



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

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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:	
FULL NAME <u>Shontiana Lashay Zuniga</u>	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):	<u>Sweet James, LLP c/o Ida Shabanzadegn, Esq.</u> <u>4220 Von Karman Ave, Suite 200, Newport Beach, CA 92660</u>

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: on or around 09/11/2025 TIME: Please see addendum. 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 addendum.
3. HOW DID DAMAGE OR INJURY OCCUR?
Please see addendum.
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 addendum.
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ _____
 HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. **Please attach 2 estimates.**

DAMAGES INCURRED TO DATE:

Item/Date: _____	Please see addendum.	Amount: \$ _____
Item/Date: _____	Please see addendum.	Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Please see addendum.

Item/Date: Please see addendum.

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Amount: \$ _____
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TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

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

NAME: Please see addendum.

NAME: Please see addendum.

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Please see addendum.

NAME: Please see addendum.

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

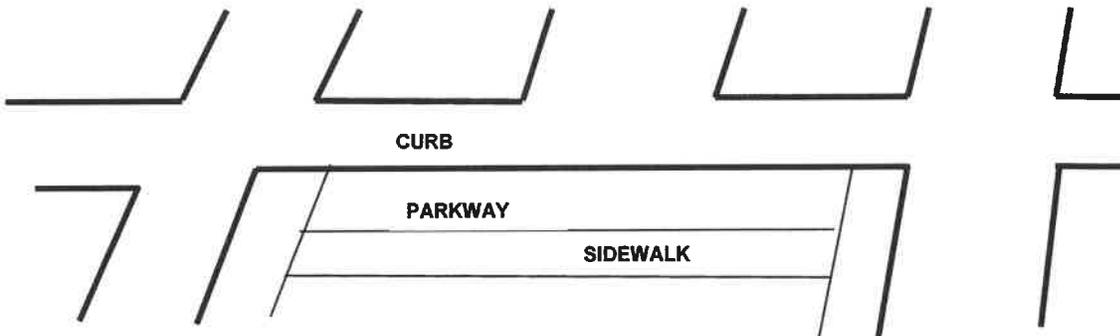
DATE: _____ TIME: _____ AM PM

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

Ida Shabanzadegan, Esq.
TYPE OR PRINT NAME

Attorney for Claimant
RELATIONSHIP TO CLAIMANT

02/06/2026
DATE

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)

SWEET JAMES, LLP
4220 Von Karman Avenue, Suite 200
Newport Beach, CA 92660

1 **SWEET JAMES, LLP**
2 Ida Shabanzadegan, Esq. (SBN #363525)
3 4220 Von Karman Avenue, Suite 200
4 Newport Beach, CA 92660
5 Tel: (949) 644-1000
6 Fax: (949) 644-1005
7 idas@sweetjames.com

8 Attorneys for CLAIMANT,
9 Shontiana Lashay Zuniga

10 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**

11 **COUNTY OF SAN BERNARDINO**

12 SHONTIANA LASHAY ZUNIGA, an individual;

Case No.: N/A

13 CLAIMANT,

**CLAIM AGAINST A PUBLIC ENTITY;
ADDENDUM TO CITY OF RIALTO,
COUNTY OF ORANGE, COUNTY OF
SAN BERNARDINO, AND STATE OF
CALIFORNIA AS PUBLIC ENTITIES,
THEIR AGENTS AND EMPLOYEES,
AND SUBCONTRACTORS**

14 vs.

15 CITY OF RIALTO, COUNTY OF ORANGE,
16 COUNTY OF SAN BERNARDINO, STATE OF
17 CALIFORNIA; and DOES 1-50

18 RESPONDENT.

19 Pursuant to California Government Code Sections 905 and 910 et seq., demand is hereby
20 made by CLAIMANT Shontiana Lashay Zuniga (hereinafter "CLAIMANT") against the
21 Respondents, CITY OF RIALTO, COUNTY OF ORANGE, COUNTY OF SAN BERNARDINO,
22 and STATE OF CALIFORNIA (hereinafter "DEFENDANTS"), and DOES 1-50, in an amount in
23 excess of the minimum jurisdictional limits of the Superior Court of the State of California. In
24 support of this claim, the following information is submitted:

- 25 1. **CLAIMANT:** Shontiana Lashay Zuniga
- 26 2. **Address to which CLAIMANT requests correspondence to be mailed:** SWEET
27 JAMES, LLP, c/o Ida Shabanzadegan, Esq. // 4220 Von Karman Avenue, Suite 200, Newport
28 Beach, CA 92660 // (949) 644-1000.
3. **Nature of Injuries:** Bodily injury to CLAIMANT.

