



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: February 2, 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: 24-6376

Claimant: Mathew Cloutier
25 Alvero Road
Coventry, RI 02816

Claim: Hit pothole on Service Avenue causing damage to tire and alignment.

Invoice: Firestone \$391.98

Estimates: Town Fair Tire \$316.45
Pep Boys \$298.99(tire only)

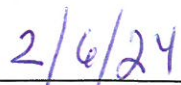
Department Recommends:

Approval of this claim for **\$300.00**

Denial of this claim (please include comments below):



Director Signature



Date

CLAIM CHECKLIST

- Completed Claim Form
- Valid Registration
- Police/Tow or Auto Report
- Invoice

- 2 Estimates

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: MATHEW CLOUTIER Address:
City, State, Zip: 25 ALVERO RD COVENTRY RI 02816
Telephone #: 401 932 0456

Date of incident (M/D/Y) 1/26/24 Time: 6 AM/PM

Description of Incident/Claim: WAS DRIVING DOWN SEEVIC AV
and due to traffic of UPS TRUCKS COMING
the other direction had to stay towards right side of
the lane where the pothole was and it popped
my tire

Vehicle Year: 2021 Make: Kia Model: K5 Odometer reading: _____

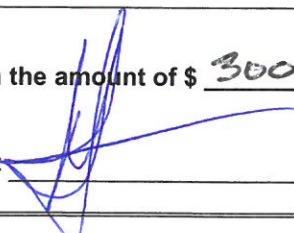
The Pothole was located on Seevic Ave road.

I notified the Finance / Public Works department on 1/31/24 (date).

The nature of my property damage is: one popped tire and front
wheel alignment needed

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

I request reimbursement in the amount of \$ 300

SIGNATURE OF CLAIMANT:  DATE: 2/2/24

AFFIDAVIT

(Petitioner Name) Matthew Clohise, 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) 1/26/24 as a result of (please provide brief description):

Popping A Tree on Service Ave

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

Matthew Clohise
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 2nd day of February, 2024

NOTARY PUBLIC
Marge A. White
759429

My Commission Expires 7/25/24
RHODE ISLAND

Margie A. White
(Notary Public)
My Commission Expires 7/25/24



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

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



MATHEW A CLOUTIER
25 ALVERO RD
COVENTRY RI 02816-8406

Date: 02/01/2022

Registration Certificate

REG NUMBER: 1BP742	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 2821838	REG EXP DATE: 02/29/2024
YEAR: 2021	MAKE: KIA MOTORS CO	MODEL: K5	BODY TYPE: SEDAN	MAJOR COLOR: GRAY	MINOR COLOR: GRAY
VEHICLE IDENTIFICATION NUMBER: 5XXG64J24MG062851		RENEWAL FEE: \$112.50	GROSS WEIGHT: 4354	# 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: MATHEW A CLOUTIER 25 ALVERO RD COVENTRY RI 02816-8406			SECOND OWNER:/LESSEE		

- TAX TOWN: **COVENTRY**
- 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 Reparations 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 **01/01/2024** 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

02/01/2022

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

REPORT # 24-6376

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



www.FirestoneCompleteAutoCare.com

Cust Status: Waiting Appt: Yes FINAL INVOICE

WARWICK POST RD - 1689A POST RD, WARWICK, RI. 02888-5900 - 401.732.3141

Service Advisor: 2 STEPHEN

Wheel Lock:

Technician: 07 HAMZO

Customer Details:

Alt. Auth. Name & Phone:

Vehicle Details:

CLOUTIER, MATHEW
25 ALVERO RD

N/A

2021 KIA K5 GT-LINE

COVENTRY, RI 02816
401.539.0623

1.6L L4 FI GAS VIN 2 DOHC
VIN #: 5XXG64J24MG062851
LIC #: 1BP742 RI
MILEAGE: 25,345

Description	Rev Hist /Article # ID	Qty	Unit Price	Extended Price	Job Total
FIRESTONE TIRE PACKAGE	02				787.16
013745 ALL SEASON BL 235/45R18 94V 65,000 Mile Limited Warranty	013745 07TN	4	181.99	727.96	
DOT# 1WBFU9K864423					
DOT# 1WBFU9K864423					
DOT# 1WBFU9K864423					
DOT# 1WBFU9K864423					
TIRE-DISC \$50 INSTANT Savings off 4 Firestone All Season	7088988 07TN	-4	12.50	-50.00	
7097782 ROAD HAZARD PROTECTION	7097782 07TN	4	27.30	109.20	
LOW PROFILE TIRE INSTALLATION	7006472 07NS	4	N/C	N/C	
ALIGNMENT SERVICE (LIFETIME WARRANTY)	02				189.99
LIFETIME WHEEL ALIGNMENT	7005229 07NS	1	209.99	209.99	
LBR-DISC \$20 Off Lifetime Alignment	7001681 07N	-1	20.00	-20.00	
COURTESY CHECK	02				
COURTESY CHECK	7046930 07NS	1	N/C	N/C	

ORDER NOTES

MANUFACTURER'S RECOMMENDED MAINTENANCE: CABIN AIR FILTER (REMOVE - [CUSTOMER RECENTLY HAD SERVICE PERFORMED])
MANUFACTURER'S RECOMMENDED MAINTENANCE: ENGINE OIL & FILTER (REMOVED - [CUSTOMER RECENTLY HAD SERVICE PERFORMED])

All parts are new unless otherwise specified.

