



## Recommendation Memo

**To:** Richard Crenca, Department of Public Works  
**From:** Margie White, Finance Department ext. 9641  
**Date:** May 22, 2018  
**Re:** Council Claim

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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:** 04/21/2018

**Police/tow/auto report:** 18-23536

**Claimant:** Debbie DeRosa/ Joseph Disanto

**Claim:** Hit a pothole on Jefferson Blvd causing damage to tire & rim.

**Invoice:**

Firestone Complete	\$110.13
Tirerack.com	\$138.36


**Estimates:**

Town Fair Tire	\$165.56
Pep Boys	\$197.27

**Department Recommends:**

**Approval** of this claim for **\$248.49**

**Denial** of this claim (please include comments below):

  
\_\_\_\_\_  
Director Signature

6/27/18  
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: Debbie DeRosa / JOSEPH DISANTO

Address: 138 SHADOW BROOK DRIVE

City, State, Zip: WARWICK RI 02886

Telephone #: 401-497-2080

Date of incident (M/D/Y) 4/21/18 Time: 11:15 (AM) PM

Description of Incident/Claim: HIT POT HOLE CAUSING DAMAGE TO TIRE AND RIM

Vehicle Year: 2013 Make: MERCEDES Model: C300 Odometer reading: 64,250

The Pothole was located on Jefferson BLVD. UNDER 95 OVERPASS road.

I notified the <sup>Police</sup> ~~Finance / Public Works~~ department (circle one) on 4-24-18 (date).

The nature of my property damage is: \_\_\_\_\_

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

I request reimbursement in the amount of \$ 248.49.

SIGNATURE OF CLAIMANT: Debbie DeRosa DATE 5/4/18

**AFFIDAVIT**

(Petitioner Name) Debbie DeRosa, 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) \_\_\_\_\_ as a result of (please provide brief description):  
\_\_\_\_\_  
\_\_\_\_\_

Said claim was filed with the Finance Department on \_\_\_\_\_(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.

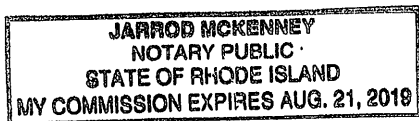
5. I have personal knowledge of the facts aforesaid.

Debbie DeRosa  
Signature of Claimant or its Representative

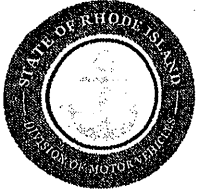
Joseph DiSanto  
Debbie DeRosa  
Printed Name

State of Rhode Island  
County of Kent

Subscribed and sworn to before me on this 4<sup>th</sup> day of May, 2018.



Jarrod McKenney  
(Notary Public)  
My Commission Expires Aug. 21 2019



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](http://WWW.DMV.RI.GOV)



JOSEPH DISANTO  
138 SHADOW BROOK DR  
WARWICK RI 02886

Date: 04/06/2018

Registration Certificate

REG NUMBER: <b>GV129</b>	PLATE TYPE: <b>PASSENGER</b>	PLATE DESIGN: <b>WAVE</b>	VEHICLE TYPE: <b>PASSENGER</b>	DRIVERS LICENSE: <b>N/A</b>	REG EXP DATE: <b>04/30/2020</b>
YEAR: <b>2013</b>	MAKE: <b>MERCEDES BENZ</b>	MODEL: <b>C30</b>	BODY TYPE: <b>SD</b>	MAJOR COLOR: <b>WHITE</b>	MINOR COLOR: <b>WHITE</b>
VEHICLE IDENTIFICATION NUMBER: <b>WDDGF8AB6DR281269</b>		RENEWAL FEE: <b>\$111.50</b>	GROSS WEIGHT: <b>4476</b>	# OF PASSENGERS: <b>5</b>	# OF CYLINDERS: <b>6</b>
FUEL TYPE: <b>GAS</b>	CARRYING CAPACITY: <b>N/A</b>	LENGTH: <b>N/A</b>	CCs: <b>N/A</b>	MAX SPEED: <b>N/A</b>	
REGISTERED OWNER/LEASING COMPANY: <b>JOSEPH DISANTO 138 SHADOW BROOK DR WARWICK RI 02886</b>			SECOND OWNER/LESSEE:		
GARAGED AT ADDRESS:			TAX TOWN: <b>WARWICK</b>		

- 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 **11/14/2019** will result in this vehicle being suspended.
- Not valid without official signature of Administrator.

