



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

CITY CLERK'S DATE STAMP  
**CITY OF RIALTO**  
**2024 JUL -1 AM 8:10**  
**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:**

Peter Lawrence Freeland  
FULL NAME

Attorney: Clinton Chan  
909-289-5300

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: June 7, 2024 TIME: 4:00  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.  
Damage occurred at Rialto Police Dept evidence holding lot. Reference case # 932314035

3. HOW DID DAMAGE OR INJURY OCCUR?  
The investigators lost the sole key to the car, and left drivers window down for over six months. See attachment for specific details.

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 Rialto Police Dept lost the only electronic Key FOB for the car, requiring a new key from dealer. They also mishandled the car while in police custody resulting in more damage. See attachments for more details

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 4,181.33

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

**DAMAGES INCURRED TO DATE:**

Item/Date: see attached Amount: \$ \_\_\_\_\_

Item/Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_



TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 4,181.33

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: see attached

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: Lt. Lamont Quarker

NAME: V. Gallagher

ADDRESS: Rialto PD

ADDRESS: Rialto PD

TELEPHONE: (909) 820-2634

TELEPHONE: (909) 820-2634

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

NAME: N/A

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

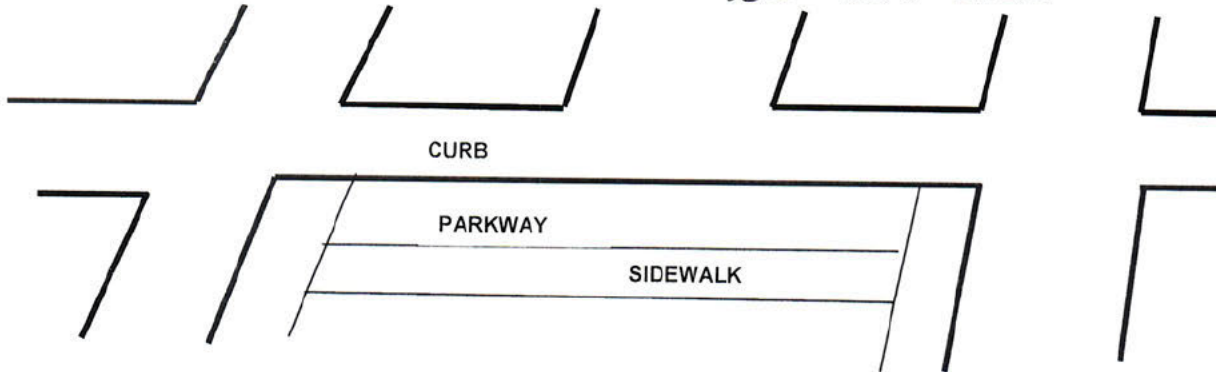
9. PLEASE READ THE FOLLOWING CAREFULLY:

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.

*see attached*



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.

[Signature] I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT  
Peter L. Fueland  
 TYPE OR PRINT NAME  
Self  
 RELATIONSHIP TO CLAIMANT

DATE  
7/1/2024

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

**Reimbursement Request – Pete Freeland Case # 932314035**  
**July 1, 2024**

**Item 1 – Key Replacement**

The sole and only key for the vehicle was not present when car was released as part of case # 932314035, and was considered lost by the Rialto Police Department per discussion with Lt Lamont Quarker on Friday June 7. Neither the police department or the tow facility had the key, and the car was towed twice without the key prior to me taking possession of the car as evidenced by damage to the front tires. After the car was towed to Ontario Mercedes Benz the key was found in the gas cap, and had been exposed to the elements for the last 7 months. The key blade was physically intact, but the computer chips and electronics were destroyed, resulting in a useless item. The key had to be shipped from Germany as there was no spare key to provide for alternate programming.

