



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: March 4, 2024
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: 1/26/24

Police/tow/auto report: 24-8423

Claimant: Stephen Clarke
2 Butterfly Way
North Attleboro, MA 02760

Claim: Hit pothole on Service Road causing damage to tires.

Invoice: Firestone \$526.50

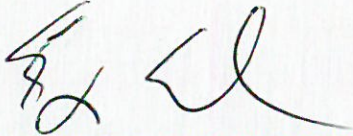
Estimates: Town Fair Tire \$530.00
Tire Rack \$525.98

Department Recommends:

Approval of this claim for \$_____.

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.



Director Signature

3/26/24

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: STEPHAN CLARKE

Address: 2 BUTTERFLY WAY

City, State, Zip: NORTH ATTLEBORO

Telephone #: 508-243-1404

Date of incident (M/D/Y) 1/25/24 Time: 8:00 AM PM

Description of Incident/Claim: DRIVING ON SERVICE ROAD
HIT HOSE POTHOLE AND DAMAGED TIRE
TWO TIMES BEYOND REPAIR.

Vehicle Year: 2021 Make: LEYAUS Model: I2350 Odometer reading: 24,235

The Pothole was located on SERVICE road.

I notified the Finance / Public Works department on JANUARY 29TH (date).

The nature of my property damage is: TWO TIMES RT FRONT
AND RT REAR BOTH SIDE WALL DAMAGE
HAD TO REPLACE.

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

I request reimbursement in the amount of \$ 300.00

SIGNATURE OF CLAIMANT: [Signature]

DATE 2-5-24

AFFIDAVIT

MAR 04 2024

(Petitioner Name) Stephen Clarke, 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) 2/25/24 as a result of (please provide brief description):

Two times sustained damage beyond repair

Said claim was filed with the Finance Department on 2-5-24 (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.

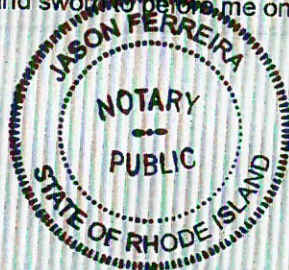
5. I have personal knowledge of the facts aforesaid.

[Signature]
Signature of Claimant or its Representative

Stephen Clarke
Printed Name

State of Rhode Island
County of PP

Subscribed and sworn to before me on this 2 day of 25, 20 24



[Signature]
(Notary Public)
My Commission Expires 2025



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type PAN	Registration Type PASSENGER NORMAL RED	Plate Number 254MX4	Effective Date 05-Jun-2023	Title Number CG110973	Expires On →	Month 04	Year 25
Model Year 2021	Make LEXS	Model IS350	Model Number	Body Style SEDAN	Color(s) SILVER	Vehicle Identification Number JTHGZ1E27M5021715	
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 2 BUTTERFLY WAY NORTH ATTLEBORO MA 027603806					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address 3704 STEPHEN M CLARKE 2 BUTTERFLY WAY NORTH ATTLEBORO, MA 02760-3806					Insurance Company ARBELLA MUTUAL INSURANCE COMPANY		
Lessee/In Custody Of					Maximum Seating Capacity for Vehicles for Hire		
					Registrar of Motor Vehicles <i>Colleen J. Ogilvie</i>		
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

Important Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.



251216720

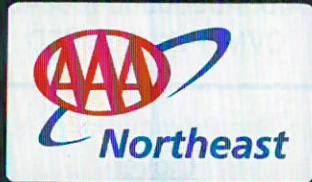
**WARWICK POLICE DEPARTMENT
99 VETERANS MEMORIAL DRIVE
WARWICK, RI 02886
(401) 468-4200**

REPORT # 24-8423

This report will NOT be available for the next seventy-two hours (three business days). When the report is available you may pick up a copy at headquarters. We will mail a report to you if you send in a WRITTEN REQUEST and enclose a SELF-ADDRESSED STAMPED ENVELOPE with a check or money order.

