

TO THE HONORABLE CITY COUNCIL

JAN 30 2023

The undersigned respectfully petitions your body for compensation for injuries or damages sustained as follows:

Please print information that pertains to your claim.

Motor Vehicle Accident Pothole Property Damage Tax Waiver Other

Claimant Name: Anthony Aclia

Address: 208 Ober Ave

City, State, Zip: North Providence RI 02904

Telephone #: 401-~~301-0566~~ 612-1953

Date of incident (M/D/Y) 1/4/23 Time: 6:15 AM PM

Description of Incident/Claim: Driving to work on Kilkert St.

Vehicle Year: 2008 Make: Mercedes Model: E-350 Odometer reading: _____

The Pothole was located on Kilkert St. - #303 road

I notified the Finance I Public Works department on 1/11/23 (date).

The nature of my property damage is: blown out tire, unrepairable wheel/rim. front passenger

Additional information about Tax Waiver (include letter from Tax Collector stating adverse decision) _____

I request reimbursement in the amount of \$ 300.00

SIGNATURE OF CLAIMANT: [Signature] DATE 1/12/23

AFFIDAVIT

(Petitioner Name) Anthony Arlia, being duly sworn, deposes and states:

1. I have petitioned the City Council of the City of Warwick for compensation for losses arising from an incident which occurred on (date) 1/4/23 as a result of (please provide brief description):

hit pothole in front of 303 Hilbert St.
Warwick R.I.

Said claim was filed with the Finance Department on 1/26/23 (date).

FEB 03 2023

2. Check appropriate box or boxes:

I have not sought compensation, nor will I at any time seek compensation from any source (including, but not limited to, any insurance company) other than the City of Warwick, for any loss arising from the above-described incident, understanding for pothole claims, the maximum recovery is \$300.00 under Rhode Island General Law § 24-5-13 (b).

I have received compensation from a source or sources other than the City of Warwick, (including, but not limited to, any insurance company) in connection with this incident. The amount(s) which I received total \$ _____ and the source of the other payment(s) was _____

I am seeking, or intend to seek, compensation from a source or sources other than and/or in addition to the City of Warwick (including, but not limited to, any insurance company), for any loss arising from the above described incident. The source or sources from which I seek such other compensation is/are: _____

3. In the event that the Warwick City Council should deny my claim, I understand that I may pursue a claim against any other party who may be liable for my loss.

4. I understand that I am not entitled to recover more than the amount of my actual loss. If the City of Warwick pays any amount to me in connection with the above described incident, and if I should receive any amounts from any source other than the City of Warwick with respect to the above described incident, I will report such other receipt(s) to the Finance Department of the City of Warwick.

5. I have personal knowledge of the facts aforesaid.

[Signature]
Signature of Claimant or its Representative

Anthony Arlia Jr.
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 3RD day of February, 20 23

[Signature]
(Notary Public)
My Commission Expires 9/21/26

JEFFREY CHAPDELAINÉ
NOTARY PUBLIC
STATE OF RHODE ISLAND
NOTARY ID # 769417



Frank J. Picozzi
Mayor

CITY OF WARWICK
FINANCE DEPARTMENT
3275 POST ROAD
WARWICK, RHODE ISLAND 02886
(401) 738-2015

January 30, 2023

Anthony Arlia
208 Obed Avenue
North Providence, RI 02904

Dear Anthony,

This letter acknowledges receipt of your claim form to the City of Warwick. Unfortunately, the claim cannot be processed at this time due to the following reason(s);

- Claim Form – Affidavit needs to be notarized.

Once the above information is received, your claim can be processed. If you have any questions, please call 738-2015.

