



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: January 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: 12/18/23

Police/tow/auto report: 23-72724

Claimant: Linda Costa
6 Black Creek Lane
Warwick, RI 02888

Claim: Hit a pothole on Kilvert Street causing damage to splash shield.

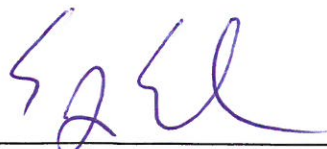
Invoice: Honda \$396.03

Estimates: Speedcraft \$499.57
Balise \$398.19

Department Recommends:

Approval of this claim for **\$300**.

Denial of this claim (please include comments below):



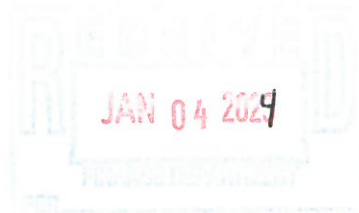
Director Signature



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: Linda M. Costa

Address: 6 Black Creek Ln.

City, State, Zip: Warwick, RI 02888

Telephone #: 508-328-3606, 401-453-5401

Date of incident (M/D/Y) 12/18/23 Time: 9:45 AM PM

Description of Incident/Claim: While traveling on Kilvert St. we hit a large pothole/puddle that tore the splash shield off my 2022 Honda Insight. The incident occurred at the property line of Jones-Melhuysen and The Winesupply Co.

Vehicle Year: 2022 Make: Honda Model: Insight Odometer reading: 24399

The Pothole was located on Kilvert St. road.

I notified the Finance I Public Works department on 12/20/23 (date).

The nature of my property damage is: Splash shield is damaged and needs to be replaced

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: Linda M. Costa DATE 12/29/23

AFFIDAVIT

(Petitioner Name) Linda M. Costa, 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) 12/18/23 as a result of (please provide brief description):

while traveling west on Kilvert St. we hit a large POT HOLE/PUDDLE that tore the SplashShield off our car.

Said claim was filed with the Finance Department on 12/20/23 (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.

[Signature]
Signature of Claimant or its Representative

Andrew Costa
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 30 day of December, 2023

[Signature]
(Notary Public)
My Commission Expires 04-28-2027





**STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES**

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW16610153

LINDA M COSTA
6 BLACK CREEK LN
WARWICK RI 02888-5415

Date: 01/27/2023

Registration Certificate

REG NUMBER: LM268	PLATE TYPE: PASSENGER	PLATE DESIGN: OCEAN	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 6610153	REG EXP DATE: 02/28/2025
YEAR: 2022	MAKE: HONDA	MODEL: INSIGHT	BODY TYPE: SEDAN	MAJOR COLOR: SILVER	MINOR COLOR: SILVER
VEHICLE IDENTIFICATION NUMBER: 19XZE4F9XNE010023		RENEWAL FEE: \$92.50	GROSS WEIGHT: 3828	# OF PASSENGERS: 5	# OF CYLINDERS: 4
FUEL TYPE: HYBRID GAS AND ELECTRIC		CARRYING CAPACITY: 750	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER/LEASING COMPANY: LINDA M COSTA 6 BLACK CREEK LN WARWICK RI 02888-5415			SECOND OWNER/LESSEE:		

- TAX TOWN: WARWICK
- 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 Repairs 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 01/01/2025 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.

Odometer
24,115 12/18/23

Walter R. Craddock

WALTER R. CRADDOCK
ADMINISTRATOR
DIVISION OF MOTOR VEHICLES

DEC 29 2023

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

REPORT # 23-72724

Off MARTIN

12-18-23

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

DEC 20 2023

CUSTOMER #: 795740

280718

BALISE

BALISE HONDA OF WEST WARWICK

LINDA COSTA
6 BLACK CREEK LN
WARWICK, RI 02888

INVOICE

509 Quaker Lane
West Warwick, RI 02893
(401) 822-2000

PAGE 1

HOME: CONT: 508-328-3606
BUS: C-LL: 508-328-3606

SERVICE ADVISOR: 15057 Andreas Aquiar

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
	22	HONDA INSIGHT	19XZE4F9XNE010023		24495/24496	T3126A	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN22 DD			WAIT 05JAN24		0.00	CASH	05JAN24
R.O. OPENED	READY	OPTIONS:	DLR: 208666				

10:15 05JAN24 12:11 05JAN24

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A QUOTE FOR INSTALLING NEW UNDER SHIELD DAMAGED NEEDS PLATIC PORTION AND COMES WITH METAL UNDER SHIELD PART NUMBER 74110-TXM-A00 \$206.00 WITH CLIPS QUANTITY 12 PART NUMBER 91505-TMA-003 @ \$.52 EACH

JAN 17 2024

None QUOTE FOR INSTALLING NEW UNDER SHIELD DAMAGED NEEDS PLATIC PORTION AND COMES WITH METAL UNDER SHIELD PART NUMBER 74110-TXM-A00 \$206.00 WITH CLIPS QUANTITY 12 PART NUMBER 91505-TMA-003 @ \$.52 EACH

