

AVAZIAN & AVAZIAN

Attorneys at Law

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ARTHUR AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: aavazian@avazianlaw.com

ARMAND AVAZIAN
E-MAIL: armandavazian@avazianlaw.com

May 13, 2026

ERIC AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: eavazian@avazianlaw.com

VIA PRIORITY MAIL

Rialto City Clerk's Office
150 S. Palm Ave.
Rialto, A 92376

**Re: Our Clients/Claimants: Angelica Lizarraga, Alberto Alvarez
Anna Alvarez**
Decedent: Juan Manuel Alvarez Flores
Date of Loss: 01-07-2026

Dear City Clerk:

Please be advised that this office has been retained by **Angelica Lizarraga, Alberto Alvarez and Anna Alvarez** to pursue wrongful death claims against the city of Rialto for the fatal accident that caused the death of their husband and father **Juan Manuel Alvarez Flores**. We ask that all future correspondence or verbal communication be directed to our office and that there be no direct contact with our clients in this matter. Enclosed please find our Designation of Counsel forms. Enclosed also please find City of Rialto Liability Claim for Damages to Person or Property form for each Claimant, plus one copy to be conformed and mailed back to our office in the enclosed envelope.

On January 7, 2026, the Decedent was lawfully operating his motorcycle while traveling northbound on Riverside Avenue when he was struck by a vehicle that had exited the North Rialto Center, crossed multiple lanes of traffic, continued across the painted center divider to enter the shopping center across the street. The driver, Robert Henderson, failed to yield to Decedent's right-of-way, collided with Decedent's motorcycle, and caused his death.

The City of Rialto is aware that drivers cut across the painted center divider to cross from one shopping center to the other across the street. Even with this knowledge, no roadway median has been constructed nor traffic lights installed to prevent the illegal crossing. Additionally, the painted traffic lines are faded and difficult to see.

It is our policy to attempt to resolve these matters in the most amicable and expeditious manner.

Should you wish to discuss this matter, please call the undersigned.

Very truly yours,



ARMAND AVAZIAN

AA/aa

Enclosures: as indicated above

CITY OF RIALTO
2026 MAY 18 PM 2:18
RECEIVED
CITY CLERK



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
21ST MAY 18 PM 2:17
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:

Alberto Alvarez
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):
Address above, and Avezian & Avezian
707 Wilshire Blvd., Suite 3800, Los Angeles, CA 90017

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 1/7/26 TIME: _____ 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. 34.12262°N, 117.37042°W
Near the intersection of N. Riverside Ave and W. Baseline Rd. in Rialto, CA.
Father, Juan Manuel Alvarez Flores, was riding a motorcycle north on
Riverside Ave when another driver in a car was crossing shopping centers and
struck motorcycle killing father.
3. HOW DID DAMAGE OR INJURY OCCUR?
The accident occurred just outside the North Rialto Shopping Center. The driver,
Robert Henderson, was in the driveway of the North Rialto Shopping Center crossing
multiple lanes of traffic to the shopping center on the other side. He didn't see motorcycle
and struck and killed father
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.
The city was aware many drivers cut across many lanes of traffic to
get to the from one shopping center to the other. The city should have had
a traffic light or center divider to stop these type of dangerous and illegal
crossing
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$20,000,000

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

DAMAGES INCURRED TO DATE:

Item/Date: motorcycle Amount: \$ 10,000.-

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 20,010,000

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: Robert Henderson

NAME: Refer to Police Report #

ADDRESS: _____

ADDRESS: 932 600 279

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Crosby Loss of life

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

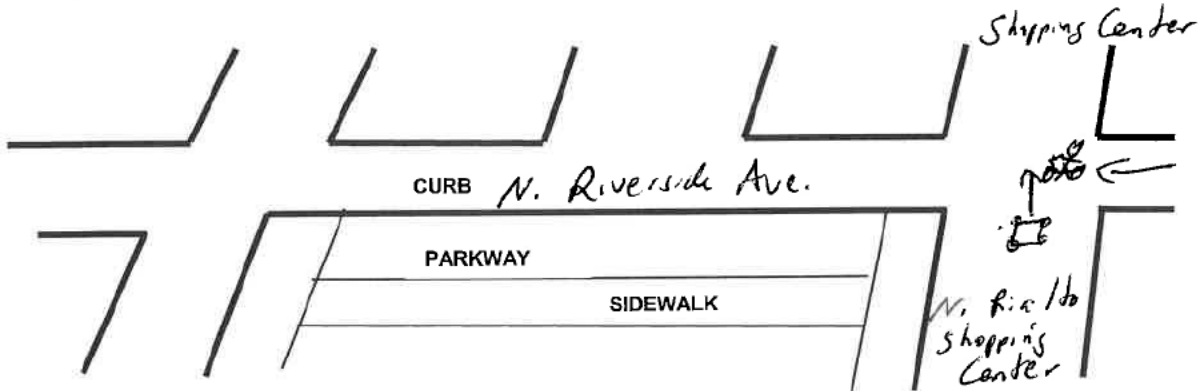
DATE: _____ TIME: _____ AM PM

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

Armand Avazian

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

5/13/26

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



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2026 MAY 18 PM 2:17
RECEIVED
CITY CLERK

