

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

2018 DEC -4 PM 4: 16

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

CLAIMANT INFORMATION:	
V.R., a minor, by and through her guardian <i>ad litem,</i> Ariana Toscano FULL NAME	N/A DATE OF BIRTH
C/O LAW OFFICES OF DALE K. GALIPO HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.
Woodland Hills, CA 91367 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):	
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: July 22, 2018 T	IME: <u>Approx. 4:00 □ AM Ж PM</u>
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) local Where appropriate, give street names and addresses, measurements and landmarks. At or around the intersection of Olive Street and 13th Street in the	
3. HOW DID DAMAGE OR INJURY OCCUR? See Attachment "A"	
4. WERE POLICE AT THE SCENE? X YES IN NO WERE PARAMEDICS AT THE SCENE?	X YES INO
5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMA employee causing the injury or damage, if known.	AGES? Give the name of the city/town
See Attachment "A"	
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 DAMAGES INCURRED TO DATE:	: Please attach 2 estimates.
	Amount ©
Item/Date:	Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENT	TATION OF THIS CLAIM: \$
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:	
Item/Date:	
Item/Date:	
TOTAL ESTIMATED AMOUNT PROSPECTIV	/E 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 AN	D DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:
NAME: N/A	
ADDRESS:	
TELEPHONE: ()	TELEPHONE: ()
	DATE: TIME: AM \square PM
of accident by "X" and by showing house numbers or distances to street If a city/town vehicle was involved, designate by letter "A" location of the when you first saw City/Town vehicle; location of City/Town vehicle at the accident by "B-1" and the point of impact by "X". ⇒ NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION CURB PARKWAY	ne City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle time of accident by "A-1" and location of yourself or your vehicle at the time of the TION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT. SIDEWALK
THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION I CERTIFY (OR DECLARE) UNDER PENALTY OF SIGNATURE OF CLAMANT OF AGENT Dale K. Galipo TYPE OR PRINT NAME Attorney for Claimant RELATIONSHIP TO CLAIMANT	REOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO LAND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE. F PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. November 28, 2018 DATE SE CLAIM IS A FELONY (CA PENAL CODE 72)



CLAIM FOR DAMAGES TO PERSON OR PROPERTY

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CITY OF RIALTO

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- 4.ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO: Rialto City Clerk's Office

CLAIMANT INFORMATION:	
Ariana Toscano as guardian ad litem for minor claimant V.R.	N/A
FULL NAME	DATE OF BIRTH
c/o LAW OFFICES OF DALE K. GALIPO	ENVIO
HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.
Woodland Hills, CA 91367 BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP	BUSINESS TELEPHONE NO.
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Item/Date:	Amount: \$
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TOTAL	AMOUNT CLAIMED A	AS OF PRESENT	ATION OF THIS CLAIM:		\$
	SPECTIVE DAMAGES, AS				
					\$
				Amount:	\$
	ESTIMATED AMOUN			\$	
			have information (attach addition	onal pages, if necess	ary)
NAME:					
ADDRESS:			_ ADDRESS:	The second desired to section on	
TELEPHONE: ()			TELEPHONE: ()		
8. IF INJURED, PR	OVIDE NAME, CONTACT I	INFORMATION AND	DATE/TIME DOCTOR(S) OR H	HOSPITAL(S) VISITE	ED:
NAME:	N/A		NAME:		
ADDRESS:		-			
TELEPHONE: ()			TELEPHONE: ()		
	TIME:				□ АМ □ РМ
9. PLEASE READ	THE FOLLOWING CAREFU	ULLY:			
accident by "B-1"	and the point of impact by "X".		ne of accident by "A-1" and location ON, PLEASE ATTACH A PROF		
SIGNATURE OF TYPE OR PRIN	WHICH ARE HEREIN STATED UP CERTIFY (OR DECLARE) UP F CLAMANT OF AGENT Alipo T NAME Or Claimant	PON MY INFORMATION A	OF; AND CERTIFY THAT THE SAME IS ND BELIEF; AND AS TO THOSE MATT PERJURY THAT THE FOREGOI	TERS I BELIEVE THEM T	O BE TRUE. DRRECT.



