



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Treasury Dept
Date: February 21, 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 1/17/2024

Police/tow/auto report: 24-7820

Claimant: Michele Clasby
20 School Street
N Attleboro, MA 02760

Claim: Hit a pothole on Kilvert Street causing damage to tire, rim, wheel bearing and alignment.

Invoice: Town Fair Tire \$253.42
Henry's Auto \$132.81(rim)

Estimates: Monroe \$324.29
Auto Zone \$583.98(bearing and rim)
Summit \$184.00(rim)
Town Fair Tire \$165.48(tire)
Goodyear \$235.33(tire)

Department Recommends:

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

Denial of this claim (please include comments below):

The City of Warwick has established a policy for pothole claims in keeping with section 24-8-35 of the Rhode Island General Laws. **RI General Law 24-5-13 pertaining to pothole damage;**

(b) If any person shall incur damage to his or her motor vehicle by reason of a pothole on any municipal highway, causeway, street or bridge which damage would not have occurred without the existence of the pothole, he or she may recover from the municipality the amount of damages sustained **up to and not more than the sum of three hundred dollars (\$300). Provided, however, that the municipality had reasonable notice of the pothole,** or may have had notice thereof by the exercise of proper care and diligence on its part, and a reasonable opportunity to repair the pothole. **All claims shall be made within a period of seven (7) days from the date on which the damage was sustained** by filing a written report in a manner prescribed by the municipality.



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: Michele Clasby

Address: 20 School Street #2

City, State, Zip: N. Attleboro MA 02760

Telephone #: 508 922 1254

FEB 21 2024

Date of incident (M/D/Y) 1-17-24 Time: 9:45 AM PM

Description of Incident/Claim: going down the street on Kilvert st toward Jefferson ~~at~~ the speed limit. I hit a deep pothole that was unseen from the drivers vission. The fire light came on and we were able to make it to Monroe tire center where they placed the donut on my vehicle and then I proceeded home

Vehicle Year: 2016 Make: Subaru Model: Impreza Odometer reading: 110,200

The Pothole was located on Kilvert Street Warwick road.

I notified the Finance Public Works department (circle one) on 1-23-24 (date).

The nature of my property damage is: tire, rim, wheel bearing, alignment +

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: Michele A. Clasby DATE 2-14-24

AFFIDAVIT

(Petitioner Name) Michele Clasby, 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) 1-17-24 as a result of (please provide brief description):

flat tire Bent Rim and wheel alignment.

Said claim was filed with the Finance Department on 1-17-24 (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.

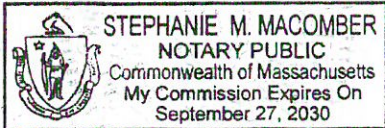
5. I have personal knowledge of the facts aforesaid.

Michele Clasby
Signature of Claimant or its Representative

Michele Clasby
Printed Name

MASSACHUSETTS
State of ~~Rhode Island~~
County of Bristol

Subscribed and sworn to before me on this 14th day of February, 2024.



Stephanie M Macomber
(Notary Public)
My Commission Expires Sept 27, 2030



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 2HJH75	Effective Date 01-Jun-2022	Title Number CB589226	Expires On →	Month 05	Year 24
Model Year 2016	Make SUBA	Model IMPREZ	Model Number	Body Style STWAG	Color(s) WHITE	Vehicle Identification Number JF1GPAY64G8248794	
Residential Address (If Different than Mailing)						Total Registered Weight for Commercial Vehicle or Trailer	
Garage Address 20 SCHOOL ST APT 2 NORTH ATTLEBORO MA 027601237						US DOT Number for Commercial Vehicle	
Name(s) of Owner(s) and Mailing Address 003608 *****AUTO**5-DIGIT 02703 MICHELE A CLASBY 20 SCHOOL ST APT 2 NORTH ATTLEBORO MA 02760-1237						Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPANY	
Lessee/In Custody Of						Maximum Seating Capacity for Vehicles for Hire	
						<i>Colleen J. Spencie</i> Registrar of Motor Vehicles	
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

241066014

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.



