



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

CITY OF RIALTO
2023 OCT 12 PM 3:09
CITY CLERK'S DATE STAMP
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:

PAUL NUNEZ

FULL NAME

DATE OF BIRTH

San Bernardino, CA 92408

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):

3576 Arlington Ave. Suite 304, Riverside, CA 92506

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 04/13/2023 TIME: 3:20 ☒ 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.

STATE ROUTE 210 EASTBOUND AT 480 FEET WEST OF STATE STREET, RIALTO CA

3. HOW DID DAMAGE OR INJURY OCCUR?

Mr. Nunez was in the right rear seat of the patrol vehicle that was crashed into by a third party. Mr. Nunez was not taken to receive medical attention after vehicle collision while they had custody of Mr. Nunez.

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.

A city of Rialto Police Officer failed to provide medical attention to Mr. Nunez after the vehicle collision.
Failure to warn claimant of danger of no medical treatment.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$7,638.00

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

DAMAGES INCURRED TO DATE:

Item/Date: Medical Expenses

Amount: \$7,638.00

Item/Date: Wages

Amount: \$980.00

CITY OF RIALTO

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: 2023 OCT 12 PM 3:09 \$8,618.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Medical Expenses

Amount: \$100,000.00

Item/Date: Pain and Suffering

Amount: \$250,000.00

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$350,000.00

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

NAME: Officer Vallez

NAME: Daniel Cornell Stewart

ADDRESS:

ADDRESS:

RANCHO CUCAMONGA, CA 91737

TELEPHONE: ()

TELEPHONE:

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

NAME: COMMUNITY HOSPITAL OF SAN BERNARDINO

NAME: Robert M. DeLuca DC QME

ADDRESS: 1805 Medical Center Drive

ADDRESS: 1881 Commercenter E. #114

SAN BERNARDINO, CA 92411

San Bernardino, CA 92408

TELEPHONE: (909) 887-6333

TELEPHONE: ()

DATE: 4/13/2023

TIME: 12:34

☐ AM ☒ PM

DATE:

TIME:

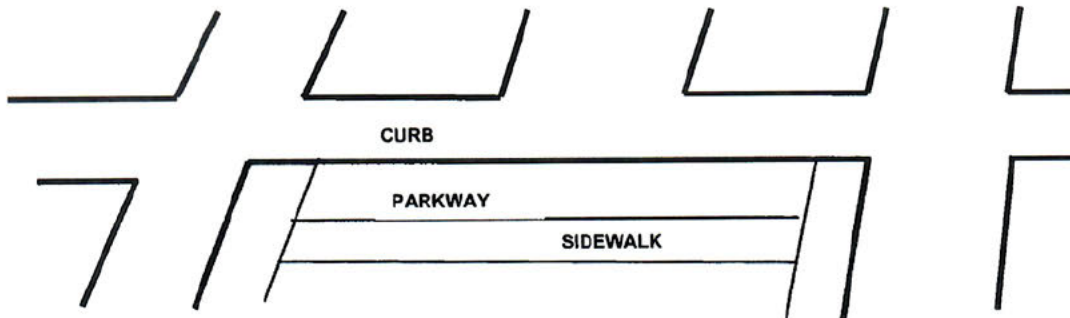
☐ AM ☐ PM

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.

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

SIGNATURE OF CLAIMANT OR AGENT

PAUL NUNEZ

TYPE OR PRINT NAME

10/12/2023

DATE

Self

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

2023 OCT 12 PM 3:09

Attachment

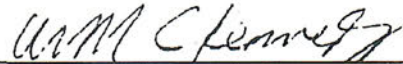
RECEIVED
CITY CLERK

This claim is brought forth by Paul Nunez. It is submitted by his attorney, William C. Kennedy, Esq. of the Law Office of Kennedy & Associates, Inc.

On April 13, 2023, at 3:20 AM, Mr. Nunez was in the custody of Rialto City Police being held in the back of a police vehicle when Daniel Cornell Stewart struck the police vehicle with his own vehicle. Mr. Nunez suffered injuries as a result of that collision, but he did not receive medical attention until he was released from police custody.