Monday - Friday
8:00 am to 4:00 pm
Records Division (401) 468-4285

Cost for reports - .15 per page



AAA FLEET - PROVIDENCE

110 ROYAL LITTLE DRIVE
PROVIDENCE, RI 02904
+1 401-868-2000

ORDER #


49186

RI Overmileage x 14 **\$0.00**
RI Overmileage **\$70.00**

Subtotal **\$70.00**

No Tax 0.00% **\$0.00**

Total **\$ 70 00**

 **US DEBIT** **\$70.00**
6447
Cashier: Steven C.

January 26, 2024 • 8:40 pm
Payment ID: QHM9D7CBWZWCM
Order ID: QZ85V63VF8KV2
Order Employee: Steven C.

[Hide Details](#)

Card: US DEBIT 6447
January 26, 2024, 8:41 PM
Method: EMV
Auth ID: 000864

Cust Status: Drop Off

Appt: No

FINAL INVOICE

ATTLEBORO - 46 WASHINGTON STREET, ATTLEBORO, MA. 02703-5531 - 508.399.7121

Service Advisor: 2 ANTHONY

Wheel Lock:

Technician: 85 STEPHEN

Customer Details:

Alt. Auth. Name & Phone:

Vehicle Details:

CLARKE, STEVE
2 BUTTERFLY WAY

N/A

2021 LEXUS IS350 F SPORT

NORTH ATTLEBORO, MA 02760
508.243.1404

3.5L V6 FI GAS
VIN #: JTHGZ1E27M5021715
LIC #: 254 MX4 MA
MILEAGE: 26,182

Description	Rev Hist	/Article # ID	Qty	Unit Price	Extended Price	Job Total
CONTINENTAL TIRE PACKAGE		02				526.50
1557286 EXTREME CONTACT BL235/40R19 96W 50,000 MILE LIMITED WARRANTY	7099618	85TN	2	268.99	537.98	
DOT# 1AF032K1R0923						
DOT# 1AF032K1R0923						
TIRE-DISC 10% OFF Wrench Tire Referrals	7009202	85TN	-2	26.90	-53.80	
NEW TIRE WHEEL BALANCE LABOR	7013632	85NS	2	12.99	25.98	
TPMS VALVE SERVICE KIT LABOR	7008190	85NS	2	3.17	6.34	
SCRAP TIRE RECYCLING FEE	7075078	85TN	2	5.00	10.00	
LOW PROFILE TIRE INSTALLATION	7006472	85NS	2	N/C	N/C	
CONTINENTAL TIRE PACKAGE		02				645.30
1557329 EXTREME CONTACT BL265/35R19 98W 50,000 MILE LIMITED WARRANTY	7099618	85TN	2	334.99	669.98	
DOT# 1AF032K1R0923						
DOT# 1AF032K1R0923						
TIRE-DISC 10% OFF Wrench Tire Referrals	7009202	85TN	-2	33.50	-67.00	
NEW TIRE WHEEL BALANCE LABOR	7013632	85NS	2	12.99	25.98	
TPMS VALVE SERVICE KIT LABOR	7008190	85NS	2	3.17	6.34	
SCRAP TIRE RECYCLING FEE	7075078	85TN	2	5.00	10.00	
LOW PROFILE TIRE INSTALLATION	7006472	85NS	2	N/C	N/C	
ALIGNMENT SERVICE (12-MONTH WARRANTY)		02				110.99
STANDARD WHEEL ALIGNMENT	7004578	19NS	1	110.99	110.99	
COURTESY CHECK		02				
COURTESY CHECK	7046930	85NS	1	N/C	N/C	

FAIR
TIRE

"BEST PLACE TO BUY TIRES"