Reimbursement request is for:

- a) the key FOB that was replaced and programmed
- b) the inspection required by the dealership to assess the damage to the car.
- c) The tow from the tow yard Pepe’s Towing to the dealership
- d) Two replacement front tires due to damage caused by the improper tows without the key, including damage to the inner fender caused by improper towing while in police custody
- e) Two days of labor and time off work to secure car and key replacement – would not have been required if key was present in operable condition
- f) Replacement Post Office Box key that was on original key and was lost by Rialto PD

Initial Condition of Car and Special Tow due to Lack of Key and New (with new PO Box/ key (left) & Old Key (right) FOBs

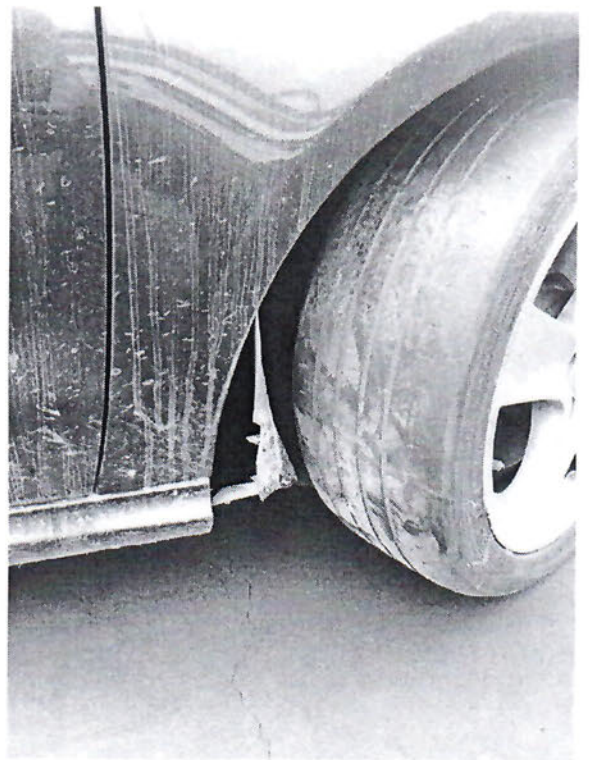
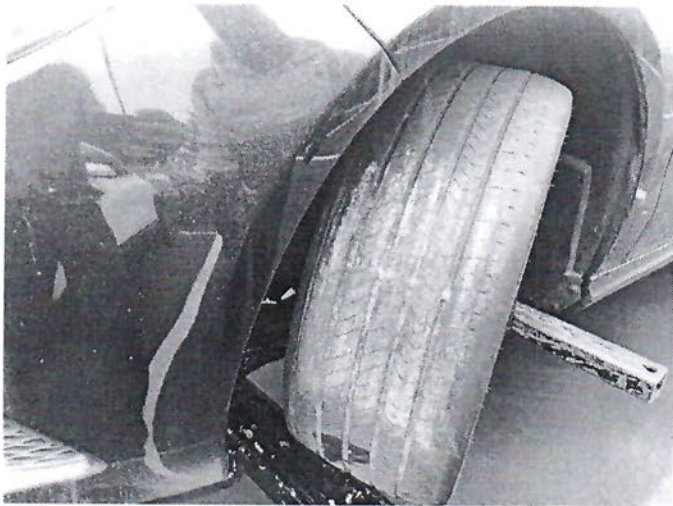






Steering Wheel Locked and Unable to Move so special towing required

Front Tire and Fender Damage



Tires "flatspotted" due to car being dragged and not Properly towed. Use of poor tow procedures ripped out inner front wheelwell panels, requiring repair.

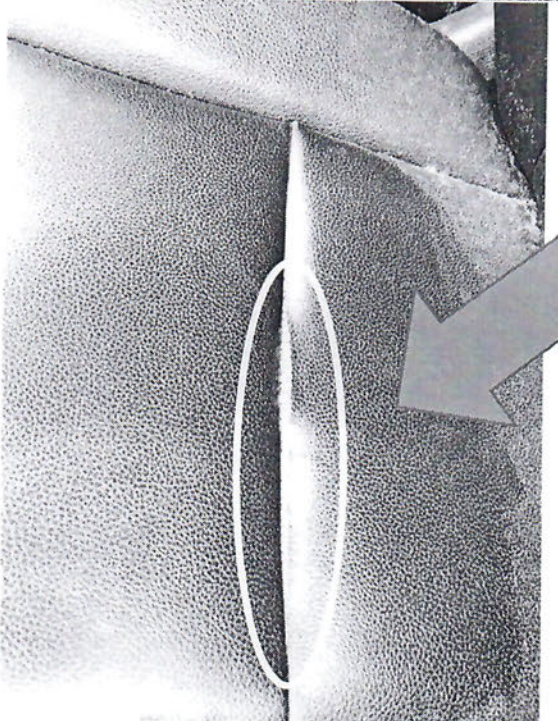


## Item 2 – Interior Damage

The driver's side front window was found partially down, and as evidenced by the dirt and moisture damage inside the car it was apparent the window had been down since December 21, 2023. The car was inspected and it was determined the primary interior damage was to the driver's lower seat cushion, where the leather stitching had separated and the upholstery damaged beyond repair due to the constant moisture.

