



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

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2023 JUN 12 AM 10:43

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:

Kelcie L. Shortt

FULL NAME

[REDACTED] Fontana, CA
HOME ADDRESS INCLUDING CITY, STATE & ZIP

12249 Holly St. Riverside, CA 92509
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

[REDACTED] Surupa Valley, CA 92509

DATE OF BIRTH

HOME TELEPHONE NO.

951-903-1234
BUSINESS TELEPHONE NO.

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 01/12/2023 TIME: 7:50 ☒ 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.

on Enterprise Dr 3300 S Block between
Agua Mansa Dr 100 W Block and Resource Dr.

3. HOW DID DAMAGE OR INJURY OCCUR?

I was driving south on Enterprise Dr and hit a huge
pot hole on the right side of the street which
ended in my left rim cracking.

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.

Enterprise Dr in the City of Rialto had a huge
pot hole that caused damage to my left rim
in the front of my car.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 725.39

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

DAMAGES INCURRED TO DATE:

Item/Date: Walter's Mercedes-Benz

Amount: \$ 725.39

Item/Date: _____

Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 725.39

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Walter's Mercedes-Benz

Amount: \$ 725.39

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ 725.39

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

NAME: N/A

NAME: N/A

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

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

NAME: N/A

NAME: N/A

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ ☐ AM ☐ PM

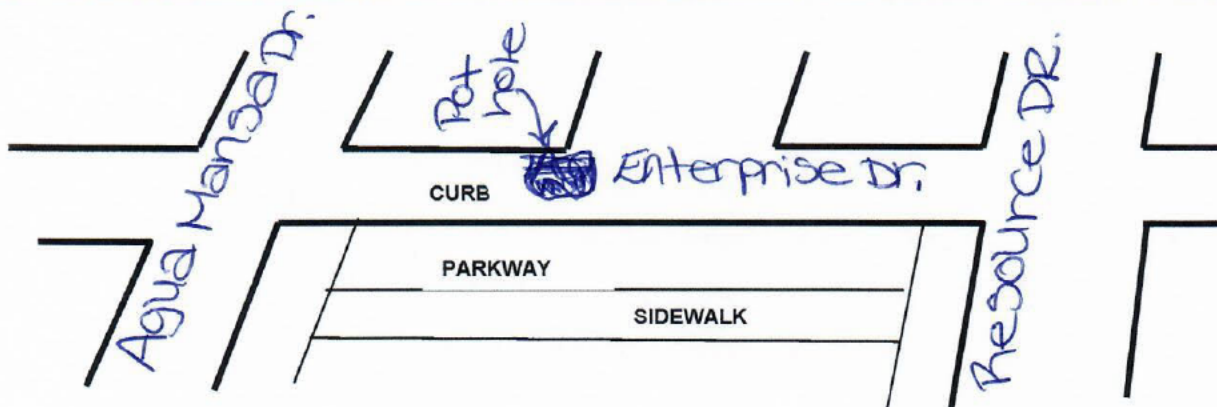
DATE: _____ TIME: _____ ☐ AM ☐ PM

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

Kellee Shorts

TYPE OR PRINT NAME

06/12/23

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

CUSTOMER #: 41688UC
UNIT# 41688UC

858637

walter's
Mercedes-Benz
of Riverside



3213 Adams St. Riverside, CA 92504
Service: (951) 552-2141 · Parts: (951) 552-2205
Service Fax: (951) 688-2359 · Parts Fax: (951) 689-1413
WaltersMercedesBenzOfRiverside.com

KELLEE SHORTS

INVOICE

FONTANA, CA 92336

PAGE 1

HOME: [REDACTED] CONT: [REDACTED]

BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR:

900410 AUSTIN SCHNEIDER

COLOR		YEAR	MAKE/MODEL		VIN		LICENSE		MILEAGE IN / OUT		TAG
MOUNTAIN		18	MERCEDES-BENZ CLA250		WDDSJ4GB6JN530410		[REDACTED]		50378/50379		TR925
DEL. DATE		PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT		INV. DATE	
02JAN18		DD03MAY17	01JAN2022	WAIT 19JAN23			269.95	CASH		19JAN23	
R.O. OPENED		READY		OPTIONS:		SOLD STK: 41688UC					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES TO REPLACE THE LEFT FRONT WHEEL, SOP PARTS IN STOCK WITH PARTS, USE EXISTING TIRE THAT IS ON THE CAR 40 WHEELS, ALIGNMENT, TIRES, CHASSIS 900894 CEXP 0.60 1 246-401-17-00-7X44 EXCHANGE DISK WHEEL 37.00 37.00 1 WHEEL WEIGHTS 628.00 628.00 PARTS: 633.00 LABOR: 37.00 OTHER: 0.00 TOTAL LINE A: 5.00 5.00 670.00 50379 replace LF wheel 0.60 team 2 tech 900894 replaced LF wheel							

B PERFORM A NO CHARGE MULTI POINT INSPECTION AND PROVIDE DETAILED REPORT TO CUSTOMER. INCLUDES LIGHTING, UNDER VEHICLE COMPONENTS, UNDER HOOD FLUID LEVELS, UNDER HOOD COMPONENTS, TREAD DEPTH, BRAKE LINING CONDITION, DRIVE TRAIN CONDITION AND LEAKS, MPI PERFORM A NO CHARGE MULTI POINT INSPECTION AND PROVIDE DETAILED REPORT TO CUSTOMER. INCLUDES LIGHTING, UNDER VEHICLE COMPONENTS, UNDER HOOD FLUID LEVELS, UNDER HOOD COMPONENTS, TREAD DEPTH, BRAKE LINING CONDITION, DRIVE TRAIN CONDITION AND LEAKS, 900894 CPR 0.00 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00 0.00 50379 mpi performed							
--	--	--	--	--	--	--	--