SHOP
TIRES



SHOP
WHEELS

REQUEST
APPOINTMENT

FIND A
STORE



CHECKOUT

ITEM	PRICE	QUANTITY	AMOUNT
 MICHELIN PILOT SPORT AS 4 FRONT SIZE: 235/40R19Y	\$265.00	2	\$530.00
 MICHELIN PILOT SPORT AS 4 REAR SIZE: 265/35R19Y	\$322.00	2	\$644.00
COMPUTERIZED WHEEL BALANCE & NEW RUBBER VALVE STEM OR TPMS SENSOR RECONDITIONING (FRONT)	\$32.45	2	\$64.90
COMPUTERIZED WHEEL BALANCE & NEW RUBBER VALVE STEM OR TPMS SENSOR RECONDITIONING (REAR)	\$32.45	2	\$64.90
PLEASE SELECT YOUR STATE TO PROCEED:			
		MA	
TIRE DISPOSAL	\$3.75	4	\$15.00
MASSACHUSETTS SALES TAX			\$75.25
TOTAL			\$1,394.05
FACTORY RECOMMENDED 4 WHEEL ALIGNMENT	\$119.00		\$74.00
PRO-RATED 36 MONTH ROAD HAZARD	\$26.95	4	\$107.80

ADD

ADD

We found 16 tires for:
2021 LEXUS IS 350 F SPORT AWD [\(New Search\)](#)



ALL TIRES FOR YOUR IS 350 F SPORT AWD

FREE SHIPPING
[Learn More >](#)

ORDER PICK-UP DISCOUNT
[Learn More >](#)

TIRE RACK PLEDGE
[Learn More >](#)

Showing: Sort By:

VIEW BY

Original Equipment (1)

DELIVERED BY

Delivery Times to 02760

Tuesday, 2/6 (7)
[Get your tire delivery tomorrow!](#)

Wednesday, 2/7 (10)

FILTER BY

> Price (16)

> Brand (16)

> Category (16)

> Mileage Warranty (16)

> Speed Rating (16)

> Eco Focus (3)

> Noise Reduction Technology (1)

> Electric Vehicle Tuned (1)

> Specials & Closeouts (3)

New (1)

ULTRA HIGH PERFORMANCE ALL-SEASON

MICHELIN PILOT SPORT ALL SEASON 4

Ultra High Performance All-Season

★★★★★ (1,970) | [Reviews \(1,438\)](#) | [Consumer Recommendation](#)



Compare

The Rack Tested

FRONT

\$262.99
Per Tire

In Stock

Delivery by tomorrow, 02/06 to 02760

Size: 235/40ZR19 96Y XL

Style: Blackwall

Eco Focus: Michelin Total Performance

Load Range: XL

Serv. Desc: 96Y

UTQG: 540 AAA

Free Road Hazard Protection
\$50.04 value. Two-year coverage.

