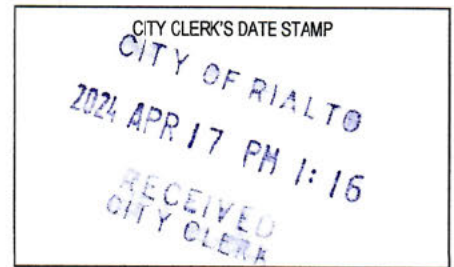




**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**



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:

Thomas L. Burns

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):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 2/28/2024 TIME: 5:20 ☐ 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.

1605 S. Riverside Ave., Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Mr. Thomas L. Burns was walking south on the north bound sidewalk of S. Riverside Ave. As Mr. Burns walked passed Panda Express, he tripped over a lip on the sidewalk that protruded a few inches above the sidewalk. Mr. Burns fell forward onto the sidewalk.

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.

This injury was caused as a result of the protrusion of the concrete panel on the sidewalk, which caused the sidewalk to be uneven. The sidewalk is maintained by the City of Rialto.

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

\$ Treatment is ongoing

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 treatment is still ongoing

Amount: \$

Item/Date: _____

Amount: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Medical treatment is still ongoing

Amount: \$ _____

Item/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: Arrowhead Regional Medical Center

NAME: City of Rialto Ambulance Service

ADDRESS: 400 N. Pepper Ave.

ADDRESS: P.O. Box 269110

Colton, CA 92324

Sacramento, CA 95826

TELEPHONE: (909) 580-1000

TELEPHONE: (866) 385-6552

DATE: 2/28/2024 TIME: 6:00 ☐ AM ☒ PM

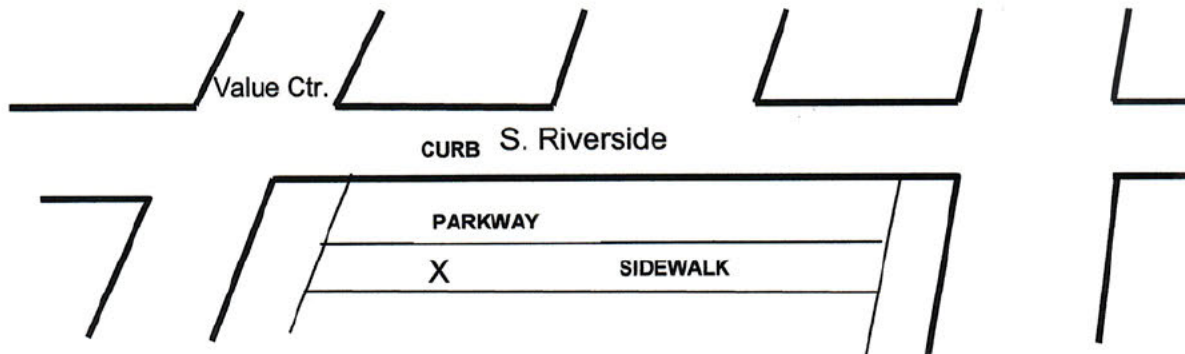
DATE: 6:00 TIME: _____ ☐ AM ☒ PM

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.

(SIGNED) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Brian Banner, Esq.