For Date: 02/09/2024 - Friday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
24-7820	1332	Walk-In - POT HOLE		3
Call Taker:		KJOHNSO - Civilian Kassandra E Johnson		
Location/Address:		[203 3837] 351 KILVERT ST		
Calling Party:		CLASBY, ARIANA @ 132 N WASHINGTON ST Apt. #4 - NORTH ATTLEBORO, MA 02760		
		Race: W Sex: F		
Unit:		P2 Officer Rene G Gauthier		
		Disp-13:34:48 Arvd-13:47:00		
Vehicle:		WHI 2016 SUBA 4D IMPREZA Reg: PC MA 2HJH75 VIN: JF1GPAY64G8248794		
Operator:		CLASBY, ARIANA @ 132 WASHINGTON ST Apt. #4 - NORTH ATTLEBORO, MA 02760		
		Race: W Sex: F		
Owner:		CLASBY, MICHELE A @ 20 SCHOOL ST Apt. #2 - NORTH ATTLEBORO, MA 02760		
		Race: U Sex: F		
Insurance Co:		Geico 11/28/23		
Policy No:		4520218373 05/29/24		
Narrative:		02/09/2024 1403 Officer Rene G Gauthier		

Rp stated she was traveling eastbound in the area of 351 Kilvert St when she struck a pot whole in the right half of the lane. RP stated that the front passenger tire, rim and wheel bearing were damaged, costing approximately \$525 dollars so far and the vehicle is still in the process of being repaired.

Rp is the operator of the vehicle, but the vehicle is registered to her mother.



TOWN FAIR TIRE CENTERS OF MASSACHUSETTS LLC
 92 TAUNTON ST, PLAINVILLE, MA. TEL (774) 224-4571

Paid invoice

INVOICE

Ver 23-12b

INVOICE NO. 31337-624	
ACCOUNT #	P.O. #
PHONE # (508) 858-1098	
E-MAIL	

MR. MRS. MS. ARYANNA CLASBY	CURRENT MILEAGE 109522	YEAR, MAKE, MODEL 16 SUBARU IMPREZA
ADDRESS 20 SCHOOL ST		
CITY STATE ZIP NO. ATTLEBORO MA 02760		

SALE TYPE 01 -9	CLERK # 364F	G.P. #	DATE 01/18/2024	TIME 17:13
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QTY	SIZE	DESCRIPTION	IBM #	LIST	PRICE	AMOUNT
1	205/50R17W	SUMITOMO A/S PO3	63498	159.00	124.00	124.00
1	PRO RATED	ROAD HAZARD WARRANTY	30014	19.99	15.00	15.00
1	17	COMPUTER BALANCING	00405	27.00	20.95	20.95
1	TPMS VALVE	SENSOR RECONDITIONING	00445	9.00	7.50	7.50
1	ALIGNMENT	FACTORY RECOMMENDED	00168	129.00	74.00	74.00
1	LIFETIME	FREE FLAT REPAIR	01258	29.95	0.00	0.00
1	LIFETIME	FREE ROTATION	01235	29.95	0.00	0.00
1		DISMOUNT + MOUNT	00197	10.95	0.00	0.00
1		30 DAY TEST DRIVE	13000	0.00	0.00	0.00
1	AFTER SALE	GUARANTEED LOWEST PRICE	13002	0.00	0.00	0.00
1		NATIONWIDE WARRANTY	13001	0.00	0.00	0.00
1	LIFETIME	SNOW TIRE CHANGEOVER	00195	39.95	0.00	0.00

SAFETY WARNING: Due to the type of vehicle you drive and for your safety, we require you to come back to a Town Fair Tire store for two torque checks, one at 25 miles and one at 500 miles.

Customer's Initials: *[Signature]*

1	IBM#: WORKMANSHIP: ROAD HAZARD: MILEAGE W/O CARE: MILEAGE WITH CARE:	63498 YES 36 MO NONE NONE TIRE CASING DISPOSAL SERVICE				3.75	3.75
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Explanation: 1 WORK TO R-R ALIGN		SUB-TOTAL	131.50
TORQUE: 89 PSI--FR:32 RR:30		MASALES TAX	8.22
SIGNATURE		NON-TAXABLE	113.70
		TOTAL	253.42

M/C-Visa 253.42 Card# xxxxxxxxxxxxxx8365 Appr 814861

Attention Customer: We gave you the voluntary tire registration form. You must mail the form for the registration to be valid.