4SR Mile Manufacturer's Warranty

REAR

\$319.99
Per Tire

In Stock

Delivery by tomorrow, 02/06 to 02760

Size: 265/35ZR19 98Y XL

Style: Blackwall

Eco Focus: Michelin Total Performance

Load Range: XL

Serv. Desc: 98Y

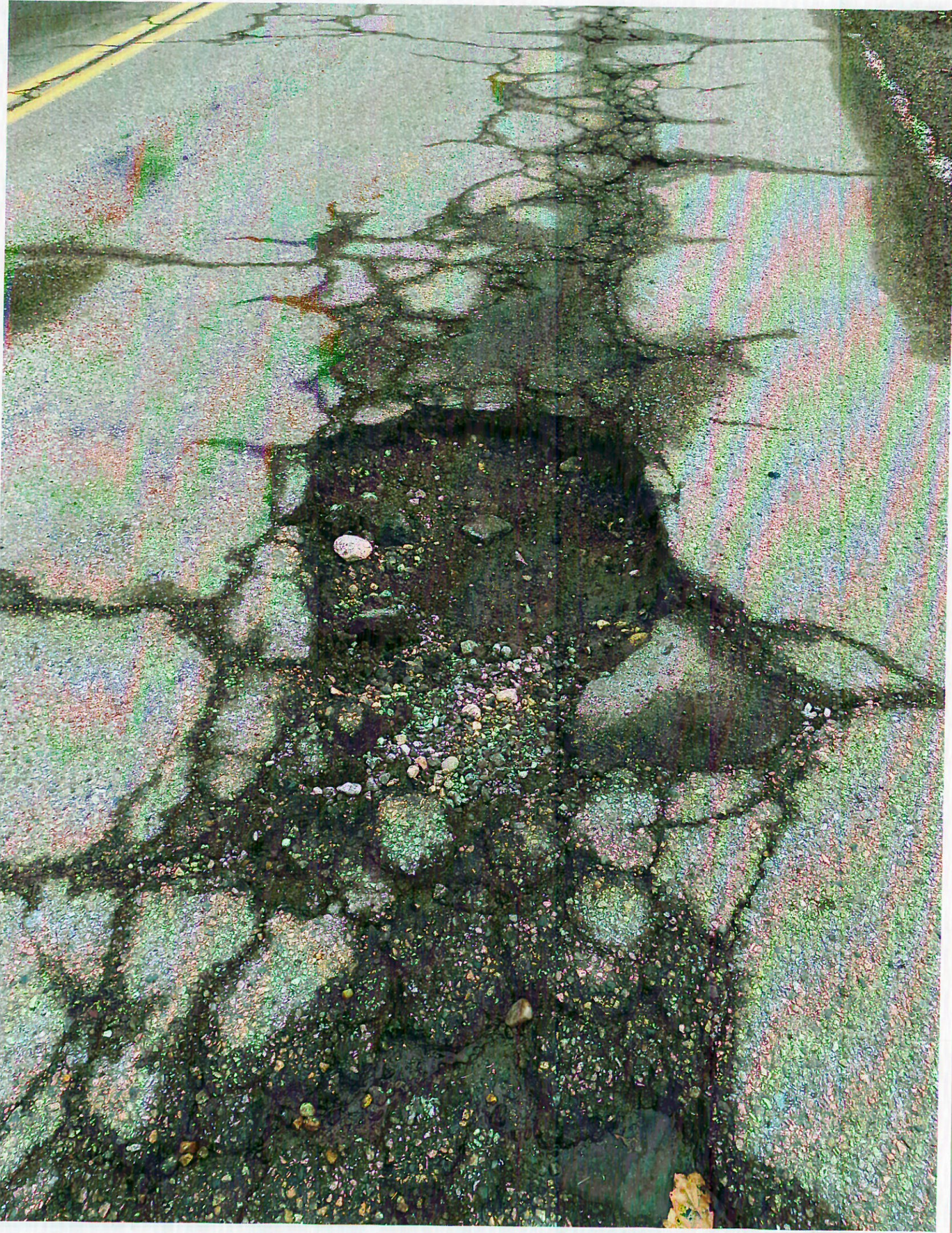
UTQG: 540 AAA

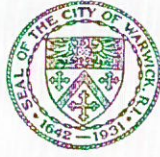
Free Road Hazard Protection
\$61.38 value. Two-year coverage.

4SR Mile Manufacturer's Warranty

Set of 4: **\$1,165.96**
\$104.23/line suggested payments with 6-month promotional financing on your Tire Rack Credit Card. [Learn More](#)







Frank J. Picozzi
Mayor

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

February 6, 2024

Stephen Clarke
9 Butterfly Way
North Attleboro, MA 02760

Dear Stephen,

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);

- Police Report – A police report is required.
- Claim Form – Claim form must be notarized.

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

COPY

AFFIDAVIT

(Petitioner Name) Stephen Clarke, 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) 2/26/24 as a result of (please provide brief description):

Two times sustained damage beyond repair

Said claim was filed with the Finance Department on 2-5-24 (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

Stephen Clarke
Printed Name

State of Rhode Island
County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____

(Notary Public)
My Commission Expires _____