



## Recommendation Memo

**To:** Richard Crenca, Department of Public Works  
**From:** Margie White, Finance Department ext. 9641  
**Date:** June 25, 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:** 05/20/2018

**Police/tow/auto report:** N/A

**Claimant:** Jeff Sweet  
937 Cedar Swamp Road  
Warwick, RI

**Claim:** Hit a pothole on Sandy Lane causing damage to tie rods and alignment.

<b>Estimates:</b>	Ray's Service Center	\$200.00
	Larry's Garage	\$240.00
	Leo Tire Sales	\$234.19

**Department Recommends:**

**Approval** of this claim for \$0

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

This department denies responsibility for any repairs to the claimant's vehicle. The claimant states that he was turning into the library on Sandy Lane, where there have been no complaint of potholes. As well, per RIGL, the claim must be filed within seven days, whereas this claim was not submitted until nearly a month after the alleged incident on June 25, 2018.

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: Jeff O Sweet
Address: 937 Cedar Swamp Rd
City, State, Zip: Warwick RI
Telephone #: 696-1886

Date of incident (M/D/Y) 3-20-18 Time: 2:00 AM (PM)

Description of Incident/Claim: going down sandy lane pulling in to Warwick Library hit a couple pot holes which caused steering wheels a lot of play in my steering and clicking.

Vehicle Year: 1999 Make: Linx Model: Town Odometer reading:

The Pothole was located on Sandy Lane road.

I notified the Finance / Public Works department (circle one) on (date).

The nature of my property damage is: Tie Rods Alignment

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

I request reimbursement in the amount of \$ 240.00

SIGNATURE OF CLAIMANT: Jeff O Sweet DATE 6-25-18

**AFFIDAVIT**

(Petitioner Name) \_\_\_\_\_, 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.

[Signature]  
Signature of Claimant or its Representative

Jeff Sweet  
Printed Name

State of Rhode Island  
County of Kent

Subscribed and sworn to before me on this 25<sup>th</sup> day of June, 20 18.

Margie A White  
(Notary Public)  
My Commission Expires 7/25/20



# Vehicle Inspection Report

STATE OF RHODE ISLAND

MOTOR VEHICLE INSPECTION AND MAINTENANCE



SUMMARY RESULTS	OVERALL RESULT	EMISSIONS	FUNCTIONAL INSPECTION	SAFETY	STICKER NUMBER
	Pass	Pass	Pass	Pass	18126721

### STATION INFORMATION

VIN NUMBER	INSPECTOR NAME	INSPECTOR LICENSE NUMBER	STATION NUMBER	SOFTWARE VERSION
SY020178	Raymond Gardiner	CIT002240	ST000618	170201
STATION NAME				
RAY'S SERVICE CENTER				
STATION STREET ADDRESS				
33 CLORANE STREET				
CITY	WARWICK RI	ZIP CODE	02889	

### VEHICLE INFORMATION

VIN	LICENSE PLATE NUMBER	PLATE TYPE	STATE	YEAR	VEHICLE TYPE	GVWR	ENGINE SIZE	VALVE
1LNHM81W4XY720451	HX163	Private Passenger	RI	1999	Passenger Car	5390	4.60	16V
MAKE	MODEL	ODOMETER	FUEL TYPE	CYLINDERS	TRANSMISSION	DUAL ENGINE		
LINCOLN	TOWN CAR	115677	Gasoline	8 Cyl	Automatic	Single		

### CONSUMER INFORMATION

You have completed the Rhode Island Emissions and Safety Test. The Overall Result indicates whether your vehicle has passed or failed the inspection. You may reinspect until the end of the month on your current inspection sticker to obtain repairs and a reinspection. You are entitled to one free reinspection after you have your vehicle repaired as long as you return to this station within 30 days. If you have any questions, please call (401)737-0556.

### EMISSIONS COMPONENT INSPECTION INFORMATION

RESULT	N/A	TEST DATE	04/05/2018	TEST TIME	16:51
Comments	N/A	FUEL ECONOMY	N/A	TEST TYPE	Init
		AUTHORIZATION NUMBER	13955505		
		TEST ID NUMBER	1		
		AMOUNT PAID	\$55.00		

### FUNCTIONAL INSPECTION

DEFLECTOR VISUAL CHECK	Pass	OBD READINESS	Pass	MIL COMMANDED	Pass	OBD TEST	P
Dashboard Mil Light Results:		MIL EQUIPPED	Yes	KOEO	Pass	KOER	P

### SAFETY INSPECTION RESULTS

Back-Up Lamps	Pass	Ball Joints	Pass	Body Items
Brake Drums and Discs (see comments)	Pass	Brake Failure Warning Lamp	Pass	Brake Lining or Pads
Brake Performance	Pass	Brake Pedal Reserve	Pass	Bumper (Rear and Protection, over 10,000 pounds)
Door (Front Latches)	Pass	Emergency Brake	Pass	Exhaust System
Fender and Flaps	Pass	Floor and Other Panels	Pass	Fuel Tank (see comments)
Glass	Pass	Hazard Switch	Pass	Headlamps
Vehicle Alterations within Regulation	Pass	Horn	Pass	Master Cylinder
Mirrors	Pass	Parking Brakes	Pass	Plates and Plate Light
Reflectors	Pass	Seat Belts	Pass	Seats
Spring, Torsion Bars, Shocks	Pass	Steering, Alignment, and Suspension (see comments)	Pass	Tires (see comments)
Transmission	Pass	Wheels	Pass	Windshield Wipers
Windshield Condition	Pass	Hydraulic System	Pass	Universal Joints
Other Lamps (see comments)	Pass	Air Bags	Pass	Other