Reimbursement request is for:

- a) Replacement of driver's lower seat cushion and installation by dealership



VZW Wi-Fi 9:03 PM 81%

Multi Point Inspection \$1743.26

Needs Immediate Attention: (17 items)

driver seat lower leather cover torn

Comments: DRIVER SEAT LOWER LEATHER WORN AND TORN, LEFT WINDOW LEFT DOWN WHEN PARKED

Repair Estimate \$1423.75

TEXT CALL

app.mykaarma.com

Messages 8:47 PM 83%

Multi Point Inspection \$1743.26

Needs Immediate Attention: (17 items)

driver seat lower leather cover torn

Total repair estimate:	\$1423.75
Parts:	\$511.17
Labor:	\$867.85
Taxes:	\$44.73

CLOSE

Comments: DRIVER SEAT LOWER LEATHER

Scroll For Estimates

TEXT CALL

AA app.mykaarma.com

app.mykaarma.com

Total Reimbursement Request

<b>Item</b>	<b>Description</b>	<b>Cost</b>
1a / 1b	Replacement key and Inspection	\$1433.36
1c	Tow from Impound Pepe's Towing to dealership	\$100.00
1d	Replacement front tires	\$227.22
1e	Lost wages (2 days @ \$490 per day)	\$980.00
1f	Post Office Box key	\$17.00
2	Seat damage repair	\$1423.75
	TOTAL	\$4,181.33



# NOTICE OF STORED VEHICLE (22852 CVC)

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

REPORTING DEPARTMENT		LOCATION CODE	DATE / TIME OF REPORT	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO.
LOCATION TOWED / STOLEN FROM			ODOMETER READING	VIN CLEAR IN SVS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED
YEAR	MAKE	MODEL	BODY TYPE	LIC CLEAR IN SVS? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOG NO.
VEHICLE IDENTIFICATION NO.		ENGINE NO.		LICENSE NO.	VALUATION BY <input type="checkbox"/> ONE MONTH / YEAR <input type="checkbox"/> TWO
REGISTERED OWNER			LEGAL OWNER		
			<input type="checkbox"/> 0-500 <input type="checkbox"/> 501-4000 <input type="checkbox"/> 4001+ <input type="checkbox"/> \$		
			<input type="checkbox"/> SAME AS R/O		

STORED     
  IMPOUNDED     
  RELEASED     
  RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE)	STORAGE AUTHORITY / REASON
---	----------------------------

REASON FOR STOP	AIRBAG? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVEABLE? <input type="checkbox"/> 1 <input type="checkbox"/> 2	DRIVEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VIN SWITCHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------	--	--	---	--

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED			SEAT (FRONT)			REGISTRATION			CAMPER			LEFT FRONT	
BURNED HULK per 431(c) CVC			SEAT (REAR)			ALT. / GENERATOR			VESSEL AS LOAD			RIGHT FRONT	
VANDALIZED			RADIO			BATTERY			FIREARMS			LEFT REAR	
ENG. / TRANS. STRIP			TAPE DECK			DIFFERENTIAL			OTHER			RIGHT REAR	
MISC. PARTS STRIP			TAPES			TRANSMISSION						SPARE	
BODY METAL STRIP			OTHER RADIO			AUTOMATIC						HUB CAPS	
SURGICAL STRIP per 431(b) CVC			IGNITION KEY			MANUAL						SPECIAL WHEELS	

RELEASE VEHICLE TO <input type="checkbox"/> R/O OR AGENT <input type="checkbox"/> AGENCY HOLD <input type="checkbox"/> 22850.3 CVC	GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE)	DATE / TIME
NAME OF PERSON / AGENCY AUTHORIZING RELEASE	I.D. NO.	DATE
SIGNATURE OF PERSON AUTHORIZING RELEASE		CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.
SIGNATURE OF PERSON TAKING POSSESSION		

