



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: May 26, 2023
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: 03/29/2023

Police/tow/auto report: n/a

Claimant: Bernard Fournier
74 Jambray Avenue
Warwick, RI 02886

Claim: Hit a pothole on Pilla Drive causing damage to tire.

Invoice: Tire Warehouse \$173.13

Estimates: Town Fair Tire \$170.62
Tire Warehouse \$164.48

Department Recommends:

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

Denial of this claim (please include comments below):

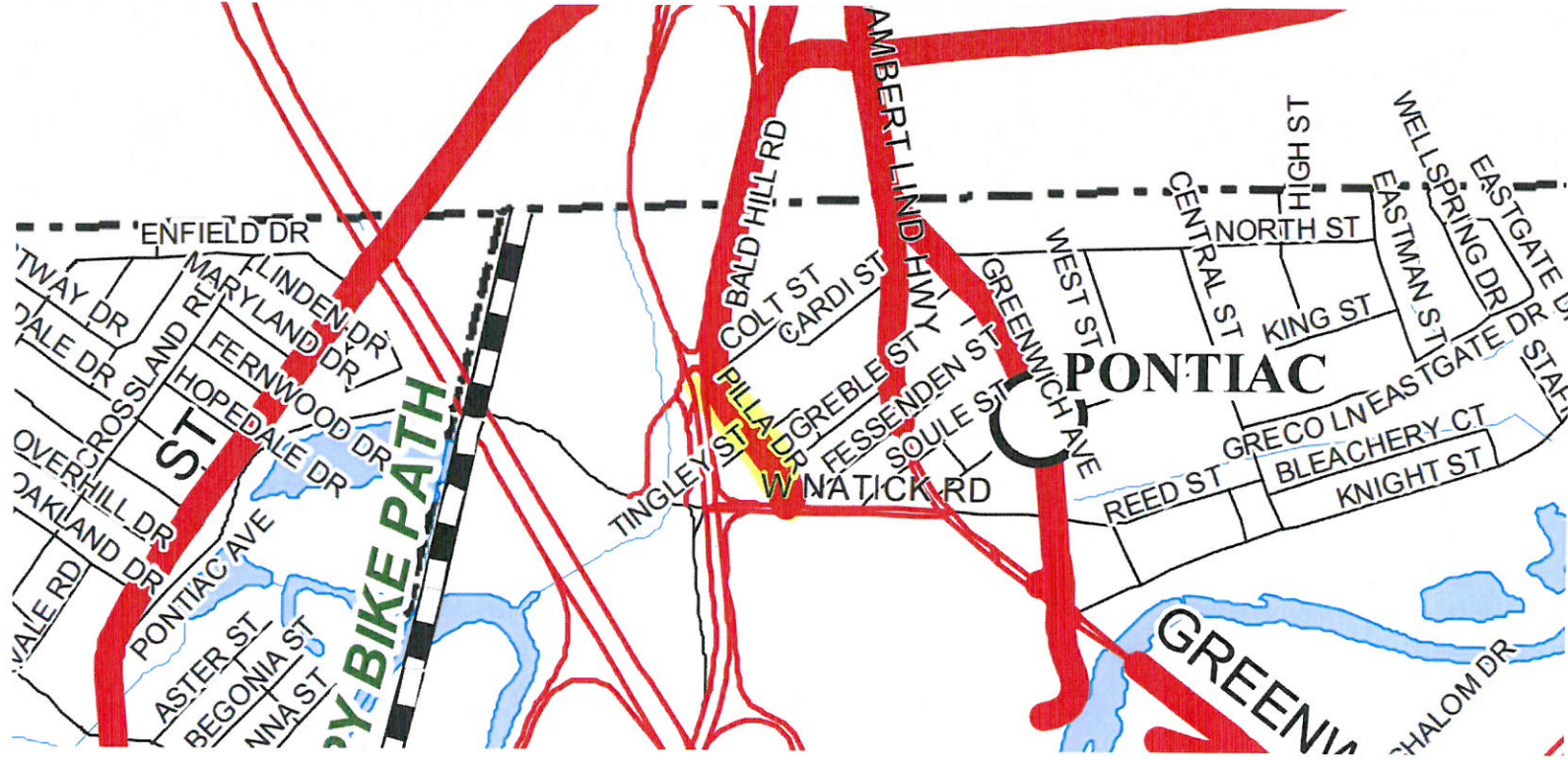
The roadway in question is not a Warwick maintained roadway. As noted in the letter to the claimant from the City of Cranston, Pilla Avenue is owned and maintained by the State of Rhode Island. (map included, red roadways are RIDOT)