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Ramona Terrazas N/A DATE OF BIRTH C/o LAW OFFICES OF DALE K. GALIPO HOME ADDRESS INCLUDING CITY, STATE & ZIP ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above): 1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: July 22, 2018 TIME: Approx. 4:00 Am X 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. At or around the intersection of Olive Street and 13th Street in the city of Highland, 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 S 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: Am	CLAIMANT INFORMATION:	
FULL NAME C/o LAW OFFICES OF DALE K. GALIPO HOME ADDRESS INCLUDING CITY, STATE & ZIP Woodland Hills, CA 91367 BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above): 1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: July 22, 2018 TIME: Approx. 4:00 AM XIPM 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. At or around the intersection of Olive Street and 13th Street in the city of Highland, 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 HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates. DAMAGES INCURRED TO DATE: Item/Date:	Ramona Terrazas	N/Δ
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DAMAGES INCURRED TO DATE: Item/Date:		
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		Α

TOTAL AMOUNT CLAIMED AS OF PRESEN	ITATION OF THIS CLAIM:	\$	
ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:		2000	
Item/Date:		Amount: \$	
Item/Date:		Amount: \$	
TOTAL ESTIMATED AMOUNT PROSPECTIVE	/E DAMAGES:	\$	
7. WITNESSES TO DAMAGE OR INJURY List all persons known	to have information (attach additiona	al pages, if necessary)	
NAME: See Attachment "A"	NAME:		
ADDRESS:	ADDRESS:		
TELEPHONE: ()	TELEPHONE: ()		-
8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AN	ID DATE/TIME DOCTOR(S) OR HO	SPITAL(S) VISITED:	
NAME: N/A	NAME:		
ADDRESS:			
TELEPHONE: ()	TELEPHONE: ()		
DATE: TIME: DAM PM		TIME:	72
9. PLEASE READ THE FOLLOWING CAREFULLY:	5 may 1 may	03/03/24/00/000	
If a city/town vehicle was involved, designate by letter "A" location of the when you first saw City/Town vehicle; location of City/Town vehicle at accident by "B-1" and the point of impact by "X".	atime of accident by "A-1" and location of action, PLEASE ATTACH A PROPER	yourself or your vehicle at the	THE CLAIMANT. CITY OF RIALTO PH 4: 16
I CERTIFY (OR DECLARE) UNDER PENALTY OF SIGNATURE OF CLAMANT OF AGENT Dale K. Galipo TYPE OR PRINT NAME Attorney for Claimant RELATIONSHIP TO CLAIMANT NOTE: PRESENTATION OF A FAL	N AND BELIEF; AND AS TO THOSE MATTER F PERJURY THAT THE FOREGOING	November 28, 20	DE. Γ.



CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO 2018 DEC -4 PM 4: 16

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RETURN TO: Rialto City Clerk's Office

CLAIMANT INFORMATION:	
Abraham Terrazas	N/A
FULL NAME	DATE OF BIRTH
c/o LAW OFFICES OF DALE K. GALIPO	
HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.
Woodland Hills, CA 91367	
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP	BUSINESS TELEPHONE NO.
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DAMAGES INCURRED TO DATE:	Amount C
Item/Date:	Amount: \$