SEE REVERSE FOR INFORMATION



**VEHICLE REPORT**

CHP 180 (Rev. 4-16) OPI 061

**EVIDENCE**

*OKAY TO RELEASE per M. Morales 06/05/24*

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

REPORTING DEPARTMENT <b>RIALTO PD</b>		LOCATION CODE <b>3609</b>	DATE / TIME OF REPORT <b>12.21.23</b>	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO. <b>932314035</b>
VEHICLE TOWED / STOLEN FROM		ODOMETER READING <b>DIGITAL</b>	VIN CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LIC. CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED <b>12:21, 23</b>
YEAR <b>5</b>	MAKE <b>MERZ</b>	MODEL <b>CLA 250</b>	BODY TYPE <b>4 DOOR</b>	COLOR <b>BLK</b>	LICENSE NO.
VEHICLE IDENTIFICATION NO.			ENGINE NO.	VALUATION BY <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> OWNER	ONE MONTH / YEAR <input checked="" type="checkbox"/> TWO <b>9123</b>
REGISTERED OWNER <b>PETER FREELAND, DANIEL CALDENAS</b>			LEGAL OWNER		

STORED     IMPOUNDED     RELEASED     RECOVERED - VEHICLE / COMPONENT

STORAGE CONCERN (NAME, ADDRESS, PHONE)  
**PEPE'S TOWING 2775 N LOWST AVE RIALTO CA 92377**

STORAGE AUTHORITY / REASON  
**22655.5 (B)**

REASON FOR STOP  
**INV**

AIRBAG?  YES  NO    DRIVEABLE?  YES  NO    VIN SWITCHED?  YES  NO

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
CRACKED			SEAT (FRONT)			REGISTRATION			CAMPER			LEFT FRONT	<b>GOOD</b>
TORN HULK per 431(c) CVC			SEAT (REAR)			ALT. / GENERATOR			VESSEL AS LOAD			RIGHT FRONT	
DAMAGED			RADIO			BATTERY			FIREARMS			LEFT REAR	
NO. / TRANS. STRIP			TAPE DECK			DIFFERENTIAL			OTHER			RIGHT REAR	
DISC. PARTS STRIP			TAPES			TRANSMISSION						SPARE	
BODY METAL STRIP			OTHER RADIO			AUTOMATIC						HUB CAPS	<b>NO</b>
URGICAL STRIP per 431(b) CVC			IGNITION KEY			MANUAL						SPECIAL WHEELS	<b>NO</b>

RELEASE VEHICLE TO:  R/O OR AGENT  AGENCY HOLD **22850.3 CVC**

GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE)  
**V. GATAGHER**

DATE / TIME  
**12/21/23**

NAME OF PERSON / AGENCY AUTHORIZING RELEASE  
**LI - Luis...**

I.D. NO.  
**0824**

DATE  
**6/7/24**

CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.

SIGNATURE OF PERSON AUTHORIZING RELEASE  
*[Signature]*

SIGNATURE OF PERSON TAKING POSSESSION  
*[Signature]*

STOLEN VEHICLE / COMPONENT     EMBEZZLED VEHICLE     PLATE(S) REPORT **10-7-24**

DATE / TIME OF OCCURRENCE

DATE / TIME REPORTED

NAME OF REPORTING PARTY (R/P)  
**UNIDENTIFIED**

DRIVER LICENSE NO. / STATE

PAST DRIVER OF VEHICLE

DATE / TIME

ADDRESS OF R/P

TELEPHONE OF R/P

CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF PERSON MAKING REPORT

**REMARKS**  
(LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS)

DRIVER'S NAME  
**PETER FREELAND**

ARRESTED / SECTION?  YES  NO

REPORTED BY  
**C. REEVE**

CARGO / TYPE?  YES  NO

VALUE \$

BILL OF LADING ATTACHED

**ON THE ABOVE DATE AT THE ABOVE TIME THE ABOVE DRIVER & THE ABOVE VEHICLE WAS STOPPED PURSUANT TO THE ABOVE INVESTIGATION (932314035). VEHICLE WAS TOWED FOR THE ABOVE SECTION. NO ITEMS OF VALUE OBSERVED ON INVENTORY SEARCH**

				
FRONT	LEFT SIDE	RIGHT SIDE	REAR	TOP

SIGNATURE OF OFFICER TAKING REPORT  
*[Signature]*

I.D. NO.  
**2264**

SUPERVISOR  
**JB 0102**

REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 CVC?  YES  NO

DATE NOTIFIED  
**12/21/23**

*51747*



## Liability Claim Form

From: Lieutenant Lamont Quarker (lquarker@rialtopd.com)

To:

Date: Friday, June 7, 2024 at 05:03 PM PDT

Good afternoon Mr. Freeland.