SAFETY WARNING After installation of mag wheels, all nuts or bolts must be retorqued (retightened) after the first 25 miles CUSTOMER INITIALS _____	COMMENTS - COMPLIMENTS - COMPLAINTS Town Fair serves thousands of customers each year. In order to help us serve you better, if you have a comment, compliment, or complaint or just want to talk to us about our operation - please call - it will be greatly appreciated.	Contact or Write CUSTOMER SERVICE TOWN FAIR TIRE 460 COE AVENUE EAST HAVEN, CT 06512 TELEPHONE (203)467-8600 X 213 OR TOLL FREE 1 (800) 972-2245 OR 1 (888) TOWNFAIR OR VISIT OUR WEBSITE @ www.townfair.com
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Tire Maintenance Program

PROPERLY MAINTAINED TIRES WILL LAST UP TO 30% LONGER THAN TIRES THAT ARE NOT MAINTAINED. ROTATING TIRES EVERY 5,000 TO 7,000 MILES, CHECKING THE AIR PRESSURE OF THE TIRES MONTHLY, ALIGNING THE VEHICLE EVERY 10,000 MILES OR TWICE A YEAR AND BALANCING TIRES ARE THE THINGS TO DO TO PROLONG THE LIFE OF THE TIRES ON YOUR VEHICLE.

Why is tire rotation important?

ROTATING TIRES EVERY 5,000 TO 7,000 MILES WILL ABSOLUTELY INCREASE THE LIFE OF THE TIRES ON YOUR VEHICLE. TIRES LEFT IN THE SAME POSITION ON THE VEHICLE WILL WEAR OUT MUCH FASTER THAN TIRES THAT ARE ROTATED.

TOWN FAIR TIRE WILL ROTATE TIRES ABSOLUTELY FREE FOR LIFE ON ANY VEHICLE YOU OWN.

Why is maintaining the proper air pressure important?

TIRES THAT ARE UNDER INFLATED WILL WEAR OUT PREMATURELY ON THE SHOULDERS AND TIRES THAT ARE OVER INFLATED WILL WEAR OUT PREMATURELY IN THE MIDDLE OF THE TIRE. MAINTAINING THE PROPER AIR PRESSURE WILL ALLOW THE TIRE TO WEAR EVENLY ACROSS THE TREAD AND ASSURE THE BEST PERFORMANCE, GAS MILEAGE AND SAFETY OF YOUR VEHICLE.

Why is alignment important?

HAVING THE VEHICLE IN PROPER ALIGNMENT WILL IMPROVE TIRE LIFE, PROVIDE UP TO 9% BETTER GAS MILEAGE, THE VEHICLE WILL TRACK STRAIGHT, IT WILL IMPROVE THE HANDLING, PERFORMANCE AND THE OVERALL RIDE WILL BE SMOOTHER.

Why is wheel balance important?

TIRES THAT ARE PROPERLY BALANCED WILL WEAR 30% LONGER; PROVIDE UP TO 9% BETTER GAS MILEAGE BECAUSE OF BETTER ROLLING RESISTANCE, SAVE WEAR AND TEAR ON SUSPENSION PARTS AND PROVIDE FOR A SMOOTH COMFORTABLE RIDE.

How often should tires be balanced?

TIRES SHOULD BE BALANCED ANYTIME TIRES ARE REMOVED FROM THE WHEELS, A VIBRATION IS PRESENT, IRREGULAR WEAR IS EVIDENT OR ONCE A YEAR BASED ON VEHICLE MANUFACTURER RECOMMENDATIONS.

How often should a vehicle be aligned?

A VEHICLE SHOULD BE ALIGNED IF PREMATURE SHOULDER WEAR IS PRESENT, THE VEHICLE IS PULLING IN EITHER DIRECTION, IF POOR HANDLING IS EVIDENT, EVERY 10,000 MILES OR TWICE A YEAR BASED ON VEHICLE MANUFACTURER RECOMMENDATIONS.