1	74110-TXM-A00 COVER, ENG (LOWER)	206.40	LABOR:	159.90	OTHER:	0.00	TOTAL LINE A:	366.30
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B PERFORM MULTI POINT INSPECTION
MPI PERFORM MULTI POINT INSPECTION

15731	CP	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00
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ESTIMATE: 416.77 05JAN24 10:15 SA: 15057

CONTACT:

BALISE HONDA W WARWICK
509 QUAKER LN
WEST WARWICK, RI 028937

BALISE HONDA W WARWICK
509 QUAKER LN
WEST WARWICK, RI 028937

OSING BALISE
WE KNOW YOU
MES TO SERVICING
CELLENT SERVICE
& PARTS TEAM

01/05/2024 12:15:37 01/05/2024 12:16:39
CREDIT CARD VISA SALE

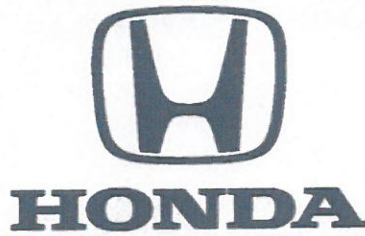
Card # XXXXXXXXXXXX5919 Network: VISA SEQ #: 6 Batch #: 2083 INVOICE 280718 Approval Code: 115051 Entry Method: Swipe Mode: Online

DESCRIPTION	TOTALS
3 AMOUNT	159.90
3 AMOUNT	206.40
OIL, LUBE	0.00
T AMOUNT	0.00
CHARGES *	0.00
CHARGES	366.30
INSURANCE	0.00
TAX	14.45
NET PAY AMOUNT	380.75

SALE AMOUNT \$38.07 SALE AMOUNT \$342.68

Thank you for your business!

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. 118476	SERVICE ADVISOR 2716 MALAINNE COSTA	TAG NO. T0023	INVOICE DATE 28 Dec 2023	INVOICE NO. 670289
ANDREW COSTA 6 BLACK CREEK LN WARWICK, RI 02888-5415	HOURLY RATE	LICENSE NO.	PO NO.	COLOR SILVER
	YEAR/MAKE/MODEL 22 HONDA INSIGHT	MILEAGE IN 24339		MILEAGE OUT 24339
	VEHICLE IDENTIFICATION NO. 19XZE4F9XNE010023	DELIVERY DATE 01 Mar 2022		IN SERVICE DATE
EMAIL ADDRESS email apcostapvd@gmail.com home	CELL PHONE 508-328-3606	SALES PERSON	R.O. DATE 28 Dec 2023	WAR EXP.
TEL HOME 508-328-3606	TEL BUSINESS EXT.	COMMENTS ENG:1.5_Liter_DOHC 3		

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL	
A	C/S:	CUSTOMER STATES HIT POTHOLE AND SPLASH SHIELD IS DAMAGED						
	X	WILL NEED UNDER SHIELD REPLACED \$396.03						
		(INCLUDES PARTS, LABOR AND TAX)						
				999 CPEL		0.00	0.00	
PARTS:		0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	

B	MULTI-POINT VEHICLE INSPECTION							
				MPI DEFAULT				
				999 CPEL		0.00	0.00	
PARTS:		0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	

WAIT CREATED 2023-12-27								
11:22:00AM TAKEN BY ALE X								
HERNANDEZ								

<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK CK NO. []	DESCRIPTION	TOTALS
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	LABOR AMOUNT	\$ 0.00
<input type="checkbox"/> AMEX	<input type="checkbox"/> CHARGE	PARTS	\$ 0.00
	<input type="checkbox"/> OTHER	GAS, OIL, LUBE	\$ 0.00
THANK YOU FOR CHOOSING HERB CHAMBERS HONDA OF SEEKONK		SUBLET REPAIRS	\$ 0.00
Customer Signature		MISCELLANEOUS CHARGES	\$ 0.00
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.		TOTAL CHARGES	\$ 0.00
Environmental Compliance		LESS DISCOUNT/INSURANCE	\$ 0.00
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.		SALES TAX	\$ 0.00
		PLEASE PAY THIS AMOUNT	\$ 0.00

Service Estimate

No Dealer information has been setup for the invoice estimate header.
Please enter the information in the Service appointment setup screen for this company.

ANDREW COSTA
6 BLACK CREEK LN.
WARWICK, RI 02888
Home: (508) 328-3606
APCOSTAPVD@GMAIL.COM

Vehicle: 22 HONDA INSIGHT TO
VIN: 19XZE4F9XNE010023
Control #: 026706

LN	Opcode	Description	Hours	Amount	
A	37	CLIENT STATES ENGINE COVER COMPLETELY DAMAGED. PROVIDE ESTAIMATE TO REPLACE	1.50	Labor \$269.99	
	Parts	Description	Quantity	Unit Price	Ext. Price
		ENGINE COVER W/ CLIPS	1	\$207.98	\$207.98
				Parts	\$207.98
				Line Total	\$477.97