TYPE OR PRINT NAME

Legal Counsel

RELATIONSHIP TO CLAIMANT

4/12/2024

DATE

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

INCIDENT REPORT - ADDITIONAL PERSONS

Agency Name: RIALTO POLICE DEPARTMENT		ORI #:		Report Date/Time: 03/08/2024 13:52:54		OCA #:	
☒ Person ☐ Business	Name: P3312 CAPTAIN MEREDITH			Phone: 909-374-2772		Cell Phone:	
Address (Street, Apt., City, State, Zip): RIALTO FIRE DEPARTMENT						Pager:	
Involvement Type (Person): OTHER		Victim Type (Business):		Domestic Violence ☐		LEOKA Activity:	
Occupation: 07 OTHER GOVERNMENT SERVICE		Employer: RIALTO FIRE		Employer Address:		Employer Phone:	
Relationship to Offender:		DOB:		Age:		Sex:	
Race: White		Ethnicity: NON-HISPANIC		SSN:		License (#, Class, State):	
Clothing Description:		NCIC #:		State ID #:		Facial Hair:	
Body Markings (Type, Location, Description):		Solicited/Offered:		Injury Type:		Teeth:	
Suspect Forced Victim:		Primary Action:		Suspect Force:		☐ Minor Injuries ☐ Internal Injuries ☐ Lacerations ☐ Other Injuries	
						☐ Unconscious ☐ Teeth Injury ☐ Bone Injury ☐ None	

ADDITIONAL PERSONS

☒ Person ☐ Business	Name: THOMAS BURNS			Phone:		Cell Phone:	
Address (Street, Apt., City, State, Zip):						Pager:	
Involvement Type (Person): OTHER		Victim Type (Business):		Domestic Violence ☐		LEOKA Activity:	
Occupation:		Employer:		Employer Address:		Employer Phone:	
Relationship to Offender:		DOB: 09/03/1958		Age: 65		Sex: M	
Race: White		Ethnicity: NON-HISPANIC		SSN:		License (#, Class, State): C CA	
Clothing Description:		NCIC #:		State ID #:		Facial Hair:	
Body Markings (Type, Location, Description):		Solicited/Offered:		Injury Type:		Teeth:	
Suspect Forced Victim:		Primary Action:		Suspect Force:		☐ Minor Injuries ☐ Internal Injuries ☐ Lacerations ☐ Other Injuries	
						☐ Unconscious ☐ Teeth Injury ☐ Bone Injury ☐ None	

☐ Person ☐ Business	Name:			Phone:		Cell Phone:	
Address (Street, Apt., City, State, Zip):						Pager:	
Involvement Type (Person):		Victim Type (Business):		Domestic Violence ☐		LEOKA Activity:	
Occupation:		Employer:		Employer Address:		Employer Phone:	
Relationship to Offender:		DOB:		Age:		Sex:	
Race:		Ethnicity:		SSN:		License (#, Class, State):	
Clothing Description:		NCIC #:		State ID #:		Facial Hair:	
Body Markings (Type, Location, Description):		Solicited/Offered:		Injury Type:		Teeth:	
Suspect Forced Victim:		Primary Action:		Suspect Force:		☐ Minor Injuries ☐ Internal Injuries ☐ Lacerations ☐ Other Injuries	
						☐ Unconscious ☐ Teeth Injury ☐ Bone Injury ☐ None	

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THE RIALTO POLICE DEPARTMENT
REL TO: BANNER ATTORNEYS
BY: M.L. 03.20.24

INCIDENT REPORT

LOCATION/TIME

Agency Name: RIALTO POLICE DEPARTMENT		ORI #:	Report Date/Time: 03/08/2024 13:52:54	OCA #: 932402219
Incident Start Date/Time: 02/28/2024 17:20:00	DOW: Wednesday	Report Type: INITIAL	Case Screening: ☐ Serialized Property ☒ Evidence Collected ☐ PC 293 Sex Crime ☐ CHP 180 ☐ Hate Crime ☐ Gang Related ☐ Domestic Viol.	
Incident End Date/Time: 02/28/2024 17:25:00	Internal Incident Status:			
Incident Location: 1605 S RIVERSIDE AVE. RIALTO CA 92376-			Secondary Location:	
Case Description: AXON			Reporting Area: R1540	
UCR Status: Cleared			Operation Method:	

OFFENSE

Penal Code: INCIDENT	UCR Code: 00	F/M:	Penal Code Description: INCIDENT	Counts: 1	Comp/Att: ☒
Structure	TOD: Night	Bias Motivation: NONE		Offense Location: PARKING LOT / GARAGE	
Weapon Used:		Situation Code: OTHER / NA		Premise: OTHER / NA	
Penal Code:	UCR Code:	F/M:	Penal Code Description:	Counts:	Comp/Att:
Structure	TOD:	Bias Motivation:		Offense Location:	
Weapon Used:		Situation Code:		Premise:	

