



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2025 FEB 13 PM 4:38
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

CLAIMANT INFORMATION:

Jason Scott Conrad
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):

Nabil Freij, Esq - 2350 SE Bristol Street

Newport Beach CA92660

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 09/07/2024 TIME: 10:42 ☐ 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.

Riverside Avenue and Valley Road in Rialto CA

3. HOW DID DAMAGE OR INJURY OCCUR?

Client was hit by the defendant. Please see the attached police report for additional details. We reserve the right to
amend.

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.

SUBJECT INCIDENT SCENE was in a dangerous condition which created a reasonably foreseeable risk of the
kind of injury suffered by claimant. Please see police report for additional details. We reserve the right to amend.

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

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:

Item/Date: _____

Item/Date: _____

Amount: \$ _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 25,000,000.

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

NAME: Please see the attached police report

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: Please see the attached police report

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

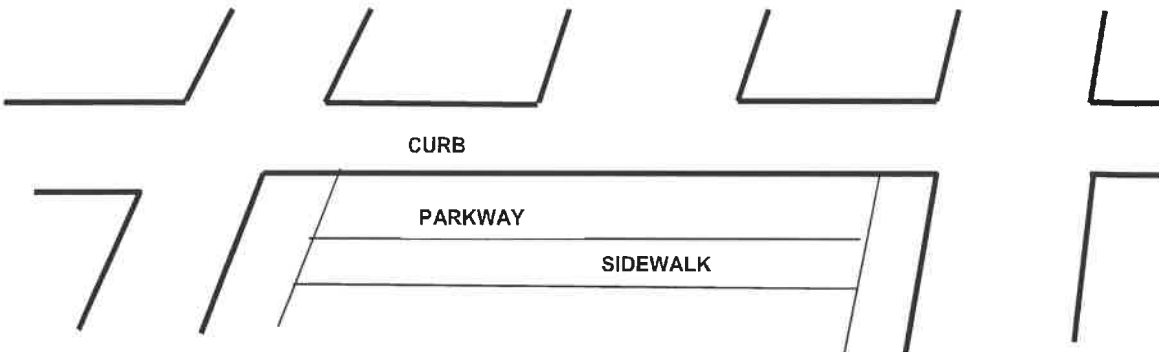
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Nabil Freij

TYPE OR PRINT NAME

02/10/2025

DATE

Attorney

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

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC CRASH REPORT
CHP 555 Page 1 (Rev. 9-19) OPI 060