Director Signature



Date



ENFIELD DR
TWAY DR
DALE DR
CROSSLAND RD
OVERHILL DR
OAKLAND DR
VALE RD
PONTIAC AVE
ASTER ST
BEGONIA ST
WINA ST
LINDEN DR
MARYLAND DR
FERNWOOD DR
HOPEDALE DR
ST
TINGLEY ST
BALD HILL RD
COLT ST
GARDI ST
AMBERTLAND HWY
PILLAGE ST
DREBLE ST
FESSENDEN ST
SOULE ST
GREENWICH AVE
WEST ST
CENTRAL ST
HIGH ST
KING ST
PONTIAC
REED ST
BLEACHERY CT
KNIGHT ST
GREEN RIVER
W NATICK RD
GREGO LN
EASTGATE DR
STAFF
WELLSPRING DR
EASTMAN ST
EASTGATE DR
HALOM DR

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.

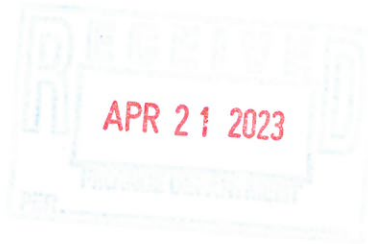
Motor Vehicle Accident Pothole Property Damage Tax Waiver Other

Claimant Name: BERNARD FOURNIE

Address: 74 JAMBRAY AVE.

City, State, Zip: WARWICK RI 02886

Telephone #: 401 286-9050



Date of incident (M/D/Y) 3.29.2023 Time: 06:20 AM PM

Description of Incident/Claim: GOING EAST ON W. NOTICK RD.

I TOOK A LEFT ONTO PILLA DRIVE. GOING
By "HOME OUTLET" I HIT A POTHOLE ON
the DRIVERSIDE FRONT TIRE, RESULTING IN
A BLOWN OUT TIRE.

Vehicle Year: 2013 Make: HONDA Model: CIVIC Odometer reading: 130177

The Pothole was located on PILLA DRIVE road

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

The nature of my property damage is: BLOW FRONT TIRE

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

I request reimbursement in the amount of \$ 173.13

SIGNATURE OF CLAIMANT: _____

DATE 19 Apr. 2023

AFFIDAVIT

(Petitioner Name) BERNARD FOURNIER, 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) 3-29-2023 as a result of (please provide brief description):

DRIVING ON PILLA DRIVE AT APPROX. 06:20 I HIT A POLE HOLE IN FRONT OF "HOME OUTLET" RESULTING IN A LEFT FRONT BLOWOUT

Said claim was filed with the Finance Department on 4.21.2023 (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: _____

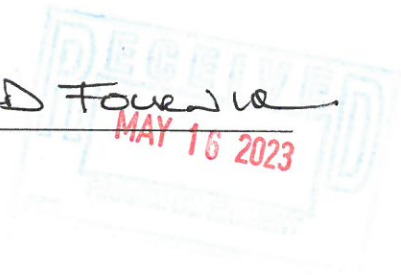
3. In the event that the Warwick City Council should deny my claim, I understand that I may pursue a claim against any other party who may be liable for my loss.

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

BERNARD FOURNIER
Printed Name



State of Rhode Island
County of Providence

Subscribed and sworn to before me on this 11 day of May, 2023

Lisa M. Soderlund
Notary Public, State of Rhode Island
ID # 55738
Commission Expires: 9/14/24

[Signature]
(Notary Public)
My Commission Expires 9/14/26

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.

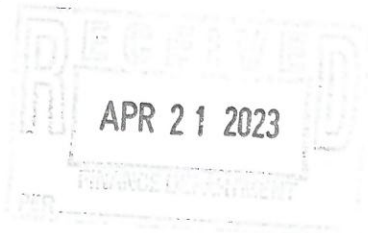
Motor Vehicle Accident Pothole Property Damage Tax Waiver Other

Claimant Name: BERNARD FOURNISE

Address: 74 JAMBRAY AVE.

City, State, Zip: WARWICK RI 02886

Telephone #: 401 286-9050



Date of incident (M/D/Y) 3.29.2023 Time: 06:20 AM PM

Description of Incident/Claim: GOING EAST ON W. NATICK RD. I TOOK A LEFT ONTO PILLA DRIVE. GOING BY "HOME OUTLET" I HIT A POTHOLE ON THE DRIVERSIDE FRONT TIRE, RESULTING IN A BLOWN OUT TIRE.