C CHECK AND CORRECT AS NECESSARY--ALL TIRES FOR CORRECT PRESSURES TP CHECK AND CORRECT AS NECESSARY--ALL TIRES FOR CORRECT PRESSURES 900894 CPR 0.00 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00 0.00 50379 36/36psi							
--	--	--	--	--	--	--	--

D COMPLIMENTARY CAR WASH (\$19.95 VALUE) CLEAN EXTERIOR, DRESS TIRES,

Original Estimate (Parts & Labor) \$	Total Additional Cost Authorized \$	Approved By:	Date & Time	Authorization Obtained By: <input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached) <input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	*HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	DESCRIPTION	TOTALS
Revised Estimate \$						LABOR AMOUNT	
						PARTS AMOUNT	
						GAS, OIL, LUBE	
						SUBLET AMOUNT	
						WASTE DISPOSAL COSTS *	
						TOTAL CHARGES	
						LESS INSURANCE	
						SALES TAX	
						PLEASE PAY THIS AMOUNT	

☐ Tire pressure check/inflation service was performed.
RF _____ psi LF _____ psi RR _____ psi LR _____ psi
☐ Customer declined tire pressure check/inflation service. Initials _____

By signing below, you acknowledge that you were notified of and authorized the
Dealership to perform the services/repairs itemized in this invoice and that you received
(or had the opportunity to inspect) any replaced parts as requested by you.

DATE _____ CUSTOMER SIGNATURE _____ AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE _____

To provide you with additional information regarding our privacy practices and your rights under the California Consumer Privacy Act,
please access our Privacy Policy and Notice at Collection at www.waltersautogroup.com.
NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

CUSTOMER #: 41688UC
UNIT# 41688UC

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KELLEE SHORTS

INVOICE

FONTANA, CA 92336

HOME: [REDACTED] CONT: [REDACTED]

BUS: [REDACTED] CELL: [REDACTED]

PAGE 2

SERVICE ADVISOR: 900410 AUSTIN SCHNEIDER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
MOUNTAIN	18	MERCEDES-BENZ CLA250	WDDSJ4GB6JN530410	[REDACTED]	50378/50379	TR925
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT
02JAN18	DD03MAY17	01JAN2022	WAIT 19JAN23		269.95	CASH
R.O. OPENED	READY	OPTIONS: SOLD-STK:41688UC DLR:34130		19JAN23		
12:50 19JAN23		14:31 19JAN23		ENG:27092031423607 TRN:72401120788893		AXL:787/151

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

VACUUM INTERIOR AND CLEAN ALL WINDOWS INSIDE AND OUTSIDE
WASH COMPLIMENTARY CAR WASH (\$19.95 VALUE) CLEAN
EXTERIOR, DRESS TIRES, VACUUM INTERIOR AND
CLEAN ALL WINDOWS INSIDE AND OUTSIDE
900894 CPR 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00

E VEHICLE TOWED INTO DEALERSHIP--PRIOR CONDITION UNKNOWN
TOW VEHICLE TOWED INTO DEALERSHIP--PRIOR
CONDITION UNKNOWN
900894 CPR 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE E: 0.00

F CUSTOMER WAITING WHILE VEHICLE IS SERVICED
WAIT CUSTOMER WAITING WHILE VEHICLE IS SERVICED
900894 CPR 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE F: 0.00

Original Estimate (Parts & Labor)	Total Additional Cost Authorized	Approved By:	Date & Time	Authorization Obtained By:	*HAZARDOUS WASTE DISPOSAL COSTS: We have added this charge to cover costs associated with the handling, management and disposal of toxic wastes or hazardous substances under California and Federal Law.	DESCRIPTION	TOTALS
\$	\$			<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)	ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED. <input type="checkbox"/> Some Parts Not Returnable	LABOR AMOUNT	37.00
Revised Estimate				<input type="checkbox"/> In Person Approval <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email/Fax (See Attached)		PARTS AMOUNT	633.00
\$						GAS, OIL, LUBE	0.00
						SUBLET AMOUNT	0.00
						WASTE DISPOSAL COSTS *	0.00
						TOTAL CHARGES	670.00
						LESS INSURANCE	0.00
						SALES TAX	55.39
						PLEASE PAY THIS AMOUNT	725.39

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NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

Walter's Mercedes-Benz of Riverside

3213 Adams Street
Riverside , CA 92504
(951) 552-2141

RECEIPT

Customer Information:

Kellee Shorts

Invoice Details:

Invoice #: M2JTCW1H6C

Invoice Date: Thursday, January 19, 2023 04:15
PM

(XXX) XXX-X844

Repair Order/Ref #: 858637

Description of Product/Services

Amount

Service Performed

\$ 725.39

Payment Details:

Paid On: Thursday, January 19, 2023 04:15 PM

Credit Card: XXXXXXXXXXXXX4627 exp XX
/XXXX

Card Type: MAST

Payment Type: Chip

Confirmation #: 037935

Dealer Associate: Austin Schneider

Cashier: Tiffany Limon

Customer Signature

THANK YOU!

Walter's Mercedes-Benz of Riverside

Processed by myKaarma eBridge Payments