	CLAIMED AS OF PRESEN	ITATION OF THIS CLAII	M: \$	
	AMAGES, AS FAR AS KNOWN:			
Item/Date:			Amount: \$	
Item/Date:			Amount: \$	
TOTAL ESTIMAT	ED AMOUNT PROSPECTIV	/E DAMAGES:	\$	
7. WITNESSES TO DAMAGE	OR INJURY List all persons known	to have information (attach ac	ditional pages, if necessary)	
NAME:See A	Attachment "A"	NAME:		a posterior
ADDRESS:				
TELEPHONE: ()		TELEPHONE: ()	- L. M M M M M M M	
8. IF INJURED, PROVIDE NAM	ME, CONTACT INFORMATION AN	ID DATE/TIME DOCTOR(S) C	OR HOSPITAL(S) VISITED:	
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9. PLEASE READ THE FOLLO		\$ 400,000		
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THOSE MATTERS WHICH ARE H	CLAIM AND KNOW THE CONTENTS THEF EREIN STATED UPON MY INFORMATION R DECLARE) UNDER PENALTY OF	N AND BELIEF; AND AS TO THOSE M	MATTERS I BELIEVE THEM TO BE T	RUE. CT.



CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO

2018 DEC -4 PM 4: 16

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

CLAIMANT INFORMATION:	
Blanca Zuniga	N/A
FULL NAME	DATE OF BIRTH
c/o LAW OFFICES OF DALE K. GALIPO	
HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.
Woodland Hills, CA 91367	
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):	
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: July 22, 2018	ME: Approx. 4:00 AM X PM
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) local Where appropriate, give street names and addresses, measurements and landmarks. At or around the intersection of Olive Street and 13th Street in the	
3. HOW DID DAMAGE OR INJURY OCCUR? See Attachment "A"	
4. WERE POLICE AT THE SCENE? X YES IN NO WERE PARAMEDICS AT THE SCENE?	▼ YES □ NO
5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGE employee causing the injury or damage, if known.	GES? Give the name of the city/town
See Attachment "A"	
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:	Amount: \$
Item/Date:	Amount \$

	AMOUNT CLAIMED AS OF PRES		\$
	PECTIVE DAMAGES, AS FAR AS KNOW		
	e:		Amount: \$
	e:		Amount: \$
TOTAL	ESTIMATED AMOUNT PROSPEC	TIVE DAMAGES:	\$
7. WITNESSES TO	DAMAGE OR INJURY List all persons kno	own to have information (attach addition	onal pages, if necessary)
NAME:	See Attachment "A"	NAME:	
ADDRESS:		ADDRESS:	
TELEPHONE: ()		TELEPHONE: ()	
8. IF INJURED, PRO	OVIDE NAME, CONTACT INFORMATION	AND DATE/TIME DOCTOR(S) OR H	HOSPITAL(S) VISITED:
NAME:	2.2.2	2. 2.	
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when you first saw accident by "B-1" a	City/Town vehicle; location of City/Town vehicl and the point of impact by "X".	e at time of accident by "A-1" and location	aw it, and by "B" location of yourself or your vehicle of yourself or your vehicle at the time of the PER DIAGRAM SIGNED BY THE CLAIMANT.
THOSE MATTERS V	WHICH ARE HEREIN STATED UPON MY INFORMA ERTIFY (OR DECLARE) UNDER PENALT CLAMANT OF AGENT Alipo NAME OF Claimant	TION AND BELIEF; AND AS TO THOSE MATT	



CLAIM FOR DAMAGES TO PERSON OR PROPERTY

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2018 DEC -4 PM 4: 16

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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

CLAIMANT INFORMATION:	
David Zuniga, Sr.	N/A
FULL NAME	DATE OF BIRTH
c/o LAW OFFICES OF DALE K. GALIPO	
HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.
Woodland Hills, CA 91367 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):	
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4. WERE POLICE AT THE SCENE? X YES □ NO WERE PARAMEDICS AT THE SCENE?	
5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAI employee causing the injury or damage, if known.	MAGES? Give the name of the city/town
See Attachment "A"	
6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or dama	ge \$
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, e	etc. Please attach 2 estimates.
DAMAGES INCURRED TO DATE:	
Item/Date:	Amount: \$
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ESTIMATED PROSPECTI				
	VE DAMAGES, AS FAR AS KNOWN			
Item/Date:			Amount: \$	
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NAME:SE	ee Attachment "A"	NAME:		
ADDRESS:		ADDRESS:		
TELEPHONE: ()		TELEPHONE: ()		
8. IF INJURED, PROVIDE	NAME, CONTACT INFORMATION A	ND DATE/TIME DOCTOR(S) OR F	OSPITAL(S) VISITED:	
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9. PLEASE READ THE FO		- Additional Control of the Control		
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CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO 2018 DEC -4 PM 4: 17