WALTER R. CRADDOCK  
Administrator  
Division Of Motor Vehicles

04/06/2018

or Date: 04/24/2018 - Tuesday

<u>Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
3-23536	1402	Walk-In - POT HOLE	Services Rendered	3
Call Taker:		DLAWING - Civilian Dewey R Lawing Jr.		
Call Closed By:		CMCALIS - Civilian Colleen E McAlister-Williams 04/24/2018 1424		
Location/Address:		[203 2740] 1 JEFFERSON BLVD		
Calling Party:		DEROSA, DEBBIE @ 138 SHADOW BROOK DR - WARWICK, RI 401-398-7693		
		SSN: [REDACTED] DOB: [REDACTED] Race: W Sex: F		
Unit:		T39 Civilian Colleen E McAlister-Williams		
		Disp-14:08:26 Arvd-14:08:29 Clrd-14:24:53		
Vehicle:		WHI 2013 MERZ Reg: PC RI GV129 VIN: WDDGF8AB6DR281269		
Operator:		DEROSA, DEBBIE P @ 138 SHADOW BROOK DR - WARWICK, RI 02889		
		SSN: [REDACTED] DOB: 02/02/1961 Race: W Sex: F		
Owner:		DISANTO, JOSEPH @ 138 SHADOW BROOK DR - WARWICK, RI		
		SSN: [REDACTED] DOB: 12/01/1958 Race: W Sex: M		

Narrative:  
ANOTHER VICTIM OF THE POT HOLE AT THE ROUTE 95 OVERPASS ON JEFFERSON BLVD.

Narrative:  
RP RESPONDED TO POLICE TO REPORT THAT ON 4/21/18 WHILE TRAVELING SOUTH IN THE AREA OF JEFFERSON BLVD JUST UNDER THE 95 OVERPASS, RP STRUCK A POT HOLE CAUSING DAMAGE TO THE FRONT PASSENGER TIRE AND RIM.

Customer Invoice  
315062  
04/25/2018

**FIRESTONE COMPLETE AUTO CARE**  
**WARWICK MALL**  
**400 BALD HILL RD STE 450**  
**WARWICK, RI. 02886-1617**  
**DUPLICATE INVOICE**

Service Advisor: -  
02 NICK  
401.738.1661

Re-Printed on 05/04/2018 04:12 PM

DEROSA, DEB JOE  
138 SHADOW BROOK DR  
WARWICK, RI 02886-9556  
401.497.2080

2013 MERCEDES-BENZ C300 4MATIC  
3.5L V6 FI GAS  
Lic #: GV129 RI Vin #: WDDGF8AB6DR281269  
In: 04/25/18 4:03PM Mileage: 65,812  
Out: 04/25/18 5:29PM Mileage: 65,812

Store # 014702

**RETAIL SALE**

Description	Rev Hist /Article #	ID	Qty	Unit Price	Extended Price	Job Total
<b>TIRE BUYER INSTALL 45 SERIES &amp; BELOW</b>		02				<b>22.00</b>
CHECK RIM						
INSTALLER TIRE VALVE	7003282	06TN	1	2.00	2.00	
TIRE BUYER INSTALLATION 45 SERIES & BELO	7013679	06TS	1	7.50	7.50	
TIRE BUYER WHEEL BALANCE LABOR	7013684	06NS	1	10.00	10.00	
INSTALLER SCRAP TIRE RECYCLING CHARGE	7084301	06TN	1	2.50	2.50	
<b>ALIGNMENT SERVICE - ONLINE QUOTE</b>		02				<b>79.99</b>
ALIGNMENT SERVICE - ONLINE QUOTE	7009500	06NS	1	79.99	79.99	
<b>COURTESY CHECK</b>		02				
COURTESY CHECK	7046930	06NS	1	N/C	N/C	

Technician(s):  
06 JESHON

Payment History:  
ECA Check 3860 110.13 2545  
Total Tendered 110.13

**Summary:**  
**Parts** 2.00  
**Labor** 99.99  
**Shop Supplies** 6.82  
**Sub-Total** 108.81  
**Tax (7.00%)** 1.32  
**Total** \$110.13

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

Customer Signature

**All parts are new unless otherwise specified.**

Declined Work:  
ALIGNMENT SERVICE (LIFETIME WARRANTY)

**HOW ARE WE DOING?**

Tell us about your experience today!  
Complete a 4-minute survey for a chance to win \$500 in store services  
Visit [www.FirestoneSurvey.com](http://www.FirestoneSurvey.com) within 4 days and enter Code 014702-315062

Invoice

[Web Version](#)

888-727-8092

Tires    Wheels    Parts & Accessories    Research & Advice    Delivery & Installation

## THANK YOU FOR YOUR ORDER

Your order is currently being reviewed and processed. As soon as it leaves our distribution center you will receive a shipment confirmation via email as well.