CLAIM FOR DAMAGES – ADDENDUM

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1 4. **Amount of Claimed Damages:** The full extent of CLAIMANT's damages are
2 unknown at this time but are expected to exceed \$5,000,000.00 and thus, pursuant to Government
3 Code Section 910(f), "no dollar amount shall be included in the claim." The claim will **not** be a
4 limited civil case (\$35,000 or less). The exact amount of said losses, which is believed to be far in
5 excess of \$35,000.00, will be stated according to proof pursuant to Code of Civil Procedure Section
6 425.10.

7 5. **Date and Time When Damage and Injury Occurred:** On or around 09/11/2025 at
8 approximately 7:23AM.

9 6. **Where Did the Damage and Injury Occur:** It is believed the incident occurred on,
10 around, or near the intersection of Spruce Avenue and Mason Street in the City of Rialto, County of
11 San Bernardino, State of California. ("ROADWAY").

12 7. **Governmental Entities Alleged to be at Fault:** Defendants CITY OF RIALTO,
13 COUNTY OF ORANGE, COUNTY OF SAN BERNARDINO, and STATE OF CALIFORNIA, as
14 public entities, their agents, employees, subcontractors, and DOES 1-50.

15 8. **Names, Addresses and Telephone Numbers of Witnesses:** Investigations are still
16 ongoing and not all witnesses are known at this time.

17 9. **Nature of the Case:** On the above date and time, CLAIMANT, was lawfully driving
18 a vehicle northbound on Spruce Avenue. As CLAIMANT's vehicle entered the intersection of
19 Spruce Avenue and Mason Street, Jamie Ann Pineda, operating an on-duty emergency vehicle on
20 behalf of DEFENDANTS, turned slightly onto Mason Street to make a U-turn back onto
21 southbound Spruce Avenue, causing a T-bone collision with CLAIMANT's vehicle. (hereinafter
22 "SUBJECT INCIDENT").

23 10. **Basis of Claim Against Government Entity:** At all said times mentioned herein,
24 DEFENDANTS, as public entities, their agents and employees, were the owners, operators and
25 maintainers of a certain motor vehicle within the meaning of *California Government Code* § 815.2
26 and *California Vehicle Code* §§17000 and with the permission thereof did negligently entrust,
27 operate, maintain, and repair the same, while in the course and scope of their duties within the
28 meaning of *California Government Code* §§ 815.2. 820 and *California Vehicle Code* §§17000,

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1 17001, so as to cause the same to strike and injure CLAIMANT, legally causing her to suffer
2 economic, general, and special damages. As stated above, the conduct described in the Subject
3 Incident constituted negligence and/or an act or omission within meaning of California Government
4 Code §§ 815.2 and 820 et seq. considering the conditions on the roadway and by reason of
5 DEFENDANTS agents and employees:

- 6 • Failure to adhere and follow California Vehicle Codes that include, but are not
7 limited to, §§ 22107.
 - 8 ○ On the aforementioned date and time, in and around the intersection of
9 Spruce Avenue and Mason Street in Rialto, California, CLAIMANT was
10 operating a 2024 Kia Forte, traveling northbound on Spruce Avenue. Upon
11 entering the intersection of Spruce Avenue and Mason Street, another
12 vehicle, driven by Jamie Ann Pineda, collided with CLAIMANT's vehicle.
13 Ms. Pineda was operating an on-duty emergency vehicle on behalf of
14 DEFENDANTS. DEFENDANT'S employed driver was operating a Chrysler
15 Pacifica vehicle, with license plate 9SIS447, in violation of California
16 Vehicle Code §§ 21801: an employee acting within the course and scope of
17 employment, who negligently failed to yield to oncoming traffic.
- 18 • Failure to drive a vehicle in a reasonably safe manner.
 - 19 ○ Ms. Pineda failed to operate the vehicle in a safe and lawful manner,
20 demonstrating a lack of due care required to avoid foreseeable harm to
21 others, including CLAIMANT.
- 22 • DEFENDANTS, as public entities, are directly liable under Vehicle Code § 17001
23 for the negligent operation of their motor vehicle by an employee acting within the
24 course and scope of employment. Further, under Government Code § 815.2,
25 DEFENDANTS are vicariously liable for the negligent acts of their driver.

