



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: 3/20/2023

Police/tow/auto report: N/A

Claimant: Brenda Saccoccio
216 Burdick Drive
Cranston, RI 02920

Claim: Hit a pothole on Pilla Road causing damage to tire and rim.

Invoice: Honda \$307.75

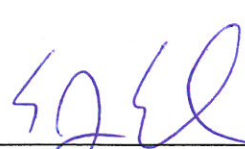
Estimates: Pep Boys \$304.67
Sullivan Tire \$295.99

Department Recommends:

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

Denial of this claim (please include comments below):

As required by RIGL 24-8-35 regarding claims of damage from a pothole that requires any claim be filed with (7) seven days from the date of the incident. Claimant failed to submit paperwork in the required timeframe. Claimant indicates notifying Finance 10 days after the incident and did not submit claim paperwork until 17 days after the incident.



Director Signature



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: Brenda L. Saccoccio

Address: 216 BURDICK DRIVE

City, State, Zip: CRANSTON, R.I. 02928

Telephone #: 401-499-3529

Date of incident (M/D/Y) 3-20-23 Time: 9:30 AM PM

Description of Incident/Claim: Was driving on Street at about 9:30pm on 3-20-23, left front tire went in to large pothole popped my tire & scratched up my rim. AAA came out to change my tire

Vehicle Year: 2020 Make: Honda Model: accord Odometer reading: _____

The Pothole was located on Pillar ave Warwick road

I notified the Finance I Public Works department on 3-30-23 / Marjorie (date).

The nature of my property damage is: Left Front Tire + Rim Left tire split on sidewall, Rim scratched

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

I request reimbursement in the amount of \$ 307.75

SIGNATURE OF CLAIMANT: Brenda L. Saccoccio DATE 4-6-23

AFFIDAVIT

(Petitioner Name) Brenda L. Saccoccio, 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) 3-20-23 as a result of (please provide brief description):

Hitting a pothole on Pullmanway resulting in my tire popping & scratching my rim.

Said claim was filed with the Finance Department on 3-30-23 (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.

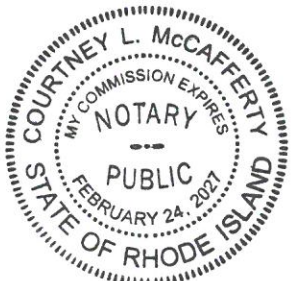
Brenda L. Saccoccio
Signature of Claimant or its Representative

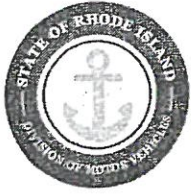
Brenda L. Saccoccio
Printed Name

State of Rhode Island
County of _____

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

C. McCafferty
(Notary Public)
My Commission Expires 2/24/27





STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

600 New London Avenue
 Cranston RI 02920-3024
 Web Address: WWW.DMV.RI.GOV



Date: 07/01/2021

JAMES SACCOCCIO
 216 BURDICK DR
 CRANSTON RI 02920-1538

Registration Certificate

REG NUMBER: JS369	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: N/A	REG EXP DATE: 06/30/2023
YEAR: 2020	MAKE: HONDA	MODEL: ACCORD	BODY TYPE: SEDAN	MAJOR COLOR: WHITE	MINOR COLOR: WHITE
VEHICLE IDENTIFICATION NUMBER: 1HGCV2F59LA008353		RENEWAL FEE: \$112.50	GROSS WEIGHT: 4475	# OF PASSENGERS: 5	# OF CYLINDERS: 4
FUEL TYPE: GAS	CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: 0	
REGISTERED OWNER/LEASING COMPANY: HONDA LEASE TRUST 600 KELLY WAY HOLYOKE MA 01040-9681			SECOND OWNER:/LESSEE JAMES SACCOCCIO 216 BURDICK DR CRANSTON RI 02920-1538		

- 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 **01/01/2023** 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

07/01/2021



Frank J. Picozzi
Mayor

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

April 21, 2023

Brenda Saccoccio
216 Burdick Drive
Cranston, RI 02920

Dear Brenda,

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);

- Claim Form – The **Registered owner** must submit the claim form. If vehicle is leased, provide a copy of lease with **Claimant's** name.

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

Claims Administration

4/25/2023

City of Warwick

Finance Department

To whom it may concern,

I submitted a claim for a tire damaged from a pothole in your city.

My car is leased and registered to my husband (James Saccoccio), my name (Brenda L. Saccoccio) is on the purchase agreement and on the only name on the invoice from Honda for monthly payments.