Estimate Total Summary

Total Hours	1.50
Total Labor	\$269.99
Total Parts	\$207.98
Total Misc	\$0.00
HAZ./SUPPLIES	\$21.60
Shop Charge	\$0.00
Grand Total	\$499.57

X



Emmanuel Monroy-Aguilar
Service Consultant

CUSTOMER #: 795740

PRE-WORKORDER

BALISE

**BALISE HONDA
OF WEST WARWICK**

LINDA COSTA
6 BLACK CREEK LN
WARWICK, RI 02888

Page 1 of 1

509 Quaker Lane
West Warwick, RI 02893
(401) 822-2000

HOME: CONT: (508) 328-3606

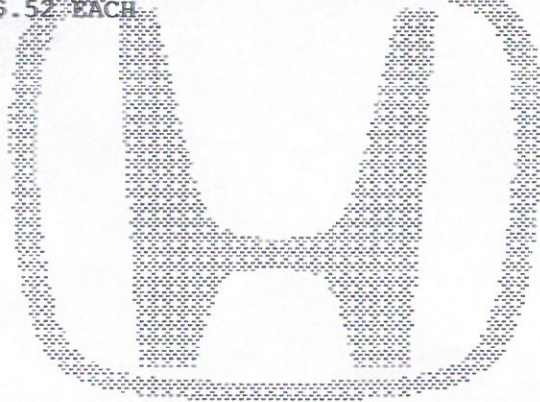
BUS: CELL: (508) 328-3606

SERVICE ADVISOR: Robert Pelcher

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
	2022	HONDA INSIGHT	19XZE4F9XNE010023		24339		
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
							12/27/2023
R.O. OPENED	READY	OPTIONS:					

LINE	OP CODE	DESCRIPTION	DURATION	ESTIMATE
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# A	None	QUOTE FOR INSTALLING NEW UNDER SHIELD DAMAGED NEEDS PLATIC PORTION AND COMES WITH METAL UNDER SHIELD ... QUOTE FOR INSTALLING NEW UNDER SHIELD DAMAGED NEEDS PLATIC PORTION AND COMES WITH METAL UNDER SHIELD PART NUMBER 74110-TXM-A00 \$206.00 WITH CLIPS QUANTITY 12 PART NUMBER 91505- TMA-003 @ \$.52 EACH	1.00	372.14
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HONDA

Subtotal 372.14

Printed On 12/27/2023 5:34:51 PM

Sales Tax 26.05

Total 398.19

EXCLUSION OF WARRANTIES

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

AUTHORIZATION FOR REPAIRS

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to lack of antifreeze.

PRELIMINARY ESTIMATE \$ 398.19

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.

AUTHORIZED BY X

REVISED ESTIMATE (1)	DATE	TIME	BY
REVISED ESTIMATE (2)			
REVISED ESTIMATE (3)			

I HEREBY ACKNOWLEDGE THAT I WAS NOTIFIED & GAVE ORAL APPROVAL OF THE ABOVE REVISED ESTIMATES:

X

ALL PARTS LISTED ARE NEW UNLESS SPECIFIED AS U-USED OR R-REBUILT.



Frank J. Picozzi
Mayor

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

December 20, 2023

Andrew Costa
6 Black Creek Lane
Warwick, RI 02888

COPY

Dear Andrew,

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 – Must be completed by the registered owner of vehicle.
Requested reimbursement amount must be filled in.
Affidavit must be notarized.
- Estimates – One itemized paid invoice with proof of payment AND two estimates, OR three itemized estimates.

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

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

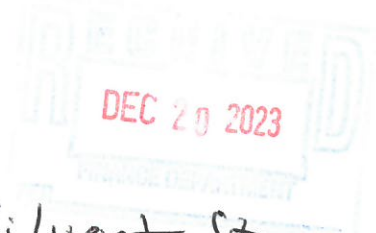
Claimant Name: Andrew Costa

Address: 6 Black Creek Ln

City, State, Zip: Worwick, R.I. 02888

Telephone #: 508-328-3606

Date of incident (M/D/Y) 12/18/23 Time: 9:45 (AM/PM)



Description of Incident/Claim: While driving on Kilvert St. in Rain I hit a large Pothole/Puddle that tore the skid plate off my Honda.

Location: At property line of Lucas Milhaupt & Winsupply

Vehicle Year: 2022 Make: Honda Model: Insight Odometer reading: _____

The Pothole was located on Kilvert St. @ Lucas Milhaupt road.

I notified the Finance / Public Works department (circle one) on 12/18/23 (date). called Public Works

The nature of my property damage is: Skid plate needs to be replaced. Estimated @ \$300-4000

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

I request reimbursement in the amount of \$ _____.

SIGNATURE OF CLAIMANT: Andrew Costa DATE 12/18/23

AFFIDAVIT

(Petitioner Name) Andrew Costa, 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) 12/18/23 as a result of (please provide brief description):
During my drive on Kelvert St I hit a large pothole puddle that tore the skidplate off my 2022 Honda

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 of Claimant or its Representative

Andrew Costa
Printed Name

State of Rhode Island
County of _____

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

(Notary Public)
My Commission Expires _____