

# MILES & HATCHER, LLP

ATTORNEYS AT LAW

BRIAN C. MILES, ESQ.  
CORNELL L. HATCHER, ESQ.

BRIA A. MILES, ESQ.  
CHRISTA M. MILES, ESQ.

October 21, 2021

***SENT VIA U.S. CERTIFIED MAIL ONLY***

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

To Whom This May Concern:

Please be advised that this office has been retained by Humberto Raul Pino to represent his interests in the above-referenced matter.

Enclosed please find the Claim for Damages to Person or Property. We understand that the time to file a government tort claim is within six months of the incident for personal injury claims; however, the claim was not timely filed due to the mistake and inadvertence of Mr. Pino.

Mr. Pino has also been drastically affected during this COVID-19 pandemic, which contributed to his inability to file this claim at a sooner time. Attached is the Declaration of Humberto Pino in Support of Request to File Government Tort Claim.

Accordingly, Mr. Pino respectfully requests permission to file a late claim.

Should you have any further questions or concerns, please do not hesitate to contact our office at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

*Dictated but not read,*

Cornell L. Hatcher  
Attorney at Law

Enclosures (2)

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**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 §811.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §811.2).
3. READ AND SIGN CLAIM FOR NOTICE FILING.
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS.

RETURN TO:  
Rialto City Clerk's Office  
1601 S. Palm Ave., Rialto, CA 92376  
Address: 230 W. Rialto Ave., Rialto, CA 92371

**CLAIMANT INFORMATION:**

Humberto Raul Pino

FULL NAME

DATE OF BIRTH

15000 Junipero Valley, CA 91752

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

1000 481-4080

BUSINESS TELEPHONE NO.

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

9373 Haven Ave., Ste. 100

Rancho Cucamonga, CA 91730

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE On or about January 8, 2020 TIME: 11:00 ☐ 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.  
1368 S Riverside Ave, Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Physical assault by an officer of the Rialto Police Department

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.  
Excessive force.

6. GIVE TOTAL AMOUNT OF CLAIM (include estimate of amount of any prospective injury or damage)

\$ TBD

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:

Carry Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Carry 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: \_\_\_\_\_

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

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

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

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

NAME: Antelope Regional Medical Center

NAME: Riverside University Hospital

ADDRESS: 400 N Pepper Ave, Colton, CA 92324

ADDRESS: 28520 Cactus Ave, Moreno Valley, CA 92555

TELEPHONE: 909-550-1000

TELEPHONE: 951-486-4000

DATE: 10/10/2020 TIME: 5:00 ☒ AM ☐ PM

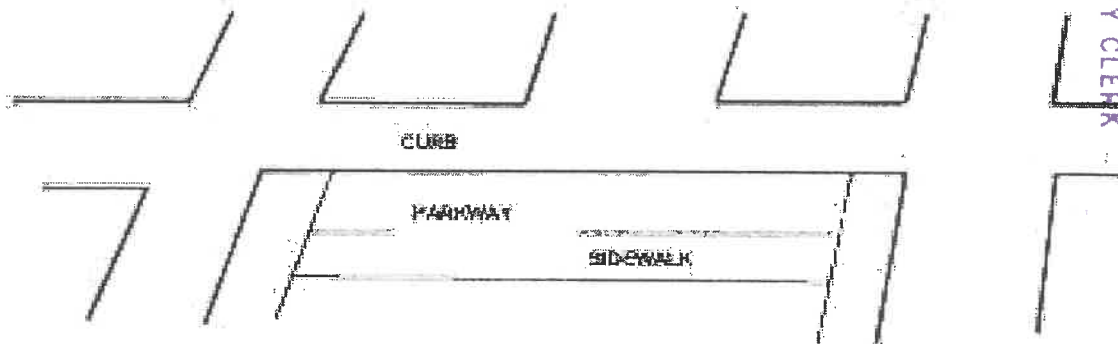
DATE: various TIME: ☐ AM ☐ PM

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.



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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

Humberto Raul Pina

09/14/2021

TYPE OR PRINT NAME

DATE

SET

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 E. PALM AVE., RIALTO, CA 92378

Brian C. Miles      SBN: 214329  
Email: Bcmiles@miles-hatcher-law.net  
Cornell L. Hatcher      SBN: 213874  
Email: Clhatcher@miles-hatcher-law.net  
**LAW OFFICE OF MILES & HATCHER, LLP.**  
9373 Haven Avenue, Suite 100  
Rancho Cucamonga, CA 91730  
(909) 481-4080 – Telephone  
(909) 481-4467 – Facsimile

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Attorneys for Petitioner:  
HUMBERTO PINO

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO**

In re the Matter of:	)	Case No.:
HUMBERTO PINO,	)	
Petitioner,	)	DECLARATION OF HUMBERTO PINO IN
	)	SUPPORT OF REQUEST TO FILE
vs.	)	GOVERNMENT TORT CLAIM
RIALTO POLICE DEPARTMENT	)	
Respondent.	)	

I, HUMBERTO PINO, declare that I am the Petitioner in this action and have personal knowledge of the facts contained herein, and if called to testify, I could and would testify competently to the following facts.

I offer this declaration in lieu of personal testimony pursuant to California Code of Civil Procedure §§2009 and 2015, California Rule of Court 1225, and pursuant to the authority of *Riefler v. Superior Court*, (1974) 39 Cal.App.3d 479, 114 Cal.Rptr. 356, and *Marriage of Stevenot* (1984) 154 Cal.App.3d 1051, 202 Cal.Rptr. 116.

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1 **REQUESTED ORDERS**

- 2 1. Permission to file Government Tort Claim after the 6-month period.

3 **BACKGROUND INFORMATION**

4 On January 6, 2020, at approximately 11:00 A.M., I was brutally assaulted by a member  
5 of the Rialto Police Department. The incident occurred in a Walmart parking lot in the city of  
6 Rialto.  
7

8 I have been homeless since November 30, 2016, and the COVID-19 pandemic drastically  
9 affected my life in numerous ways, including my ability to file a proper claim within 6 months of  
10 the incident. I was homeless, and since everything was closed because of the pandemic, I had no  
11 access to public amenities such as parks, restrooms, or the ability to access a computer. During  
12 this time, I was also a victim of fraud. I was depressed, had no credit, could not find my son, and  
13 had no place to stay.  
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1 After being assaulted, I received treatment for a dislocated right shoulder at Arrowhead  
2 Regional Hospital. The shoulder injury that I sustained has negatively impacted my ability to  
3 find work. My right shoulder is permanently damaged, and being that I am right-handed, it has  
4 affected my ability to perform everyday activities such as brushing my teeth, getting dressed,  
5 cleaning myself, and lifting objects. I can barely move my arm, and it has been noted by a doctor  
6 that I have significantly lost size, strength, and mobility in my right arm and that I need surgery.  
7 I am in extreme pain every day, and currently taking 500mg of Naproxen one to two times daily  
8 to ease the pain. I am 66 years old with a limited educational background, so most of the jobs  
9 available to me require manual labor. My shoulder prevents me from performing most types of  
10 work that I am eligible for.  
11

12  
13 Based on the foregoing, I respectfully request that my request to file a late Government  
14 Tort Claim be granted. I declare under the penalty of perjury under the laws of the State of  
15 California that the foregoing is true and correct.

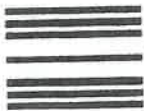
16 Dated: 10-19-21

  
HUMBERTO PINO,  
Respondent

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MILES & HATCHER, LLP  
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