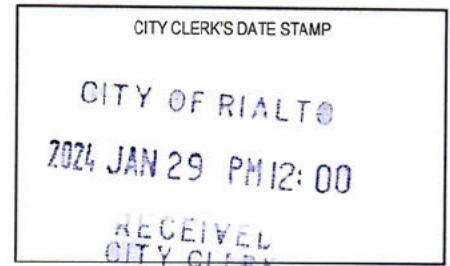




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

De 'Angelo Banks

FULL NAME

DATE OF BIRTH

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):

Formica Law Group

5900 Wilshire Blvd Ste 2250 Los Angeles, CA 90036

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 08/13/2023 TIME: 04:37 ☒ 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.

805 W Rialto Ave Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Mr. Banks was a pedestrian struck by a vehicle (two or more).

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.

Individuals including members of the Rialto Police Department negligently and carelessly and in violation of police department protocol struck and killed decedent, De 'Angelo Banks. Rialto Police Department negligently and carelessly and in violation of police department protocol failed to follow proper procedure including preservation of evidence and camera footage available of the incident, as well as investigation protocol surrounding potential causes of the fatality. As a result of the negligence and breach of police conduct standards of the Rialto Police Department and/or possibly others, claimant's decedent heirs suffer and will continue to suffer damages as a result of his wrongful death.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 15 million

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

DAMAGES INCURRED TO DATE:

Item/Date: wrongful death

Amount: \$ 15 million

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 15 million

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: wrognful death

Item/Date: _____

CITY OF RIALTO

2024 JAN 29 PM 12:00

Amount: \$

Amount: \$ 00

RECEIVED
CITY CLERK

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

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

NAME: unknown

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

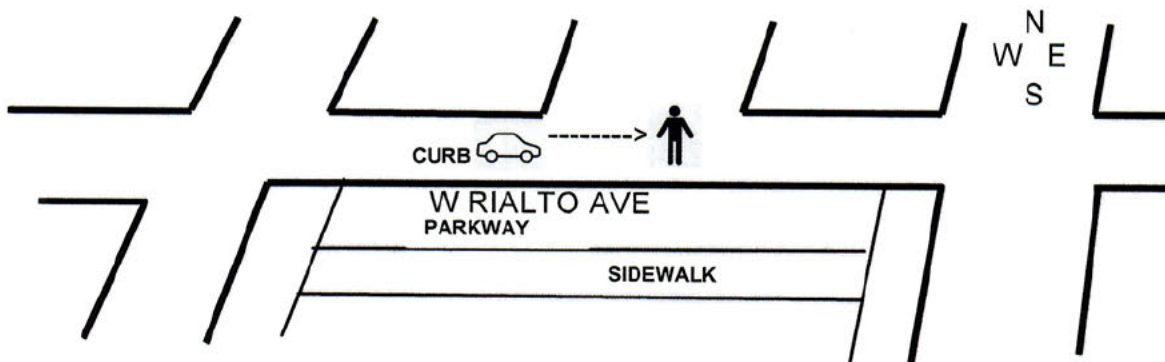
DATE: _____ TIME: _____ ☐ AM ☐ PM

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.

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

SIGNATURE OF CLAIMANT OR AGENT

Stefano Formica

TYPE OR PRINT NAME

DATE

1/25/24

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

RESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL



JAN 26, 2024

\$30.45

92376

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can the QR code.



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EP13F July 2022
OD: 12 1/2 x 9 1/2

PEEL FROM THIS CORNER

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 insurance included.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()

Formica Law Group
5900 Wilshire Blvd
Ste 2250
Los Angeles, CA 90036

DELIVERY OPTIONS (Customer Use Only)

☒ Signature Required Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 1030 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE ()

Rialto City Clerk Office
150 S Palm Ave
Rialto, CA 92376

ZIP + 4® (U.S. ADDRESSES ONLY)

PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 90036 ☒ 1-Day ☐ 2-Day ☐ Military ☐ DPO

Scheduled Delivery Date (MMDDYY) 1/27/24

Date Accepted (MMDDYY) 1/26/24 Time Accepted 11:21 AM

Special Handling/Fragile ☒ File Rate ☐ Weight 30.45 lbs. ozs.

Insurance Fee \$30.45

Return Receipt Fee \$

Live Animal Transportation Fee \$

Total Postage & Fees \$30.45

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MMDDYY) Time ☐ AM ☐ PM Employee Signature

Delivery Attempt (MMDDYY) Time ☐ AM ☐ PM Employee Signature

Acceptance Employee Initials KC

Signature of City Clerk

CITY OF RIALTO

2024 JAN 29 PM 12:00

RECEIVED
CITY CLERK



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