Page 1 of 6

CITY OF RIALTO

2025 FEB 13 PM 4:38
Fontana Superior Court 944038

RECEIVED
CITY CLERK
Saturday

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY ☐	CITY RIALTO	REPORTING DISTRICT 540	BEAT 2242	LOCAL REPORT NUMBER 944038	DAY OF WEEK Saturday	TOW AWAY ☐
LOCATION	CRASH OCCURRED ON RIVERSIDE AVE		GPS COORDINATES LATITUDE 34.070530 LONGITUDE -117.370236		MO DAY YEAR 09/07/2024		TIME (2400) 2242	INDIC # 3609	OFFICER I.D. 02272
	MILEPOST INFORMATION FEET OF						PHOTOGRAPHS BY J. SANDERS		☐ NONE
	☐ AT INTERSECTION WITH								
	☒ OR 234 FEET NORTH OF VALLEY BLVD								
PARTY 1	DRIVER'S LICENSE NUMBER D1052302		STATE CA	CLASS C	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) JASON SCOTT CONRAD						OWNER'S NAME ☐ SAME AS DRIVER		
PEDESTRIAN	☐						OWNER'S ADDRESS ☐ SAME AS DRIVER		
PARKED	STREET ADDRESS 18742 BUCKSKIN DR						DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER		
BIKE	CITY / STATE / ZIP BLOOMINGTON / CA / 92316						PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE		
OTHER	SEX HAIR EYES HEIGHT WEIGHT BIRTH DATE RACE M BLN BLU 601 225 06/07/1980 W						VEHICLE IDENTIFICATION NUMBER		
OPERATOR	HOME PHONE (714) 714-9166		BUSINESS PHONE (909) 879-0045				VEHICLE TYPE 60		DESCRIBE VEHICLE DAMAGE ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER
	INSURANCE CARRIER		POLICY NUMBER				DOT		SHADE IN DAMAGE AREA
	DIR OF TRAVEL WEST		ON STREET OR HIGHWAY RIVERSIDE AVE		LANE 1	THRU Lanes 3	TOTAL Lanes 4	SPEED LIMIT 40	
PARTY 2	DRIVER'S LICENSE NUMBER D8724754		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. C	VEH. YEAR 2015	MAKE / MODEL / COLOR MAZDA 5 BLUE	LICENSE NUMBER 7PXB946
DRIVER	NAME (FIRST, MIDDLE, LAST) QUINN FIELDS						OWNER'S NAME ☒ SAME AS DRIVER		
PEDESTRIAN	☒						QUINN FIELDS OWNER'S ADDRESS ☒ SAME AS DRIVER		
PARKED	STREET ADDRESS 494 S MACY ST SPC 67						494 S MACY ST SPC 67 SAN BERNARDINO, CA 92410		
BIKE	CITY / STATE / ZIP SAN BERNARDINO / CA / 92410						DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER		
OTHER	SEX HAIR EYES HEIGHT WEIGHT BIRTH DATE RACE M BRN BRN 600 180 06/18/1987 B						Drivable		
OPERATOR	HOME PHONE (909) 761-4403		BUSINESS PHONE				PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE		
	INSURANCE CARRIER		POLICY NUMBER 101977737				VEHICLE IDENTIFICATION NUMBER JM1CW2BL7F0180858		
	AAA						VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE ☐ UNK ☐ NONE ☐ MINOR ☒ MOD ☐ MAJOR ☐ ROLL-OVER
	DIR OF TRAVEL SOUTH		ON STREET OR HIGHWAY RIVERSIDE AVE		LANE 1	THRU Lanes 3	TOTAL Lanes 4	SPEED LIMIT 40	SHADE IN DAMAGE AREA
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)						OWNER'S NAME ☐ SAME AS DRIVER		
PEDESTRIAN	☐						OWNER'S ADDRESS ☐ SAME AS DRIVER		
PARKED	STREET ADDRESS						DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER		
BIKE	CITY / STATE / ZIP						PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE		
OTHER	SEX HAIR EYES HEIGHT WEIGHT BIRTH DATE RACE						VEHICLE IDENTIFICATION NUMBER		
OPERATOR	HOME PHONE		BUSINESS PHONE				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER
	INSURANCE CARRIER		POLICY NUMBER				DOT		SHADE IN DAMAGE AREA
	DIR OF TRAVEL		ON STREET OR HIGHWAY		LANE	THRU Lanes	TOTAL Lanes	SPEED LIMIT	

PREPARER'S NAME
CARDENAS, KENNY 02272

DISPATCH NOTIFIED
☒ Yes ☐ No ☐ N/A

REVIEWER'S NAME
SMITH, DANIEL 02320

NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL TO: AVREK LAW
BY: M.L. 11.01.24

CITY OF RIALTO

Page 2 of 6

DATE OF CRASH (MO. DAY. YEAR) 09/07/2024		TIME (2400) 2242	NCIC # 3609	OFFICER ID 02272	NUMBER 932402700
PROPERTY DAMAGE		OWNER'S NAME		OWNER'S ADDRESS	
PERSON NOTIFIED		TELEPHONE NUMBER		METHOD OF NOTIFICATION (ALL THAT APPLY) ☐ IN PERSON ☐ PHONE ☐ DISPATCH ☐ CHP 422	
DESCRIPTION OF DAMAGE					

SEATING POSITION

A
1 2 3
4 5 6
7 8 9
10

1 TO 9 - STANDARD SEATING POSITION
10 - REAR OCC. TRK., VAN, STATION WAGON, ETC.
11- POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

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

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

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			VEHICLE AUTOMATION LEVEL			MOVEMENT PRECEDING CRASH		
1	2	1	2	3	1	2	3	1	2	3
1	A	A			A			A		
	B	B			B			B		
	C	C			C			C		
	D	D			D			D		
	E	E			E			E		
	F	F			F			F		
	G	G			G			G		
	H	H			H			H		
	I	I			I			I		
	J	J			J			J		
	K	K			K			K		
	L	L			L			L		
	M	M			M			M		
	N	N			N			N		
	O	O			O			O		
	P	P			P			P		
	Q	Q			Q			Q		
	R	R			R			R		
	S	S			S			S		
	T	T			T			T		
	U	U			U			U		
	V	V			V			V		
	W	W			W			W		
	X	X			X			X		
	Y	Y			Y			Y		
	Z	Z			Z			Z		

