



**CITY OF RIALTO
LIABILITY
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

Mail: 150 S. Palm Ave., Rialto, CA 92376

Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

V.R., a minor, by and through her guardian *ad litem*, 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 TIME: Approx. 4:00 ☐ 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.

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: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

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: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

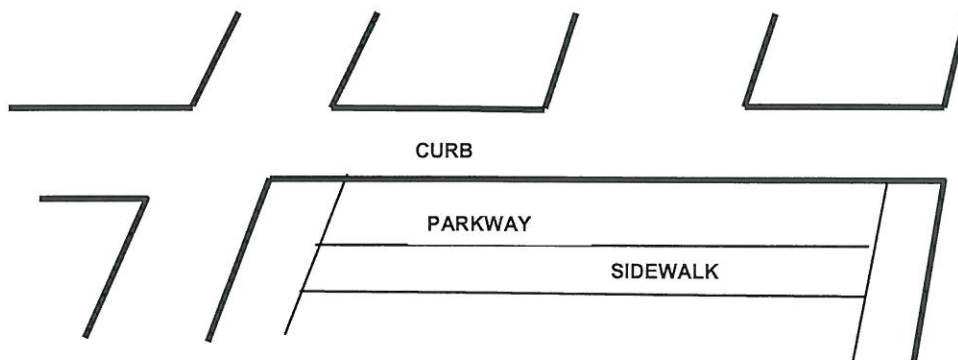
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SIGNATURE OF CLAIMANT OR AGENT

Dale K. Galipo

TYPE OR PRINT NAME

November 28, 2018

DATE

Attorney for Claimant

RELATIONSHIP TO CLAIMANT

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
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Ariana Toscano as guardian ad litem for minor claimant V.R.

FULL NAME

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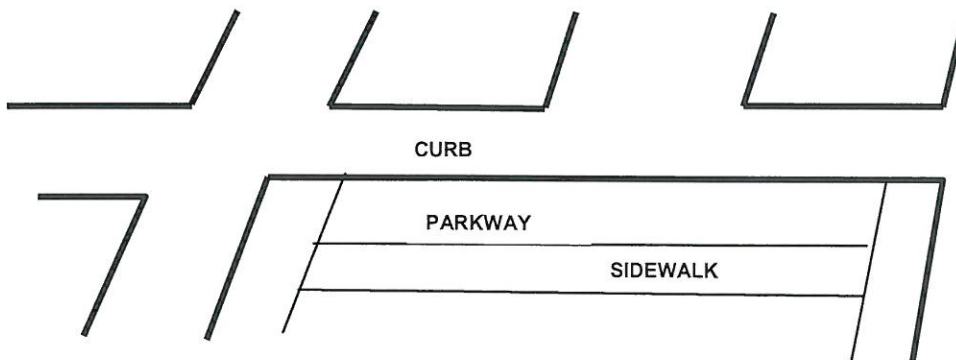
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Dale K. Galipo
SIGNATURE OF CLAIMANT OR AGENT

Dale K. Galipo

TYPE OR PRINT NAME

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RELATIONSHIP TO CLAIMANT

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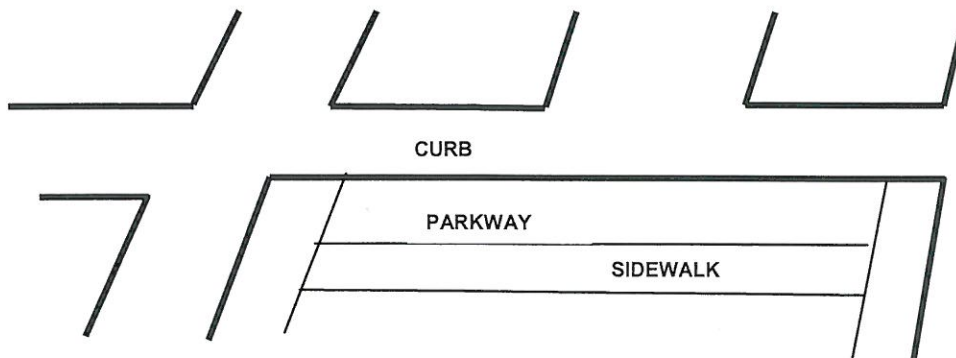
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Abraham Terrazas