1. The City of Rialto employees had custody of Mr. Nunez;
2. Mr. Nunez experienced a vehicle collision while in the custody of Rialto employees and suffered injuries;
3. Mr. Nunez was unable to seek medical treatment on his own due to the restraint of the custody;
4. City of Rialto employees owed a duty to Mr. Nunez to take him to receive medical treatment for the injuries suffered while in their custody;
5. City of Rialto employees failed to meet that duty and Mr. Nunez did not receive medical treatment while in custody;
6. The delay in treatment aggravated the intensity and severity of the injuries Mr. Nunez suffered.

Dated: October 12, 2023



William C. Kennedy, Esq.
Attorney for Paul Nunez

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH REPORT
CHP 555 Page 1 (Rev. 2-22) OPI 050

CITY OF RIALTO
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SPECIAL CONDITIONS		NUMBER INJURED 0	HT & RWZ FOLLOW	CITY UNINCORPORATED	JUDICIAL DISTRICT SAN BERNARDINO SUPERIOR COURT FONTANA COURTHOUSE	LOCAL REPORT NUMBER 9860-2023-01309
		NUMBER KILLED 0	HT & RWZ JASDEN/ENGR	COUNTY SAN BERNARDINO	REPORTING DISTRICT 201	DAY OF WEEK S M T W T F S ☐ YES ☒ NO
LOCATION	CRASH OCCURRED ON STATE ROUTE 210 EASTBOUND		CRASH DATE MO DAY YEAR 04/13/2023	CRASH TIME (2400) 0305	NOTIFICATION DATE MO DAY YEAR 04/13/2023	NOTIF. TIME (2400) 0315
	AT INTERSECTION WITH ☐ OR 480 FEET WEST of STATE STREET		STATE HWY REL ☒ YES ☐ NO		DIGITAL MEDIA ☒ YES ☐ NO EMBEDDED	
	GPS COORDINATES FOR LOCATION (LOC.) AND AREA(S) OF IMPACT (AOI) LOC. LAT. LONG. -117.337193 34.134397 AOI 1 LAT. LONG. -117.337193 34.134397 AOI 2 LAT. LONG. -117.337193 34.134397 AOI 3 LAT. LONG. -117.337193 34.134397 AOI 4 LAT. LONG. -117.337193 34.134397 AOI 5 LAT. LONG. -117.337193 34.134397					
	ADOTL AOI(s) ☐					
PARTY 1	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G
DRIVER	NAME (FIRST, MIDDLE, LAST) ☒ DANIEL CORNELL STEWART		VEH. YEAR 2015		MAKE/MODEL/COLOR HYUN SONATA GRV	
PEDESTRIAN	STREET ADDRESS		OWNER'S NAME ☐ SAME AS DRIVER		TERRANCE BRUMFIELD	
PARKED VEHICLE	CITY/STATE/ZIP		OWNER'S ADDRESS ☐ SAME AS DRIVER		ALTADENA CA 91001	
BICYCLIST	SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo Day Year RACE		DISPOSITION OF VEHICLE ON ORDERS OF ☐ OFFICER ☒ DRIVER ☐ OTHER		DRIVEN AWAY	
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS ☒ NONE APPARENT ☐ REFER TO NARRATIVE	
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER	
	TRISURA				VEHICLE TYPE 01	
	DIR OF TRAVEL E		ON STREET OR HIGHWAY STATE ROUTE 210		DESCRIBE VEHICLE DAMAGE ☐ UNK. ☐ NONE ☒ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER	
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.
DRIVER	NAME (FIRST, MIDDLE, LAST)		VEH. YEAR		MAKE/MODEL/COLOR	
PEDESTRIAN	STREET ADDRESS		2013		FORD TAURUS BLK/WHI	
PARKED VEHICLE	CITY/STATE/ZIP		OWNER'S NAME ☐ SAME AS DRIVER		CITY OF RIALTO	
BICYCLIST	SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo Day Year RACE		OWNER'S ADDRESS ☐ SAME AS DRIVER		150 SOUTH PALM AVENUE RIALTO CA 92376	
OTHER	HOME PHONE		BUSINESS PHONE		DISPOSITION OF VEHICLE ON ORDERS OF ☐ OFFICER ☐ DRIVER ☒ OTHER	
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		DRIVEN AWAY	
	CITY OF RIALTO		SELF INSURED		PRIOR MECHANICAL DEFECTS ☒ NONE APPARENT ☐ REFER TO NARRATIVE	
	DIR OF TRAVEL E		ON STREET OR HIGHWAY STATE ROUTE 210		VEHICLE IDENTIFICATION NUMBER	
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.
DRIVER	NAME (FIRST, MIDDLE, LAST)		VEH. YEAR		MAKE/MODEL/COLOR	
PEDESTRIAN	STREET ADDRESS		48			
PARKED VEHICLE	CITY/STATE/ZIP		OWNER'S NAME ☐ SAME AS DRIVER		OWNER'S ADDRESS ☐ SAME AS DRIVER	
BICYCLIST	SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE Mo Day Year RACE		DISPOSITION OF VEHICLE ON ORDERS OF ☐ OFFICER ☐ DRIVER ☐ OTHER		DRIVEN AWAY	
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS ☐ NONE APPARENT ☐ REFER TO NARRATIVE	
OPERATOR	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER	
					VEHICLE TYPE	
	DIR OF TRAVEL E		ON STREET OR HIGHWAY STATE ROUTE 210		DESCRIBE VEHICLE DAMAGE ☐ UNK. ☐ NONE ☒ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER	
PREPARED BY	CURTIS DANE, 014777		DISPATCH NOTIFIED ☐ YES ☐ NO ☒ N/A		REVIEWER'S NAME J. NORFOLK, 020595	
						DATE REVIEWED 04/30/2023

