thus  
7 claimants are lacking most significant facts from the investigation.

8             Based on information and belief, however, GESSELL GUADALUPE RODRIGUEZ  
9 lost control of her vehicle for unknown reasons and went over the center median and  
10 directly into eastbound traffic on the 10 freeway, striking decedent ERIC DANIEL  
11 LOPEZ's vehicle and killing him.

12            Defendants created and/or knew or should have known of the dangerous  
13 condition of the "center divider" which divided eastbound and westbound traffic of the  
14 10 freeway near Rancho Avenue. There should have been proper barriers, such as a  
15 median barrier to prevent vehicles from crossing over into opposite traffic. Instead,  
16 present is a very low divider that does nothing to prevent vehicles from crossing over  
17 into oncoming traffic.

18            The named entities above either owned, operated, maintained and/or controlled  
19 the I-10 freeway near Rancho Avenue in the City of Rialto, County of San Bernardino.  
20 The lack of a proper center divider/median barrier constituted a dangerous condition  
21 pursuant to *Government Code* Section 835 at the time of decedent's death. Moreover, the  
22 dangerous condition, which was a substantial factor in causing decedent's death, created  
23 a reasonably foreseeable risk of injury or death, and that either (a) a negligent or  
24 wrongful act or omission of an employee of the named entities within the scope of his or  
25 her employment created the dangerous condition, or (b) they had actual or constructive  
26 notice of the dangerous condition under *Government Code* Section 835.2 a sufficient time  
27 prior to decedent's death to have taken measures to protect against the dangerous  
28 condition.

1 The subject property had various dangerous conditions existing thereon,  
2 including, but not limited, to the following:

3 a) The subject barrier was improperly, dangerously, and defectively  
4 designed, built, drafted, engineered, modified, planned, contracted, and/or  
5 regulated;

6 b) The subject barrier lacked any or had insufficient and/or defective  
7 warning signs or other forms of warning to alert persons on the 10 freeway of the  
8 dangers presented;

9 c) There was negligence by the entities named above and the agents  
10 and/or employees in the ownership, control, maintenance, inspection, placement,  
11 management, and modifications of and to the property of the center median.

12 Defendants are also vicariously liable for its independent contractor(s)' torts (*Gov.*  
13 *Code*, §815.4), and is liable for nuisance (*Civ. Code*, §3479).

14 As stated above, the named entities above were on actual and certainly on  
15 constructive notice of the hazards presented by the very low to the ground center median  
16 that does nothing to prevent vehicles from crossing over and suspect prior incident  
17 similar to this case.

18 The specific identities of all employees are not known at this time and will likely  
19 come to light during the course of litigation.

20  
21 **10. RESERVATION OF RIGHT TO AMEND AND/OR SUPPLEMENT CLAIM:**


22 Claimants reserve the right to amend and/or supplement this Claim for Damages,  
23 including asserting new theories of liability or causes of action, upon discovery of new  
24 and/or additional information or facts.

25  
26 I declare under penalty of perjury under the laws of the State of California that the  
27 foregoing including any attachments, is true and correct.

28 / / /

Executed this 3<sup>rd</sup> day of July 2025, at Pasadena, California.

THON BECK VANNI  
CALLAHAN & O'CONNOR  
A Professional Corporation

By:   
RAFFI H. OHANIAN  
Attorneys for Claimants VERONICA  
CASILLAS LOPEZ, VIENNA  
LOPEZ, a minor, VIVYANNA  
LOPEZ, a minor

THON BECK VANNI CALLAHAN & O'CONNOR  
A PROFESSIONAL CORPORATION  
THE COMMONS  
140 SOUTHLAKE AVENUE, SUITE 208  
PASADENA, CALIFORNIA 91101-4904  
626-795-8333