26 11. **The Damages and Injuries Claimed:** As a legal, direct and proximate result of
27 DEFENDANTS and DOES 1-50, CLAIMANT sustained damages, including economic and non-
28 economic damages which are above the jurisdictional minimum for unlimited civil, in an amount in

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1 excess of the jurisdictional minimum, according to proof, pursuant to Section 425.10 of the
2 *California Code of Civil Procedure*.

3 As a legal, direct and proximate result of the conduct of DEFENDANTS and DOES 1-50,
4 CLAIMANT was physically injured and sustained both economic and non-economic damages. She
5 sustained injuries to her body, and shock and injury to her nervous systems and person, all of which
6 have caused, and continue to cause her great physical, mental, and nervous pain and suffering.
7 CLAIMANT was compelled to, and did, employ the services of hospitals, physicians, nurses, and
8 the like, to care for and treat her, the exact amount of such losses to be stated according to proof,
9 pursuant to Section 425.10 of the *California Code of Civil Procedure*. CLAIMANT continues to
10 treat for her injuries at this time so the full extent of her damages is unknown but will be
11 supplemented as discovery continues.

12 CLAIMANT continues to receive treatment at this time and not all damages are known.
13 CLAIMANT has incurred and will incur actual, special, and general damages, as allowed by law
14 within the jurisdiction of the Superior Court.

15 12. **Reservation of Right to Amend and/or Supplement Claim:** Investigations are still
16 ongoing at this time. As such, all statements contain herein are pending verification and not all
17 facts/damages are known. Therefore, CLAIMANT reserves her right to amend and/or supplement
18 this claim, including asserting new theories of liability or causes of action and their related
19 damages, upon discovery of new or additional information or facts. CLAIMANT reserves her right
20 to supplement or amend these claims as discovery proceeds in this matter. These claims and related
21 damages are being made on the best information currently available to CLAIMANT and her
22 counsel.

23 X
24 XX
25 XXX
26 XXXX
27 XXXXX

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DATED: February 10, 2026

SWEET JAMES, LLP

By: Ida shabanzadegan
Ida Shabanzadegan, Esq.
Attorney for CLAIMANT

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SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELLOW <input type="checkbox"/>	CITY RIALTO	JUDICIAL DISTRICT Fontana Superior Court	LOCAL REPORT NUMBER 032910857				
ON-DUTY EMERGENCY VEHICLE		NUMBER KILLED 0	HIT & RUN MISC <input type="checkbox"/>	COUNTRY SAN BERNARDINO	REPORTING DISTRICT 122	BEAT 1				
LOCATION	CRASH OCCURRED ON SPRUCE AVE				MO DAY YEAR 09/11/2025	TIME (2400) 0723				
	MILEPOST INFORMATION FEET OF		GPS COORDINATES LATITUDE 34.109491 LONGITUDE -117.387810		PHOTOGRAPHS BY <input type="checkbox"/> NONE	OFFICER ID 3609				
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR		FEET OF MASON ST		STATE HWY REL <input type="checkbox"/>	DCOUTO				
	DAY OF WEEK Thursday		LOW AWAY <input checked="" type="checkbox"/>		TIME: 11:32					
PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	On Duty Emergency Vehicle						2025	CHRYSLER PACIFICA BLACK		CA
PEDESTRIAN	NAME (FIRST, MIDDLE, LAST) JAMIE ANN PINEDA						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	STREET ADDRESS: LAKE FOREST / CA / 92630						EAN HOLDINGS LLC OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 14002 E 21 ST STE 1500, TULSA CITY OK 74134			
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
OTHER	HOME PHONE	BUSINESS PHONE		PRIVATE TOW						
OPERATOR	INSURANCE CARRIER	POLICY NUMBER		PRIOR MECHANICAL DEFECTS <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE						
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	VEHICLE IDENTIFICATION NUMBER 2C4RC1BG5R654365			
	NORTH	SPRUCE AVE	1	1	2	25	VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGE AREA	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	SHONTIANA ZUNIGA						2024	KIA FORTE WHITE	9MWM634	CA
PEDESTRIAN	NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	STREET ADDRESS						SHONTIANA ZUNIGA OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE	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	POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER						
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGE AREA	
	NORTH	SPRUCE AVE	1	1	2	25	01	<input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		
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 TYPE						
	DIR OF TRAVEL	ON STREET OR HIGHWAY	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGE AREA		
							<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	DISPATCH NOTIFIED				REVIEWER'S NAME	DATE REVIEWED				
MACIAS, ELIZABETH 00956	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				BREEN, JUSTIN 01023	10/15/2025				