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RETURN TO: Rialto City Clerk's Office

CLAIMANT INFORMATION:	
David Zuniga, Jr.	N/A
FULL NAME	DATE OF BIRTH
C/O LAW OFFICES OF DALE K. GALIPO HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.
Woodland Hills, CA 91367 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):	
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Item/Date:	Amount: \$
Item/Date:	Amount: \$

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	MAGE OR INJURY List all persons See Attachment "A"				
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CLAIM FOR DAMAGES TO PERSON OR PROPERTY

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RETURN TO: Rialto City Clerk's Office

CLAIMANT INFORMATION:	
Jose Zuniga	N/A
FULL NAME	DATE OF BIRTH
c/o LAW OFFICES OF DALE K. GALIPO	
HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.
Woodland Hills, CA 91367	
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):	
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3. HOW DID DAMAGE OR INJURY OCCUR?	
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4. WERE POLICE AT THE SCENE? X YES IN NO WERE PARAMEDICS AT THE SCENE?	AVEC EL NO
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See Attachment "A"	
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DAMAGES INCURRED TO DATE: Item/Date:	Amount: \$
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Item/Date: _	TIVE DAMAGES, AS FAR AS I				
Item/Date:	Item/Date:				
				_ Amount: \$	
TOTAL EST	IMATED AMOUNT PROS	SPECTIVE DAMAG	ES:	\$	
	AGE OR INJURY List all perso		nation (attach addi	itional pages, if necessary)	
NAME:S	See Attachment "A"		NAME:		
ADDRESS:			ADDRESS:		
TELEPHONE: ()	327	TELEPHONE	E: <u>()</u>		
8. IF INJURED, PROVIDE	E NAME, CONTACT INFORMA		E DOCTOR(S) OR	HOSPITAL(S) VISITED:	
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ADDRESS:	- Contract		ADDRESS:		
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CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP

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- 4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:
Rialto City Clerk's Office
Mail: 150 S. Polm Ave. Pielto CA 0

CLAIMANT INFORMATION:			
Juan Ramos (deceased); The Estate of Juan Ramos	N/A		
FULL NAME DATE OF BIRTH			
c/o LAW OFFICES OF DALE K. GALIPO			
HOME ADDRESS INCLUDING CITY, STATE & ZIP	FAX NO.		
Woodland Hills, CA 91367			
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):			
(if different from nome address provided above).			
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: July 22, 2018 TI	ме: <u>Арргох. 4:00 □ ам Ж Рм</u>		
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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 CLA	IM: \$
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 a NAME: See Attachment "A" NAME:	85 (1052 12) 125 125 125 125 125 125 125 125 125 125
TELEPHONE: () TELEPHONE: ()	
8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S)	OR HOSPITAL(S) VISITED:
NAME: NAME:	
DATE: TIME: DATE:	TIME: AM PM
If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you if when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and locaccident by "B-1" and the point of impact by "X". ⇒ NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A FORWAY CURB PARKWAY SIDEWALK	PROPER DIAGRAM SIGNED BY THE CLAYMANT.
I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREST OF CLAIMANT OF AGENT Dale K. Galipo TYPE OR PRINT NAME Attorney for Claimant RELATIONSHIP TO CLAIMANT NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (1997).	MATTERS I BELIEVE THEM TO BE TRUE. EGOING IS TRUE AND CORRECT. November 28, 2018 DATE