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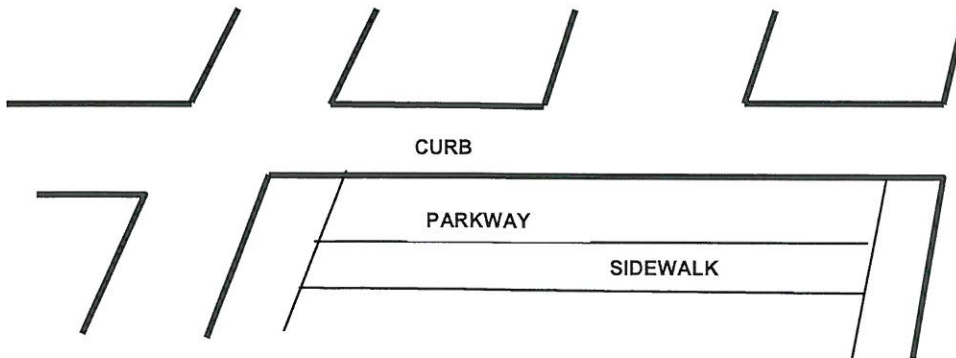
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Blanca Zuniga
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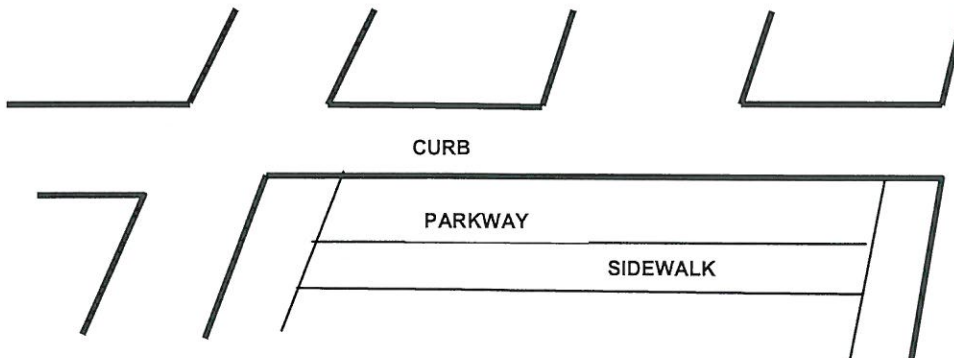
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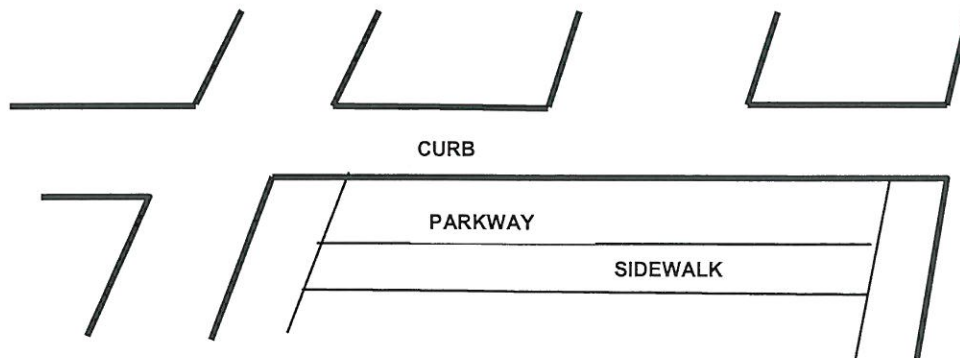
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FULL NAME

N/A

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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: _____

Amount: \$

Item/Date: _____

Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

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: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

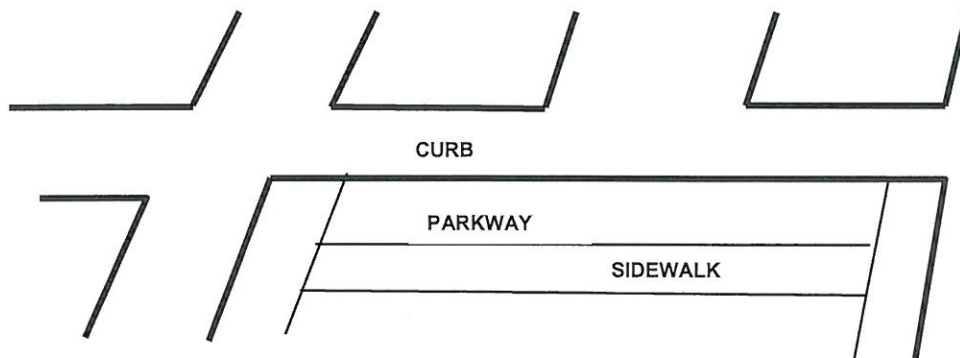
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9. PLEASE READ THE FOLLOWING CAREFULLY:

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.



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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

Dale K. Galipo

TYPE OR PRINT NAME

November 28, 2018

DATE

Attorney for Claimant

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



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

CITY CLERK'S DATE STAMP
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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:

Jose Zuniga
FULL NAME

N/A
DATE OF BIRTH

c/o LAW OFFICES OF DALE K. GALIPO
HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
FAX NO.