PHOTOS

CHP 555 OPI 060

CITY OF RIALTO
2023 OCT 12 PM 3:09
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DATE OF CRASH (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER ID	NUMBER
04/13/2023	0305	9860	014777	9860-2023-01309

041323 1



041323 2



PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
CURTIS E DANE	014777	04/13/2023	J. NORFOLK, 020595	04/30/2023

CITY OF RIALTO
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PH 3-09

CRASH DATE (MO DAY YEAR) 04/13/2023	CRASH TIME (2400) 0305	NCIC # 9860	OFFICER ID 014777	NUMBER 9860-2023-01309
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PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS
PERSON NOTIFIED	☐ SAME AS OWNER	TELEPHONE NUMBER
METHOD OF NOTIFICATION ☐ IN PERSON ☐ PHONE ☐ DISPATCH ☐ CHP 422		LOG / INCIDENT NUMBER

DESCRIPTION OF DAMAGE

SEATING POSITION 1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK., VAN, STATION WAGON, ETC. 11 - POSITION UNKNOWN 0 - OTHER	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 Q - 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
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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	I	2	3	VEHICLE AUTOMATION LEVEL	I	2	3	MOVEMENT PRECEDING CRASH
1 A VC 22350 CITED YES	A CONTROLS FUNCTIONING	X	X		A SAE LEVEL - 0		X		A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B SAE LEVEL - 1		X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C SAE LEVEL - 2				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*				D SAE LEVEL - 3				D MAKING RIGHT TURN
	TYPE OF CRASH				E SAE LEVEL - 4				E MAKING LEFT TURN
	A HEAD - ON				F SAE LEVEL - 5				F MAKING U TURN
	B SIDE SWIPE				G UNKNOWN*				G BACKING
	C REAR END								H SLOWING / STOPPING
	D BROADSIDE								I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT	X	X		A NO AUTOMATION				J CHANGING LANES
A CLEAR	F OVERTURNED				B DRIVER ASSISTANCE				K PARKING MANEUVER
X B CLOUDY	G VEHICLE / PEDESTRIAN				C PARTIAL AUTOMATION				L ENTERING TRAFFIC
X C RAINING	H OTHER*				D CONDITIONAL AUTOMATION				M OTHER UNSAFE TURNING
D SNOWING	MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)				E HIGH AUTOMATION				N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.	A NONCOLLISION				F FULL AUTOMATION				O PARKED
F OTHER*	B PEDESTRIAN				G UNKNOWN*				P MERGING
G WIND	C OTHER MOTOR VEHICLE								Q TRAVELING WRONG WAY
LIGHTING	D MOTOR VEHICLE ON OTHER ROADWAY				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				R OTHER*
A DAYLIGHT	E PARKED MOTOR VEHICLE				A CVC SECTION VIOLATION CITED YES NO				S LANE SPLITTING
B DUSK - DAWN	F TRAIN				B CVC SECTION VIOLATION CITED YES NO				SOBRIETY - DRUG - PHYSICAL (MARK ALL THAT APPLY)
C DARK - STREET LIGHTS	G BICYCLE				C CVC SECTION VIOLATION CITED YES NO				A HAD NOT BEEN DRINKING
X D DARK - NO STREET LIGHTS	H ANIMAL								B HBD - UNDER INFLUENCE
E DARK - STREET LIGHTS NOT FUNCTIONING*	I FIXED OBJECT								C HBD - NOT UNDER INFLUENCE
ROADWAY SURFACE	J OTHER OBJECT								D HBD - IMPAIRMENT UNKNOWN
A DRY	K ADDITIONAL OBJECT(S) STRUCK				E VISION OBSCUREMENT				E UNDER DRUG INFLUENCE*
X B WET	PEDESTRIAN'S ACTIONS				F INATTENTION*				DRE EXAM. CONDUCTED