Claims Administration

COPY



**STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES**

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW18210555

ANTHONY P ARLIA JR
208 OBED AVE
NORTH PROVIDENCE RI 02904-4927

Date: 12/30/2021

Registration Certificate

REG NUMBER: 1GG459	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 8210555	REG EXP DATE: 01/31/2024
YEAR: 2008	MAKE: MERCEDES BENZ	MODEL: E	BODY TYPE: SEDAN	MAJOR COLOR: GOLD	MINOR COLOR: GOLD
VEHICLE IDENTIFICATION NUMBER: WDBUF87X18B295268		RENEWAL FEE: 112.50	GROSS WEIGHT: 4675 LBS	# OF PASSENGERS: 5	# OF CYLINDERS: 6
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER:	ANTHONY P ARLIA JR 208 OBED AVE NORTH PROVIDENCE RI 02904-4927		SECOND OWNER:		

- TAX TOWN: **NORTH PROVIDENCE**
- Notice: The law requires that the DMV be notified within 10 days of any change in name or address. Please visit our website to update your address online.
- Plate Cancellation -Excise Tax: Plates must be **cancelled** with the DMV to ensure the vehicle is removed from the city or town tax rolls. Please retain your receipt as proof of cancellation.
- Every registration plate shall be at all times securely fastened in a horizontal position and be in a condition to be clearly legible. Validation stickers are only to be placed securely on the lower right corner of the registration plate.
- Registration Certificate shall at all times be carried in the vehicle to which it refers or shall be carried by the person driving or in control of such vehicle.
- Proof of valid insurance/financial security is required as per Rhode Island General Laws § 31-47 (Motor Vehicle Reparatons Act).
- It is your responsibility to renew your registration prior to the expiration date. Failure to do so may result in the assignment of new plates.
- Failure to obtain an **Emissions Inspection** on or before **02/14/2024** will result in this vehicle being suspended.
- Not valid without official signature of Administrator.
- Any vehicle operating in excess of legal weight limits is required to have an overweight permit per Chapter 31-25 of the Rhode Island General Laws. Failure to obtain an overweight permit may result in the imposition of fines and/or other penalties.

WALTER R. CRADDOCK
ADMINISTRATOR
DIVISION OF MOTOR VEHICLES



TOWN FAIR TIRE CENTERS OF RHODE ISLAND LLC
 1674 HARTFORD AVE, JOHNSTON, RI. TEL (401) 751-5560

INVOICE - Wholesale-Resale

Ver 22-08

INSTALLED - C4 - Collect Payment

INVOICE NO. 29448-555		PHONE # (401) 421-6770	
ACCOUNT # 03491	P.O. #	E-MAIL	
MR. ALPINE AUTO BODY		CURRENT MILEAGE 81888	YEAR, MAKE, MODEL 08 MERCEDES-BENZ E
MS. ADDRESS 416 WEST FOUNTAIN ST.		1GG459	
CITY STATE ZIP PROVIDENCE RI 02903	CLERK #	G.P. #	DATE TIME 01/20/2023 08:34
SALE TYPE 05 Wholesale-Resale		512	

QTY	SIZE	DESCRIPTION	IBM #	LIST	PRICE	AMOUNT
2	245/40R18Y	HANKOOK VENT S1 AS H125	78834	249.00	166.00	332.00
2	18''	COMPUTER BALANCING	00149	27.00	0.00	0.00
2		JUNK CASINGS	00189	5.00	0.00	0.00
2	WHOLESALE	INSTALL PACKAGE	00308	19.95	5.00	10.00
2	TPMS VALVE	SENSOR RECONDITIONING	00445	9.00	0.00	0.00
ARTICLE #:		1028527				

These item(s) are for resale.

SAFETY WARNING: The tire manufacturer recommends that when purchasing only 2 tires the new tires be installed on the rear axle. When new tires are installed on the rear, they'll help reduce the potential for your vehicle to fishtail or hydroplane in wet conditions. I have read the above and understand it, but I wish to have the new tires installed on the front.