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REL TO: Clymer & Beverly 11/24/25

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DATE OF CRASH (MO DAY YEAR) 09/11/2025	TIME (2400) 0723	NCIC # 3609	OFFICER ID 00956	NUMBER 932510857
PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS		
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 type="checkbox"/> CHP 422	

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 O - 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
--	--	--	---	---

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	VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH
		1	2	3	
1 A 22107	A CONTROLS FUNCTIONING				A STOPPED
	B CONTROLS NOT FUNCTIONING*				B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C RAN OFF ROAD
B OTHER IMPROPER DRIVING*	X D NO CONTROLS PRESENT/FACTOR*				D MAKING RIGHT TURN
C OTHER THAN DRIVER*	TYPE OF COLLISION				E MAKING LEFT TURN
D UNKNOWN*	A HEAD-ON				F MAKING U TURN
	B SIDESWIPE				G BACKING
	C REAR END				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	X D BROADSIDE				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J CHANGING LANES
B CLOUDY	F OVERTURNED				K PARKING MANEUVER
C RAINING	G VEHICLE PEDESTRIAN				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT	MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)				N XING INTO OPPOSING LANE
F OTHER*	A NON-COLLISION				O PARKED
G WIND	B PEDESTRIAN				P MERGING
LIGHTING					Q TRAVELING WRONG WAY
X A DAYLIGHT	X C OTHER MOTOR VEHICLE				R OTHER*
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY				S LANE SPLITTING
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				SOBRIETY - DRUG PHYSICAL (MARK ALL THAT APPLY)
D DARK - NO STREET LIGHTS	F TRAIN				A HAD NOT BEEN DRINKING
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				B HBD - UNDER INFLUENCE
ROADWAY SURFACE					C HBD - NOT UNDER INFLUENCE*
X A DRY	H ANIMAL				D HBD - IMPAIRMENT UNKNOWN*
B WET	I FIXED OBJECT				E UNDER DRUG INFLUENCE*
C SNOWY - ICY	J OTHER OBJECT				DRE EXAM CONDUCTED
D SLIPPERY (MUDDY, OILY, ETC.)	K ADDITIONAL OBJECT(S) STRUCK				STIMULANT
ROADWAY CONDITIONS (MARK 1 TO 3 ITEMS)					HALLUCINOGEN
A HOLES, DEEP RUTS	X A NO PEDESTRIANS INVOLVED				DISSOCIATE ANESTHETICS
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				NARCOTIC ANALGESIC
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				INHALANT
D CONSTRUCTION-REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				CANNABIS
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				DEPRESSANT
F FLOODED*	F NOT IN ROAD				F IMPAIRMENT - PHYSICAL*
G OTHER*	G APPROACHING / LEAVING SCHOOL BUS				G IMPAIRMENT NOT KNOWN
X H NO UNUSUAL CONDITIONS					H NOT APPLICABLE
					I SLEEPY / FATIGUED*

Miscellaneous <input 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 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

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STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESS / PASSENGER
 CHP 555 Page 3 (Rev. 9-19) OPI 060

Page 3 of 6
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DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
09/11/2025	0723	3609	00956	932510867

WITNESS OR BY PASSENGER OR A	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)						FASTENED	SEAT POS	EJECTED	
			FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS	PED	BICYCLIS	OTHER	OPER				
<input type="checkbox"/>	22	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	1	<input type="checkbox"/>					

NAME / D.O.B. / ADDRESS
 SHONTIANA ZUNIGA / /
 (INJURED ONLY) TRANSPORTED BY
 Rialto Fire Department
 EMS RUN NUMBER
 TAKEN TO
 Arrowhead Regional Medical Center

