



Recommendation Memo

To: Richard Crenca, Department of Public Works
From: Margie White, Finance Department ext. 9641
Date: April 27, 2018
Re: Council Claim

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

Date of Incident: 04/02/2018

Police/tow/auto report: N/A

Claimant: Gary Bucco
34 Fifth Avenue
East Greenwich, RI 02818

Claim: Hit a pothole on Love Lane causing damage to tire.

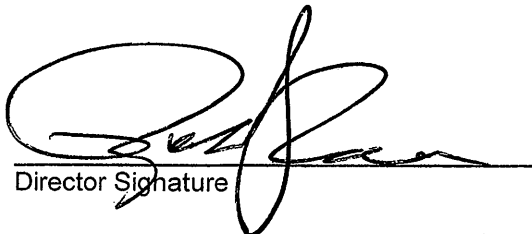
Invoice: Tiogue Shell Auto \$245.45

Estimates: Melvin's Tire Pro \$267.09
Mercedes Benz \$316.72

Department Recommends:

Approval of this claim for **\$245.45**.

Denial of this claim (please include comments below):


Director Signature

5/25/18
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: Gary Bucco

Address: 34 fifth ave

City, State, Zip: east Greenwich RI 02818

Telephone #: 401-369-5647

Date of incident (M/D/Y) 4/2/2018 Time: 3:00 AM PM

Description of Incident/Claim: Traveling on love lane and hit a pothole at intersection of Bayview Ave. Could not stop immediately due to traffic and then pulled over to check tires and notice bubble on side wall of tire. The TPMS did not indicate a leak at that time but I took the car to my mechanic to have it checked and he determine it was not repairable .

Vehicle Year: 2012 Make: Mercedes Model: E550 Odometer reading: 31966

The Pothole was located on Love Lane @ Bayview road.

I notified the Finance I Public Works department on 4/4/2018 (date).

The nature of my property damage is: Tire sidewall damage (see photo)

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

I request reimbursement in the amount of \$ 245.45

SIGNATURE OF CLAIMANT: [Handwritten Signature] DATE 4/24/18

AFFIDAVIT

(Petitioner Name) Gary Bucco, 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) 4/2/2018 as a result of (please provide brief description):

Hit pothole on Love Lane causing tire damage that was not repairable. Replaced tire

Said claim was filed with the Finance Department on 4/4/2018 (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.

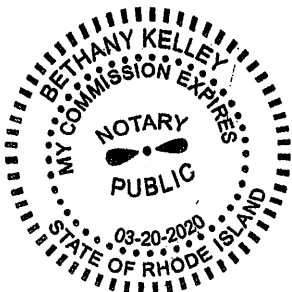
[Signature]
Signature of Claimant or its Representative

GARY BUCCO
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 2nd day of April, 20 18

[Signature]
(Notary Public)
My Commission Expires 3-20-20





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW17460755

GARY M BUCCO
34 5TH AVE
EAST GREENWICH RI 02818

Date: 04/06/2018

Registration Certificate

REG NUMBER: 7199	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 7460755	REG EXP DATE: 01/31/2019
YEAR: 2012	MAKE: MERCEDES BENZ	MODEL: E	BODY TYPE: SEDAN	MAJOR COLOR: SILVER	MINOR COLOR: SILVER
VEHICLE IDENTIFICATION NUMBER: WDDHF98B9CA617437		RENEWAL FEE: 111.50	GROSS WEIGHT: 4895 LBS	# OF PASSENGERS: 5	# OF CYLINDER: 8
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER: GARY M BUCCO 34 5TH AVE EAST GREENWICH RI 02818			SECOND OWNER:		
GARAGED AT ADDRESS:			TAX TOWN: EAST GREENWICH		

- 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. 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 Repairs 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 04/26/2018 will result in this vehicle being suspended.
- Not valid without official signature of Administrator.

WALTER R. CRADDOCK
ADMINISTRATOR
DIVISION OF MOTOR VEHICLES

TIOGUE SHELL AUTO CARE
 866 TIOGUE AVE
 Coventry, RI. 02816
 Phone: 401-615-7455 Fax: 401-615-7443
 THANK YOU FOR YOUR BUSINESS

INVOICE

1241

Org. Est. # 001254



Date: 04/21/2018

BUCCO, GARY
 34 FITH AVE
 East Greenwich, RI 02818
 Home 401-369-5647

2012 Mercedes-Benz - E550 4Matic - 4.6L, V8 (285CI) VIN(Not /
 Lic # : 7199 Odometer In : 31966

VIN # : WDDHF9BB9 CA617437

Part Description / Number	Qty	Sale	Ext	Labor Description	Ext
MICHELIN PILOT SPT AS 3+ Size: 245/40R18Y 11269-548 Shop Supplies	1.00	175.00	175.00	PRO RATED ROAD HAZARD WARRANTY 30026	50.00
			5.79	Hazardous Materials	2.00

Org. Estimate 483.66 Revisions 0.00 Current Estimate 483.66

Labor:	50.00
Parts:	180.79
HazMat:	2.00
SubTotal:	232.79
Tax:	12.66
Total:	245.45
Bal Due:	\$245.45

Payments - 1
 Vehicle Received: 4/16/2018

Customer Number : 593

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein
 on street, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the
 of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the
 original cost of repair.

Signature _____ Date _____

Our Email Address: SAM@TIOGUESHELL.NECOXMAIL

Please enter your credit card billing information. You will be prompted to enter your credit card number after reviewing your order details.

YOUR NEW TIRES

1 Pilot® Super Sport

First Name*
Last Name*
City*

Street Address Line1*

Street Address Line1

Street Address Line2

Street Address Line2

City* State* Zip Code*

Phone* Email*
Cell Home Work

Select Number Type*

Cell Home Work

Sign me up for the latest news and emails.

\$223.99 per tire

Tire Subtotal \$223.99
Installation and disposal/environmental fees \$21.00

TPMS Kit \$6.00
Sales Tax \$16.10

TOTAL \$267.09

REVIEW YOUR ORDER

SACK

YOUR VEHICLE DETAILS

2012 Mercedes-Benz E550 4Matic

Melvin's Tire Pros
4.60 Miles From Location
45 HULING RD
NORTH KINGSTOWN, RI 02862

YOUR APPOINTMENT TIME

Wednesday, April 25, 2018
9:00 AM

Switch Installer

Questions? 1-866-706-1141

My Shots

Vehicle Tire Center | Online Tire Finder | Merc

mercedesbenzofwarwick.com 1 minute ago expires in 14 days



Download

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1997 Bald Hill Road, Warwick, RI 02886

You Are Here: Home > Service > Tire Center

Tire Center

Supplied parts



Michelin Pilot Sport A/S 3 Plus

All Season
Run-Flat
45,000 Mile Warranty
24-Month Road Hazard Coverage
245/40ZR18 J97Y

Tire Price	Installed Price
\$238.00	\$296.00

1

\$4164.00
Set of 4, fully installed = \$1634.00
(tax not included)



Continental ContiWinterContact TS 816S

Winter

Tire Price	Installed Price
\$254.00	\$242.00

+TAX

20.72

316.72

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