



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

CITY CLERK'S DATE STAMP
CITY OF RIALTO
2025 JAN 28 AM 9:53
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
Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

Adam Fabian Loza Garcia
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: Oct- 4th 2025 TIME: 1:49 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.

I was cooking and heard a "Crash" and my neighbor Alma called me that a tree fell on my car. I went outside to see and saw the tree on the left side of my car parked on the street by my home on Jackson St Rialto

3. HOW DID DAMAGE OR INJURY OCCUR?

Tree fell on my car while parked called police and they took a report and I took pictures of the tree on my car - Fabian.lg18@yahoo.com

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 Ca 92376 City tree fell on my car while parked on street by my house

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 2708.96

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

DAMAGES INCURRED TO DATE:

Item/Date: 10-08-25

Amount: \$ 2,035.52

Item/Date: 10-18-25

Amount: \$ 2,708.96

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 2708.96

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

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: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

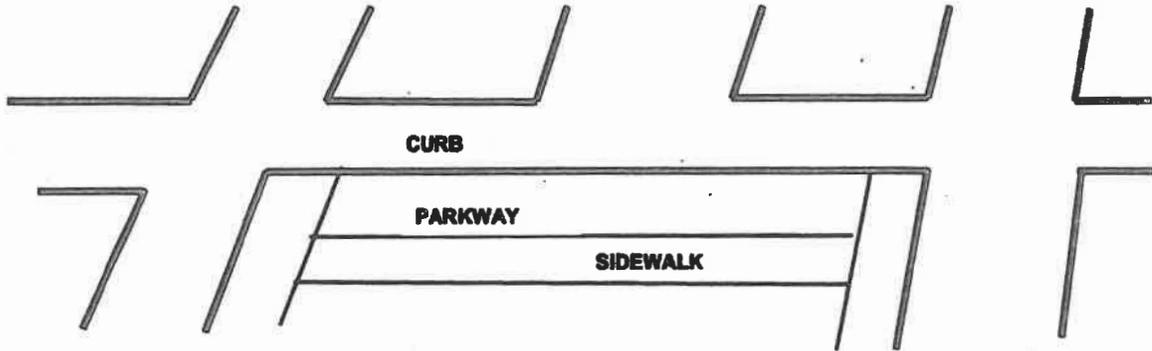
DATE: _____ TIME: _____ AM PM

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

Adam Fabian Loza Garcia

TYPE OR PRINT NAME

01-28-26

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

STATE OF CALIFORNIA - DEPARTMENT OF MOTOR VEHICLES

VALIDATED REGISTRATION CARD

LICENSE NUMBER	REGISTRATION VALID FROM 07/22/2025 TO 07/22/2026	TYPE 11	TYPE VEHICLE USE AUTO	ENGINE NUMBER	MISC KL7 30		
VEHICLE IDENTIFICATION NUMBER	MAKE NISS	VLF CLASS AH	*YR 2024	YR MODEL 2012	TYPE VEH 12	DATE ISSUED 07/22/2025	
BODY TYPE MODEL 4D	DATE FIRST SOLD 2011	MP G	AX	WC	UNLADEN / G / CGW	TOTAL FEES PAID \$156	CC/ALCO 36/



PEEL

LIENHOLDER

STICKER INSTRUCTIONS

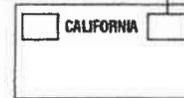
- 1) CLEAN SURFACE - SCRAPE OFF ACCUMULATED STICKERS (WILL NOT STICK IF WET OR DIRTY).
- 2) REMOVE DECAL BY BENDING PAPER ALONG DOTTED LINE.
- 3) LIFT EDGE OF DECAL AND SLOWLY PEEL.
- 4) PLACE STICKER ON REAR PLATE AS SHOWN BELOW:

REGISTERED OWNER
LOZA ADAM FABIAN

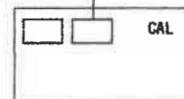


W 00000
R 00138
L 00006

VEHICLES:
In Top Right Corner



MOTORCYCLES ONLY:
Right Half of This Well



Registration Fee: \$156.00
Credit Card Service Fee: \$3.04
Total: \$159.04
Payment Type: AMEX
Account Number: 9891
Transaction Number: 339-325651
DMV Authorization Number: 169022
Credit Card Authorization Number: 249022

\$156.00
\$3.04
\$159.04
AMEX
9891
339-325651
169022
249022

IMPORTANT INSTRUCTIONS ON REVERSE SIDE