Attached is a claim form for your key, please include your case # 932414035

**Lamont Quarker**  
Lieutenant  
Rialto Police Department  
(909) 820-2634-Watch Commander Desk



-Connect with us on social media-



 Liability Claim Form (PDF) (4).pdf  
49kB



CUSTOMER #: 65132

544135

MERCEDES-BENZ OF ONTARIO

A FLETCHER JONES COMPANY

3787 E. Guasti Rd. · Ontario, CA 91761
Phone (909) 212-8500 · Fax (909) 212-8598
www.mbontario.com

PETER FREELAND

\*INVOICE\*

DUPLICATE 1
PAGE 1

OPEN
MON-FRI 7:00 AM to 7:00 PM
SAT 7:00 AM to 4:00 PM
BAR # ARD 269917 EPA: CAL000375245
SERVICE ADVISOR: 250649 CHRISTIAN LOPEZ

HOME: CONT:
BUS: CELL:

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN / OUT, TAG. Includes details for Mercedes-Benz CLA250 and service dates.

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
A VEHICLE HAS BEEN RECEIVED WITHOUT GUEST PRESENT AND IS CONSIDERED AN
"UNUSUAL CIRCUMSTANCE" AS OUTLINED IN BAR REGULATIONS 9884.9
TOW VEHICLE HAS BEEN RECEIVED WITHOUT GUEST
PRESENT AND IS CONSIDERED AN "UNUSUAL
CIRCUMSTANCE" AS OUTLINED IN BAR REGULATIONS
9884.9

PARTS: 140 CP 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

C DAS4NOKEY- REPLACE MISSING DAS4 KEY PER GUEST REQUEST. WHEN ALL KEYS
ARE MISSING, OPEN XSF CASE FOR FACTORY VERIFICATION AND
ORDERING AND DUPLICATION/DRIVE AUTHORIZATION PURPOSES. PERFORM
REPLACEMENT OF ONE KEY AND BLADE
DAS4NOKEY- REPLACE MISSING DAS4 KEYS
PER GUEST REQUEST. WHEN ALL KEYS ARE
MISSING, OPEN XSF CASE FOR FACTORY
VERIFICATION AND ORDERING AND
DUPLICATION/DRIVE AUTHORIZATION PURPOSES.
140 CP
1 222-905-22-10-0041 KEY 690.30 450.00 690.30 450.00
1 000-766-09-00 KEY MECHANIC 140.42 140.42 140.42

PARTS: 830.72 LABOR: 450.00 OTHER: 0.00 TOTAL LINE C: 1280.72
197009 all keys lost 3.00 XFS#8580745 >> created xfs case,
programmed additional key-key track 3, locked missing key tracks 2 and
1, verified blade key function.

D GUEST STATES VEHICLE WAS IN TOW YARD FOR 7 MONTHS. PROVIDE INSPECTION
AND PROVIDE ESTIMATE FOR LEFT FRONT LOWER SEAT CUSHION, FRONT
TIRES, FRONT WHEEL WELL FENDER LINERS. GUEST ALSO STATES
VEHICLE FRONT WHEELS WERE DRAGGED ON THE TOW TRUCK WHEN CAR WAS
TAKEN. PERFORM ROADTEST AND CHECK FOR CODES
00 GENERAL REPAIR

Table with columns: DESCRIPTION, TOTALS. Includes 'NOTICE TO CONSUMER' and 'PLEASE READ IMPORTANT INFORMATION ON BACK.' with a signature line.



CUSTOMER #: 65132

544135

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PETER FREELAND

\*INVOICE\*

DUPLICATE 1
PAGE 2

OPEN
MON-FRI 7:00 AM to 7:00 PM
SAT 7:00 AM to 4:00 PM
BAR # ARD 269917 EPA: CAL000375245
SERVICE ADVISOR: 250649 CHRISTIAN LOPEZ

HOME: CONT:
BUS: CELL:

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN / OUT, TAG. Includes details for a 2015 Mercedes-Benz CLA250 and a summary of dates and payments.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Shows labor and other charges for line D.

