

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: Robert A Cunha

Address: 957 Post Rd.

City, State, Zip: WARWICK, RI 02888

Telephone #: 401-477-6358

MAR 13 2023

Date of incident (M/D/Y) 2/7/23 Time: 1:00 AM PM

Description of Incident/Claim: ball joint let go.

155 Harvest Rd
Warwick

Vehicle Year: '07 Make: Honda Model: Accord Odometer reading: 154,250

The Pothole was located on 155 Harvest Rd road.

I notified the Finance I Public Works department on _____ (date).

The nature of my property damage is: _____

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

I request reimbursement in the amount of \$ 886.64

SIGNATURE OF CLAIMANT: Robert A Cunha DATE 2/20/23

AFFIDAVIT

* (Petitioner Name) Roberta Cunha, 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) 2/7/23 as a result of (please provide brief description):

ball joint broken on left of car due to pothole.

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.

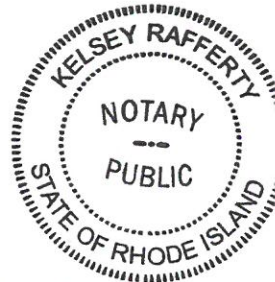
Roberta Cunha
Signature of Claimant or its Representative

Roberta Cunha
Printed Name

State of Rhode Island
County of WARWICK

Subscribed and sworn to before me on this 23 day of March, 2023

Kelsey Rafferty
(Notary Public)
My Commission Expires 12/12/26



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MAR 13 2023

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Liberto Cunha
Signature of Claimant or its Representative

Liberto Cunha
Printed Name

State of Rhode Island
County of WARWICK

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

(Notary Public)
My Commission Expires _____



STATE OF RHODE ISLAND
 DIVISION OF MOTOR VEHICLES
 600 New London Avenue
 Cranston RI 02910 3004
 Web Address: [WWW.DMV.RI.GOV](http://www.dmv.ri.gov)



Date: 01/14/2021

ROBERTA J CUNHA
 14 WOODHAVEN RD REAR
 PAWTUCKET RI 02861-1511

Registration Certificate

REG NUMBER: R1598	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVETRAKE: FRONT	REG EXPIRES: 02 28 2021
CLASS: DMV	MAKE: HYUNDAI	MODEL: ACC	BODY TYPE: 4D	PAINT COLOR: SILVER	MARK COLOR: SILVER
VEHICLE IDENTIFICATION NUMBER: JNCKM9A1276181883		REGISTRATION FEE: 112.00	GROSS WEIGHT: 3990	# OF PROBLEMS: 0	# OF TR. PROBLEMS: 0
FUEL TYPE: GAS	CAPACITY CAPACITY: N/A		LENGTH: N/A	WGT: N/A	MAX SPEED: 0
REGISTERED OWNER/LEASE COMPANY: ROBERTA J CUNHA 14 WOODHAVEN RD REAR PAWUCKET RI 02861-1511			SECOND OWNER/LEASEE: N/A		

TAXES: PAWUCKET

Notice: The law requires that the DMV be notified within 30 days of any change in name or address. Please visit our website to update your address online.
 Motor Car Registration Service Fee: Plates must be displayed with the DMV to ensure the vehicle is removed from the city or town tax rolls. Please retain your receipt as proof of completion.
 Every registration plate shall be at all times securely fastened in a horizontal position and so in a condition to be clearly legible. The plate shall be only to be placed securely in 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 using or in control of such vehicle.
 Proof of auto insurance financial security is required as per Rhode Island General Laws 5-11-47 Motor Vehicle Registration Act. It is your responsibility to renew your registration prior to the expiration date. Failure to do so may result in the suspension of all plates.
 Failure to obtain an Emissions Inspection as or before 01/15/2021 will result in the vehicle being suspended.
 Not valid without official signature of Administrator.
 Any vehicle operated by a driver of legal weight limits is required to have an appropriate permit per Chapter 11-21 of the Rhode Island General Laws. Failure to obtain such permit may result in the suspension of registration and/or other penalties.