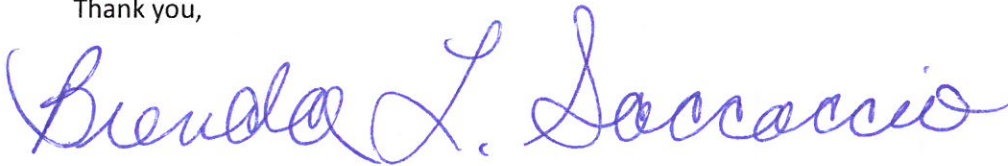
Unfortunately, my Husband (James Saccoccio) has passed and is now deceased as of 02/10/2022.

Honda Lease has not yet changed the registration to my name.

I am enclosing a copy of the monthly bill along with Insurance card and the lease agreement page with my name on it.

Thank you for understanding.

Thank you,

A handwritten signature in blue ink that reads "Brenda L. Saccoccio". The signature is written in a cursive style with a large initial 'B' and 'L'.

Brenda L. Saccoccio

216 Burdick Drive

Cranston, RI 02920

401-499-3529.

119261

Honda Leadership Leasing®

CLOSED-END VEHICLE LEASE AGREEMENT

DEAL 122784 HONDA
CUST: 106070 Financial
STOCK 53353 Services

Lease Date: 05/27/2020

LESSEE(S) (Print Name & Address)	VEHICLE GARAGING ADDRESS (if different)	LESSOR (Dealer)
Name of Lessee JAMES SACCOCCIO Street Address 216 BURDICK DR City State CRANSTON RI Zip County 02920 PROVIDENCE Name of Co-Lessee BRENDA L SACCOCCIO	Name of Driver N/A Street Address N/A City State N/A N/A Zip County N/A N/A Driver Phone Number N/A	Name of Lessor HERB CHAMBERS 44, INC Street Address 185 TAUNTON AVENUE City State SEEKONK MA Zip 02771 Dealer Number

By signing this Lease, Lessee and each Co-Lessee (collectively, "I", "my", "me") individually and together agree to lease the Vehicle, described below, according to the terms on all pages of this Lease and Lessee and each Co-Lessee are jointly and severally liable for all obligations under this Lease. I accept delivery of the Vehicle and acknowledge that it is in good operating order and has the odometer reading recorded below. "Lessor" refers to the Lessor ("Dealer") named above and Assignee. Assignee is Honda Lease Trust, the assignee for all Honda and Acura leases. American Honda Finance Corporation ("AHFC") serves as the administrator of the Lease on behalf of Honda Lease Trust. American Honda Finance Corporation is doing business as Honda Financial Services ("HFS").

LEASE TERM: 36 MONTHS

VEHICLE DESCRIPTION

NEW	2020	HONDA ACCORD	SD	1HGCV2F59LA008353	135
New/Used	Year	Make & Model	Body Style	Vehicle Identification Number	Odometer Reading

TRADE-IN VEHICLE AND ITS ALLOWANCE

Year N/A Make N/A Model N/A Gross Amount of Trade-In Allowance \$ N/A

Prior Contract or Lease Balance - \$ N/A **Net Trade-In Allowance = \$ N/A (If less than zero, enter zero).

Primary use of Vehicle is for Personal, Family, or Household purposes unless the following box is checked: Business, Commercial, Agricultural, or Lessee is an organization or governmental entity.

RHODE ISLAND AUTOMOBILE INSURANCE IDENTIFICATION CARD

Policy Number: 924064630

Effective Date: 02/28/2023

Insurer: Progressive Casualty Insurance Co 1-800-876-5581
PO Box 6807 Cleveland, OH 44101

NAIC Number: 24260

Expiration Date: 08/28/2023

Named Insured(s):

BRENDA SACCOCCIO

Your Agent:

A.N. Nunes Agency 1-401-253-5300

PO BOX 627

BRISTOL, RI 02809



Year	Make	Model	VIN
2008	Honda	Accord	1HGCP26898A065390
2013	Lincoln	Mkz	3LN6L2JKXDR809102
2020	Honda	Accord	1HGCV2F59LA008353

BRENDA SACCOCCIO

Platinum Level
Valued Customer Since 2018



**Herb Chambers
Honda of Seekonk**
185 Taunton Avenue, Rte. 44
Seekonk, MA 02771
508-336-7100
www.herbchambers.com



Our Other Honda Locations:

Honda of Boston
1186 Commonwealth Avenue
Boston, MA 02134
(617) 731-0100

Honda of Burlington
33 Cambridge Street, Rte. 3A
Burlington, MA 01803
(781) 273-5000

Honda of Westborough
350 Turnpike Road, Rte. 9
Westborough, MA 01581
(774) 760-0500