WEATHER (MARK 1 TO 2 ITEMS)

A CLEAR
B CLOUDY
C RAINING
D SNOWING
E FOG / VISIBILITY FT
F OTHER*
G WIND

LIGHTING

A DAYLIGHT
B DUSK - DAWN
C DARK - STREET LIGHTS
D DARK - NO STREET LIGHTS
E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

A DRY
B WET
C SNOWY - ICY
D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)

A HOLES, DEEP RUTS
B LOOSE MATERIAL ON ROADWAY*
C OBSTRUCTION ON ROADWAY*
D CONSTRUCTION-REPAIR ZONE
E REDUCED ROADWAY WIDTH
F FLOODED*
G OTHER*
H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING*
C CONTROLS OBSCURED
D NO CONTROLS PRESENT/FACTOR*
E TYPE OF COLLISION
F OTHER*

VEHICLE AUTOMATION LEVEL

A SAE LEVEL - 0
B SAE LEVEL - 1
C SAE LEVEL - 2
D SAE LEVEL - 3
E SAE LEVEL - 4
F SAE LEVEL - 5
G UNKNOWN

MOVEMENT PRECEDING CRASH

A STOPPED
B PROCEEDING STRAIGHT
C RAN OFF ROAD
D MAKING RIGHT TURN
E MAKING LEFT TURN
F MAKING U TURN
G BACKING
H SLOWING / STOPPING
I PASSING OTHER VEHICLE
J CHANGING LANES
K PARKING MANEUVER
L ENTERING TRAFFIC
M OTHER UNSAFE TURNING
N XING INTO OPPOSING LANE
O PARKED
P MERGING
Q TRAVELING WRONG WAY
R OTHER*

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

A VC SECTION VIOLATION# CITED
B VC SECTION VIOLATION# CITED
C VC SECTION VIOLATION# CITED
D
E VISION OBSCUREMENT
F INATTENTION*
G STOP & GO TRAFFIC
H ENTERING / LEAVING RAMP
I PREVIOUS CRASH
J UNFAMILIAR WITH ROAD
K DEFECTIVE VEH. EQUIP. CITED
L UNINVOLVED VEHICLE
M OTHER*
N NONE APPARENT
O RUNAWAY VEHICLE

PEDESTRIAN'S ACTIONS

A NO PEDESTRIANS INVOLVED
B CROSSING IN CROSSWALK AT INTERSECTION
C CROSSING IN CROSSWALK - NOT AT INTERSECTION
D CROSSING - NOT IN CROSSWALK
E IN ROAD - INCLUDES SHOULDER
F NOT IN ROAD
G APPROACHING / LEAVING SCHOOL BUS

SOBRIETY - DRUG PHYSICAL (MARK ALL THAT APPLY)

A HAD NOT BEEN DRINKING
B HBD - UNDER INFLUENCE
C HBD - NOT UNDER INFLUENCE*
D HBD - IMPAIRMENT UNKNOWN*
E UNDER DRUG INFLUENCE*
F IMPAIRMENT - PHYSICAL*
G IMPAIRMENT NOT KNOWN
H NOT APPLICABLE
I SLEEPY / FATIGUED*

SPECIAL INFORMATION

A HAZARDOUS MATERIAL
B CELL PHONE HANDHELD IN USE
C CELL PHONE HANDSFREE IN USE
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

Miscellaneous

☒ "See Attached Sketch"

☐ "See Attached factual diagram"

CONTROLLED COPY
CONFIDENTIAL
RESTRICTED
NOT FOR THE PUBLIC
THE RIALTO POLICE DEPARTMENT
REL TO: AVREK LAW
BY M.L. 11.01.24

CITY OF RIALTO

BROKEN RIGHT LEG, SPINAL FRACTURES

DESCRIBE INJURIES

DESCRIBE INJURIES

DESCRIBE INJURIES

DESCRIBE INJURIES

DESCRIBE INJURIES

CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWER'S NAME	MO DAY YEAR
CARDENAS, KENNY 02272	02272	09/07/2024	SMITH, DANIEL 02320	10/30/2024