Walter A. Cardillo

WALTER A. CARDILLO
 Administrator
 Division of Motor Vehicles

01/14/2021



Frank J. Picozzi
Mayor

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

March 13, 2023

MAR 28 2023

Roberta Cunha

Dear Roberta,

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 – Have Affidavit notarized.
- Estimates – Two estimates are required along with your invoice.
- Registration – Copy of valid registration in claimant's name.

We have included copies of the instructions to submit a claim, along with the Affidavit that needs to be completed. Once the above information is received, your claim can be processed. If you have any questions, please call 738-2015.

(mw)

Claims Administration

To Whom it may concern:

I was unable to get any estimates.
My car broke down in a major intersection
and Warwick police wanted it towed immediately.
My car was not drivable at all: see
picture. I hope you will consider this in →

Impound Invoice

Retail Invoice
308220
Printed on 02/08/2023



Store# 014931
In: 02/08/23 10:08AM
Out: 02/08/23 06:20PM

www.FirestoneCompleteAutoCare.com
FINAL INVOICE

Cust Status: Vehicle Impound in Appt No

WARWICK POST RD - 1688A POST RD, WARWICK, RI. 02888-5900 - 401.732.3141

Service Advisor: I CHIC

Wheel Lock:
All Auth. Name & Phone:

Technician: 07 WILLIAM

Customer Details:

CUNHA, ROBERTA
857 POST RD
APT B309
WARWICK, RI 02888-3388
401.477.8358

N/A

Vehicle Details:
2007 HONDA ACCORD EX

2.4L L4 FI GAS
VIN #: 1HGCM56327A113163
LIC #: RC958 RI [GREY]
MILEAGE: 154,412

Description	Rev Hist / Article # ID	Qty	Unit Price	Extended Price	Job Total
CAR CARE PACKAGE					9.99
PKG: 01 COMPLETE VEHICLE INSPECTION	7028789 07NN	1	21.99	21.99	
VEHICLE INSPECTION					
PKG: 03 ELECTRONIC BATTERY CHECK	7002909 07NS	1	N/C	N/C	
ELECTRONIC BATTERY CHECK					
PKG: 04 TIRE AIR PRESSURE CHECK	7002937 07NS	1	N/C	N/C	
TIRE AIR PRESSURE CHECK					
RR-DISC DISCOUNT - LABOR	7004302 07N	-1	12.00	-12.00	
JOINTS (Lower-Front,Left)					
234018 BALL JOINT 1 EA CQCHS	1,3 7036757 07TN	1	75.99	75.99	313.01
REMOVE & REPLACE F BALL JOINT - ONE SIDE					
17 LEFT REMANUFACTURED CV COMPLETE ASSEMBLY	7040193 07NS	1	271.80	271.80	
WARRANTY PART INFORMATION	7003735 07TN	1	N/C	N/C	
FINAL ARTICLE #7003735 PRICE 0.00 COLLECTED 0%					
Warranty Adjustment(part)					
EMAIL SERVICE PROMO 10% OFF-1	7001639 07T		7.60	-7.60	
EMAIL SERVICE PROMO 10% OFF					
RODS (Left-Outer)	7001639 07N	-1	27.18	-27.18	
REPLACE TIE ROD END	1,2,3 7023000 07NS	1	135.90	135.90	250.89
LABOR					
AXLE	7003362 07NS	1	N/C	N/C	
ADJUSTMENT	7003362 07NS	1	N/C	N/C	
ROD END 1 EA MOOG					
Off \$100 Service with CFNA Purchase	7038881 07TN	1	134.99	134.99	
Off \$100 Service with CFNA Purchase	7001639 07T	-1	9.97	-9.97	
CHECK (12-MONTH WARRANTY)	7001639 07N	-1	10.03	-10.03	
WHEEL ALIGNMENT RECHECK	1 7008026 07NS	1	N/C	N/C	

All parts are new unless otherwise specified.