197009 client request estimate 1.00 performed inspection and provided estimate on requested items.

E Perform California state COLD tire inflation check and correction as mandated by state law AB32
02 Perform California state COLD tire inflation check and correction as mandated by state law AB32

Table with columns: PARTS, LABOR, OTHER, TOTAL. Shows 0.00 labor and 0.00 other for line E.

Check, correct and record tire pressure according to manufacturer specifications.
Right Front PSI\_36\_ Left Front PSI\_36\_ Right Rear PSI\_32\_ Left Rear PSI\_32\_

F PROVIDE COURTESY CAR WASH AT COMPLETION OF SERVICE A \$24.95 VALUE
11 PROVIDE COURTESY CAR WASH AT COMPLETION OF SERVICE A \$24.95 VALUE

Table with columns: PARTS, LABOR, OTHER, TOTAL. Shows 0.00 labor and 0.00 other for line F.

G PERFORM EDGE WORLD CLASS VEHICLE INSPECTION.
21 PERFORM EDGE WORLD CLASS VEHICLE INSPECTION.

Table with columns: PARTS, LABOR, OTHER, TOTAL. Shows 0.00 labor and 0.00 other for line G.

197009 PERFORMED MULTI-POINT INSPECTION. PLEASE REVIEW THE PRINTED MULTI-POINT INSPECTION FORM FOR DETAILED AND SPECIFIC INFORMATION. PLEASE CONTACT YOUR SERVICE ADVISOR WITH ANY QUESTIONS.

H DISCLOSURE: YOU UNDERSTAND AND ACKNOWLEDGE THAT YOUR VEHICLE MAY BE SERVICED OR REPAIRED AT OUR OFFSITE SERVICE CENTER LOCATED AT

NOTICE TO CONSUMER
PLEASE READ IMPORTANT INFORMATION ON BACK.

I acknowledge notice and oral approval of an increase in the original estimated price.

X

ALL PARTS ARE NEW PARTS UNLESS STATED OTHERWISE.

Table with columns: DESCRIPTION, TOTALS. Lists various charges like LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, etc.







# AMERICAN TIRE DEPOT

A BIG BRAND TIRE & SERVICE COMPANY



Invoice#: 1183-4934029

FIND STORE HOURS AND LOCATIONS ONLINE  
 AMERICANTIREDEPOT.COM  
 Started Time: 6/19/2024 5:30:09 PM  
 Invoiced Time: 6/19/2024 6:14:12 PM

CUSTOMER INFORMATION		VEHICLE INFORMATION		STORE LOCATION	
FREELAND, PETE	Cust # ED-5623599	2015 Mercedes-Benz CLA250 Base		UPLAND #1183	BAR#:ard301193
Phone:		Engine: 2.0L I4 F DOHC 16V		1281 E FOOTHILL BLVD	EPA# CAL000470367
Emails:		Plate #:		UPLAND, CA 91786	
		VIN Number:		Phone: (909) 946-5400	
		Miles: 197020		Started By: JR461	
				Invoiced By: J JESUS RAMIREZ (JR461)	