CLAIM FOR DAMAGES

(AGAINST COUNTY OF SAN BERNARDINO and INVOLVED COUNTY OF SAN BERNARDINO SHERRIFF'S DEPUTIES; CITY OF RIALTO and INVOLVED CITY OF RIALTO POLICE OFFICERS)

Government Code Section 910.4

TO:

COUNTY OF SAN BERNARDINO; INVOLVED COUNTY OF SAN BERNARDINO SHERIFF'S DEPARTMENT DEPUTIES (names currently

unknown); CITY OF RIALTO and INVOLVED CITY OF RIALTO POLICE OFFICERS (names currently

unknown)

FROM:

LAW OFFICES OF DALE K. GALIPO

Woodland Hills, California 91367

CLAIMANTS:

V.R. (child of the decedent, JUAN RAMON RAMOS);

ARIANA TOSCANO (guardian ad litem for V.R.);

RAMONA TERRAZAS (mother of the decedent, JUAN

RAMON RAMOS);

ABRAHAM TERRAZAS (cousin of the decedent, JUAN

RAMON RAMOS);

BLANCA ZUNIGA (aunt of the decedent, JUAN

RAMON RAMOS);

DAVID ZUNIGA, SR. (uncle of the decedent, JUAN

RAMON RAMOS);

DAVID ZUNIGA, JR. (cousin of the decedent, JUAN

RAMON RAMOS)

JOSE ZUNIGA (cousin of the decedent, JUAN RAMON

RAMOS);

ESTATE OF JUAN RAMOS; JUAN RAMOS (deceased)

INJURY/DAMAGE:

- 1. Wrongful death damages
- 2. Survival damages
- 3. General damages
- 4. Funeral and burial expenses
- 5. Punitive damages

Attachment A

CITY OF RIALTO

6. Attorney's fees

7. Loss of financial support

8. Costs

9. Emotional distress

AMOUNT CLAIMED: In excess of \$3 million

DATE OF INCIDENT: July 22, 2018

PLACE OF INCIDENT: at or around the intersection of Olive and 13th streets in

the city of Highland, California

WITNESSES: INVOLVED COUNTY OF SAN BERNARDINO

SHERIFF'S DEPARTMENT DEPUTIES (names

currently unknown); CITY OF RIALTO and

INVOLVED CITY OF RIALTO POLICE OFFICERS:

RESPONDING PARAMEDICS (names currently unknown); PERSONNEL AT ST. BERNARDINE'S MEDICAL CENTER (names currently unknown); CORONER AND AUTOPSY PHYSICIAN (names

currently unknown); RAMONA TERRAZAS;

ABRAHAM TERRAZAS; BLANCA ZUNIGA; DAVID ZUNIGA, SR.; JOSE ZUNIGA; DAVID ZUNIGA, JR.

CLAIMS AGAINST: COUNTY OF SAN BERNARDINO; INVOLVED

COUNTY OF SAN BERNARDINO SHERIFF'S

DEPARTMENT DEPUTIES (names currently

unknown); CITY OF RIALTO and INVOLVED CITY

OF RIALTO POLICE OFFICERS

STATEMENT OF FACTS:

On July 22, 2018, at or around the intersection of Olive and 13th streets in the city of Highland, California, at approximately 4:00 p.m. on that date, sheriff's deputies working for the County of San Bernardino Sheriff's Department unlawfully detained and arrested Juan Ramon Ramos ("Mr. Ramos"). Police Officers working for the City of Rialto were also on scene and integrally

Attachment A

participated or failed to intervene in the detention and arrest of Mr. Ramos and the use of force against Mr. Ramos. The deputies deployed Tasers and bean bag shotguns against Mr. Ramos multiple times and then fatally shot Mr. Ramos, thereby using excessive force against him. As a result of the excessive force, Mr. Ramos endured severe pain and suffering and then lost his life and earning capacity. At the time of the deputies' uses of excessive force against him, Mr. Ramos did not pose an immediate risk of death or serious bodily injury to any person. After the Tasing and shooting, the involved deputies failed to timely summon medical attention for Mr. Ramos, and also failed to provide medical aid to Mr. Ramos, thereby further contributing to his injuries. At all relevant times, the involved County of San Bernardino sheriff's deputies were acting under color of state law and in the scope and course of their employment with the County of San Bernardino.