REMEMBER TOWN FAIR TIRE'S FREE SERVICES
FREE TIRE INSPECTION
FREE AIR PRESSURE CHECK
FREE ROTATION

TAKE CARE OF YOUR TIRES AND THEY WILL
TAKE CARE OF YOU

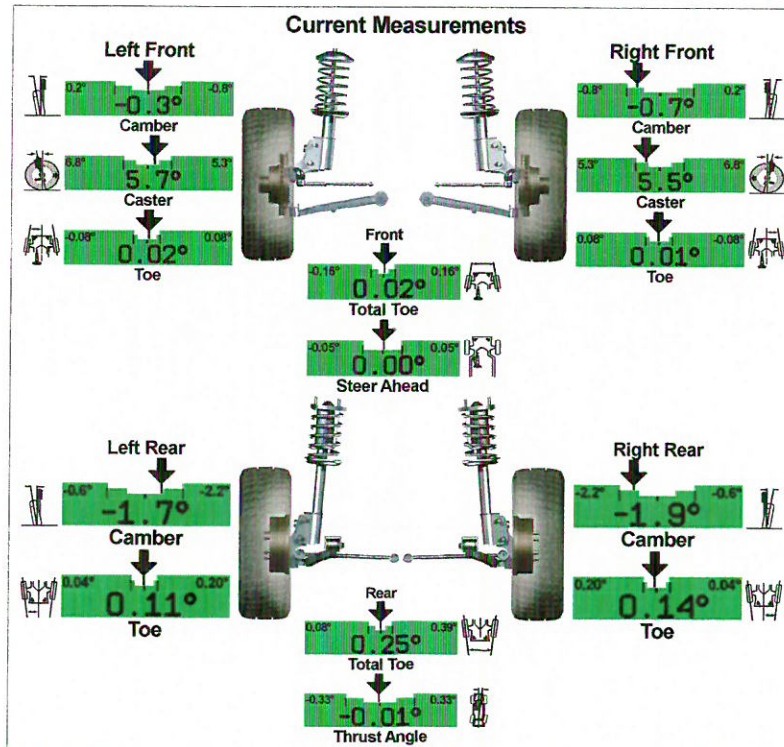
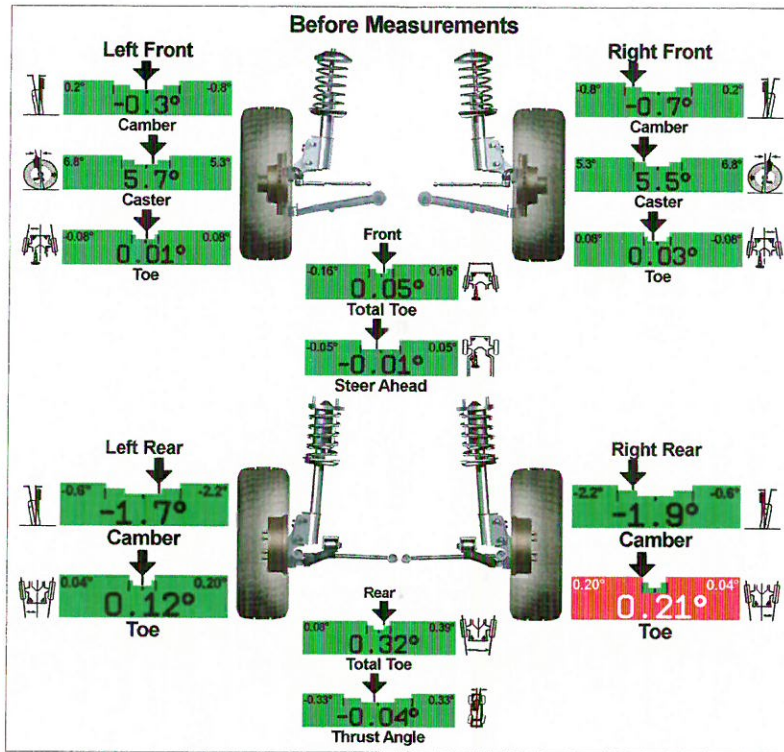
Town Fair Tire
 92 Taunton Street
 Plainville, MA. 02762
 774-849-3550