### Order Details

Order Number: **CK43403**  
Order Date: **04/21/2018**  
Shipping Method: **UPS Ground**  
Items Shipping from: **Windsor, CT**

### PRODUCTS ORDERED

Size & Description	Qty	Availability	Price Each	Item Total
<b>225/45ZR-17 CONTINENTAL EXTREMECONTACT DWS 06 SL</b> DOWNLOAD WARRANTY BROCHURE PDF	1	In Stock	\$120.75	\$120.75

Includes Free Road Hazard Protection (\$9.36 value. Two-year coverage.) \$0.00

**Note:**

RHP Reference Number(s): 440017326525

To make a claim, please contact the Road Hazard Program Administrator | (855) 623-0468  
[www.tirerack.com/roadhazard](http://www.tirerack.com/roadhazard)

<b>RETAIL TIRE REGISTRATION CARD</b>	1	In Stock	N/C	N/C
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**BASIC LIMITED WARRANTY**

**1**

**In Stock**

**N/C**

**N/C**

**Note:**

Customer advised that mixing tire types/sizes or new with partially worn tires may cause unpredictable handling, braking or loss of vehicle control.

**Track**

**VEHICLES**

Some products above selected for the following vehicle(s)

**Vehicle: 13 Mercedes-Benz C300 4MATIC Sedan**

**Note:**

As a complimentary service to you, the Tire Identification Codes for the tires you purchased have been automatically registered in accordance with Department of Transportation (DOT) requirements. Read More

**Payment Summary**

**Shipping Info**

Joseph Disanto  
138 Shadow Brook Dr  
Warwick, RI 02886-9556  
978-618-6981

**Customer Number: 4153345-000**

**Item(s) Total: \$120.75**

**Shipping: \$8.56**

**Sales Tax: \$9.05**

**Billing Info**

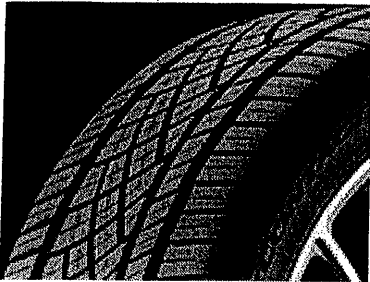
Joseph Disanto  
PO BOX 8109  
Chandler, AZ 85246-8109  
978-618-6981

**Order Total: \$138.36**



**Item**

**Price**



**CONTINENTALEXTREME CONTACT DWS06**  
**SIZE: 225/45R17W**

Price per Tire:  
\$131.00

**\$131.00**

For 1tire(s)

1

**COMPUTERIZED WHEEL BALANCE & NEW RUBBER VALVE STEM OR TPMS SENSOR RECONDITIONING**

Price per Tire:  
\$22.90

**\$22.90**

For 1tire(s)

**FRONT WHEEL ALIGNMENT**

**IF YOU WISH, BASED ON VEHICLE MANUFACTURER'S RECOMMENDATION OF A FOUR WHEEL (FRONT & REAR) ALIGNMENT, TOWN FAIR TIRE WILL DO IT FOR \$55.00.**

**\$0.00**

**PLEASE SELECT YOUR STATE TO PROCEED:**

RI

**TIRE DISPOSAL**

**NOTE: IF YOU WISH TO KEEP YOUR OLD TIRES, WE WILL REMOVE THIS CHARGE AT THE TIME OF PURCHASE IN THE STORE.**

Price per Tire:  
\$2.00

**\$2.00**

For 1tire(s)

**RHODE ISLANDSALES TAX**

**\$9.66**

**TOTAL**

**\$165.56**

**FACTORY RECOMMENDED 4 WHEEL ALIGNMENT**

\$119.00

**BASED ON VEHICLE MANUFACTURER'S RECOMMENDATION OF A FOUR WHEEL (FRONT & REAR) ALIGNMENT. TOWN FAIR TIRE WILL DISCOUNT THE FOUR WHEEL ALIGNMENT FROM \$119.00 TO \$55.00. WOULD YOU LIKE TO ADD THIS TO YOUR PURCHASE?**

