



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: April 27, 2023
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: 4/14/2023

Police/tow/auto report: N/A

Claimant: Leah DiLeone
1311 Pippin Orchard Road
Cranston, RI 02921

Claim: Hit a pothole on Lincoln Avenue

Invoice: Sullivan Tire \$298.37

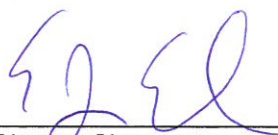
Estimates: Town Fair Tire \$364.48
Firestone \$297.04

Department Recommends:

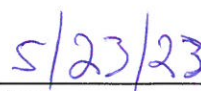
Approval of this claim for **\$0**

Denial of this claim (please include comments below):

This department is unable to determine where the photo of the pothole was taken. The alleged incident was reported to the Police the following week. The claimant has not proven that the City of Warwick is responsible for any damage to the vehicle.



Director Signature



Date

RECEIVED
APR 21 2023

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: Heath Withers

Address: 1311 Pippin Orchard rd

City, State, Zip: Cranston R.I. 02921

Telephone #: 401-524-1568

CALL #
23-21079
Officer Gauthier

Date of incident (M/D/Y) 4-14-23 Time: 1:30 AM PM

Description of Incident/Claim: Travel on Lincoln Ave out to
Port road and hit a pot hole as
my way back to work.
Fire Pumper was down and I drove to
Bulliver fire.
Fire was replaced

Vehicle Year: 23 Make: Cadillac Model: Xt6 Odometer reading: _____

The Pothole was located on Lincoln Ave / Jefferson Blvd

I notified the Finance / Public Works department on Warrick Rd (date) 4-18-23

The nature of my property damage is: front Passenger fire

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

I request reimbursement in the amount of \$ \$298.37

SIGNATURE OF CLAIMANT: Heath Withers DATE 4-19-23

AFFIDAVIT

(Petitioner Name) Heath Wilkerson, 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) 4-14-23 as a result of (please provide brief description):

Pothole damage - pipe repaired

Said claim was filed with the Finance Department on 4-18-23 (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.

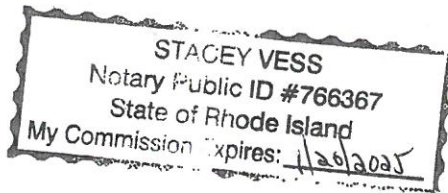
5. I have personal knowledge of the facts aforesaid.

Heath Wilkerson
Signature of Claimant or its Representative

Heath Wilkerson
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 18th day of April, 2023



Stacey Vess
(Notary Public)
My Commission Expires 01/31/2025



STATE OF RHODE ISLAND
 DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
 CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW19513593

LEAH M DILEONE
 1311 PIPPIN ORCHARD RD
 CRANSTON RI 02921-3234

Date: 03/16/2023

Registration Certificate

REG NUMBER: 1447	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 9513593	REG EXP DATE: 04/30/2024
YEAR: 2023	MAKE: CADILLAC	MODEL: XT6	BODY TYPE: SPORT UTILITY VEHICLE	MAJOR COLOR: BLACK	MINOR COLOR: BLACK
VEHICLE IDENTIFICATION NUMBER: 1GYKPGRS4PZ183484		RENEWAL FEE: 144.50	GROSS WEIGHT: 6001 LBS	# OF PASSENGERS: 6	# OF CYLINDERS: 6
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER: LEAH M DILEONE 1311 PIPPIN ORCHARD RD CRANSTON RI 02921-3234			SECOND OWNER:		

- TAX TOWN: CRANSTON
- 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 01/01/2026 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

APR 27 2023



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

Customer ID: 0009011441
 Name: LEAH DILEONE
 Address: 1311 PIPPIN ORCHARD RD
 Address 2:
 City, State, Zip/Postal Code: CRANSTON, RI, 02921
 Home Phone: (401) 524-1568
 Work Phone: (401) -
 Mobile Phone: () -
 Tax Exempt #:

Year: 23
 Make: Cadillac
 Model: XT6 Luxury
 Lic No: 1447
 VIN: 1GYKPGRS4PZ183484
 Color:
 Engine:
 Mileage In: 0

Date/Time: 04/14/23 16:41:30
 Workorder #: 310271
 Invoice #: 190576
 Key Tag:
 PO Number:
 Email Address: na
 Fleet/Wholesale: N
 Unit Number:

Service comments:

Mileage Out: 1194

Salesperson: K. LOUGHERY

TIRE PRESSURE: LF 36 RF 36 LR 36 RR 36 SPARE NA

TREAD DEPTH: LF 10/32 RF 10/32 LR 10/32 RR 10/32 SPARE NA/32

FINAL INVOICE APPROVAL:

Qty.	Part #	RFR Loc Description	Parts	Labor	Total
PASSENGER TIRES					
1	06125	* RF Primacy Tour As 102H SL Tire Size: 2355520 Speed Rating: H Ply: SL Walls: BSW Load Rating: 102	251.10	0.00	251.10
UPC: 19330	Regular Price: 270.00				
	TOTAL PASSENGER TIRES:		251.10		
TIRE SERVICE					
1	TORQUE	Torqued To Mfg Specs.	0.00	0.00	0.00
1	TINSTALL	Certified Tire Installation	10.00	18.99	28.99
	TOTAL TIRE SERVICE:			28.99	
PREVENTATIVE MAINTENANCE					
1	VVI	Visual Vehicle Check	0.00	0.00	0.00
	TOTAL PREVENTATIVE MAINTENANCE:			0.00	

WARRANTY EXCLUSION - To the extent permitted by state and local law, any warranty on products sold herein are those made by the manufacturer. EXCEPT FOR CONSUMER SALES, SELLER HEREBY 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 said products. In states that do not allow the disclaimer of implied warranties, the foregoing disclaimer of such warranties will not apply to you. Limited Lifetime Warranty on Mufflers, Shocks, Struts, Wheel Balance WORK AUTHORIZATION - I HEREBY AUTHORIZE THE REPAIR WORK SHOWN ON THIS WORK ORDER TO BE DONE ALONG WITH THE NECESSARY MATERIAL(S). I hereby grant you and/or your employees permission to operate the vehicle described on streets, highways or elsewhere for the purpose of testing and/or inspection. I am hereby notified of and acknowledge that under state law you have a mechanic's lien on the above vehicle to secure the amount of repairs thereto which I have authorized and are not covered by my warranty. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your reasonable control. Notice: Wheel Torque Validation Wheel fastener torque must be checked within the first 50 miles following this service

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

Services suggested based on mileage/visual inspection:

1	ACC	Alignment Check	0.00	0.00	0.00
1	FWA	Compreh. Vehicle Alignment	0.00	84.99	84.99
1	TMPP	Maint And Protection Plan	43.00	0.00	43.00
Total for suggested services NOT purchased (plus sales tax)					127.99

RF RIGHT FRONT

PAY AMOUNT
 VISA/M 298.37
 TECH: 010375-0.00 J. Torrey

PARTS TOTAL 261.10
 SALES TAX 18.28
 LABOR TOTAL 18.99
 GRAND TOTAL 298.37

For house charge accounts,
 Please remit all payments:
 Sullivan Tire Company
 PO Box 844013
 Boston, MA 02284-4013

SULLIVAN FIRE #09
1102 JEFFERSON BLVD
HARRICK, RI 02886
(401) 737-5251

Bank ID: 5429
Merchant ID: 4800
Term ID: 001

Sale

XXXXXXXXXXXX9396

MASTERCARD

Entry Method: Chip

Total: \$ 298.37

04/14/23

16:39:55

Inv #: 0000012

Appr Code: 263801

Apprvd: OnLine

Batch#: 104001

Retrieval Ref. #: 001000009

Mastercard Debit
AID: A0000000041010
TSI: E800
TVR: 000000000000

Customer Copy

THANK YOU!