Work Order:
 VIN:
 Year:
 Date

IJF1GPAY64G8248794
 JF1GPAY64G8248794
 16
 1/18/24 4:07 PM



Subaru 2016 Impreza
 ExpressAlign Total Alignment



MONRO

AUTO SERVICE And TIRE CENTERS

MONRO MUFFLER/BRAKE & SERVICE
1640 POST RD.
SHOP 577
WARWICK,RI 02888
(401)737-0480

*Proof of
 incident
 + estimate*

Guest ID: 0577100973
 Name: MICHELE CLASBY
 Address: 20 SCHOOL ST UNIT2
 Address 2:
 City,State,Zip: NORTH ATTLEBOR, MA, 02760
 Home Phone: (508) 922-1254
 Work Phone: (508) -
 Other Phone: () -
 Tax Exempt #:
 Manager: RICHARD HOFFMAN

Year: 2016
 Make: SUBARU
 Model: IMPREZA
 Lic No: 2HJH75
 VIN: JF1GPAY64G8248794
 Color:
 Engine: 2.0L H4 F SOHC 16V
 Mileage In: 109388
 Mileage Out: 109388
 Inspect Due:

Date/Time: 01/17/24 10:14:45
 Estimate #: 273600
 Invoice #: 164698
 PO Number:
 Unit Number:
 Email Address: no
 Fleet/Wholesale: N
 Est Created On: 01/17/24 09:37:53

Services Requested:
 CUSTOMER REQUESTS TO CHECK RIGHT FRONT TIRE FOR LEAKS

Qty.	Part #	Car Loc	Description	Part	Labor	Amount
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Tire Pressure Spec: Not Available Wheel Torque: Not Available

INCLUDED WITH EVERY VISIT

1	CI		COURTESY INSPECTION			NO CHARGE
1	SM		SCHED. MAINT. REVIEW			NO CHARGE

SERVICE

1	COMMENT		**COMMENT**			NO CHARGE
			FRONT PASSAGER RIM BENT, TIRE HAS A PUNCTURE THAT IS UNREPAIRABLE			
			TOTAL SERVICE:			0.00

MISCELLANEOUS

1	FEE		SHOP SUPPLY FEE This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.			NO CHARGE
			TOTAL MISCELLANEOUS:			0.00

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

These parts were declined by the customer:

1	IR093011	LF	IRON IMOVE GEN2 A/S	136.99	0.00	136.99
1	RHZ	LF	ROAD HAZARD COVERAGE	21.92	0.00	21.92
1	TR2	LF		4.40	0.00	4.40
1	ALIGNMENT	LF	WHEEL ALIGNMENT	0.00	129.99	129.99
1	TIREINSTALL	LF		0.00	30.99	30.99
			Subtotal of declined parts (tax not included):	163.31	160.98	324.29

SEE NEXT PAGE

INVOICE INVOICE MONRO MUFFLER/BRAKE & SERVICE INVOICE
 FOR ANY COMMENTS ON SERVICE PLEASE CALL (401)737-0480

MONRO

AUTO SERVICE *And* TIRE CENTERS

MONRO MUFFLER/BRAKE & SERVICE
1640 POST RD.
SHOP 577
WARWICK, RI 02888
(401)737-0480

Guest ID: 0577100973	Year: 2016	Date/Time: 01/17/24 10:14:45
Name: MICHELE CLASBY	Make: SUBARU	Estimate #: 273600
Address: 20 SCHOOL ST UNIT2	Model: IMPREZA	Invoice #: 164698
Address 2:	Lic No: 2HJH75	PO Number:
City,State,Zip: NORTH ATTLEBOR, MA, 02760	VIN: JF1GPAY64G8248794	Unit Number:
Home Phone: (508) 922-1254	Color:	Email Address: no
Work Phone: (508) -	Engine: 2.0L H4 F SOHC 16V	Fleet/Wholesale: N
Other Phone: () -	Mileage In: 109388	Est Created On: 01/17/24 09:37:53
Tax Exempt #:	Mileage Out: 109388	
Manager: RICHARD HOFFMAN	Inspect Due:	

Services Requested:
 CUSTOMER REQUESTS TO CHECK RIGHT FRONT TIRE FOR LEAKS

Qty.	Part #	Car Loc	Description	Part	Labor	Amount
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INVOICE INVOICE MONRO MUFFLER/BRAKE & SERVICE INVOICE

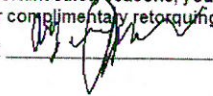
TECH: 092890-0.00 R. HOFFMAN

SUB TOTAL	0.00
SALES TAX	0.00
GRAND TOTAL	0.00

All parts are new unless otherwise specified. Please see reverse for warranty details.