BRAND	PART	DESCRIPTION	TECH	SALESPEER	PRICE	QTY	TOTAL
ACC	1200026931	@225/45ZR17XL.PHI HWY 94W BWV ACC - Tire Serial # 1001PB9274823 1001PB9274823	AG859	JR461	\$72.99	2.0000	\$145.98
		Minimum Mileage Warranty 50000 ***** CONSUMER ADVISORY ***** THIS IS A "W" RATED TIRE IT HAS A MAXIMUM SPEED OF 168 MPH. IT HAS "W" HANDLING CHARACTERISTICS. CONSULT YOUR OWNERS MANUAL FOR THE PROPER SPEED RATING RECOMMENDED FOR YOUR VEHICLE. CUSTOMER'S INITIALS _____					
CDF	CDF	TIRE RECYCLING	AG859	JR461	\$5.00	2.0000	\$10.00
LBR	WBHS	HIGH SPEED WHEEL BALANCE	AG859	JR461	\$20.75	2.0000	\$41.50
SHP	WW	PREMIUM WHEEL WEIGHTS	AG859	JR461	\$4.50	2.0000	\$9.00
EW	EW	TIRE MAINTENANCE CERTIFICATE -- EXTENDED WARRANTY LIFETIME REPLACEMENT/REPAIR/REFUND CERTIFICATE **** SEE WEBSITE FOR DETAILS	AG859	JR461	\$13.00	2.0000	\$26.00
STF	STF	CALIF. STATE TIRE FEE <i>I have been informed of the benefits of BBT's Tire Maintenance Certificate program, ALL-WHEEL DRIVE VEHICLE NOTICE - Most manufacturers recommend the rolling radius of all 4 tires must be the same. Tires should be replaced in sets of 4 to match brand, size, design and tread depth. Please consult your owners manual for the Original Equipment Vehicle Manufacturers recommendations, TWO TIRE PURCHASE ONLY - SAFETY ADVISORY - The Tire Association Council states that if only two new tires are installed on the front of a vehicle, the rear worn tires could loose their grip under load or slippery conditions causing loss of control.</i>	AG859	JR461	\$1.75	2.0000	\$3.50
DSC	INSTANT	INSTANT REBATE	AG859	JR461	\$10.00	-2.0000	-\$20.00

Vehicle Tire Pressure - F 39 R 36



Invoice#: 1183-4934029

FIND STORE HOURS AND LOCATIONS ONLINE  
 AMERICANTIREDEPOT.COM  
 Started Time: 6/19/2024 5:30:09 PM  
 Invoiced Time: 6/19/2024 6:14:12 PM

CUSTOMER INFORMATION	VEHICLE INFORMATION	STORE LOCATION
FREELAND, PETE Cust #: ED-5623599 Phone: Emails:	2015 Mercedes-Benz CLA250 Base Engine: 2.0L I4 F DOHC 16V Plate #: VIN Number: Miles: 197020	UPLAND #1183 1281 E FOOTHILL BLVD UPLAND, CA 91786 Phone: (909) 946-5400 Started By: JR461 Invoiced By: J JESUS RAMIREZ (JR461)

### Invoiced Summary

#### Revisions

#### Payment

#### Invoice Totals

Date	Emp.	Prev.	Revised	Type	Auth	Email/ Phone	Type	Amount	Parts:	Invoice Totals
							CCD2	227.22	FET:	\$144.98
							2132035622		Shop Fees:	\$0.00
							PETER L FREELAND		NonTax:	\$71.00
							Debit		Tax:	\$11.24
							EMV: APPLABEL.US			
							DEBIT AID: A0000000980840 TVR 808			
							0048000 IAD: 06010A03A08000 TSI: 68			
							00 ARQC: 61CAFEBEE0EF158A ARC:			
							00 CVMP			

**Total: \$227.22**

I acknowledge below and receipt of this invoice

This estimate is based on our inspection at this time and does not cover additional parts and labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. This estimate cannot cover such contingencies. In cases where additional work is deemed necessary, customer authorization will be secured prior to commencement of that additional work. This estimate expires 15 days from date. I hereby authorize the repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle herein described on the streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Dealer not responsible for unavailability of parts or delays in parts shipments beyond dealers control not for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond our control. 12 months/12,000 miles for parts and labor. 6 months/6,000 miles for alignment warranties. See website for additional warranty details. All parts are new unless otherwise specified.

Customer Signature or Initials: \_\_\_\_\_

I acknowledge notice and oral approval of an increase in the original estimated price.





CRESTLINE  
 23921 LAKE DR  
 CRESTLINE, CA 92325-0677  
 (800)275-8777

06/20/2024 04:38 PM

Product	Qty	Unit Price	Price
Key Fee			\$12.00
Box Number: 4713			
Keys Delivered: 1			
Key Deposit			\$5.00
Key Count: 1			
Key Number: 62852			
<b>Total</b>			<b>\$17.00</b>

Grand Total: \$17.00

Debit Card Remit \$17.00  
 Card Name: VISA  
 Account #: XXXXXXXXXXXX6364  
 Approval #: 132394  
 Transaction #: 877  
 Receipt #: 028300  
 Debit Card Purchase: \$17.00  
 AID: A0000000980840 Chip  
 AL: US DEBIT  
 PIN: Verified DEBIT

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 or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 051896-0325  
 Receipt #: 840-59200171-2-5727641-1  
 Clerk: 1