DESCRIBE INJURIES
 BACK AND RT HAND PAIN

Telephone

NAME / D.O.B. / ADDRESS
 / /
 (INJURED ONLY) TRANSPORTED BY
 EMS RUN NUMBER
 TAKEN TO

DESCRIBE INJURIES

Telephone

NAME / D.O.B. / ADDRESS
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 (INJURED ONLY) TRANSPORTED BY
 EMS RUN NUMBER
 TAKEN TO

DESCRIBE INJURIES

Telephone

NAME / D.O.B. / ADDRESS
 / /
 (INJURED ONLY) TRANSPORTED BY
 EMS RUN NUMBER
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DESCRIBE INJURIES

Telephone

NAME / D.O.B. / ADDRESS
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 (INJURED ONLY) TRANSPORTED BY
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 TAKEN TO

DESCRIBE INJURIES

Telephone

NAME / D.O.B. / ADDRESS
 / /
 (INJURED ONLY) TRANSPORTED BY
 EMS RUN NUMBER
 TAKEN TO

DESCRIBE INJURIES

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO DAY YEAR
MACIAS, ELIZABETH 00956	00956	09/11/2025	BREEN, JUSTIN 01023	10/15/2025

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 The Rialto P.D.
 REL TO: Clymer & Beverly 11/24/25

