



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

CITY CLERK'S DATE STAMP

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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 §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:

Christopher Matthew Murga

FULL NAME

DATE OF BIRTH

Rialto CA 92376

HOME ADDRESS INCLUDING CITY, STATE & ZIP

HOME TELEPHONE NO.

N/A

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):

Rialto CA 92376

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 03-31-2023 TIME: 9:55 ☐ 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.

Sycamore Ave, South of Merrill Ave Rialto CA 92376

Approximate address 650 S Sycamore Ave. Rialto CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Injury and damages occurred from a Tort on my Person by officer M. Lopez ID# 02065 as well as the supervisor who responded to my request. Upon supervisors arrival the two officers violated my constitutional rights initiating a false arrest

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.

Rialto Police Officer M. Lopez ID#02065 and supervising officer committed Perjury under oath, False arrest, unreasonable seizure, excessive force, harassment, and more in operating under color of Law against me and the oath of office.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 3,500,000.00

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

DAMAGES INCURRED TO DATE:

Item/Date: False Arrest 03-31-23 Amount: \$ 1,000,000.00

Item/Date: excessive force 03-31-23 See Attached Amount: \$ 500,000.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 0.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Impound fee 04/01/23

Amount: \$ 500.00

Item/Date: Police Release of property 04/01/23

Amount: \$ 300.00

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 1,000.00

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

NAME: Officer M. Lopez

NAME: _____

ADDRESS: N/A

ADDRESS: _____

TELEPHONE: () N/A

TELEPHONE: () _____

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

NAME: N/A

NAME: N/A

ADDRESS: N/A

ADDRESS: N/A

TELEPHONE: () N/A

TELEPHONE: () N/A

DATE: N/A TIME: N/A ☐ AM ☐ PM

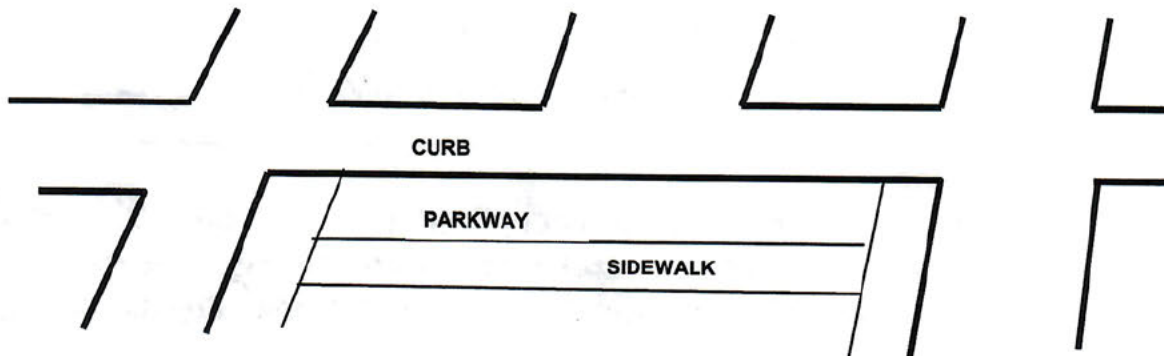
DATE: N/A TIME: N/A ☐ AM ☐ PM

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.

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

SIGNATURE OF CLAIMANT OR AGENT

Chris Murga

TYPE OR PRINT NAME

09/27/23

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

6. Unreasonable seizure, 03-31-23 Amount \$1,000,000.00
Police harassment 03-31-23 Amount \$1,000,000.00

9.

merrill Ave

N
W — | — E
S

sycamore Ave



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