The following of the decedent's close family members witnessed the shooting of Mr. Ramos: Ramona Terrazas (mother of the decedent); Abraham Terrazas (cousin of the decedent); Blanca Zuniga (aunt of the decedent); David Zuniga, Sr. (uncle of the decedent); Jose Zuniga (cousin of the decedent); David Zuniga, Jr. (cousin of the decedent). These claimants observed the shooting and other uses of force against the decedent and had a contemporaneous understanding that the sheriff's deputies and police officers on scene during this incident were inflicting serious physical injury on their loved one. As a result, these claimants suffered severe emotional distress.

CONTENTIONS OF THE CLAIMANTS:

(1) False Arrest/False Imprisonment; (2) Battery; (3) Negligence; (4) Failure to Summon Medical Assistance; (5) Wrongful Death; (6) Violation of Bane Act

(Civil Code section 52.1); (7) Survival Action; (8) Failure to Train/ Negligent Training, Hiring and Supervision; (9) Negligent Infliction of Emotional Distress.

AMOUNT OF CLAIM:

In excess of \$3 million. Jurisdiction is designated as "unlimited." The United States District Court for the Central District of California and the Superior Court of the State of California for the County of San Bernardino would have jurisdiction over any action filed with respect to this claim.

CLAIMANTS' ADDRESS:

c/o Law Offices of Dale K. Galipo

Woodland Hills, California 91367

CLAIMANTS' TELEPHONE NUMBER:

c/o Law Offices of Dale K. Galipo

ADDRESS TO WHICH ALL NOTICES ARE TO BE SENT:

Law Offices of Dale K. Galipo

Woodland Hills, California 91367

DATED: November 28, 2018

Dale K. Galipo

Attorneys for Claimant

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I, Alejandro Monguia, am employed in the County of Los Angeles, State of California and am over the age of eighteen years and not a party to the within action. My business address is 21800 Burbank Boulevard, Suite 310, Woodland Hills, California 91367.

On November 28, 2018, I served the foregoing document described as:

CLAIM FOR DAMAGES (on behalf of Claimants V.R.; Ariana Toscano; Ramona Terrazas; Abraham Terrazas; Blanca Zuniga; David Zuniga, Sr.; David Zuniga, Jr.; Jose Zuniga; and the Estate of Juan Ramos)

on all interested parties by placing a true copy thereof enclosed in a sealed envelope addressed as indicated below:

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

METHOD OF SERVICE

\boxtimes	(BY MAIL addressed t list.) I enclosed the documents in a sealed envelope or package and o the parties at the addresses as indicated on the attached service
		I deposited the sealed envelope or package with the United States Postal Service, with the postage fully prepaid thereon.

I placed the envelope or package for collection and mailing, following our ordinary business practices. I am readily familiar with the practice of this office for the collection, processing and mailing of documents. On the same day that documents are placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

I declare that I am employed in the office of a member of the bar of this Court at whose direction the service was made.

Executed on November 28, 2018, at Woodland Hills, California.

Alejandro Monguia

PH 4: 1

2018 DEC -4 PM 4: 16 REGEIVED



\$6.20 0 US POSTAGE FIRST-CLASS 062S0008378448 91367

\$1.840 US POSTAGE FIRST-CLASS 062S0008378448 91367

LAW OFFICES OF DALE K. GALIPO

Woodland Hills, CA 91367

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

70: