



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: January 31, 2024
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: 1/25/24

Police/tow/auto report: 24-5712

Claimant: Amy Chauvin
77 Helen Avenue
Warwick, RI 02886

Claim: Hit pothole on Cowesett Avenue causing damage to tire.

Invoice: Melvin's Tire \$231.29

Estimates: BJ's \$158.99
Pep Boys \$165.99

Department Recommends:

Approval of this claim for **\$231.29**

Denial of this claim (please include comments below):



Director Signature



Date

CLAIM CHECKLIST

- Completed Claim Form
- Valid Registration
- Police/Tow or Auto Report
- Invoice

- 2 Estimates

TO THE HONORABLE CITY COUNCIL

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

JAN 31 2024

Please print information that pertains to your claim.

Motor Vehicle Accident Pothole Property Damage Tax Waiver Other

Claimant Name: Amy Chauvin

Address: 77 Helen Ave

City, State, Zip: Warwick RI 02886

Telephone #: 401 390 7805

odometer Reading 80882

Date of incident (M/D/Y) 1/25/24 Time: 930 AM AM PM

Somewhere Between 123-465 Cowesett AR

Description of Incident/Claim: Traveling from Post Road to Bald hill Rd on Cowesett Ave. I hit a pot hole dead on it made a loud noise. I would have swerved to avoid but there was on coming traffic. I made it to where I was going - when I went back out to my car my ~~to~~ passenger Rear was flat

Vehicle Year: 2018 Make: Toyota Model: Camry Odometer reading: _____

The Pothole was located on Cowesett Rd. road.

I notified the Finance I Public Works department on Called Reting 1/26/24 (date).

The nature of my property damage is: Flat Tire -

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

I request reimbursement in the amount of \$ 231.29

SIGNATURE OF CLAIMANT: Amy Chauvin DATE 1/30/24

AFFIDAVIT

(Petitioner Name) Amy Chauvin, 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) 1/25/24 as a result of (please provide brief description):

Hit Pothole, Resulting in Flat Tire passenger Rear

Said claim was filed with the Finance Department on 1/30/24 (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: _____

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.

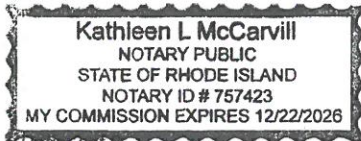
5. I have personal knowledge of the facts aforesaid.

[Signature]
Signature of Claimant or its Representative

Amy Chauvin
Printed Name

State of Rhode Island
County of Providence

Subscribed and sworn to before me on this 30th day of January, 20 24



[Signature]
(Notary Public)
My Commission Expires 12.22.2024



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW19922790

AMY L CHAUVIN
77 HELEN AVE
WARWICK RI 02886-7721

Date: 02/21/2022

Registration Certificate

REG NUMBER: OA301	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 9922790	REG EXP DATE: 02/29/2024
YEAR: 2018	MAKE: TOYOTA	MODEL: CAMRY	BODY TYPE: SEDAN	MAJOR COLOR: WHITE	MINOR COLOR: WHITE
VEHICLE IDENTIFICATION NUMBER: JTNB11HK4J3003612		RENEWAL FEE: 92.50	GROSS WEIGHT: 3991 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: AMY L CHAUVIN 77 HELEN AVE WARWICK RI 02886-7721			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 Reparations 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 **10/15/2023** 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

99 VETERANS MEMORIAL DRIVE
WARWICK, RI 02886
(401) 468-4200

REPORT # 24-5712

This report will NOT be available for the next seventy-two hours (three business days). When the report is available you may pick up a copy at headquarters. We will mail a report to you if you send in a WRITTEN REQUEST and enclose a SELF-ADDRESSED STAMPED ENVELOPE with a check or money order.