Vehicle Year: 2013 Make: HONDA Model: CIVIC Odometer reading: 130177

The Pothole was located on PILLA DRIVE road.

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

The nature of my property damage is: BLOW FRONT TIRE

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

I request reimbursement in the amount of \$ 173.13

SIGNATURE OF CLAIMANT: [Signature]

DATE 19 APR. 2023

AFFIDAVIT

(Petitioner Name) BERNARD FOURNIE, 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) 3-29-2023 as a result of (please provide brief description):

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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).

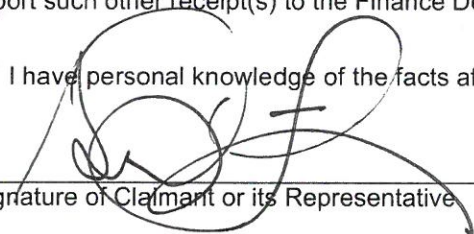
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I am seeking, or intend to seek, compensation from a source or sources other than and/or in addition to the City of Warwick (including, but not limited to, any insurance company), for any loss arising from the above described incident. The source or 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

BERNARD FOURNIE

Printed Name

State of Rhode Island
County of _____

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 02920-3024
 Web Address: WWW.DMV.RI.GOV



BERNARD H FOURNIER
 PO BOX 1451
 EAST GREENWICH RI 02818-0699

Date: 04/26/2022

Registration Certificate

REG NUMBER: BF83	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 8114211	REG EXP DATE: 05/31/2024
YEAR: 2013	MAKE: HONDA	MODEL: CIV	BODY TYPE: 4DR	MAJOR COLOR: BLACK	MINOR COLOR: BLACK
VEHICLE IDENTIFICATION NUMBER: 2HGFB2F87DH518462		RENEWAL FEE: \$92.50	GROSS WEIGHT: 3792	# OF PASSENGERS: 5	# OF CYLINDERS: 4
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER/LEASING COMPANY: BERNARD H FOURNIER 74 JAMBRAV AVE WARWICK RI 02886-0745			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 Reparatons 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 **11/14/2023** 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

04/26/2022

Guest ID: 0970108408	Year:	2013	Date/Time:	04/06/23 12:00:19
Name: BERNARD FOURNIER	Make:	HONDA	Estimate #:	379048
Address: 74 JAMBRAV AVE	Model:	CIVIC	Invoice #:	198771
Address 2:	Lic No:	BF83	PO Number:	
City,State,Zip: WARWICK, RI, 02886	VIN:	2HGFB2F87DH518462	Unit Number:	
Home Phone: (401) 286-9050	Color:		Email Address:	berniefournier4848@gmail.
Work Phone: (401) -	Engine:	1.8L I4 F SOHC 16V	Fleet/Wholesale:	N
Other Phone: () -	Mileage In:	130777	Est Created On:	04/06/23 11:58:16
Tax Exempt #:	Mileage Out:	130777		
Manager: MICHAEL DERCOLE MARZILL	Inspect Due:	12/01/23		

 Services Requested:
 4 TIRES

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	DBCK	A	TORQUE SPEC CHECK ACTUAL WHEEL TORQUE: _____ EMPLOYEE INITIALS: _____ CERTIFIED BY: _____			NO CHARGE
1	RHZ		ROAD HAZARD COVERAGE	16.84	0.00	16.84
1	*RHZ		Discount On RHZ	(1.97)	0.00	(1.97)
1	TRF		TIRE RECYCLING FEE	3.00	0.00	3.00
1	28962483F	A	FALKEN ZIEX 960AS Tire Size: 205/55R16 Speed Rating: V Ply: 04 Load Range: B Sidewall: BW Load Index: 91 Mileage Warranty: 65000	122.99	0.00	122.99
DOT Numbers:						
1R88K4MHR0722						
1	*28962483F	A	Mfg. Date: 07th week of 2022			
1	TPCAP	A	Discount On 28962483F	(12.30)	0.00	(12.30)
1	TPCORE	A	TPMS STEM CAP	1.99	0.00	1.99
1	*TPCAP	A	TPMS Replacement Core	5.99	0.00	5.99
1	*TPCORE	A	Discount On TPCAP	(0.20)	0.00	(0.20)
1	TIREINSTALL	A	Discount On TPCORE	(0.60)	0.00	(0.60)
1	*TIREINSTALL	A	Package Includes: Mounting, Balancing, Standard Valve Stem, TPMS Inspection & Reset if applicable Alignment Check, Wheel Torque PLUS: Lifetime Balancing, Lifetime Rotation.	0.00	30.99	30.99
1	*TIREINSTALL	A	Discount On TIREINSTALL	0.00	(3.10)	(3.10)