CUSTOMER NO. 106070	SERVICE ADVISOR 2716 MALAINNE COSTA	TAG NO. T4060	INVOICE DATE 23 Mar 2023	INVOICE NO. 650614
BRENDA SACCOCCIO.INC 216 BURDICK DR CRANSTON RI 02920-1538	HOURLY RATE	LICENSE NO.	PO NO.	COLOR WHITE
	YEAR/MAKE/MODEL 20 HONDA ACCORD		MILEAGE IN 23235	NO. STOCK / STOCK NO. 53353
	VEHICLE IDENTIFICATION NO. 1HGCV2F59LA008353		MILEAGE OUT 23235	MILEAGE IN 23235
EMAIL ADDRESS email brendalee11xo@gmail.com home	CELL PHONE 401-499-3529	SALES PERSON STERN,CLIFF	DELIVERY DATE 27 May 2020	IN SERVICE DATE
TEL HOME	TEL BUSINESS EXT.	COMMENTS SOLD-STK:53353 ENG:2.0_Liters_Turbo TRN:10_SPEED_AUTOMATIC 3	R.O. DATE 23 Mar 2023	WAR EXP.

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
 A DRIVER SIDE FRONT TIRE WENT FLAT FROM HITTING POT HOLE-HAS TIRE AND WHEEL
 TIRE MOUNT AND BALANCE 1 TIRE -

3243 CPFL				40.00	40.00
1 ME2255017 42751-MIC-148 NRG SAVER			252.00	252.00	252.00
PARTS: 252.00 LABOR: 40.00 OTHER: 0.00			TOTAL LINE A:		292.00

B MULTI-POINT VEHICLE INSPECTION MPI DEFAULT					(N/C)
3243 ISP					0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00			TOTAL LINE B:		0.00

WAIT CREATED 2023-03-22
12:02:00PM TAKEN BY KEN DRA
WALASON

CASH CHECK CK NO. []
 VISA MASTERCARD
 AMEX CHARGE OTHER

DESCRIPTION	TOTALS
LABOR AMOUNT	\$ 40.00
PARTS	\$ 252.00
GAS, OIL, LUBE	\$ 0.00
SUBLET REPAIRS	\$ 0.00
MISCELLANEOUS CHARGES	\$ 0.00
TOTAL CHARGES	\$ 292.00
LESS DISCOUNT/INSURANCE	\$ 0.00
SALES TAX	\$ 15.75
PLEASE PAY THIS AMOUNT	\$ 307.75

THANK YOU FOR CHOOSING HERB CHAMBERS HONDA OF SEEKONK

Customer Signature

I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing of that data with the manufacturer for diagnostic and research purposes.
Environmental Compliance

Federal and state laws require that all hazardous waste (oil, solvents, anti-freeze, etc.) must be disposed of by a licensed contractor in an environmentally safe manner. Any charges for environmental compliance reflect our conformity to federal and state law in addition to our concern for the preservation of the environment.



Michelin Energy Saver

★★★★★ (436)

\$278.99 per tire

Available tomorrow after 6 pm

Qty 1 ▾

\$278.99

Installation ⓘ

\$25.68

Road Hazard ⓘ

\$19.50

Pick Up In Store

Subtotal \$304.57

Confirm Install

FEATURES

Our most fuel efficient passenger car tire comes as original equipment on leading passenger cars and is ideally suited for drivers looking to maximize fuel efficiency without ... [Learn More](#)

SPECS

Warranty 55K ⓘ

Type Passenger ⓘ

Svc Desc 94V

UTQG - ⓘ

Size 225/50R17

Part # 18116



Step 1



YOUR TIRES



Michelin Energy Saver A/S

\$267.00
PER TIRE

Sullivan Code: **65917**

Tire Size: **225/50R17**

Service: **94V**

Sidewall: **Black Sidewall**

Load Range **Standard Load**

Availability: **Available**

Warranty: **55K Limited Lifetime Warranty**

Season: **All Season**

Tire Quantity

1

267.00

Enter Your Car's Information



HONDA



2020



ACCORD





EX-L

Certified Tire Installation [Read More](#)

\$28.99



Peace of Mind Package

\$145.99 ~~\$155.99~~

Package includes Alignment and Protection Plan services at a discounted rate. Only available on 4 or more tires.



Protection Plan [Read More](#)

\$46.00



Alignment [Read More](#)

\$109.99



[Edit Tire Selection](#)
[Remove Tire](#)

State Tax

\$0.00

Total

\$295.99

All pricing details and tire appointment requests will be verified by a tire specialist to confirm proper fitment and application to your vehicle. Price does not include additional services.



OIL CHANGE SERVICE



ADDITIONAL SERVICES



1



TELL US THE SYMPTOMS



Additional Information / Quick Appointment. Just tell us what you need!