VICTIM

☒ Person	Name:	Phone:	Cell Phone:
☐ Business	N/A		
Address (Street, Apt., City, State, Zip):			Pager:
Involvement Type (Person): VICTIM		Victim Type (Business):	Domestic Violence ☐
Occupation:		Employer:	Employer Address:
Relationship to Offender (Person):		DOB:	Age:
Race:	Ethnicity:	SSN:	License (#, Class, State):
Injury Type:		Related Offense(s):	
☐ Minor Injuries ☐ Internal Injuries ☐ Lacerations ☐ Other Injuries		☐ Unconscious ☐ Teeth Injury ☐ Bone Injury ☐ None	

SUSPECT

Suspect #1 Name:		Phone:	Cell Phone:	Pager:
Address (Street, Apt., City, State, Zip):		Occupation:	Employer:	
Suspect Forced Victim:	Primary Action:	Employer Address:	Employer Phone:	
Solicited/Offered:	Suspect Force:	DOB:	Age:	Sex:
Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s):
Clothing Description:	NCIC #:	State ID #:	Facial Hair:	Speech:
Body Markings (Type, Location, Description):		Suspect Injured:	Suspect Arrested:	Additional Suspects:
				Additional Persons:

ADMIN

DUONG, HENRI	02616	03/08/2024 13:57:18
Reporting Officer	ID #	Date
Assisting Officer	ID #	Date
MILLS, JAMES	00916	03/13/2024 08:23:55
Reviewing Officer	ID #	Date

Reporting Officer Signature
Assisting Officer Signature
Reviewing Officer Signature

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 THE RIALTO POLICE DEPARTMENT
 REL TO: BANNER ATTORNEYS
 BY: M.L. 03.20.24

INCIDENT REPORT - NARRATIVE

Agency Name:	ORI#:	Report Date/Time:	OCA#:
RIALTO POLICE DEPARTMENT	CA0360900	03/08/2024 13:52:54	932402219

ASSIGNMENT:

On 02/28/24, I (Officer H. Duong) was assigned to uniformed patrol for the Rialto Police Department, in the City of Rialto, County of San Bernardino. At approximately 1741 hours, I responded to a call for service to 1605 S. Riverside Ave., in reference to an agency assistance request from the Rialto Fire Department.

RFD CONTACT:

Upon arrival at approximately 1759 hours, I contacted Cpt Meredith who stated he contacted the injured party, later identified as Thomas Burns DOB 09/03/1958, who had minor injuries to his forehead. Cpt Meredith stated Burns tripped over a bump on the sidewalk and fell forward hitting his forehead on the sidewalk. Burns was treated for the cut on his forehead but he refused further medical care.

INJURED PARTY CONTACT:

The following is a synopsis of Burn's statements.

Burns was walking south on the north bound sidewalk of S. Riverside Ave. as he walked passed Panda Express he tripped over a lip on the sidewalk that protruded a few inches above the other parts of the sidewalk. Burns fell forward and hit his forehead which caused a cut in the middle of his eyebrows. He complained of pain to his arm and ribs but did not want further medical aid.

EVIDENCE:

All Axon video footage and digital photographs were tagged and uploaded to Evidence.com.

DISPOSITION:

This report is for documentation purposes only.

RECOMMENDATION:

Report to file.

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THE RIALTO POLICE DEPARTMENT
REL TO: BANNER ATTORNEYS
BY: M.L. 03.20.24

Page 3 of 3

CITY OF RIALTO
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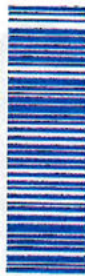
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Banner Attorneys

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150 S Palm Ave
Rialto CA 92376-6406



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2024 APR 17 PM 1:16

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