



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Treasury Dept
Date: September 12, 2022
Re: Council Claim

Please investigate the attached claim against the City of Warwick involving your department and return this recommendation to the Treasury office as soon as possible.

Date of Incident: 08/05/2022

Police/tow/auto report: N/A

Claimant: William Cardarelli
171 Sumner Avenue
Warwick, RI 02888

Claim: Hit a pothole on Third Avenue causing damage to tire, rim and alignment.


Invoice: Bald Hill Kia \$129.95

Estimates: Sullivan Tire \$99.99
Nucar Tarbox \$162.20

Department Recommends:

Approval of this claim for **\$129.95**

Denial of this claim (please include comments below):



Director Signature



Date

TO THE HONORABLE CITY COUNCIL

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: William A. Cardarelli

Address: 171 Sumner Ave.

City, State, Zip: Warwick, RI 02888

Telephone #: 4012303975

Date of incident (M/D/Y) 8/5/2022 Time: 0750 AM PM



Description of Incident/Claim: While driving down Third Ave. towards Elmwood Ave., my right front tire struck a pothole causing damage to the tire and rim. The tire was replaced and the rim was repaired and they were covered by my tire and wheel policy that I have, but I needed a front end alignment which is not covered. The price of the alignment was \$129.99, so that is the amount I am requesting. I called the Warwick Police Department and they made a report and the call number is: 22-43454.

Vehicle Year: 2019 Make: Genesis Model: G70 Odometer reading: 23,730

The Pothole was located on Third Avenue road

I notified the Finance I Public Works department on 8/5/2022 (I left message and no return call) (date).

The nature of my property damage is: Right front tire had a slice on the sidewall and the rim had road rash that required repair. The tire was replaced and I required a 4-wheel alignment due to the pothole.

Tire and rim repair was covered by my tire and rim policy, but not the alignment.

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



I request reimbursement in the amount of \$ 129.99

SIGNATURE OF CLAIMANT: [Signature] DATE 9/6/22

please sign

AFFIDAVIT

(Petitioner Name) William A. Cardarelli, 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) 8/5/2022 as a result of (please provide brief description):

Damaged front tire and rim, which required a front end alignment

Said claim was filed with the Finance Department on 8/5/2022 (date).

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: Smart AutoCare for tire and rim repair and City of Warwick for front end alignment

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.

William A. Cardarelli
Signature of Claimant or its Representative

William A. CARDARELLI
Printed Name



State of Rhode Island
County of Providence

Subscribed and sworn to before me on this 6 day of September, 2022

Cheryl A. Cady
(Notary Public)
My Commission Expires 10/29/2025

CHERYL A. CADY
Notary Public
State of Rhode Island

2 Sign & Notarized



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW18408663

Date: 06/02/2022

WILLIAM ANGELO CARDARELLI
171 SUMNER AVE
WARWICK RI 02888-1903

Registration Certificate

REG NUMBER: BC712	PLATE TYPE: PASSENGER	PLATE DESIGN: NEW ENGLAND PATRIOTS	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 8408663	REG EXP DATE: 02/28/2023
YEAR: 2019	MAKE: GENESIS	MODEL: G70	BODY TYPE: SEDAN	MAJOR COLOR: RED	MINOR COLOR: RED
VEHICLE IDENTIFICATION NUMBER: KMTG44LA6KU033404		RENEWAL FEE: 122.50	GROSS WEIGHT: 4266 LBS	# OF PASSENGERS: 5	# OF CYLINDERS: 4
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER: WILLIAM ANGELO CARDARELLI 171 SUMNER AVE WARWICK RI 02888-1903			SECOND OWNER:		

TAX TOWN: **WARWICK**

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



Service Hours
 Monday Thru Friday
 7:30AM to 5:00PM
 Saturday
 8:00AM to 4:00PM
 (401) 822-8120

72156 CAR

WILLIAM CARDARELLI 171 SUMNER AVE WARWICK, RI 02888 wcardarell1@verizon.net		VEHICLE ID KMTG44LA6KU033404	MILES IN 24019	MILES OUT 24019	DATE/TIME IN 08/16/22 15:17	DATE OUT 08/17/22	INVOICE NO. 72156
VEHICLE DESCRIPTION 2019 GENESIS G70 PRESTI					TAG NO. 00825	STATUS COMPLETE	
CONTROL NO. 119381	LICENSE PLATE NO.	CUST. LABOR RATE 179	PROD. DATE	IN-SERV DATE	DELIV. DATE	DELIV. MILES	TERMS Cash
HOME PHONE (401) 230-3975	WORK PHONE	CELL PHONE (401) 230-3975	STOCK NO.	SERV. ADV. NICOLAS ROSE (17)		ENGINE SIZE	

CUSTOMER SATISFACTION IS OUR PRIORITY!

