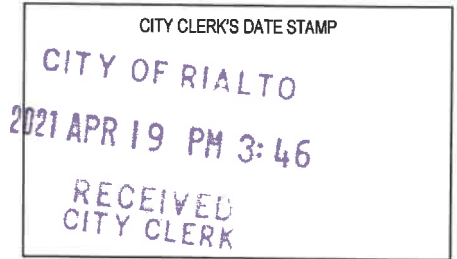




**CITY OF RIALTO  
LIABILITY  
CLAIM FOR DAMAGES  
TO PERSON OR PROPERTY**



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:**

CATALINA MONTALVO

FULL NAME

[REDACTED]

DATE OF BIRTH

1264 W. Etiwanda Ave., RIALTO, CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]

HOME TELEPHONE NO.

[REDACTED]

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE  
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM  
(if different from home address provided above):

( )

BUSINESS TELEPHONE NO.

ADVOCATE LAW FIRM:4 PARK PLAZA, SUITE 360

IRVINE, CA 92614

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 12/23/2020 TIME: 12:34 ☐ 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.

CACTUS AVENUE AT INTERSECTION WITH SOUTH OF FOOTHILL BLVD IN THE CITY OF  
RIALTO, COUNTY SAN BERNARDINO.

3. HOW DID DAMAGE OR INJURY OCCUR?

I WAS STRUCK BY A POLICE VEHICLE THAT WAS EXITING A CAR WASH DRIVEWAY  
AND WAS PINNED UNDERNEATH THE VEHICLE AFTER FALLING TO THE GROUND. I FELT MY  
LEG WAS PINNED AND SCREAMED IN PAIN.

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.

Officer Jarrod Randall Zirkle had a duty to operate his vehicle safely, breached that duty by failing to  
look both ways before entering the intersection. It should be foreseeable that pedestrians using the sidewalk  
will cross entrance/exit driveways. But for Zirkle's failure to look both ways, I would not have been injured.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 1,000,000.00

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

**DAMAGES INCURRED TO DATE:**

Item/Date: Arrowhead Regional Medical Center

Amount: \$ 23,951.20

Item/Date: AMR-Ambulatory Services

Amount: \$ unknown at this time.

**TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:**

\$ Pending

**ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:**

Item/Date: Pain and Suffering

Amount: \$ unknown at this time.

Item/Date: Future Medical Care

Amount: \$ unknown at this time.

**TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:**

\$ Pending

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

NAME: Omar Nunez Soto

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

ADDRESS: [REDACTED] Rialto, CA 92376

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

TELEPHONE: [REDACTED]

TELEPHONE: ( )

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

NAME: Arrowhead Regional Medical Center

NAME: Pledge Medical

ADDRESS: 400 N. Pepper Ave.

ADDRESS: 1101 Byside Drive, Suite 100

Colton, CA 92324

Corona Del Mar, CA 92625

TELEPHONE: ( )

TELEPHONE: (833) 753-3435

DATE: 12/23/2020 TIME: 1:00 ☐ AM ☒ PM

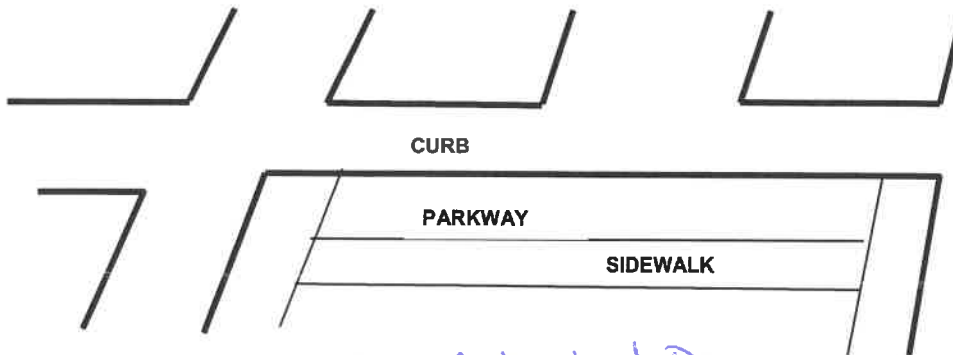
DATE: 01/15/2021 TIME: cannot recall ☐ AM ☐ PM

**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.**



*See Attached Diagram*

2021 APR 19 PM 3:46  
CITY OF RIALTO  
RECEIVED  
CITY CLERK

I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

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

SIGNATURE OF CLAIMANT OR AGENT

Kenneth A. Satin

TYPE OR PRINT NAME

Attorney

RELATIONSHIP TO CLAIMANT

DATE

4/13/21

**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**