C SNOWY - ICY	A NO PEDESTRIANS INVOLVED				G STOP & GO TRAFFIC				STIMULANT
D SLIPPERY (MUDDY, OILY, ETC.)	B CROSSING IN CROSSWALK AT INTERSECTION				H ENTERING / LEAVING RAMP				HALLUCINOGEN
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				I PREVIOUS CRASH				DISSOCIATIVE ANESTHETIC
A HOLES - DEEP RUT*	D CROSSING - NOT IN CROSSWALK				J UNFAMILIAR WITH ROAD				NARCOTIC ANALGESIC
B LOOSE MATERIAL ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				K DEFECTIVE VEH. EQUIP. CITED YES NO				INHALANT
C OBSTRUCTION ON ROADWAY*	F NOT IN ROAD	X	X		L UNINVOLVED VEHICLE				CANNABIS
D CONSTRUCTION - REPAIR ZONE	G APPROACHING / LEAVING SCHOOL BUS				M OTHER*				DEPRESSANT
E REDUCED ROADWAY WIDTH					N NONE APPARENT		X		F IMPAIRMENT - PHYSICAL*
F FLOODED*					O RUNAWAY VEHICLE				G IMPAIRMENT NOT KNOWN
G OTHER*									H NOT APPLICABLE
X H NO UNUSUAL CONDITIONS									I SLEEPY / FATIGUED*

REFER TO SKETCH PAGE(S)



MISCELLANEOUS	I	2	3	SPECIAL INFORMATION
				A HAZARDOUS MATERIAL
				B CELL PHONE HANDHELD IN USE
				C CELL PHONE HANDSFREE IN USE
	X	X		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 - SEPARATED BIKEWAY*

☐ REFER TO NARRATIVE FOR ADDITIONAL INFORMATION

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESS / PASSENGERS
CHP 555 Page 3 (Rev. 2-22) OPI 060

CITY OF RIALTO
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CRASH DATE (MO. DAY YEAR) 04/13/2023				CRASH TIME (2400) 0305		NCIC # 9860		OFFICER ID 014777		NUMBER 9860-2023-01309																									
WITNESS ONLY		PASSENGER ONLY		AGE		SEX		EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER		SEAT POS.		AIR BAG		SAFETY EQUIP.		EJECT											
☐ #		☒		24		M		☐		☐		☐		☐		☐		☐		☐		☐		☐		2		6		P		G		0	
NAME / D. O. B. / ADDRESS PAUL NUNEZ												SAN BERNARDINO CA 92410												TELEPHONE UNKNOWN											
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:												TAKEN TO:											
DESCRIBE INJURIES																																			
☐ VICTIM OF VIOLENT CRIME NOTIFIED																																			
☒ # 1		☐		28		F		☐		☐		☐		☐		☐		☐		☐		☐		☐		☐		☐		☐		☐			
NAME / D. O. B. / ADDRESS MELISSA VALLEZ												RIALTO CA 92376												TELEPHONE (909) 810-2550											
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:												TAKEN TO:											
DESCRIBE INJURIES																																			
☐ VICTIM OF VIOLENT CRIME NOTIFIED																																			
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NAME / D. O. B. / ADDRESS																								TELEPHONE											
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:												TAKEN TO:											
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NAME / D. O. B. / ADDRESS																								TELEPHONE											
(INJURED ONLY) TRANSPORTED BY:												EMS RUN NUMBER:												TAKEN TO:											
DESCRIBE INJURIES																																			
☐ VICTIM OF VIOLENT CRIME NOTIFIED																																			
PREPARER'S NAME CURTIS E DANE												ID NUMBER 014777				MO. DAY YEAR 04/13/2023				REVIEWER'S NAME J. NORFOLK, 020595								MO. DAY YEAR 04/30/2023							