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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:

Ang Maria Alvarez
FULL NAME

DATE OF BIRTH _____

HOME ADDRESS INCLUDING CITY, STATE & ZIP Rialto, CA 92376 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):
Address above, and Avazian & Avazian
707 Wilshire Blvd., Suite 3800, Los Angeles, CA 90017

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 1/7/26 TIME: _____ 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. 34.12262° N, 117.37042° W

Near the intersection of N. Riverside Ave and W. Baseline Rd. in Rialto, CA. Husband Juan Manuel Alvarez Flores, was riding a motorcycle north on Riverside Ave when another driver in a car was crossing shopping centers and struck motorcycle killing father.

3. HOW DID DAMAGE OR INJURY OCCUR?

The accident occurred just outside the North Rialto Shopping Center. The driver, Robert Henderson, was in the driveway of the North Rialto Shopping Center crossing multiple lanes of traffic to the shopping center on the other side. He didn't see motorcycle and struck and killed Husband.

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.

The city was aware many drivers cut across many lanes of traffic to get to the from one shopping center to the other. The city should have had a traffic light or center divider to stop these type of dangerous and illegal crossings.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$20,000,000

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

DAMAGES INCURRED TO DATE:

Item/Date: motorcycle Amount: \$ 10,000.

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

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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: Robert Henderson

NAME: Refer to Police Report #

ADDRESS: _____

ADDRESS: 932 600 279

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Long Loss of life

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

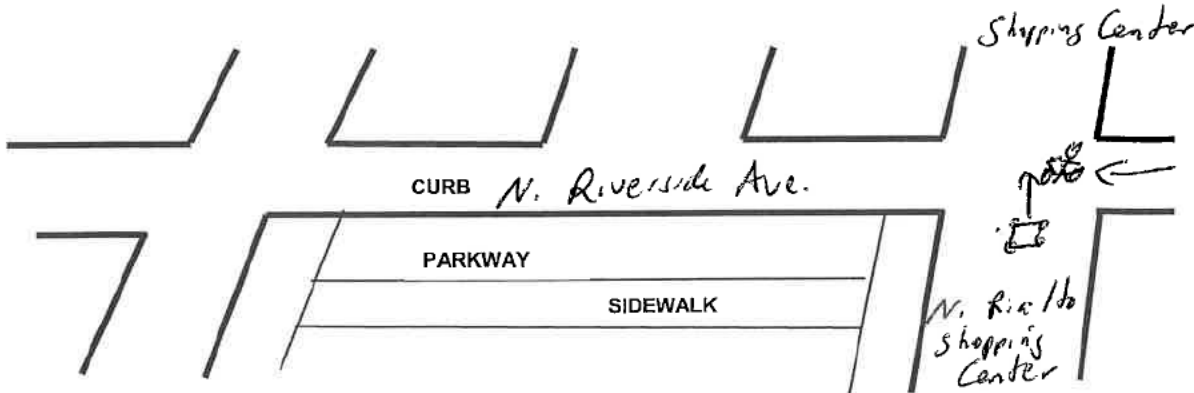
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SIGNATURE OF CLAIMANT OR AGENT

Armand Avazian

5/13/26

TYPE OR PRINT NAME

Attorney

DATE

RELATIONSHIP TO CLAIMANT

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LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2008 MAY 13 PM 2:17
RECEIVED
CITY CLERK

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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:

Angelica Araceli Lizarraga
FULL NAME

DATE OF BIRTH _____

HOME ADDRESS INCLUDING CITY, STATE & ZIP _____ HOME TELEPHONE NO. _____

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP _____ BUSINESS TELEPHONE NO. _____