6137 619.14 03308 Sale
619.14

Summary:

Parts	193.41
Labor	380.48
Shop Supplies	29.64
Sub-Total	603.53
Tax (7.00%)	15.61
Total	\$619.14

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

Impound Invoice

Printed 2/8/2023

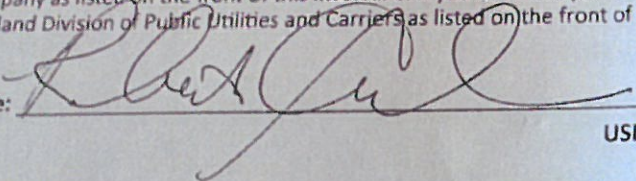
Cristian Towing LLC

550 Pawtucket Ave, Pawtucket / 120 Dewey Ave, Warwick RI, Pawtucket RI 02860
 Phone: (401) 451-7334 | Fax: (401) 633-7796
 Call # 6871
 Stock # 13562430
 Account Warwick PD
 Date/Time Impounded: 2/7/2023 3:13 PM

VIN Number 1HGCM56327A113163
 Model 2007 Honda Accord
 License Plate RC95B (RI)
 Drivable No
 Keys No
 Towed from Warwick Avenue, Warwick Ave, Warwick, RI, USA
 Stored at CRISTIAN TOWING LLC WARWICK LOT
 120 DEWEY AVE, WARWICK RI 02886

	Quantity	Price	Line Total
Storage charges			
(Storage - Storage Fees) Impounds/Storage: Daily Impound Rate	1	\$35.00	\$35.00
Towing charges			
(Towing) Fuel Surcharge	1	\$7.50	\$7.50
(Towing) Tow/Hook Fee	1	\$125.00	\$125.00
(Towing) Tow Out	1	\$100.00	\$100.00
		Towing Subtotal	\$232.50
		Storage - Storage Fees Subtotal	\$35.00
		Subtotal	\$267.50
		Taxes	\$0.00
		Grand Total	\$267.50
		Amount Due:	\$267.50

A. For non-consensual police ordered/private party trespass tows, the tow fee is \$125.00 for vehicles up to 8,000 GVW. This includes one hour of site work and 24 hours of storage. Storage charges are \$35.00 per day, up to 20 feet. B. For non-consensual tows of a motorcycle, additional charge of \$25.00 shall apply. C. Any vehicle towed from a scene to a location as directed by the vehicle owner or person in control of the vehicle at the time of the tow is subject to a tow fee of \$100.00 plus \$7.00 per loaded mile. D. Vehicle owner is subject to a \$3.50 per loaded mile charge: five free miles when towed back to the owners yard. E. For non-consensual private party trespass tow that is released at the scene, provided the tow company has secured the vehicle for tow, the fee is \$60.00. F. TOLL CHARGES: Tow companies may collect the actual road and/or bridge toll charges incurred by the tow company only when the vehicle is in tow and being transported to the tower's lot or a destination selected by the vehicle owner or person in control and said vehicle at the time of the tow. Note: Tower may not collect toll charges incurred on the way to the scene of the tow or for those incurred after the vehicle has been delivered to the tower's or a site selected by the vehicle owner. G. For non-consensual police ordered tows, the tow fee is \$145.00 for vehicles 8,001 lbs through 15,000 lbs. This includes 1 hour of site work and 24 hours of storage. Storage charges are \$45.00 per day, over 20 feet. H. Any vehicle with GVW 8,001 lbs through \$15,000 lbs towed from the scene to a location as directed by the vehicle owner is subject to a tow fee of \$125.00 plus \$8.00 per loaded mile. I. Business hours are 8 AM to 5 PM Monday through Friday and 8 AM through 12 PM Saturday. J. A fee of \$30.00 shall be assessed for vehicles released outside of normal business hours. K. When an extra man is REQUIRED at the scene, a charge of \$65.00 per hour shall apply. L. Card processing Fee of up to 3% of total transaction is authorized. IF YOU THINK YOUR BILL IS INCORRECT A. Contact the Tow Company B. You may call or write to the tow company as listed on the front of this invoice. C. If you still think your bill is incorrect after communication with the tow company, you can call or write to the Rhode Island Division of Public Utilities and Carriers as listed on the front of this invoice.

Signature: 

Date: 02/08/23

USDOT: 2406228