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 2-20) OPI 060

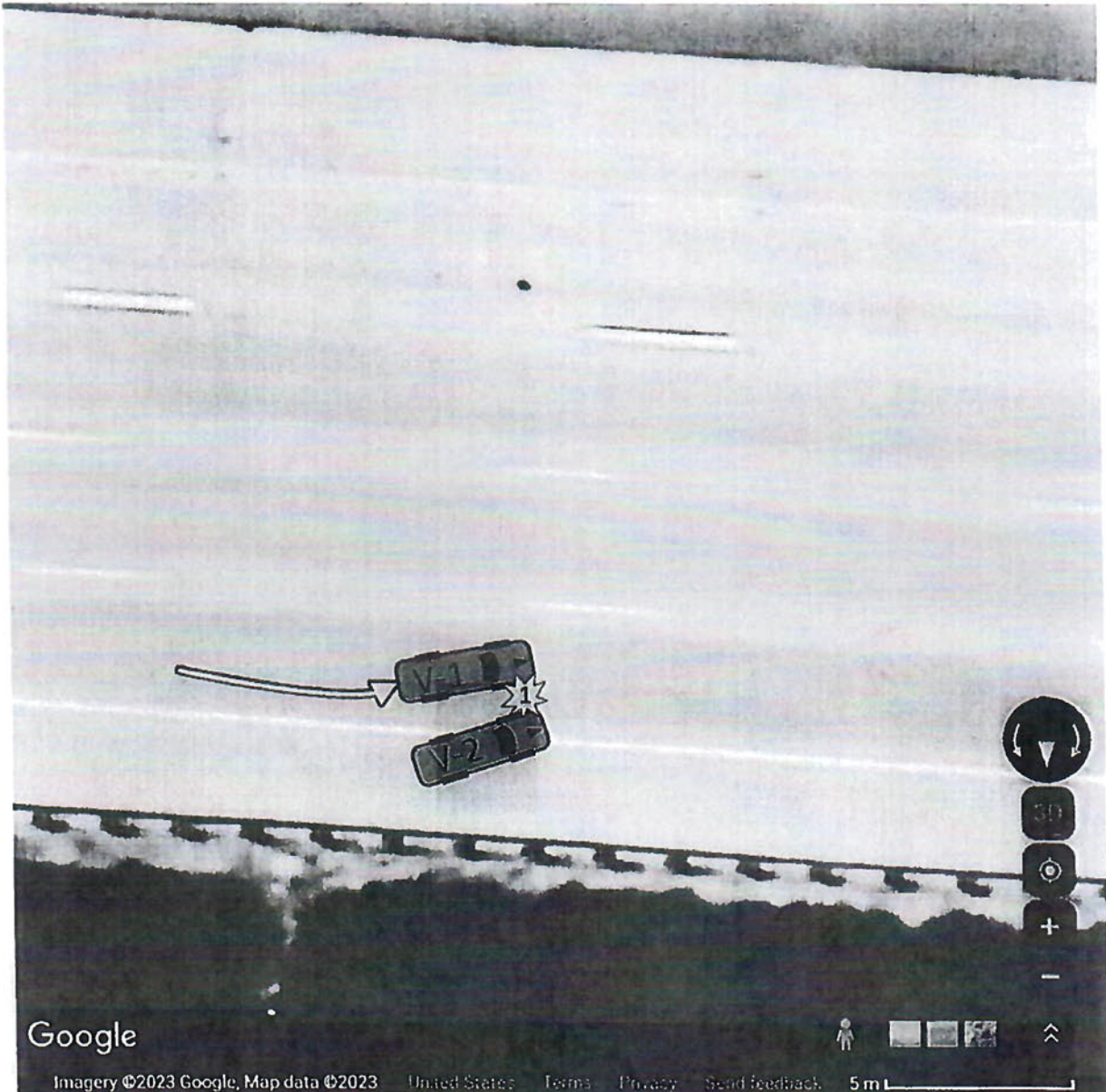
CITY OF RIALTO
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CRASH DATE (MO DAY YEAR)	CRASH TIME (2400)	NCIC #	OFFICER ID	NUMBER
04/13/2023	0305	9860	014777	9860-2023-01309