ENCRYPTED TRANSACTION



Frank J. Picozzi
Mayor

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

April 21, 2023

Leah Dileone
1311 Pippin Orchard Road
Cranston, RI 02921

Dear Leah,

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);

- Registration – Copy of valid registration in claimant's name.
- Estimates – Two estimates are required along with your paid invoice.

We have included copies of the instructions to submit a claim. Once the above information is received, your claim can be processed. If you have any questions, please call 738-2015.

Claims Administration

COPY

Leah DiLeone

From: Leah DiLeone <prin92077@cox.net>
Sent: Tuesday, April 25, 2023 3:18 PM
To: Leah DiLeone
Subject: [EXTERNAL]Fwd: Town Fair Tire Quote

This Message Is From an External Sender

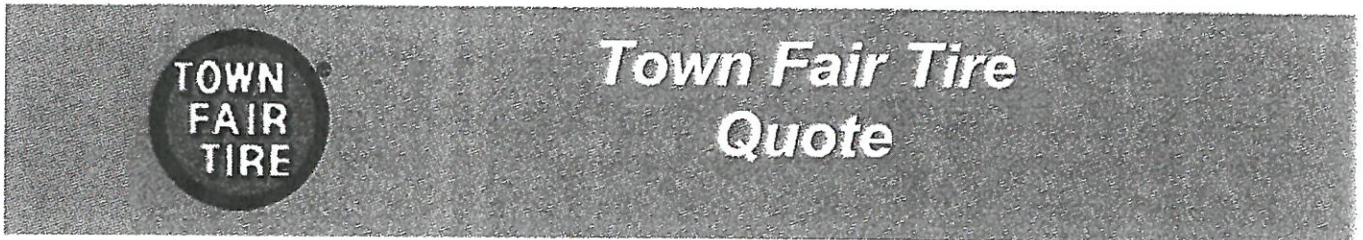
This message came from outside your organization.

Report Suspicious

Sent from my iPhone

Begin forwarded message:

From: Retail_Pricebook@townfair.com
Date: April 25, 2023 at 2:43:54 PM EDT
To: prin92077@cox.net
Subject: Town Fair Tire Quote



Dear LEAH,
Your quote details are below:

Quote #: 2308065

Item	Price
MICHELIN PREMIER LTX SIZE: 235/55R20V IBM: 42298	Price per Tire: \$307.00 \$307.00 For 1 Tire(s)
SERVICES INCLUDED:	FREE
<ul style="list-style-type: none">• Dismount & Remount	

- Reset TPM Sensors
- 30 Day Test Drive
- Nationwide Warranty
- Lifetime Flat Repair
- Lifetime Tire Rotation
- Lifetime Snow Changeover

**NEW RUBBER VALVE STEM
OR TPMS SENSOR
RECONDITIONING**

Price per: \$7.50

\$7.50

For 1

**COMPUTERIZED WHEEL
BALANCE**

Price per: \$23.95

\$23.95

For 1

*IF YOU WISH, BASED ON YOUR
VEHICLE MANUFACTURER'S
RECOMMENDATION OF A FOUR WHEEL
(FRONT & REAR) ALIGNMENT, TOWN
FAIR TIRE WILL DO IT FOR \$69.00.*

\$0.00

For 2 Tire(s)

RHODE ISLAND State Selected

TIRE DISPOSAL

Price per: \$3.75

\$3.75

For 1

MISC FEE: FREE FLAT REPAIR

Price per: \$0.00

\$0.00

For 1

MISC FEE: FREE ROTATION

Price per: \$0.00

\$0.00

For 1

**MISC FEE: DISMOUNT +
MOUNT**

Price per: \$0.00

\$0.00

For 1

MISC FEE: 30 DAY TEST DRIVE

Price per: \$0.00

\$0.00

For 1

**MISC FEE: GUARANTEED
LOWEST PRICE**

Price per: \$0.00

\$0.00

For 1

**MISC FEE: NATIONWIDE
WARRANTY**

Price per: \$0.00

\$0.00

For 1

**MISC FEE: SNOW TIRE
CHANGEOVER**

Price per: \$0.00

\$0.00

For 1

RI SALES TAX

\$22.28

TOTAL

\$364.48

FOUND IT LOWER?

