



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2024 MAR 25 AM 11:08
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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:

Myesha Cummings

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: 07/15/2023 TIME: 3:00 am ☐ 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.

The civil rights violation took place at the claimant's home located at Rialto CA 92376.

3. HOW DID DAMAGE OR INJURY OCCUR?

Ms. Cummings woke up in the early morning of July 15, 2023 to her ex-husband hitting and yelling at her. In an attempt to flee, she went into the bathroom and closed the door. Her ex-husband, Marcus Johnson, knocked the door off the hinges and tackled her. He pinned her onto the bed and Ms. Cummings used her legs to push Johnson off. At this point, Cummings urinated on herself due to the incident. Cummings was yelling for her children to call the police. Once Johnson heard the children, he let Cummings off the bed. Johnson went outside and laid prone on the ground with his hands away from his body to wait for the police.

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.

The city of Rialto is responsible for the injury because the officers fabricated the probable cause and reasonable suspicion that a crime had occurred and that Ms. Cummings was the perpetrator of the crime. The officers fabricated the probable cause and failed to evaluate and properly document the evidence thereby resulting in the false arrest and detention of Ms. Cummings in violation of her state and federal constitutional rights. The officers further improperly documented Ms. Cummings' statements thus creating a false report in order to justify their illegal detention and arrest.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 250,000

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

DAMAGES INCURRED TO DATE:

Item/Date:	<u>Actual harm including confinement, neglect, and abuse.</u>	Amount: \$ <u>50,000</u>
Item/Date:	<u>Emotional harm including confinement, neglect, and abuse.</u>	Amount: \$ <u>200,000</u>

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 250,000

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: TBD

Amount: \$ TBD

Item/Date: TBD

Amount: \$ TBD

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ TBD

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

NAME: Tyrell Roberson

NAME: Ariel Johnson

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: Kaiser

ADDRESS: 400 N. Pepper Ave Colton, CA

ADDRESS: Virtual appointment

TELEPHONE: () _____

TELEPHONE: () _____

DATE: 7 / 1 5 / 2 3 TIME: ☐ AM ☐ PM

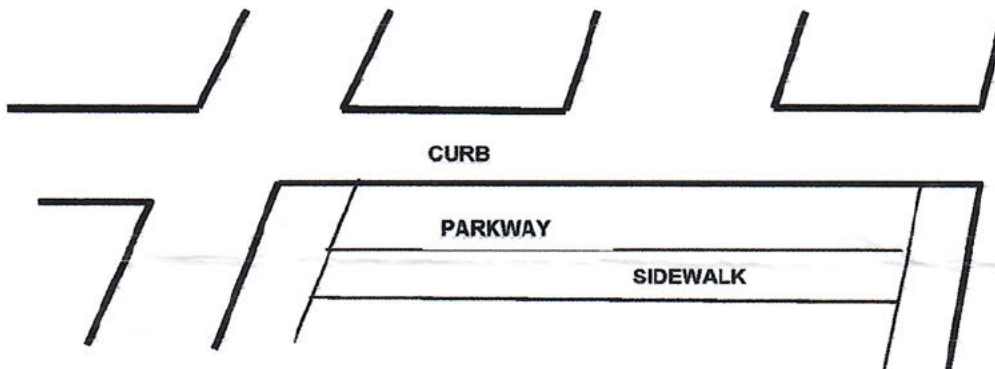
DATE: 7/17/23 TIME: ☐ AM ☐ PM

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.**



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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

TYPE OR PRINT NAME

DATE

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**

Retail



92376

U.S. POSTAGE PAID
FCM LETTER
LA PUENTE, CA 91747
MAR 22, 2024

\$0.68

RDC 99

R2304N117983-25

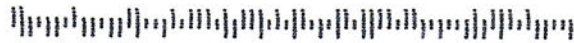
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Rialto City Clerk's Office
150 S. Palm Ave.
Rialto, CA 92376

92376-646799



Kings Justice Law

280 S. Beverly Dr. PH

Beverly Hills, CA 90212