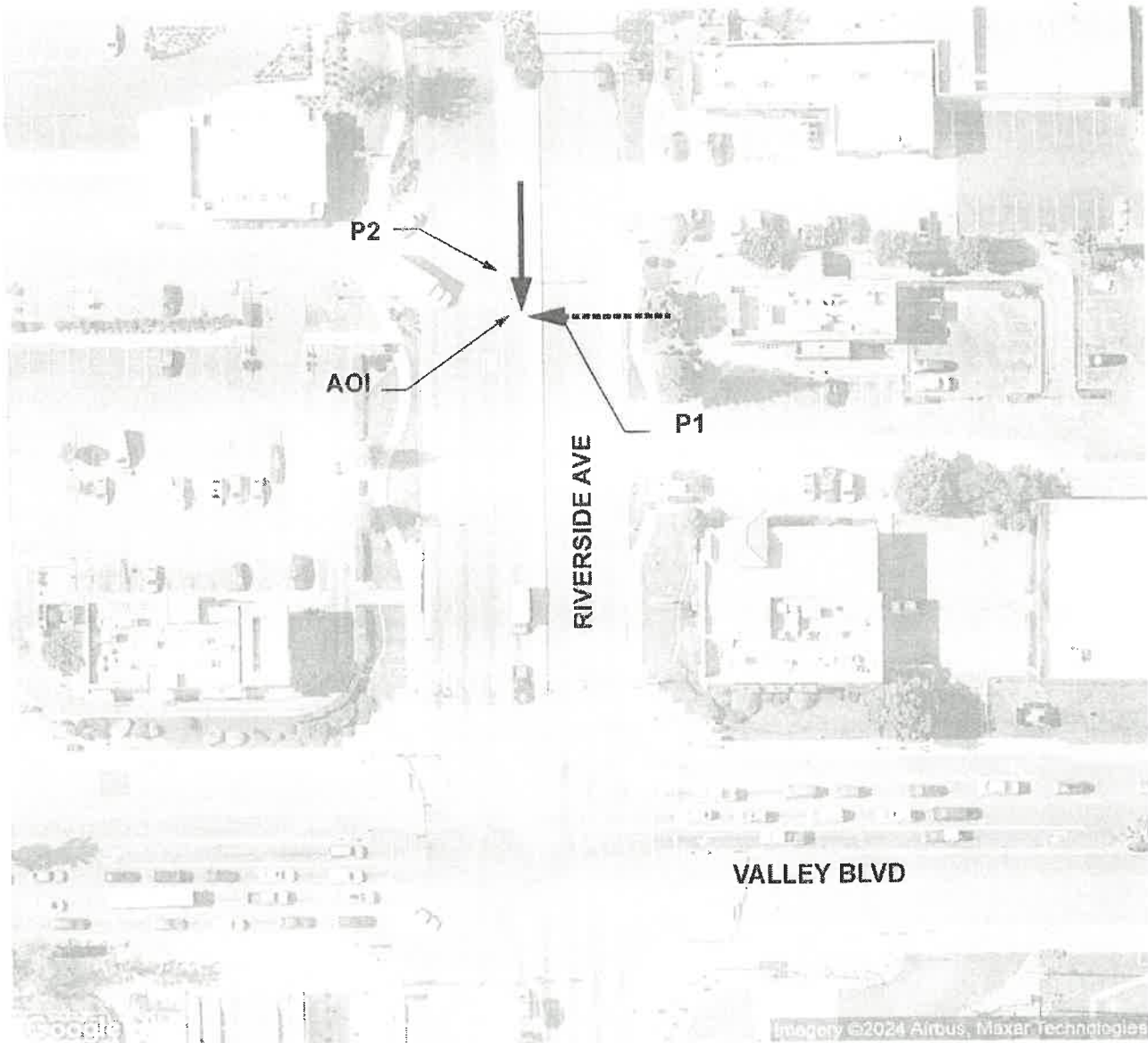
SKETCH

CHP 555 Page 4 (Rev. 4-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
09/07/2024	2242	3609	02272	2025 FEB 13 04:38

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED

RECEIVED
CITY CLERK



CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
CARDENAS, KENNY 02272	02272	09/07/2024	SMITH, DANIEL 02320	10/30/2024

NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL TO: AVREK LAW
BY: M.L. 11.01.24

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
09/07/2024	2242	3609	02272	332409700

CITY OF RIALTO
2025 FEB 13 PM 4:38
RECEIVED
CITY CLERK

Notification:

On 09/07/2024, I was assigned to uniformed patrol for the Rialto Police Department. At approximately 2242 hours, I was dispatched to area of Riverside Ave. and Valley Blvd. in reference to a traffic collision involving a vehicle versus a pedestrian.