Comments and Other Defects:

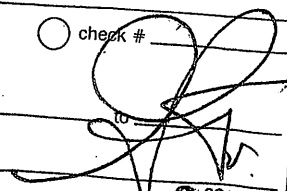
# Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**

<p><b>Jeff Sweet</b> Silver Membership Valued Customer Since 2017</p>  <p>Form A022 (03/11)</p> <p><b>IF YOU'RE IN AN ACCIDENT</b> 1. Remain at the scene. Don't admit fault. 2. Find a safe location, call the police, and exchange driver information. 3. Call Progressive right away.</p> <p><b>TO REPORT A CLAIM</b> Call 1-800-274-4499 or go to <a href="http://claims.progressive.com">claims.progressive.com</a>.</p> <p>Use your own repair shop, or choose one in our network. Or, let us manage the process start-to-finish at our Service Center in Johnston, RI.</p> <p style="text-align: center;"><b>PROGRESSIVE</b></p> <p style="text-align: center;">KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p><b>RHODE ISLAND AUTOMOBILE INSURANCE IDENTIFICATION CARD</b></p> <p>Policy Number: 915644576      NAIC Number: 24260 Effective Date: 12/30/2017      Expiration Date: 06/30/2018 Insurer: Progressive Casualty Insurance Co 1-800-876-5581 PO Box 6807 Cleveland, OH 44101</p> <p><b>Named Insured(s):</b> Jeff Sweet</p> <p><b>Your Agent:</b> DeGiulio Insurance Group 1-401-921-5690 1865 POST RD UNIT 105 WARWICK, RI 02886</p> <table border="1"> <tr> <th>Year</th> <th>Make</th> <th>Model</th> <th>VIN</th> </tr> <tr> <td>1999</td> <td>Lincoln</td> <td>Town Car</td> <td>1LNHM81W4XY720451</td> </tr> </table> <p><b>PURSUANT TO RHODE ISLAND LAW, THE CONSUMER HAS THE RIGHT TO CHOOSE THE REPAIR FACILITY TO COMPLETE REPAIRS TO A MOTOR VEHICLE.</b></p> <p><b>AN INSURANCE COMPANY MAY NOT INTERFERE WITH THE CONSUMER'S CHOICE OF REPAIRER.</b></p>	Year	Make	Model	VIN	1999	Lincoln	Town Car	1LNHM81W4XY720451
Year	Make	Model	VIN						
1999	Lincoln	Town Car	1LNHM81W4XY720451						

RECEIPT	date	6 / 1 / 18	No.	999587	
	received from	Jeff Sweet			
	amount	One Hundred Forty Four		144	
	for payment of	Auto Ins.			
	<input checked="" type="radio"/> cash	<input type="radio"/> money order	<input type="radio"/> credit card	<input type="radio"/> check #	
	amount due		from		
amount paid	144	to			
balance		signature			
SC1152WS					

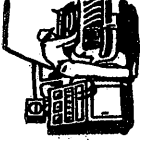
**RAY'S SERVICE CENTER, INC.**  
 33 Clorane Street  
 WARWICK, RHODE ISLAND 02889  
 (401) 738-8859

REGISTRATION NO.		DATE		6-11-88	
NAME					
STREET					
CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID/OUT. ACCT. FORWARD
Liters/Gals. Gasoline					
Liters/Qts. Oil					
Lubrication					
Oil Filter					
<i>REPLACE BOTH OUTER TIRE BEARS</i>					
CUSTOMER'S SIGNATURE					TOTAL
					TAX
					<i>[Signature]</i>

C PRODUCT 608 All claims and returned goods MUST be accompanied by this bill.

5894

*Thank You*



**Larry's Garage LLC**  
 14A Clorane Street  
 Warwick, RI 02889  
 (401) 737-1226

REGISTRATION NO.		DATE		6-22-18	
NAME					
STREET					
CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
Liters/Gals. Gasoline					
Liters/Qt. Oil					
Lubrication					
Oil Filter					
<i>Replace</i>					
<i>Tire Rools</i>					
CUSTOMER'S SIGNATURE					TAX
					TOTAL
					<i>290.00</i>

C PRODUCT 608 All claims and returned goods MUST be accompanied by this bill.

*Thank You*

LEO TIRE SALES INC.

1791 ELMWOOD AVE.

WARWICK, RI 02888

PHONE 401-781-7890

FAX 401-781-1630

ROB

# Estimate

Date	Estimate #
6/11/2018	59

Name / Address
JEFF SWEET 937 CEDAR SWAMP ROAD WARWICK, RI 02889

			Project
Description	Qty	Cost	Total
BOTH OUTER TIE ROD ENDS	2	16.00	32.00T
LABOR	1.5	80.00	120.00
FRONT WHEEL ALIGNMENT SET CAMBER, CASTER+TOE	1	79.95	79.95
<b>Subtotal</b>			\$231.95
<b>Sales Tax (7.0%)</b>			\$2.24
<b>Total</b>			\$234.19