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SPECIAL CONDITIONS <b>FATAL</b>		NUMBER INJURED <b>3</b>	HIT & RUN PELONY <input type="checkbox"/>	CITY <b>RIALTO</b>	JUDICIAL DISTRICT <b>SAN BERNARDINO SUPERIOR COURT SAN BERNARDINO FAMILY LAW</b>		LOCAL REPORT NUMBER <b>9860-2025-00167</b>		
		NUMBER KILLED <b>2</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>SAN BERNARDINO</b>	REPORTING DISTRICT <b>103</b>	BEAT <b>103</b>	DAY OF WEEK <b>S M T W T F S</b>	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	CRASH OCCURRED ON <b>I-10 WESTBOUND</b>			CRASH DATE MO. <b>01</b> DAY <b>17</b> YEAR <b>2025</b>	CRASH TIME (2400) <b>1805</b>	NOTIFICATION DATE MO. <b>01</b> DAY <b>17</b> YEAR <b>2025</b>	NOTIF. TIME (2400) <b>1811</b>	NCIC # <b>9860</b>	
	AT INTERSECTION WITH <input type="checkbox"/> OR: [Distance] [Units] [Direction] of <b>RANCHO AVENUE</b>			STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	GPS COORDINATES FOR LOCATION (LOG.) AND AREA(S) OF IMPACT (AOI) LOG. <b>34.068551</b> LAT. <b>-117.341976</b>			AOI 1 LAT. LONG.		AOI 2 LAT. LONG.			
	AOI 3 LAT. LONG.			AOI 4 LAT. LONG.		AOI 5 LAT. LONG.			
	AOI 4 LAT. LONG.			AOI 5 LAT. LONG.		ADDTL. AOI(a) <input type="checkbox"/>			
PARTY 1	DRIVER'S LICENSE NUMBER		STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>L</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2018</b>	MAKE/MODEL/COLOR <b>FORD F150 WHI</b>	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>GESSELL GUADALUPE RODRIGUEZ</b>						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX <b>F</b>	HAIR <b>BRN</b>	EYES <b>GRN</b>	HEIGHT <b>5' 0"</b>	WEIGHT <b>120</b>	BIRTHDATE Mo. Day Year <b>Mo. Day Year</b>	RACE <b>H</b>	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE <b>NONE</b>		VEHICLE IDENTIFICATION NUMBER:				
OPERATOR	INSURANCE CARRIER <b>PENDING</b>		POLICY NUMBER <b>PENDING</b>		VEHICLE TYPE <b>22</b>				
	DIR OF TRAVEL <b>W</b>		ON STREET OR HIGHWAY <b>I-10 WESTBOUND</b>		LANE <b>2</b>	THRU LANES <b>4</b>	TOTAL LANES <b>4</b>	SPEED LIMIT <b>65</b>	
PARTY 2	DRIVER'S LICENSE NUMBER		STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2023</b>	MAKE/MODEL/COLOR <b>CHEV SILVERADO BLK</b>	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>DANIEL CLAY FOX</b>						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX <b>M</b>	HAIR <b>BRN</b>	EYES <b>GRN</b>	HEIGHT <b>6' 2"</b>	WEIGHT <b>350</b>	BIRTHDATE Mo. Day Year <b>Mo. Day Year</b>	RACE <b>H</b>	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE <b>NONE</b>		VEHICLE IDENTIFICATION NUMBER:				
OPERATOR	INSURANCE CARRIER <b>AMERICAN NATIONAL</b>		POLICY NUMBER		VEHICLE TYPE <b>22</b>				
	DIR OF TRAVEL <b>W</b>		ON STREET OR HIGHWAY <b>I-10 WESTBOUND</b>		LANE <b>1</b>	THRU LANES <b>4</b>	TOTAL LANES <b>4</b>	SPEED LIMIT <b>65</b>	
PARTY 3	DRIVER'S LICENSE NUMBER		STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>L</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2022</b>	MAKE/MODEL/COLOR <b>TESL MODEL 3 WHI</b>	
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>ERIC DANIEL LOPEZ</b>						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX <b>M</b>	HAIR <b>BLK</b>	EYES <b>BRN</b>	HEIGHT <b>5' 6"</b>	WEIGHT <b>170</b>	BIRTHDATE Mo. Day Year <b>Mo. Day Year</b>	RACE <b>H</b>	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE <b>UNKNOWN</b>		BUSINESS PHONE <b>UNKNOWN</b>		VEHICLE IDENTIFICATION NUMBER:				
OPERATOR	INSURANCE CARRIER <b>UNKNOWN</b>		POLICY NUMBER <b>UNKNOWN</b>		VEHICLE TYPE <b>01</b>				
	DIR OF TRAVEL <b>E</b>		ON STREET OR HIGHWAY <b>I-10 EASTBOUND</b>		LANE <b>1</b>	THRU LANES <b>4</b>	TOTAL LANES <b>4</b>	SPEED LIMIT <b>65</b>	
PREPARER'S NAME <b>NATHANIEL J ALVA, 022931</b>				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME	
								DATE REVIEWED	