Monday - Friday
8:00 am to 4:00 pm
Records Division (401) 468-4285

Cost for reports - .15 per page

Toyota Roadside
Case # 44232564
To put Donut on.
(Mail me Report can be up to 14 days)



MELVIN'S TIRE & AUTO by MAVIS

If you are not 100% satisfied with the service you have received, please call 1-800-757-4291

MELVIN - HULING
45 HULING RD
NORTH KINGSTON, RI 02852, RI 02852
Phone: (401) 268-3882

ST:2084 WO:00042016 INV:00029597

SOLD TO: CHAUVIN, AMY
77 HELEN AVE
WARWICK RI 02886

3/2084

SHIP TO:

E-mail : alynnchauvin@gmail.com

CUSTOMER PO#	MAKE-MODEL	PLATE /ST	MILEAGE	TELEPHONE	RTE	SALESMAN	SHIP VIA	ORDER#/DATE	PAGE	REMARKS
	18 TOYOTA		In: 80882							
	CAMRY	OA301 /RI	Out: 80882	(401)390-7805	0	000005		00042016	1	

INV DATE	INVOICE#	PREV INVOICE#	TERMS	OPENED BY OPER
01/30/2024	00029597		CASH SALE	208402

ITEM NUMBER	SIZE	DESCRIPTION	QTY	UNIT PRICE	T	FET	EXTENSION
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2018 TOYOTA CAMRY 4 Dr Sedan FWD L VIN:JTNB11HK4J3003612

407213374	215/55HR17	Gdyr Assurance All Season R26	1	166.99	67	0.00	166.99
R23	EXTENDED	WARRANTY BY TREAD DEPTH	1	26.99	67	0.00	26.99
217	{17" RIM)	COMPUTER BALANCE PACKAGE	1	19.99	67	0.00	19.99
	TEST TPMS SYSTEM & BATTERIES						
	RIGHT REAR						
	..						
	RIGHT REAR						
DOT#G01:M63RJCFR5023	AG						
305		Mavis tire recycling charge	1	3.50	67	0.00	3.50

Method of Payment:

CASH TENDERED:	200.00
Mastercard/visa	31.29
CHANGE:	.00

CONTINUED

Odometer
80882



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	CAMRY	OA301 /RI	Out: 80882	(401)390-7805	0	000005		00042016	2	

INV DATE	INVOICE#	PREV INVOICE#	TERMS	OPENED BY OPER
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ITEM NUMBER	SIZE	DESCRIPTION	QTY	UNIT PRICE	T	FET	EXTENSION
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Tax Code	Summary	Taxable	Rate	Tax	Taxable	Rate	Tax
Tires	RI Sales Tax	166.99	7.000%	11.69	Other Parts	RI Sales Tax	2.13

In compliance with federal law, Mavis Tire is providing the tire purchaser's name and address and tire identification number to the manufacturer.

WARNING: LUG NUTS/BOLTS MUST BE CHECKED AND RETORQUED IMMEDIATELY AFTER THE FIRST 25 MILES OF USE. PLEASE RETURN TO MAVIS IMMEDIATELY AFTER 25 MILES OF YOUR SERVICE SO THAT WE CAN CHECK AND RETORQUE YOUR LUG NUTS/BOLTS.

PARTS	LABOR	TAX %	TAXABLE AMT	TAX	FET	MISC AMT	INVOICE TOTAL
166.99	19.99	7.000%	197.48	13.82			Total Invoice 231.29
30.49	0.00				0.00	0.00	Balance Due 231.29

#1 2



Home > Find Tires > 215/55R17 > Goodyear Assurance All-Season

Goodyear Assurance All-Season

★★★★☆ (984)



\$165.99 per tire

Save up to \$100 on Select Goodyear Tires w/ Mail-In Rebate* ⓘ

ASSURANCE ALL-SEASON

★★★★☆ 4.5 (1240)

Size: 215/55R17 | Article ID: 230730 | Manufacturer Code: 407213374



#1

\$158.99 /Tire

4 tires - 2 Days

Install at: BJ's Tire Center - Brookfield, Connecticut

Installation \$80.00

Estimated Subtotal: \$715.96

Savings - Save \$80 On Installation When You Purchase 4 Goodyear Tires: -\$80.00
Valid 1/29/2024 - 1/31/2024

Savings - Get \$40 Off on a Set of 4 Goodyear Tires: -\$40.00
Valid 1/9/2024 - 1/31/2024