All times, speeds, and measurements in this investigation are approximate.

Observations:

I arrived on scene and contacted P2 at the scene. P1 was laying in the concrete center median complaining of pain. He was treated by Rialto Fire Paramedics and transported to the Arrowhead Regional Medical Center.

Statements:

Party 1 (Conrad)

Assisting officers contacted P1 at ARMC, however, no statement was obtained from P1. On 10/28/24, I spoke to P1. He stated he was walking NB on Riverside Ave., from Valley Blvd., on the east side of the street. He crossed Riverside Ave. to get to the west side of the street when he was struck by P2. P1 crawled to the center median until paramedics arrived. P1 did not remember whether or not he used the crosswalk and stated he was "out of it" prior to the accident. P1 was unable to recall if he was under the influence of drugs or alcohol.

Party 2 (Fields)

I contacted P2 at the scene; the following is a summary of his statements.

P2 stated he was traveling south on Riverside Ave., approaching Valley Blvd., when P1 suddenly walked in front of his vehicle. P2 struck P1 at which point P1 rolled onto P2's windshield. P2 stated he was driving approximately 35 miles per hour.

Summary:

P2 was travelling SB on Riverside Ave., approaching Valley Blvd. when P1 crossed Riverside Ave. from east to west, into P2's path of travel.

Area of Impact:

The area of impact was determined to be approximately:

234 feet N of Valley Blvd. and 50 feet E of the W CL of Riverside Ave.

This was determined by statements obtained from both parties and evidence at the scene. Measurements were obtained via satellite imagery.

PREPARED BY	ID NUMBER	MO DAY YEAR	REVIEWERS NAME	MO DAY YEAR
CARDENAS, KENNY 02272	02272	09/07/2024	SMITH, DANIEL 02320	10/30/2024

CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143
NOT FOR THIRD PARTY RELEASE
THE RIALTO POLICE DEPARTMENT
REL TO AVREK LAW
BY: M.L. 11.01.24

DATE OF COLLISION (MO. DAY. YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
09/07/2024	2242	3609	02272	2025 FEB 13 PM 4:38

RECEIVED
CITY CLERK

Injury:

P1 complained of pain (unknown POI) and was transported to the Arrowhead Regional Medical Center by Rialto Fire paramedics. P1 sustained a broken right leg and fractures throughout his spine.

Cause:

Due to statements obtained, coupled with the evidence at the scene, I determined that P1 caused this collision by violating CVC 21954(a).

Recommendations:

None

CONTROLLED COPY
CONFIDENTIAL COPY
RESTRICTED PC 11142-11143

PREPARED BY	ID NUMBER	MO. DAY YEAR	REVIEWERS NAME	MO. DAY YEAR
CARDENAS, KENNY 02272	02272	09/07/2024	SMITH, DANIEL 02320	10/30/2024

NOT FOR THIRD PARTY RELEASE
REL TO: AVREK LAW
BY: M.L. 11.01.24

CITY OF RIALTO
2025 FEB 13 PM 4:38
RECEIVED
CITY CLERK

P

US POSTAGE & FEES PAID IMI
PRIORITY MAIL
ZONE 2 FLAT-RATE ENVELOPE
Commercial

063S0014955521
.5316751
FROM 92660



☒ Stamps
02/11/2025

USPS PRIORITY MAIL ®

AVREK LAW FIRM
2350 SE BRISTOL ST
NEWPORT BEACH CA 92660-0747

C002

SHIP
TO:

RIALTO CITY CLERK'S OFFICE
150 S PALM AVE
RIALTO CA 92376-6406



USPS TRACKING



9405 5112 0620 6458 8492 61