**\$55.00**

ADD



W WARWICK  
 375 QUAKER LANE  
 375 QUAKER LN  
 WEST WARWICK, RI 02893  
 (401) 826-3336  
 EPA# RID987486974

Service Manager : ALFRED GREEN

If you have any questions or concerns,  
 please call:  
 (401) 428-5583

TRACKING ID# *	
Store ID #	Service Work Order #
0196	2207851

Insurance :  
 Policy Number :

Name: Address: City: State: Zip: Home Phone: Contact Phone:	Year: 2013 Make: MERCEDES BENZ Model: C300 Engine: V6-3498 3.5L DOHC Vin No.: License No.: Mileage In / Out: Color:	Date: 2018-05-22 Entered By: NA Time In: 12:52:28 Date/Time Promised: Old Parts Returned: no
Storage Charges: Any vehicle that is left unattended for more than 7 business days may be towed at the owner's expense. For more information, please see Store Manager.		

BY AUTHORIZING PEP BOYS TO PERFORM THE REPAIRS ON THIS WORK ORDER AND TO FURNISH THE NECESSARY MATERIALS AND ITS EMPLOYEES TO OPERATE THE VEHICLE FOR PURPOSES OF INSPECTION, TESTING AND DELIVERY, I UNDERSTAND THAT ANY COST QUOTED IS AN ESTIMATE. I UNDERSTAND THAT UNLESS DIRECTLY CAUSED BY PEP BOYS, IT IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS; THAT THE VEHICLE MAY BE PARKED IN THE PEP BOYS' PARKING LOT AND THAT VEHICLES ARE LEFT OVERNIGHT AT OWNER'S RISK.

Initial Estimate	Parts \$:	Labor \$:	Total \$:	Date and Time:
	168.49	16.99	197.27	2018-05-22 12:52:28

CUSTOMER NOTIFIED OF AND APPROVED INCREASE(S) IN THE ORIGINAL ESTIMATED PRICE  
 \_\_\_\_\_ IN PERSON ( ) PHONE  
 SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

YOU WILL NOT BE CHARGED A TIRE HANDLING CHARGE IF YOU CHOOSE TO DISPOSE OF YOUR OWN TIRES.  
 NOTICE: - IF YOU ELECT TO DISPOSE OF YOUR OWN TIRES, YOU ARE RESPONSIBLE FOR PROPERLY DISPOSING OF YOUR USED TIRES IN ACCORDANCE WITH EPA GUIDELINES AND ANY APPLICABLE LAWS  
 \_\_\_\_\_ CUSTOMER SIGNATURE

TYPE	PART	DESCRIPTION	CODE	MECHANIC	HRLY RATE	HRS	QTY	SOURCE	EACH	TOTAL
<b>Not Yet Authorized</b>										
K	9084807	TIRE INSTALLATION PACKAGE					1		0.00	0.00
B		TIRE MOUNTING		N			1		3.00	3.00
N	6001	TIRE HANDLING CHARGE - PEPBOYS		N			1		15.99	15.99
B		WHEEL BALANCE PASSENGER 16-19 & TRUCK		N			1		9.50	9.50
N	9066K	Dill TPMS Service Kit		N			1		1.00	1.00
B		REBUILD TPMS		N						
									<b>Package SubTotal :29.49</b>	
N	15499640000	Continental ExtremeContact DWS06 225/45ZR17 50,000 MILE PRORATED		N			1		155.99	155.99

Parts: 168.49 Labor: 16.99 Other: 0.00 Tax: 11.79 Total: 197.27

Code Descriptions

N:New

Service Information

TIRE MOUNTING  
 OK,YEL,RED,NC|Front Brake Gauge Reading (Ok, Yellow, Red or Not Checked):

OK,YEL,RED,NC|Rear Brake Gauge Reading (Ok, Yellow, Red or Not Checked):



**Bruce Keiser**  
Interim Finance Director

**Scott Avedisian**  
Mayor

**CITY OF WARWICK**  
FINANCE DEPARTMENT  
3275 POST ROAD  
WARWICK, RHODE ISLAND 02886  
(401) 738-2004

May 15, 2018

Debbie DeRosa/Joseph Disanto  
138 Shadow Brook Drive  
Warwick, RI 02886


Dear Debbie/Joseph

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);

- Estimates – In addition to your paid invoice, two additional estimates are required.

Mail to:  
City of Warwick Claims  
3275 Post Road  
Warwick, RI 02886

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

  
Claims Administration