DATE PREPARER CAPTURED IMAGE: 04/20/2023

PROPRIETOR OF IMAGE:

COPYRIGHT YEAR OF IMAGE:



THIS OVERHEAD IMAGE IS PROVIDED TO DEPICT THE CRASH SCENE ENVIRONMENT ONLY. ANY VEHICLES, PEDESTRIANS, OR OTHER ROAD USERS CAPTURED IN THE OVERHEAD IMAGE NOT DEPICTED IN THE SUMMARY/CAUSE WERE NOT ASSOCIATED WITH THIS CRASH.

ALL VEHICLE DIMENSIONS AND MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED.

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO DAY YEAR
CURTIS E DANE	014777	04/13/2023	J. NORFOLK, 020595	04/30/2023

An Internationally Accredited Agency

CITY OF RIALTO
2023 OCT 12 PM 3:09

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
04/13/2023	0305	9860	014777	9860-2023-01309

- 1 All times, speeds, and measurements throughout this report are approximate. Measurements were
2 obtained using visual estimation and GPS unless otherwise stated. All opinions and conclusions were
3 based on evidence and/or statements.

4

5

STATEMENTS

6

7 Party #1 (Stewart) stated, in essence, the following: Party #1 was traveling eastbound on State Route 210,
8 west of State Street, within the number 3 lane at approximately 65-70 miles per hour. Party #1 stated he
9 was driving in light rain conditions. As a result of the rain, visibility from Vehicle #1's (gray Hyundai Sonata)
10 windshield was blurry from the rain and the windshield wiper. As Party #1 continued to travel in an easterly
11 direction, he noticed he was approaching a police car (Vehicle #2). As Party #1 was near Vehicle #2, he
12 noticed that he was rapidly approaching the vehicle. Party #1 turned the steering wheel to the left to avoid
13 crashing into Vehicle #2, but was unable to react in time as the right front corner of Vehicle #1 crashed into
14 Vehicle #2.

15

16 Witness #1 (Vallez) stated, in essence, the following: Witness #1 was engaged in her duty as a Rialto
17 Police Officer. When Witness #1 arrived on-scene at State Route 210 eastbound, west of State Street, she
18 parked Vehicle #2 on the right shoulder and partially into the number 3 lane. Witness #1 parked Vehicle #2
19 at a slight angle to provide protection for herself and her partner at the scene. Witness #1 had just
20 completed conducting a DUI investigation and placed the arrestee (Passenger Nunez) in the right rear seat
21 of Vehicle #2. Witness #1 walked around the front of Vehicle #2, toward the driver's door when she
22 observed Vehicle #1 approaching the location of Vehicle #2 at a high rate of speed. Witness #1 stepped
23 back near the right headlight of Vehicle #2 and observed Vehicle #1 crash into the left front corner of
24 Vehicle #2.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
CURTIS E DANE	014777	04/13/2023	J. NORFOLK, 020595	04/30/2023

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

CITY OF RIALTO
2023 OCT 12 PM 3:09
PAGE 6 OF 7

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
04/13/2023	0305	9860	014777

9860-2023-01309

OPINIONS AND CONCLUSIONS

Summary/Cause:

Party #1 was driving Vehicle #1 eastbound on State Route 210, west of State Street, within the number 3 lane at approximately 65-70 miles per hour. Vehicle #2 was stopped on the shoulder and partially within the number 3 lane, facing in a northeasterly direction. Vehicle #2's rear red, blue, and amber lights were activated.