I acknowledge that this invoice is for services rendered by [Monro Inc.] and now, in acceptance of such service, make payment in the amount set forth on this invoice. If there was an increase in the original estimated price, I acknowledge notice and approval of such increase.

Caution: We may have removed your wheel(s) during this service. If so, for important safety reasons, you should return after 25 miles to have your wheels retorqued. Please return to any Monro-operated location (including this one) for complimentary retorquing.

X  _____
 Guest Signature
Company Authorized Representative

I certify that all repairs were properly completed.

Did you have a 5-star visit today? Let us know



FOR ANY COMMENTS ON SERVICE PLEASE CALL (401)737-0480

CUSTOMER COPY

PAYMENT COLLECTED BY: R. HOFFMAN



COURTESY INSPECTION



MOTORIST.ORG

ESTIMATE #

273600

NAME Clasby

PLATE 2HJH75

INSPECTION DUE _____

MILEAGE IN 109388

VIN # _____

ENGINE SIZE 2.0

SOHC DOHC OHV HYBRID DIESEL

DASHBOARD LIGHTS (CIRCLE ANY CURRENTLY ON):



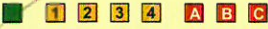
OTHER _____

HUBCAP(S) MISSING? N

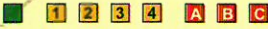
WINDSHIELD CRACKED? N

SCRATCHES/DENTS? N

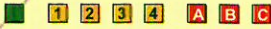
WIPERBLADES



HEADLIGHTS



MINILIGHTS



TIRE CHECKUP

7/32" OR GREATER 3/32" TO 6/32" 2/32" OR LESS

SIZE 205/50/17 SPEED RATING _____
RUN FLAT Y N TPMS Y N FWD RWD 4WD/AWD

LF TIRE	PSI IN	CIRCLE ALL THAT APPLY
	<u>35</u>	EDGEWEAR CRACKING CUPPING PUNCTURE CUTS REPAIRABLE IRREGULARITY NON-REPAIRABLE
OUTER DEPTH IN 32NDS	PSI OUT	
RF TIRE	<u>35</u>	EDGEWEAR CRACKING CUPPING PUNCTURE CUTS REPAIRABLE IRREGULARITY NON-REPAIRABLE
OUTER DEPTH IN 32NDS	PSI OUT	
RR TIRE	<u>35</u>	EDGEWEAR CRACKING CUPPING PUNCTURE CUTS REPAIRABLE IRREGULARITY NON-REPAIRABLE
OUTER DEPTH IN 32NDS	PSI OUT	
LR TIRE	<u>35</u>	EDGEWEAR CRACKING CUPPING PUNCTURE CUTS REPAIRABLE IRREGULARITY NON-REPAIRABLE
OUTER DEPTH IN 32NDS	PSI OUT	

TIRE MAINTENANCE ROTATION BALANCE
ALIGNMENT CHECK MAINTENANCE TIRE WEAR

ENGINE AND EXHAUST SYSTEMS CHECKUP

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AIR FILTER
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CABIN AIR FILTER
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WASHER FLUID
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POWER STEERING FLUID
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OIL LEVEL GOOD BETTER BEST ULTIMATE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BRAKE FLUID _____ PPM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COOLANT LEVEL _____ FREEZE °
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TRANSMISSION SERVICE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COOLANT HOSES
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BELTS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BELT TENSIONER
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BATTERY/TEST _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BATTERY ACCESSORIES
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EXHAUST

NOTES: Rim bent Tire Puncture outside wall

NAME _____
DATE _____

BRAKE CHECKUP

(DISC) 6MM OR GREATER OR (DRUM) 2.4MM OR GREATER

(DISC) 3MM TO 6MM OR (DRUM) 1.6MM TO 2.4MM

(DISC) 2MM OR LESS OR (DRUM) 1.6MM OR LESS

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LF PAD <u>6</u> INNER _____ OUTER _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LF ROTOR _____ ACTUAL _____ DISCARD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RF PAD <u>6</u> INNER _____ OUTER _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RF ROTOR _____ ACTUAL _____ DISCARD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RR PAD <u>8</u> INNER _____ OUTER _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RR ROTOR _____ ACTUAL _____ DISCARD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LR PAD <u>8</u> INNER _____ OUTER _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LR ROTOR _____ ACTUAL _____ DISCARD