You may receive an email survey from Kia about your experience with us. We would appreciate you taking a few minutes to complete the survey and answer the questions as honestly as you can. We hope we've earned top marks for every question as we strive to provide the best possible service to all our valued customers. If for any reason you were not completely satisfied with your service, please feel free to reach out to me so I can rectify any issues you may have. My email is amberd@baldhill.com - phone is 401-822-8120 ext. 233. Thank you!
 ~AmberLee Dingess
 Bald Hill Kia Service Manager

Line	Op-Code	Fail Code	Tech	Hours	Type	Amount						
A	MB1		A58		Serv. Cont.							
Concern	C/S HIT A POTHOJLE, DAMAGED TO PASSANGER FRONT WHEEL AND TIRE.											
Cause	TIRE HAS SIDEWALL DAMAGE FROM IMPACT											
Correction	TECH REPLACED TIRE.											
	CUSTOMER HAS SMART AUTO CARE EXTENDED WARRANTY.											
	PARTS TOTAL \$219.99											
	LABOR \$25											
	TAX \$15.40											
	TOTAL PAYABLE OF 260.39											
	EMAIL A SIGNED COPY OF INVOICE TO											
	CUSTOMERSERVICE@SMARTAUTCARE.COM											
	VEHICLE RELEASED TO:											
<table border="1" style="width: 100%;"> <thead> <tr> <th>Part Number</th> <th>Description</th> <th>Qty.</th> </tr> </thead> <tbody> <tr> <td>65228</td> <td>225/40R19 CONTI EXTRM CNT</td> <td>1</td> </tr> </tbody> </table>							Part Number	Description	Qty.	65228	225/40R19 CONTI EXTRM CNT	1
Part Number	Description	Qty.										
65228	225/40R19 CONTI EXTRM CNT	1										
B	ALIGN		A58		Customer	\$129.95						
Concern	COMPUTERIZED 4-WHEEL ALIGNEMENT - \$129.95											
Cause	ALIGN											
Correction	COMPLETED 4-WHEEL ALIGNMENT											
Line Total...						\$129.95						
C	BODY		A58		Internal							
Concern	HIT A POTHOLE, WHEEL NEEDS TO BE REFINISHED.											
Cause	ALLOY WHEEL REPAIRED WHEEL											
Correction	ALLOY WHEEL REPAIRED WHEEL											
D	360		A58		Internal							



Frank J. Picozzi
Mayor

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

August 31, 2022

William Cardarelli
171 Summer Avenue
Warwick, RI 02888

Dear William,

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 – Please sign claim form and Affidavit. Have Affidavit notarized.
- Estimates – Two estimates are required along with your invoice.

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

Claims Administration



Sullivan Tire Warwick
 1102 Jefferson Boulevard
 Warwick, RI 02886
 (401)737-5251

Customer ID: 0009021691
 Name: WILLIAM CARDARELLI
 Address:
 Address 2:
 City, State, Zip/Postal Code:
 Home Phone:
 Work Phone:
 Mobile Phone:
 Tax Exempt #:

Year: 19
 Make: Genesis
 Model: G70 Elite
 Lic No:
 VIN: QUOTE
 Color:
 Engine:
 Mileage In: 0
 Mileage Out: 0

Date/Time: 09/06/22 08:07:34
 Workorder #: 304798
 Invoice #:
 Key Tag:
 PO Number:
 Email Address:
 Fleet/Wholesale: N
 Unit Number:

Service comments:

Salesperson: B. ANGELO

TIRE PRESSURE: LF __ RF __ LR __ RR __ SPARE __

TREAD DEPTH: LF __/32 RF __/32 LR __/32 RR __/32 SPARE __/32

Qty.	Part #	RFR Loc	Description	Parts	Labor	Total
PREVENTATIVE MAINTENANCE						
1	VVI		VISUAL Vehicle Check	0.00	0.00	0.00
			TOTAL PREVENTATIVE MAINTENANCE:		0.00	
ALIGNMENTS						
1	FWA		Compreh. Vehicle Alignment	0.00	99.99	99.99
			TOTAL ALIGNMENTS:		99.99	