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TELEPHONE: () _____

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NAME: Ross Loss of life

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

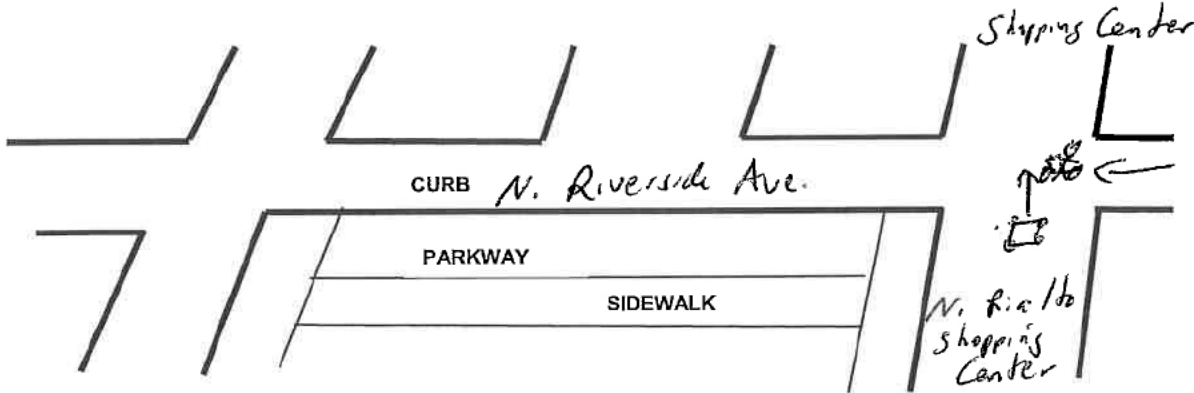
DATE: _____ TIME: _____ AM PM

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SIGNATURE OF CLAIMANT OR AGENT

Armand Avazian

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

5/13/26

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

AVAZIAN & AVAZIAN

Attorneys at Law

707 WILSHIRE BOULEVARD
SUITE 3800

LOS ANGELES, CALIFORNIA 90017
TELEPHONE (213) 624-1783
FACSIMILE (213) 891-2880

ERIC AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: evazian@avazianlaw.com

ARTHUR AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: aavazian@avazianlaw.com

ARMAND AVAZIAN
E-MAIL: armandavazian@avazianlaw.com

CITY OF RI
2023 MAY 18 PM 2
RECEIVED
CITY CLERK

DESIGNATION OF COUNSEL

TO: City of Rialto
RE: Claimant: Angelica Lizarraga
Date of Loss: 01-07-2026
Your Insured: _____
Policy/Claim No: _____

Pursuant to the provision of Section 2695.2 (c) of the California Code of Regulations, Title 10, Chapter 5, I hereby designate and authorize the Law Offices of Avazian & Avazian, to represent my interest in the above referenced claim.

This designation and authorization for representation shall remain valid, unless and until expressly revoked or withdrawn in writing. Any prior designation and authorization is hereby revoked by the undersigned, as of the date of this authorization.

Dated: 01-15-26

Claimant Signature _____
Angelica Lizarraga
Claimant Name (print)

Claimant Address _____
Rialto CA 92376
City, State and Zip Code

AVAZIAN & AVAZIAN

Attorneys at Law

707 WILSHIRE BOULEVARD
SUITE 3800

LOS ANGELES, CALIFORNIA 90017
TELEPHONE (213) 824-1783
FACSIMILE (213) 891-2880

ARTHUR AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: avazian@avazianlaw.com

ARMAND AVAZIAN
E-MAIL: armandavazian@avazianlaw.com

ERIC AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: eavazian@avazianlaw.com

RECORDED
CITY CLERK
MAY 18 PM 2:18
OF RIALTO

DESIGNATION OF COUNSEL

TO: City of Rialto

RE: Claimant: Ana M. Alvarez
Date of Loss: 01-07-2026
Your Insured: _____
Policy/Claim No: _____

Pursuant to the provision of Section 2695.2 (c) of the California Code of Regulations, Title 10, Chapter 5, I hereby designate and authorize the Law Offices of Avazian & Avazian, to represent my interest in the above referenced claim.

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Dated: 01-15-26

Claimant Signature

Ana M. Alvarez
Claimant Name (print)

Claimant Address

Rialto CA 92376
City, State and Zip Code

AVAZIAN & AVAZIAN

Attorneys at Law

707 WILSHIRE BOULEVARD

SUITE 3800

LOS ANGELES, CALIFORNIA 90017

TELEPHONE (213) 824-1793

FACSIMILE (213) 891-2890

ARTHUR AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: avazian@avazianlaw.com

ARMAND AVAZIAN
E-MAIL: armandavazian@avazianlaw.com

ERIC AVAZIAN
A PROFESSIONAL CORPORATION
E-MAIL: evazian@avazianlaw.com

DESIGNATION OF COUNSEL

TO:

City of Rialto

RE: Claimant:
Date of Loss:
Your Insured:
Policy/Claim No:

Alberto Alvarez

01-07-2024

RECEIVED
CITY CLERK
CITY OF RIALTO
979 MAY 18 PM 2:18

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Dated: 01-15-26

Claimant Signature

Alberto Alvarez

Claimant Name (print)

Claimant Address

Rialto CA 92374

City, State and Zip Code

P

US POSTAGE & FEES PAID IMI

 Stamps.com

1 LB PRIORITY MAIL RATE

063S0001443308

ZONE 2

19432715

Commercial

FROM 90017



05/13/2026

USPS PRIORITY MAIL ®

ARMAND AVAZIAN
AVAZIAN & AVAZIAN
707 WILSHIRE BLVD STE 3800
LOS ANGELES CA 90017

0003

C002

SHIP TO: Rialto City Clerk's Office
150 S PALM AVE
RIALTO CA 92376-6406



USPS TRACKING #



9405 5111 0549 5818 6354 59



RECEIVED
CITY CLERK
707P MAY 19 PM 2:17
CITY OF RIALTO