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C BRAKE HARDWARE/ADJUSTER
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C BRAKE HOSE(S)/LINES
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C MASTER CYLINDER
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C CALIPERS/WHEEL CYLINDERS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C SEALS/BEARINGS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C PARKING BRAKE/CABLES

STEERING AND SUSPENSION CHECKUP

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C IDLER/PITMAN ARM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C BUSHINGS/LINK PINS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C TIE ROD ENDS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C SHOCKS/STRUTS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C BALL JOINTS/CONTROL ARMS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C CV JOINTS/BOOTS/U-JOINT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A B C RACK/PINION

MOTORIST ASSURANCE PROGRAM (MAP) CODES

OKAY

CHECKED AND ACCEPTABLE

REPAIR/REPLACEMENT SUGGESTED

1. CLOSE TO END OF USEFUL LIFE
2. ADDRESS CUSTOMER REQUEST NEED/CONVENIENCE
3. COMPLY WITH MANUFACTURER
4. TECHNICIAN RECOMMENDATION FROM EXPERIENCE

REPAIR/REPLACEMENT REQUIRED

- A. NO LONGER PERFORMS INTENDED PURPOSE
- B. DOES NOT MEET DESIGN SPECIFICATION
- C. MISSING

FLUIDS AND FILTER be INITIALS DH CERTIFIED BY _____
TORQUE SPECS be LBS be INITIALS DH CERTIFIED BY _____
DOUBLE-CHECKED FOR ACCURACY
be INITIALS DH CERTIFIED BY 1-17-24 DATE

HENRY'S AUTO PARTS LLC

AUTOMOTIVE RECYCLERS
 676 Rathbun St., Blackstone, MA 01504
 TEL: (508) 883-7300
 TOLL FREE - 1-800-742-5252
 FAX: (508) 883-9074
 www.henryautoparts.com



*Paid invoice
Jim*

Invoice Number	Date
544748	02/03/24 10:29 AM
PO Number	Customer Number
	1

S O L D T O	ARYANNA C VALUED CUSTOMER BLACKSTONE, MA 01504 508-858-1098	S H I P T O	Cash VALUED CUSTOMER BLACKSTONE, MA 01504 Trace: COD

Salesperson	Order Type	Tax ID/Code	Ship Via	Page
1 - 1 DCZ	COUNTER SALE	MA		1

Quantity	Description	Unit Price	Ext Price
1	DEPOSIT W:227504 Invoice for deposit accepted on Work Order #227504	\$132.81	\$132.81

Henry's Auto Parts
 676 RATHBUN ST
 BLACKSTONE, MA 01504
 (508) 883-5209

02/03/2024 09:16:32
 Merchant ID: *****6539
 Device ID: 1731
 Terminal ID: PPO1

Credit Sale:

Transaction #: 3
 Card Type: Visa
 Account: *****1887
 Entry: CHIP

Amount:
USD\$132.81

Notes:	STAN: DUB Auth. Code: 091000 Batch Number: 2 Response: AUTH/INT ACI Code: E TRANS ID: 384034559836674 PROCESS AS: CREDIT
--------	--

Please circle Payment Type:			Totals	
Charge			Freight	
Cash			Discount	\$0.00
Check			Taxable	\$132.81
Credit Card	\$132.81		Non Tax	\$0.00
Debit Card			Total Tax	

Moje: Is: 0001
 MID: A0000000031010
 TYR: 8000008000
 IAD: 06011203602000
 TSI: 6800
 ARC: 00
 AC: F1707E7F29F5A5AE
 ATC: 001C
 APPLAB: VISA CREDIT

CUSTOMER COPY

Received by:	Bal Due	\$132.81
--------------	---------	----------

Please note if paying by check that you authorize all dishonored checks plus state legal limit processing fees to be electronically debited from your account.