I hereby authorize the work described on this form to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle described herein on streets, highways and elsewhere for the purpose of testing and/or inspection. Old parts will not be returned unless I specify specifically.
 *** WORKORDER ONLY, NOT AN INVOICE ***

*** Customer Wishes To Discard Old Parts ***



TECH:	PARTS TOTAL	0.00
	SALES TAX	0.00
	LABOR TOTAL	99.99
	GRAND TOTAL	99.99



nucartarbox
Hyundai

3665 Quaker Lane, NORTH KINGSTOWN, RI 02852
P.O. Box 1890
NORTH KINGSTOWN, RI 02852
(401) 826-1500
www.nucartarboxhyundai.com

CELL: 401-230-3975

CUSTOMER NO. 154216	ADVISOR MARCUS MURPHY	1351	TAG NO. 661	INVOICE DATE 09/06/22	INVOICE NO. HYCS375783
WILLIAM A CARDARELLI 171 SUMNER AVE WARWICK, RI 02888-1903 WILLIAM.CARDARELLI@YAHOO.COM	LABOR RATE 145.00	LICENSE NO.	MILEAGE 24,000	COLOR RED/BLACK	STOCK NO.
	YEAR / MAKE / MODEL 19/GENESIS/G70/AWD 2.0T ELITE			DELIVERY DATE 06/21/19	DELIVERY MILES 60
	VEHICLE I.D. NO. K M T G 4 4 L A 6 K U 0 3 3 4 0 4			SELLING DEALER NO.	PRODUCTION DATE
	F. T. E. NO.		P. O. NO.	R. O. DATE 09/06/22	
RESIDENCE PHONE 401-230-3975	BUSINESS PHONE 401-230-3975	COMMENTS E# G4KLJA214639			MO: 24001

JOB# 1 CHARGES-----			
LABOR			145.00
# 1 ASHYZ06	ALIGNMENT	HOURS	TECH(S) 15
CUSTOMER REQUESTS ALIGNMENT ESTIMATE PROVIDED \$145.00			
JOB# 1 TOTALS-----		LABOR	145.00
		JOB# 1 JOURNAL PREFIX HYCS	JOB# 1 TOTAL 145.00
MISC-----	CODE-----	DESCRIPTION-----	CONTROL NO-----
JOB # A	C2	HAZARDOUS WASTE DISPOSAL	1.25
JOB # A	C1	SHOP SUPPLIES	15.95
		TOTAL - MISC	17.20
TOTALS-----			
*****		TOTAL LABOR....	145.00
* [] CASH [] CHECK CK NO. [] *		TOTAL PARTS....	0.00
* [] VISA [] MASTERCARD		TOTAL SUBLET....	0.00
* [] DEBIT CARD		TOTAL G.O.G....	0.00
* [] CHARGE [] EMPLOYEE [] OTHER *		TOTAL MISC CHG.	17.20
*****		TOTAL MISC DISC	0.00
		TOTAL TAX.....	0.00
		TOTAL INVOICE \$	162.20

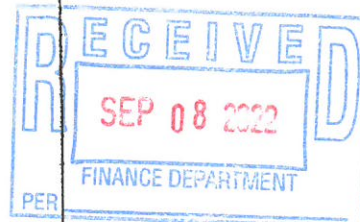
ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DISPOSAL OF HAZARDOUS WASTE
The State of Rhode Island requires that all hazardous waste (Oil, Solvents, Anti-Freeze, etc.) must be disposed of by a licensed contractor in an environmentally safe manner. Any charge for disposal of hazardous waste reflects our conformity to state law in addition to our concern for the preservation of the environment.

THANK YOU FOR SERVICING YOUR VEHICLE WITH TARBOX HYUNDAI.
SERVICE HOURS MONDAY-THURSDAY 7:30 AM - 8:00 PM
SERVICE HOURS FRIDAY AND SATURDAY 7:30 AM - 6:00 PM
ANY QUESTIONS OR CONCERNS CONTACT NATE MEYER AT 401-826-1500

CUSTOMER SIGNATURE





OUTSIDE 225/40 R 17 93T M+S RADIAL TUBELESS EXTRA LOAD

SPORT PLUS
REARWEAR 800
REARWHEEL



THE MAXIMUM PRESSURE 20 PSI (1.4 BAR) IS TO BE MAINTAINED AT ALL TIMES