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SPECIAL CONDITIONS FATAL		NUMBER INJURED 3	HIT & RUN FELONY <input type="checkbox"/>	CITY RIALTO	JUDICIAL DISTRICT SAN BERNARDINO SUPERIOR COURT SAN BERNARDINO FAMILY LAW		LOCAL REPORT NUMBER 9860-2025-00167			
		NUMBER KILLED 2	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN BERNARDINO	REPORTING DISTRICT 103	BEAT	DAY OF WEEK S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	CRASH OCCURRED ON I-10 WESTBOUND			CRASH DATE MO. DAY YEAR 01/17/2025	CRASH TIME (2400) 1805	NOTIFICATION DATE MO. DAY YEAR 01/17/2025	NOTIF. TIME (2400) 1811	NCIC # 9860	OFFICER ID 022931	
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: [Distance] [Units] [Direction] of RANCHO AVENUE					STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) LOG. LAT. LONG. AOI 1 LAT. LONG. AOI 2 LAT. LONG. AOI 3 LAT. LONG. AOI 4 LAT. LONG. AOI 5 LAT. LONG. ADDTL AOI(s) <input type="checkbox"/>					<input checked="" type="checkbox"/> REFER TO NARRATIVE				
PARTY 4	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2022	MAKE/MODEL/COLOR SCIO XD BLK	LICENSE NUMBER 6MLN908	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> FAITH KATHERINE MANIGOS					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER FLOYD MANIGOS				
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input checked="" 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 checked="" type="checkbox"/> OTHER				
BICYCLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 5' 0"	WEIGHT 123	BIRTHDATE Mo. Day Year	RACE A	REGISTERED OWNER		
OTHER	HOME PHONE UNKNOWN					PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER UNKNOWN					VEHICLE IDENTIFICATION NUMBER:				
	DIR OF TRAVEL E I-10 EASTBOUND		LANE 2	THRU LANES 4	TOTAL LANES 4	SPEED LIMIT 65	VEHICLE TYPE 01			
PARTY 5	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2015	MAKE/MODEL/COLOR FORD EXPLORER WHI	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> DELAINE REYES					OWNER'S NAME <input checked="" 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 checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5' 4"	WEIGHT 140	BIRTHDATE Mo. Day Year	RACE H	TRI-CITY TOWING - (909)884-9211		
OTHER	HOME PHONE					PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER MERCURY					VEHICLE IDENTIFICATION NUMBER:				
	DIR OF TRAVEL E I-10 EASTBOUND		LANE 4	THRU LANES 4	TOTAL LANES 4	SPEED LIMIT 65	VEHICLE TYPE 07			
PARTY 6	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2015	MAKE/MODEL/COLOR TOYT ECHO SIL	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> JOSE MANUEL PEREZ-HERNANDEZ					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX M	HAIR AUB	EYES BRN	HEIGHT 5' 6"	WEIGHT 150	BIRTHDATE Mo. Day Year	RACE H	FIRST CHOICE TOWING -		
OTHER	HOME PHONE					PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE				
OPERATOR	INSURANCE CARRIER INTEGON NATIONAL INS CO					VEHICLE IDENTIFICATION NUMBER:				
	DIR OF TRAVEL E I-10 EASTBOUND		LANE 4	THRU LANES 4	TOTAL LANES 4	SPEED LIMIT 65	VEHICLE TYPE 01			
PREPARER'S NAME NATHANIEL J ALVA, 022931			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME			DATE REVIEWED	