Customer's Initials: *[Signature]*

IBM#: 78834
 WORKMANSHIP: YES
 ROAD HAZARD: NO
 MILEAGE W/O CARE: NONE
 MILEAGE WITH CARE: NONE

RI HARD TO DISPOSE MATERIAL TAX

	1.00	2.00
SUB-TOTAL		0.00
RISALES TAX		0.00
NON-TAXABLE		344.00
TOTAL		344.00

Explanation: 2 FRONT WORKS. MOUNT WHEEL IN BACK SEAT TO R/F AND SWAP SENSOR WHEEL IN TR
 TORQUE: 96 PSI--FR:28 RR:33

SIGNATURE

C4 - Collect 344.00 COLLECT PAYMENT ! ! !

SAFETY WARNING
 After installation of mag wheels, all nuts or bolts must be retorqued (retightened) after the first 25 miles
 CUSTOMER INITIALS _____

COMMENTS - COMPLIMENTS - COMPLAINTS
 Town Fair serves thousands of customers each year. In order to help us serve you better, if you have a comment, compliment, or complaint or just want to talk to us about our operation - please call - it will be greatly appreciated.

Contact or Write
 CUSTOMER SERVICE TOWN FAIR TIRE
 460 COE AVENUE EAST HAVEN, CT 06512
 TELEPHONE (203) 467-8600 X 213
 OR TOLL FREE 1 (800) 972-2245 OR 1 (888) TOWNFAIR



HANKOOK
VENTUS V12 EVO2

Max Performance Summer

Size: **245/40ZR18 97Y XL**

Style: **Blackwall**

Load Range: **XL**

Serv. Desc: **97Y**

UTQG: **320 AA A**

Mile. War.: **None**

Qty:

4

Per Tire:

\$198.99

In Stock

Delivery by **Friday, 01/13**
to 02904

Set of 4: **\$795.96**

Compare

★★★★★ (365) | Reviews (328)

Tire Rack Tested

Free Road Hazard Protection
(\$77.08 value. Two-year coverage.)

Add to Cart

As low as **\$72/mo** with Affirm

HIGH PERFORMANCE ALL-SEASON



HANKOOK
VENTUS V2 CONCEPT2

High Performance All-Season

Size: **245/40R18 97W XL**

Style: **Blackwall**

Eco Focus: **Kontrol Technology**

Load Range: **XL**

Serv. Desc: **97W**

UTQG: **500 AA A**

Mile. War.: **45,000 Miles**

Qty:

4

Per Tire:

\$157.99

In Stock

Delivery by **Monday, 01/16**
to 02904

Set of 4: **\$631.96**

Compare

★★★★★ (180) | Reviews (162)

Free Road Hazard Protection
(\$61.20 value. Two-year coverage.)

8:57

5G

carparts.com



More Info



AutoWheels®

ALY65432U20N Jante
Wheel, Aluminum, Silver,...

Part Number:
JWALY65432U20N

★ ★ ★ ★ ★ 1 Reviews



Vehicle Info
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Guarantee Fit

\$257.99

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See All Dates

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More Info



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PCW51-7883 Rock



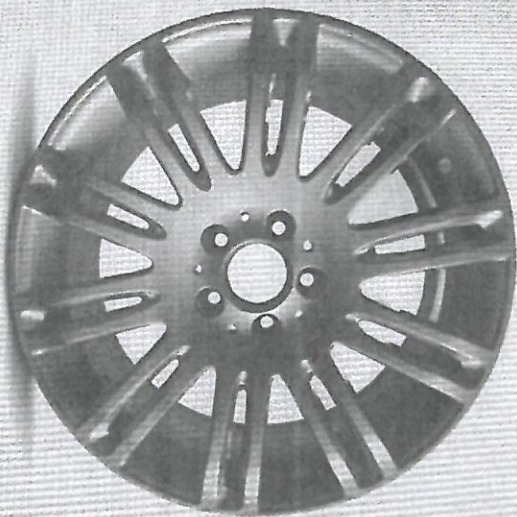
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Select Model

Select Year

Enter your vehicle information to see if this wheel will fit.

Quantity: 1

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1 Year	2 Year	3 Year
\$19.00	\$26.00	\$40.00

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