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

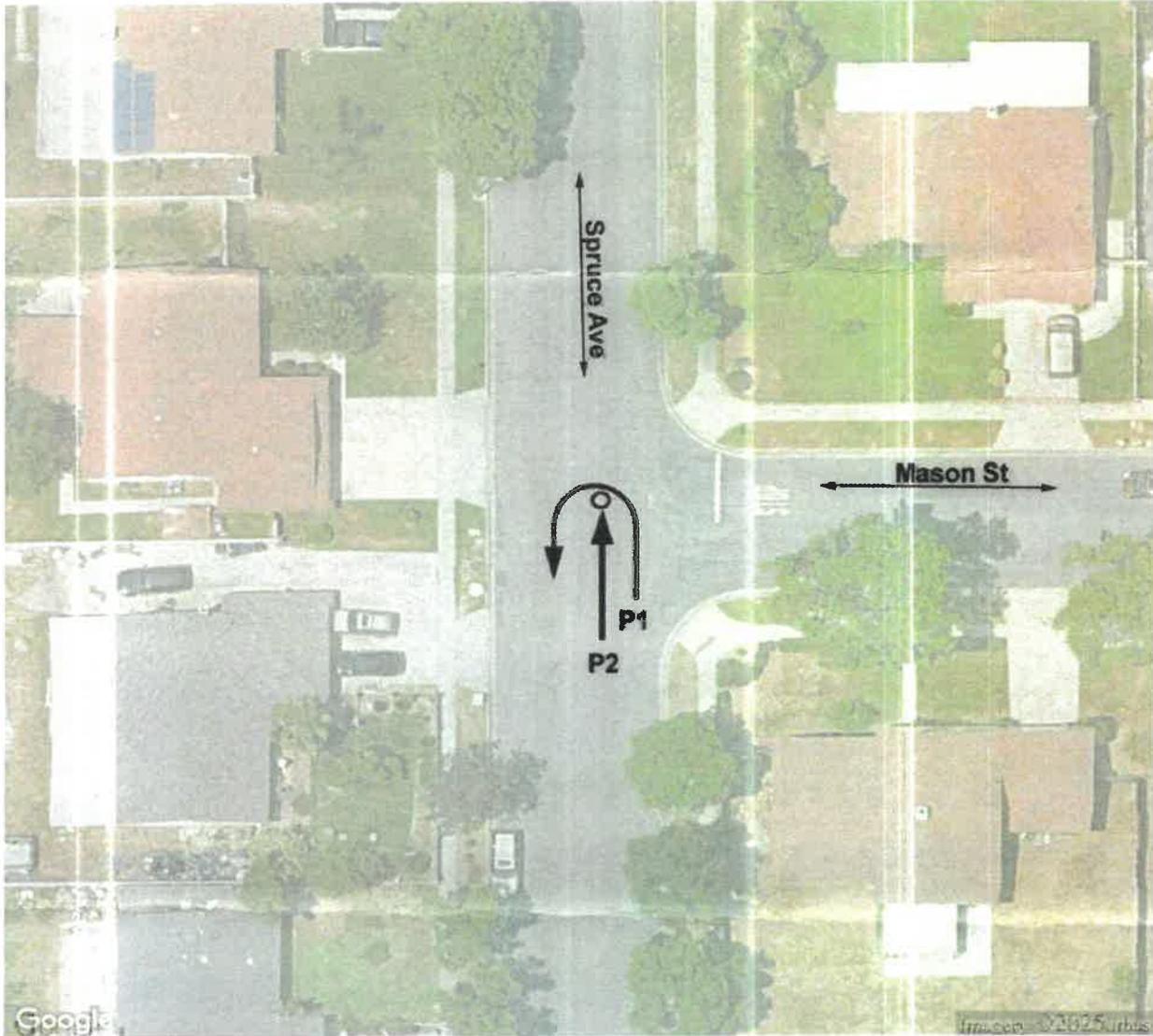
CITY OF RIALTO

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I D
09/11/2025	0723	3609	00956

NUMBER
952510047
FEB 11 AM 11:32

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED

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MACIAS, ELIZABETH 00956	00956	09/11/2025	BREEN, JUSTIN 01023	10/16/2025

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CITY OF RIALTO
2026 FEB 11 AM 11:32

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I D	NUMBER
09/11/2025	0723	3609	00956	932510857

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1 **FACTS:**

2
3 **NOTIFICATION:** I was dispatched to a call of 1183 at Spruce Ave and Mason St I
4 responded from Rialto Police Department and arrived on scene at 0737 hours. All
5 times, speeds and measurements in this investigation are approximate.
6 Measurements were taken by pacing, except where otherwise indicated.

7
8 **SCENE:** At the scene of this collision, SPRUCE AVE is northbound/southbound
9 city street consisting of 1 lane. The roadway is straight and level. The surface is
10 composed primarily of asphalt. SPRUCE AVE is intersected by MASON ST.
11 MASON ST is eastbound/westbound city street consisting of 1 lanes. The roadway is
12 straight and level. The surface is composed primarily of asphalt. The intersection is
13 stop sign controlled. See diagram.

14
15 **PARTIES:**

16
17 Party #1 (Pineda) was located on scene. Party 1 was identified by a valid CA driver's
18 license. Pineda was placed as a party by the following items:

19
20 **CHRYSLER PACIFICA**, Driver #1's vehicle, was located on its wheels.

21
22 Party #2 (Zuniga) was located on scene. Party 2 was identified by a CA identification
23 card and was an unlicensed driver. Zuniga was placed as a party by the following
24 items:

25
26 **KIA FORTE**, Driver #2's vehicle, was located on its wheels.

27
28 **PHYSICAL INJURIES:**

29
30 Party #1 complained of pain to left arm from deployment of air bags. Party #1
31 sustained bruising and redness on left forearm.

32
33 Party #2 was transported to Arrowhead Reginald Medical Center. Party #2
34 complained of pain to abdomen. Party #2 sustained pain to right hand, right ring
35 finger and right little finger.

36
37 **STATEMENTS:**

38
39 Party-1 (Pineda, Jamie) stated she was traveling northbound on Spruce Ave and turn
40 slightly onto Mason St. to make a U turn back onto Spruce Ave at approximately 5
41 MPH. Party-1 stated as she made the U turn onto Spruce Ave. she collided into Party
42 #2's vehicle. Party-1 stated Party-2 was traveling at a high rate of speed and she did
43 not see Party #2's vehicle.

44
45 Party-2 (Zuniga, Shontiana) stated she was traveling northbound on Spruce Ave. at
46 approximately 30 MPH. Party-2 stated she took her eyes off the road for two
47 seconds as she reached for her cellphone with her right hand from the compartment
48 under her car radio. Once the phone was in her right hand and her eyes back on the

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
09/11/2025	0723	3609	00956	932510857

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road is when Party #1's vehicle collided into her vehicle. Party-2 stated that Party 1's vehicle appeared as though she was making a U turn.

OPINIONS AND CONCLUSIONS

SUMMARY: Based on my opinion Party-1 was traveling Northbound on Spruce Ave. and as Party-1 was making a U turn off Mason St. back onto Spruce Ave. broadsided Party 2's vehicle on driver side.