# Report Subject To Change

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SPECIAL CONDITIONS <b>FATAL</b>		NUMBER INJURED <b>3</b>	HIT & RUN FELONY <input type="checkbox"/>	CITY <b>RIALTO</b>	JUDICIAL DISTRICT <b>SAN BERNARDINO SUPERIOR COURT SAN BERNARDINO FAMILY LAW</b>		LOCAL REPORT NUMBER <b>9860-2025-00167</b>						
		NUMBER KILLED <b>2</b>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY <b>SAN BERNARDINO</b>	REPORTING DISTRICT <b>103</b>	BEAT	DAY OF WEEK <b>S M T W T F S</b>	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
LOCATION	CRASH OCCURRED ON <b>I-10 WESTBOUND</b>			CRASH DATE MO. <b>01</b> DAY <b>17</b> YEAR <b>2025</b>	CRASH TIME (2400) <b>1805</b>	NOTIFICATION DATE MO. <b>01</b> DAY <b>17</b> YEAR <b>2025</b>	NOTIF. TIME (2400) <b>1811</b>	NCIC # <b>9860</b>	OFFICER ID <b>022931</b>				
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: [Distance] [Units] [Direction] of <b>RANCHO AVENUE</b>			STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIGITAL MEDIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) LOG. <b>34.068551</b> LAT. <b>-117.341976</b>			AOI <b>1</b> LAT. LONG.		AOI <b>2</b> LAT. LONG.		AOI <b>3</b> LAT. LONG.					
	AOI <b>4</b> LAT. LONG.			AOI <b>5</b> LAT. LONG.		AOI <b>6</b> LAT. LONG.		ADDTL. AOI(s)					
PARTY 7	DRIVER'S LICENSE NUMBER			STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2013</b>	MAKE/MODEL/COLOR <b>HOND ACCORD WHI</b>	LICENSE NUMBER	STATE <b>CA</b>		
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>ALBERTO CASTILLO</b>			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER									
PEDESTRIAN	STREET ADDRESS			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER									
PARKED VEHICLE	CITY/STATE/ZIP			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER									
BICYCLIST	SEX <b>M</b>	HAIR <b>BRN</b>	EYES <b>BRN</b>	HEIGHT <b>5' 7"</b>	WEIGHT <b>145</b>	BIRTHDATE Mo. Day Year	RACE <b>H</b>	<b>DRIVEN AWAY</b>					
OTHER	HOME PHONE			BUSINESS PHONE <b>NONE</b>			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
OPERATOR	INSURANCE CARRIER <b>INFINITY</b>			POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER:						
	DIR OF TRAVEL <b>E</b>			ON STREET OR HIGHWAY <b>I-10 EASTBOUND</b>			LANE <b>4</b>	THRU LANES <b>4</b>	TOTAL LANES <b>4</b>	SPEED LIMIT <b>65</b>	VEHICLE TYPE <b>01</b>	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	
PARTY 8	DRIVER'S LICENSE NUMBER			STATE <b>CA</b>	CLASS <b>C</b>	AIR BAG <b>M</b>	SAFETY EQUIP. <b>G</b>	VEH. YEAR <b>2013</b>	MAKE/MODEL/COLOR <b>TOYT CAMRY GRY</b>	LICENSE NUMBER	STATE <b>CA</b>		
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> <b>JOSE PORFIRIO GONZALEZ</b>			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER									
PEDESTRIAN	STREET ADDRESS			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER									
PARKED VEHICLE	CITY/STATE/ZIP			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER									
BICYCLIST	SEX <b>M</b>	HAIR <b>BLK</b>	EYES <b>BRN</b>	HEIGHT <b>5' 11"</b>	WEIGHT <b>145</b>	BIRTHDATE Mo. Day Year	RACE <b>H</b>	<b>DRIVEN AWAY</b>					
OTHER	HOME PHONE			BUSINESS PHONE <b>NONE</b>			PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
OPERATOR	INSURANCE CARRIER <b>AAAS</b>			POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER:						
	DIR OF TRAVEL <b>E</b>			ON STREET OR HIGHWAY <b>I-10 EASTBOUND</b>			LANE <b>3</b>	THRU LANES <b>4</b>	TOTAL LANES <b>4</b>	SPEED LIMIT <b>65</b>	VEHICLE TYPE <b>01</b>	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	
PARTY 9	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									
PEDESTRIAN	STREET ADDRESS			OWNER'S ADDRESS									
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	BIRTHDATE Mo. Day Year	RACE	<b>DRIVEN AWAY</b>					
OTHER	HOME PHONE			BUSINESS PHONE			PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
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	
PREPARER'S NAME <b>NATHANIEL J ALVA, 022931</b>				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME			DATE REVIEWED		

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CERTIFIED MAIL



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THON BECK VANNI  
CALLAHAN & O'Connor  
PERSONAL INJURY LAWYERS

THE COMMONS  
140 SOUTH LAKE AVENUE, SUITE 208  
PASADENA, CALIFORNIA 91101-4504

TO

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Rialto City Clerk's Office  
150 South Palm Avenue  
Rialto, California 92376



quadrant  
FIRST-CLASS MAIL  
\$011.54<sup>9</sup>  
07/09/2025 21P 9111  
JASND0257535

US POSTAGE