[REDACTED] Woodland Hills, CA 91367
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
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 TIME: Approx. 4:00 ☐ 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.

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
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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:

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Amount: \$ _____

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TELEPHONE: () _____

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NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

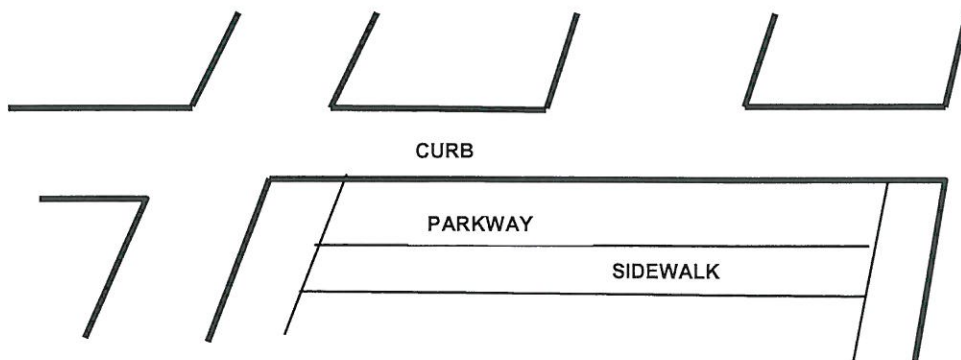
DATE: _____ TIME: _____ ☐ AM ☐ PM

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CITY CLERK
CITY OF RIALTO

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

Dale K. Galipo

TYPE OR PRINT NAME

November 28, 2018

DATE

Attorney for Claimant

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



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

CITY CLERK'S DATE STAMP

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2018 DEC -4 PM 4:17
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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:

Juan Ramos (deceased); The Estate of Juan Ramos

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
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NAME: N/A

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

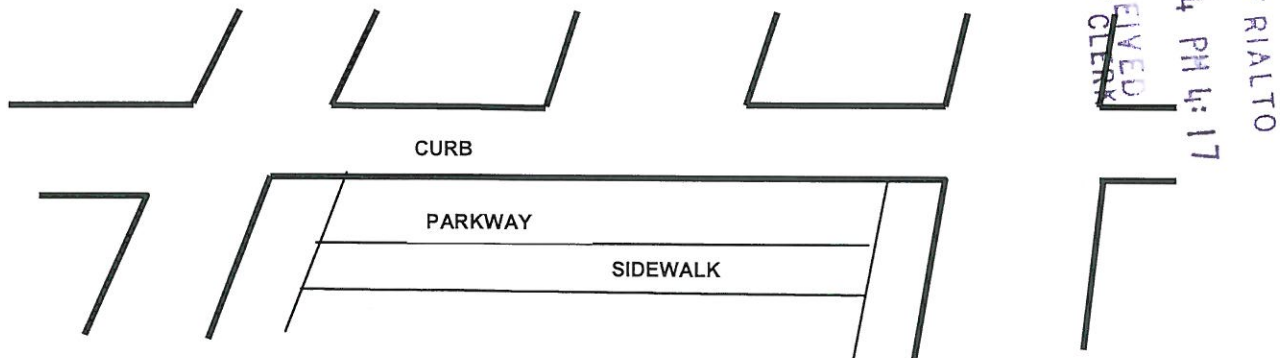
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I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Dale K. Galipo

TYPE OR PRINT NAME

November 28, 2018

DATE

Attorney for Claimant

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

CLAIM FOR DAMAGES
(AGAINST COUNTY OF SAN BERNARDINO and INVOLVED COUNTY OF
SAN BERNARDINO SHERIFF'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
[REDACTED]
Woodland Hills, California 91367
[REDACTED]

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
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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

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
[REDACTED]

Woodland Hills, California 91367

CLAIMANTS' TELEPHONE NUMBER:

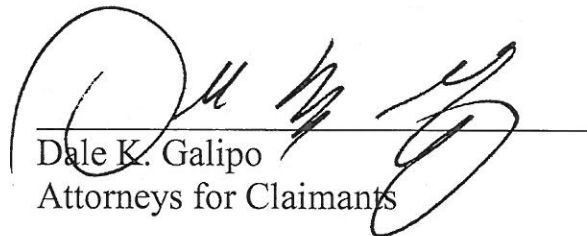
c/o Law Offices of Dale K. Galipo
[REDACTED]

ADDRESS TO WHICH ALL NOTICES ARE TO BE SENT:

Law Offices of Dale K. Galipo
[REDACTED]

Woodland Hills, California 91367

DATED: November 28, 2018


Dale K. Galipo
Attorneys for Claimants

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LAW OFFICES OF DALE K. GALIPO

Woodland Hills, CA 91367

TO:

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

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US POSTAGE
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\$6.20

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US POSTAGE
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