Payment History:

CFNA 2770 1,048.51 027166 Sale
MID: 222220327042
Term: 0002 Manual Entry
Total Tendered 1,048.51

Summary:

Parts	787.16
Labor	189.99
Shop Supplies	15.20
Sub-Total	992.35
Tax (7.00%)	56.16
Total	\$1,048.51

391.98

CFNA'S current promotional financing terms, pricing information such as APR and fees, and Credit Card Agreement can be viewed at CFNA.com, Privacy and Legal page.

Information on tire warranty, maintenance, and safety can be located at <https://www.firestonecompleteautocare.com/tires/warranty-options/> or by calling toll free 800-847-3272 to obtain a free printed copy

Information on service warranty, maintenance, and safety can be located at <https://www.firestonecompleteautocare.com/maintain/service-warranty-options/>

Retail Invoice
320827
Printed on 01/27/2024



Store# 014931
In: 01/27/24 07:29AM
Out: 01/27/24 09:38AM

www.FirestoneCompleteAutoCare.com

Cust Status: Waiting

Appt: Yes

FINAL INVOICE

WARWICK POST RD - 1689A POST RD, WARWICK, RI. 02888-5900 - 401.732.3141



I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

Customer Signature



HOW ARE WE DOING?

Tell us about your experience today!

Complete a 4-minute survey for a chance to win one of ten \$50 gift cards each month!

Visit www.FirestoneSurvey.com within 4 days and enter Code 014931-320827

5xxg64j24mg062851

1/27/24 8:15 AM

5XXG64J24MG062851



5XXG64J24MG062851

Kia : K5 : Front Wheel Drive : 2021
ExpressAlign Total Alignment

Front : Left

Actual	Before	Specified Range
-0.6°	-0.5°	-1.0° 0.0°
4.6°	4.6°	4.5° 5.5°
0.09°	0.15°	-0.04° 0.16°
17.9°*	17.9°*	14.0° 15.0°
17.3°*	17.3°*	13.0° 15.0°

Front : Right

Actual	Before	Specified Range
-0.9°	-0.9°	-1.0° 0.0°
4.6°	4.6°	4.5° 5.5°
0.08°	-0.08°*	-0.04° 0.16°
10.0°*	10.0°*	14.0° 15.0°
9.1°*	9.1°*	13.0° 15.0°

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front

Cross Camber
Cross Caster
Total Toe

Actual	Before	Specified Range
0.4°	0.4°	
-0.1°	-0.1°	
0.17°	0.07°	-0.08° 0.32°

Rear : Left

Actual	Before	Specified Range
-0.7°	-0.7°	-1.5° -0.5°
0.14°	0.14°	-0.02° 0.19°

Rear : Right

Actual	Before	Specified Range
-1.6°*	-1.6°*	-1.5° -0.5°
0.05°	0.06°	-0.02° 0.19°

Camber
Toe

Rear

Total Toe
Thrust Angle

Actual	Before	Specified Range
0.19°	0.20°	-0.03° 0.37°
0.05°	0.04°	

* This value is not within specification. Tire wear, handling and safety problems may result.

CHECKOUT

ITEM	AMOUNT
	PRICE PER TIRE: \$212.00 \$848.00 FOR 4 TIRE(S) 4 ▾
GOODYEAR EAGLE SPORT ALL SEASON SIZE: 235/45R18V	
COMPUTERIZED WHEEL BALANCE & NEW RUBBER VALVE STEM OR TPMS SENSOR RECONDITIONING	PRICE PER TIRE: \$30.45 \$121.80 FOR 4 TIRE(S)
FACTORY RECOMMENDED 4 WHEEL ALIGNMENT i	\$19.00 \$74.00
	REMOVE

212.00
30.45
74.00
316.45

**COMPUTERIZED WHEEL
BALANCE & NEW RUBBER
VALVE STEM OR TPMS
SENSOR RECONDITIONING**

PRICE PER TIRE:

\$30.45

\$121.80

FOR 4 TIRE(S)

**FACTORY RECOMMENDED 4
WHEEL ALIGNMENT**

\$119.00

\$74.00

REMOVE

**PRO-RATED 36 MONTH ROAD
HAZARD**

PRICE PER TIRE:

\$23.95

\$95.80

FOR 4 TIRE(S)

REMOVE

PLEASE SELECT YOUR STATE TO PROCEED:

RI



TIRE DISPOSAL

PRICE PER TIRE:

\$3.75

\$15.00

FOR 4 TIRE(S)

Tires by Vehicle

Tires by Size

Buy 3 Get the 4th Free on a Set of 4 Select Cooper or Kumho Tires

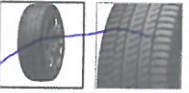
Home > Find Tires > By Size > 235/45R18 > Michelin Primacy MXM4

Michelin Primacy MXM4

★★★★☆ (847)

per box 5





\$298.99 per tire

Available tomorrow after 12 pm **Need it Sooner?**

Call Store : **(401) 217-3943**