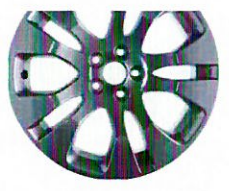
\$20 Off \$250 / \$40 Off \$500 / \$80 Off \$1,000 - Use Promo Code: GORACE



Keyword Search

Show Your Ride Some Love - Shop the Valentine's Sale!

art



Jante Wheel ALY68798U30N - Jante Replacement Wheels
 Part Number: JNT-ALY68798U30N
 Ships Directly From Supplier
 Estimated Ship Date: Tomorrow
[Free Shipping](#) | [Special Order](#)

Price	Qty	Total
\$184.99	1	\$184.99

RIM ESTIMATE

Save for Later | Wish List | Remove
[Add to Garage](#)

Cart Subtotal: \$184.99

Pay with Summit Racing Synchrony Car Care SpeedCard Credit Card [Learn how](#)

PayPal Pay in 4 interest-free payments of \$46.25. [Learn more](#)

Estimate Shipping | **In-Store Pickup**

Country: United States | Zip: 02760

Estimated Order Charges
 Cart Subtotal: \$184.99
 Shipping Charges: \$18.00
 Tax: \$18.00
Estimated Total: \$184.99

Promo Code
 + Enter a Promo Code

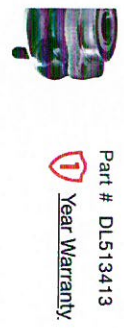
PayPal | **Pay Later**

CART

AUTOZONE REWARDS

THIS PURCHASE QUALIFIES FOR A CREDIT!
Make sure to join or sign in now to earn a \$20 Reward after every 5 credits.
[Sign In or Create an Account](#)

Ballast Bearing DL513413



RIM ESTIMATE AND WHEEL BEARING ESTIMATE

In-Store Pickup
Ready today
FREE

Home Delivery
Get it Feb. 16
FREE over \$35

Same Day Delivery
Not available

1 \$149.99

Fits your 2016 Subaru Impreza Sport Limited AWD

[SEE PRODUCT NOTES](#)

Wystone Collision Wheel ALY68798U30



Part # ALYSV058U30

In-Store Pickup
Not available near you

Home Delivery
Get it By Feb. 16

Same Day Delivery
Not available

1 \$433.99

Standard Delivery
Estimated delivery Feb. 16

ORDER SUMMARY

Item(s) Subtotal

Enter Promo Code

SUBTOTAL

\$58

Taxes and Shipping calculated at checkout

CHECKOUT



Pay in 4 interest-free payments of \$126.
[Learn more](#)

CHECKOUT

ITEM	PRICE	QUANTITY	AMOUNT
------	-------	----------	--------



FALKEN SINCERA SN250 A/S
 SIZE: 205/50R17V

TIRE ESTIMATE

\$125.00 1 \$125.00

COMPUTERIZED WHEEL BALANCE & NEW RUBBER VALVE STEM OR TPMS SENSOR RECONDITIONING \$28.45 1 \$28.45

PLEASE SELECT YOUR STATE TO PROCEED:

MA

TIRE DISPOSAL ⓘ \$3.75 1 \$3.75

MASSACHUSETTS SALES TAX \$8.28

TOTAL \$165.48

FACTORY RECOMMENDED 4 WHEEL ALIGNMENT ⓘ \$74.00

PRO-RATED 36 MONTH ROAD HAZARD ⓘ \$15.00 1 \$15.00

TOWN FAIR TIRE CREDIT CARD

BUY & SCHEDULE APPOINTMENT


Tires Services Offers Learn


Your Cart

SUBARU IMPREZA

My Store
New England Tire...

Select Service Location

 Roll Mobile Installation
Currently not in a Roll Market

 In-Store Installation
New England Tire Car Care Centers
As early as Sat, Feb 17
TIRE ESTIMATE

[Change Store](#)


 Success: Tires fit your Subaru Impreza

Tires



RECOMMENDED

Assurance MaxLife®

 Fits your Subaru Impreza

Tire Size: 205/50R17 Specs: SL V Black

Quantity [-](#) [+](#) (\$190.00/ea)


\$190.00

Subtotal	\$190.00
Installation	\$29.95
Est. Taxes and Fees	\$15.38
Est. Total	\$235.33

CHECKOUT

or 4 payments of **\$60.34** with **Z!P**
Price Match Guarantee

ENTER PROMO CODE
Promo Code

 Purchase 4 tires and get a \$50 mail-in rebate. [Details](#)

 **\$25 back** on qualifying services of \$50 or more with the Goodyear Credit Card [Details](#)

[Relaunch to upi](#)