The primary collision factor was Party-1 unsafe turning movement onto Spruce Ave.

AREA OF IMPACT: The approximate area of impact was 21' East of West Curb line of SPRUCE AVE and 6' South of North curb line prolongation of MASON ST.

CAUSE: Based on the evidence observed, it is my opinion that Party-1 caused the collision by being in violation of VC VC 22107.

RECOMMENDATIONS

None.

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4220 Von Karman Avenue, Suite 200, Newport Beach, California 92660 • t. 949-644-1000 • f. 949-644-1005

February 10, 2026

Rialto City Clerk's Office
150 S. Palm Avenue
Rialto, CA 92376

RE: NEW CLAIMS

Dear Clerk,

Enclosed are the following for our client, Shontiana Lashay Zuniga.

1. 1 original and 1 copy to conform of the claim for damages form for the above listed client
2. 1 original copy of the Addendum
3. 1 copy of the Traffic Collision Report
4. 1 proof of service
5. 1 FedEx enveloped with a pre-paid label to return the conformed copies

Please file as soon as possible.

Upon completion of filing, please immediately forward a conformed copy of the claims in either of the self-addressed envelopes provided at your convenience.

If you contend there are any other entities that may be liable for said incident, whether public or private, please notify us immediately. Thank you for your continued and anticipated cooperation with the matter.

Should you have further questions or concerns, please do not hesitate to contact our office.

Truly yours,

SWEET JAMES, LLP

Jesse Donahoe
Legal Assistant

Enc.

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PROOF OF SERVICE

CITY OF RIALTO
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**STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO, COUNTY OF ORANGE,
CITY OF RIALTO**

At the time of service, I was over 18 years of age and **not a party to this action**. I am employed in the County of Orange, State of California. My business address is 4220 Von Karman, Suite 200, Newport Beach, CA 92660.

On the date below, I served the following document(s) described as **CLAIM FOR DAMAGES FORM** on the interested parties in this action as follows:

SEE ATTACHED SERVICE LIST

BY CERTIFIED MAIL as follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Newport Beach, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

BY PERSONAL DELIVERY: I caused such envelope to be delivered by hand to the office of the addressee.

BY FAX: I caused such document to be delivered by telecopy transmission to the offices of the addressee and received a transmission confirmation therefor.

BY FEDERAL EXPRESS: I caused such envelope to be delivered by Federal Express to the offices of the addressee.

BY ELECTRONIC MAIL: I caused such document to be delivered electronically to _____, pursuant to CCP §1010.6(6).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on February 10, 2026, at Newport Beach, California.



Jesse Donahoe

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Rialto City Clerk's Office 150 S. Palm Avenue Rialto, CA 92376	Defendant, City of Rialto	
Clerk of the Board of Supervisors 400 W. Civic Center Drive, 6 th Floor Santa Ana, CA 92701	Defendant, County of Orange	
Risk Management Division- County of San Bernardino, State of California 222 W. Hospitality Lane, 3 rd Floor San Bernardino, CA 92415	Defendant, County of San Bernardino	
Office of Risk and Insurance Management Government Claims Program 707 3rd Street, 1st Floor West Sacramento, CA 95605	Defendant, State of California	

ORIGIN ID: TWHA (949) 644-1000
SWEET JAMES LLP
SWEET JAMES
4220 VON KARMAN AVENUE
SUITE 200
NEWPORT BEACH, CA 92660
UNITED STATES US

SHIP DATE: 10FEB26
ACTWGT: 1.00 LB
CAD: 112808517/INET4535

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TO **RIALTO CITY CLERK'S OFFICE**

150 S. PALM AVE

RIALTO CA 92376

(909) 820-2519

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PRIORITY OVERNIGHT

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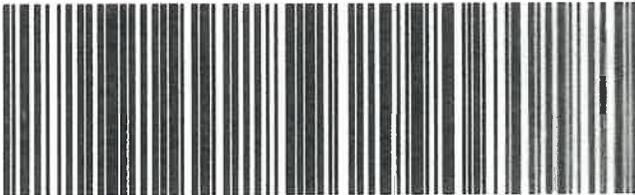
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817-2555
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