Party #1 was in violation of section 22350VC- Unsafe Speed for the Prevailing Conditions, when he failed to notice that Vehicle #2 was stopped ahead of Vehicle #1. When Party #1 noticed that Vehicle #1 was rapidly approaching Vehicle #2, he turned the vehicle to the left, into the number 2 lane to avoid crashing into Vehicle #2. Party #1 was unable to react in time before the right front corner of Vehicle #1 crashed into the left front corner of Vehicle #2 (Area of impact #1). Party #1 moved Vehicle #1 onto the right shoulder of State Route 210, ahead of Vehicle #2. Vehicle #2 remained at rest on the right shoulder and partially within the number 3 lane.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
CURTIS E DANE	014777	04/13/2023	J. NORFOLK, 020595	04/30/2023



Dignity Health.

COMM HOSP OF SAN BERNARDINO
1805 MEDICAL CENTER DR
SAN BERNARDINO, CA 92411-1217

CITY OF RIALTO

2023 OCT 12 PM 3:09
Statement Date
5/04/23

909 887-6333
RECEIVED
CITY CLERK

In case of error on your bill, please inquire in writing to the above address within 60 days.

Patient	Admission No.	Admitted	Discharged	Page
NUNEZ, PAUL J	82007130782	4/28/2023	4/28/2023	1 D
Guarantor:	MR#: 3800759121	PT TYPE E		

PAUL JIMMY ACOSTA NUNEZ

SAN BERNARDINO, CA 92408

Ins. Code	Insurance Company	Insurance I. D. Number
1. 2134	IEHP DIRECT MCAL	
2.		
3.		
4.		

Charge #	Service Date	CPT4/SMA Code	Mod.	Bill / Rev Code	Qty.	Service Description	Hospital Charge
6000854	4/28/23	Z7610		0250 0250	1	PHARMACY CYCLOBENZAPRINE 10MG ** SUBTOTAL **	4.00 4.00
3000437	4/28/23	80307		0301	1	LAB/ CHEMISTRY	
3000081	4/28/23	80053	TC	0301	1	DRG PRES 7CL NONCH N	818.00
3000133	4/28/23	83690	TC	0301	1	COMP METABOLIC PANEL LIPASE ** SUBTOTAL **	872.00 59.00 1,749.00
3000207	4/28/23	85025	TC	0305 0305	1	LAB/ HEMATOLOGY CBC W/ AUTO DIFF ** SUBTOTAL **	77.00 77.00
3000299	4/28/23	81001	TC	0307 0307	1	LAB/ UROLOGY UA AUTO W MICRO ** SUBTOTAL **	181.00 181.00
3500108	4/28/23	74176	TC	0352 0352	1	CT SCAN/ BODY CT ABDOMEN PELVIS WO ** SUBTOTAL **	1,006.00 1,006.00
4500012	4/28/23	Z7502		0450	1	EMERGENCY ROOM	
4500110	4/28/23	96372		0450	1	ER LEVEL 4 W/ PROCEDU INJ TX/ DX/ PROPH SUBQ ** SUBTOTAL **	3,593.00 938.00 4,531.00
6001851	4/28/23	J1885		0636	2	PHARMACY W HCPCS	
6000995	4/28/23	J1100		0636	10	KETOROLAC 30MG/ ML 1M DEXAM PH 10MG/ 1ML IN ** SUBTOTAL **	64.00 26.00 90.00
*** TOTAL CHARGES -->							7,638.00

ALL BILLS DUE AND PAYABLE UPON RECEIPT. PATIENT AMOUNT DUE IS SUBJECT TO REVISION BASED ON ACTUAL COVERAGE WHEN PAID. CHARGES OR CREDITS NOT IN THE BUSINESS OFFICE AT TIME OF THIS STATEMENT WILL BE BILLED TO YOU AT A LATER DATE.

Thank You!

7,638.00

PAY THIS AMOUNT



Dignity Health.

COMM HOSP OF SAN BERNARDINO
1805 MEDICAL CENTER DR
SAN BERNARDINO, CA 924111217

CITY OF RIALTO
2023 OCT 12 PM 3:09
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CITY CLERK

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Patient	Admission No.	Admitted	Discharged	Page
NUNEZ, PAUL J	82007130782	4/28/2023	4/28/2023	2 D
MR#: 3800759121	PT TYPE E			

Guarantor:

PAUL JIMMY ACOSTA NUNEZ

SAN BERNARDINO, CA 92408

Ins. Code	Insurance Company	Insurance I. D. Number
1. 2134	IEHP DIRECT MCAL	
2.		
3.		
4.		