TOWN FAIR TIRE GUARANTEES THE LOWEST PRICE. IF YOU FIND A LOWER PRICE, PLEASE LET US KNOW. CONTACT JOE SALATO 203-467-8600 (Ext. 235) OR EMAIL AT jsalato@townfair.com

**FACTORY RECOMMENDED 4
WHEEL ALIGNMENT**

\$124.00 Value

\$69.00

IF YOU WISH, BASED ON YOUR VEHICLE MANUFACTURER'S RECOMMENDATION OF A FOUR WHEEL (FRONT & REAR) ALIGNMENT, TOWN FAIR TIRE WILL DO IT FOR \$69.00.

(can be added at time of install)

All additional state-required taxes will be added to your invoice if necessary

QUOTE
4549512

FIRESTONE COMPLETE AUTO CARE
1689A POST RD
WARWICK, RI. 02888-5900

SERVICE ADVISOR:
03 RYAN
401.732.3141

Emailed on 04/26/2023
Emailed to prin92077@cox.net

DILEONE, LEAH
1311 PIPPIN ORHARD RR
CRANSTON, RI 02921
401.524.1568

2023 CADILLAC XT6 LUXURY
LIC # 1447 RI VIN #
IN

MILEAGE 1,650

Store # 014931

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
FIRESTONE TIRE PACKAGE							277.42
005400 DESTINATION LE3 BL 235/55R20 102H 70,000 Mile Limited Warranty	005400		1	222.99		222.99	
NEW TIRE WHEEL BALANCE LABOR	7013632		1		12.99	12.99	
RUBBER VALVE STEM	7015040		1	2.99		2.99	
7097782 ROAD HAZARD PROTECTION	7097782		1	33.45		33.45	
SCRAP TIRE RECYCLING FEE	7075078		1		5.00	5.00	
TIRE INSTALLATION	7015016		1		N/C	N/C	



Prices valid for 30 days.

Summary	
Parts	259.43
Labor	17.99
Shop Supplies	1.04
Sub	278.46
Tax	18.58
Total	297.04

THIS IS NOT AN INVOICE- DO NOT PAY

Leah DiLeone

From: Leah DiLeone <prin92077@icloud.com>
Sent: Tuesday, April 18, 2023 2:35 PM
To: Leah DiLeone
Subject: [EXTERNAL]

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This message came from outside your organization.

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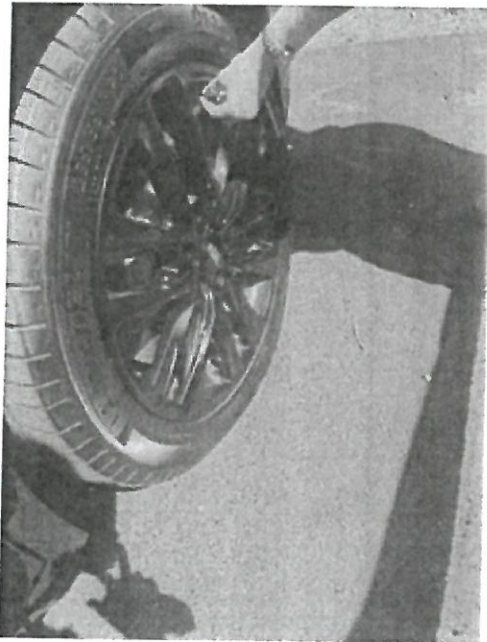
Sent from my iPhone

Leah DiLeone

From: Leah DiLeone <prin92077@icloud.com>
Sent: Tuesday, April 18, 2023 10:56 AM
To: Leah DiLeone
Subject: [EXTERNAL]

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