Charge #	Service Date	CPT4/SMA Code	Mod.	Bill / Rev Code	Qty.	Service Description	Hospital Charge
				250	1	SUMMARY OF CHARGES	
				301	3	PHARMACY	4.00
				305	1	LAB/ CHEMISTRY	1,749.00
				307	1	LAB/ HEMOTOLOGY	77.00
				352	1	LAB/ UROLOGY	181.00
				450	1	CT SCAN/ BODY	1,006.00
				636	2	EMERGENCY ROOM	4,531.00
					12	PHARMACY W HCPCS	90.00

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Thank You!

7,638.00

PAY THIS AMOUNT



Dignity Health.

COMM HOSP OF SAN BERNARDINO
1805 MEDICAL CENTER DR
SAN BERNARDINO, CA 92411-1217 909-387-6333

CITY OF RIALTO

2023 OCT 12 PM 3:09
RECEIVED
CITY CLERK

In case of error on your bill, please inquire in writing to the above address within 60 days.

Patient Admission No. Admitted Discharged Page
NUNEZ, PAUL J 82007094053 4/13/2023 4/13/2023 1 D
MR#: 3800759121 PT TYPE E

Guarantor:

PAUL JIMMY ACOSTA NUNEZ

SAN BERNARDINO, CA 92408

Ins. Code	Insurance Company	Insurance I.D. Number
1. 2134	IEHP DIRECT MCAL	
2.		
3.		
4.		

Charge #	Service Date	CPT4/SMA Code	Mod.	Bill / Rev Code	Qty.	Service Description	Hospital Charge
6000031	4/13/23	27610		0250	1	PHARMACY	
6001707	4/13/23	27610		0250	1	ACETAMINOPHEN 500 MG	2.00
						IBUPROFEN 600 MG TAB	4.00
						** SUBTOTAL **	6.00
3200149	4/13/23	72100	TC	0320	1	RADIOLOGY - DIAGNOSTIC	
				0320		XR LUMBAR SPINE 2 OR	815.00
						** SUBTOTAL **	815.00
4500012	4/13/23	Z7502		0450	1	EMERGENCY ROOM	
				0450		ER LEVEL 4 W/ PROCEDU	3,593.00
						** SUBTOTAL **	3,593.00
						*** TOTAL CHARGES -->	4,414.00

ALL BILLS DUE AND PAYABLE UPON RECEIPT. PATIENT AMOUNT DUE IS SUBJECT TO REVISION BASED ON ACTUAL COVERAGE WHEN PAID. CHARGES OR CREDITS NOT IN THE BUSINESS OFFICE AT TIME OF THIS STATEMENT WILL BE BILLED TO YOU AT A LATER DATE.

Thank You!

4,414.00

PAY THIS AMOUNT



Dignity Health.

COMM HOSP OF SAN BERNARDINO
1805 MEDICAL CENTER DR
SAN BERNARDINO, CA 92411217

CITY OF RIALTO

2023 OCT 12 PM 3:09
RECEIVED
CITY CLERK

Statement Date

4/19/23

887-6333

In case of error on your bill, please inquire in writing to the above address within 60 days.

Patient
NUNEZ, PAUL J

Admission No.
82007094053
MR#: 3800759121

Admitted
4/13/2023
PT TYPE E

Discharged
4/13/2023

Page
2 D

Guarantor:

PAUL JIMMY ACOSTA NUNEZ

SAN BERNARDINO, CA 92408

Ins. Code
1. 2134
2.
3.
4.

Insurance Company
IEHP DIRECT MCAL

Insurance I. D. Number

Charge #	Service Date	CPT4/SMA Code	Mod.	Bill / Rev Code	Qty.	Service Description	Hospital Charge
				250	2	SUMMARY OF CHARGES PHARMACY	6.00
				320	1	RADIOLOGY - DIAGNOSTIC	815.00
				450	1	EMERGENCY ROOM	3,593.00

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Thank You!

4,414.00

PAY THIS AMOUNT