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

 PAY TYPE: VISA 173.13 Date: 4/6/2023 APPROVAL #: 08483C ENTRY: CONTACTLESS
 CREDIT CARD #: XXXX-XXXX-XXXX-6720
 Transaction ID: 127230964318793769
 Application ID: A0000000031010 Terminal ID: 1

SEE NEXT PAGE

INVOICE INVOICE Tire Warehouse # 0970 INVOICE

CUSTOMER COPY

Guest ID: 0970108408
Name: BERNARD FOURNIER
Address: 74 JAMBRAV AVE
Address 2:
City, State, Zip: WARWICK, RI, 02886
Home Phone: (401) 286-9050
Work Phone: (401) -
Other Phone: () -
Tax Exempt #:
Manager: MICHAEL DERCOLE MARZILL

Year: 2013
Make: HONDA
Model: CIVIC
Lic No: BF83
VIN: 2HGFB2F87DH518462
Color:
Engine: 1.8L I4 F SOHC 16V
Mileage In: 130777
Mileage Out: 130777
Inspect Due: 12/01/23

Date/Time: 04/06/23 12:00:19
Estimate #: 379048
Invoice #: 198771
PO Number:
Unit Number:
Email Address: berniefournier4848@gmail.
Fleet/Wholesale: N
Est Created On: 04/06/23 11:58:16

Services Requested:
4 TIRES

Qty. Part #	Car Loc	Description	Part	Labor	Amount
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INVOICE INVOICE Tire Warehouse # 0970 INVOICE

TECH: 092864-0.00	M. DERCOLE MARZILL	SUB TOTAL	163.63
		SALES TAX	9.50
		GRAND TOTAL	173.13

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. _____

Guest Signature

I certify that all repairs were properly completed. _____

Company Authorized Representative

CAUTION: Owners of Mag, Custom, Alloy, or Dual Wheels must have lug-nuts retorqued after 25 miles or 24 hours!
The Company will gladly retorque these lug-nuts once after the first 25 miles at no charge. _____

Guest Initials

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



PAY AMT
CREDIT 173.13 4/6/2023

PAYMENT COLLECTED BY: M. DERCOLE MARZILL



CHECKOUT

ITEM

AMOUNT



FALKEN ZIEX ZE960 A/S
SIZE: 205/55R16V

PRICE PER TIRE: \$116.00
\$116.00
FOR 1 TIRE(S)

1

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

PRICE PER TIRE: \$26.45
\$26.45
FOR 1 TIRE(S)

PRO-RATED 36 MONTH ROAD HAZARD ⓘ

PRICE PER TIRE: \$14.50
\$14.50
FOR 1 TIRE(S)

REMOVE

PLEASE SELECT YOUR STATE TO PROCEED:

RI

TIRE DISPOSAL ⓘ

PRICE PER TIRE: \$3.75
\$3.75
FOR 1 TIRE(S)

RHODE ISLAND SALES TAX

\$9.92

TOTAL

\$170.62



\$60 MAIL-IN REBATE MAIL-IN OFFER WITH THE PURCHASE OF 4 SELECT FALKEN TIRES. VALID 5/8 - 6/3.



Bernie fournier <berniefournier4848@gmail.com>

Tire Warehouse - Price Quote

1 message

noreply@tirewarehouse.net <noreply@tirewarehouse.net>
To: berniefournier4848@gmail.com, Store0970@monrostores.com

Thu, May 25, 2023 at 9:20 AM



Thanks bernie, for your quote request.

We Will Beat Any Price By 5% Before You Buy & For 30 Days After!

We're never undersold!

Quote Information:

Your Location: Tire Warehouse (#970)

1170 Oaklawn Avenue

Cranston, RI 02920

(401) 463-3177

Mon: 7:30 am - 7:00 pm

Tue: 7:30 am - 7:00 pm

Wed: 7:30 am - 7:00 pm

Thu: 7:30 am - 7:00 pm

Fri: 7:30 am - 7:00 pm

Sat: 7:30 am - 6:00 pm

Sun: 9:00 am - 5:00 pm



Your Name: bernie fournier

Email Address: berniefournier4848@gmail.com

Service Information

#28962483F - Ziox ZE960 A/S

205/55R16 Qty. 1

Fees

Tire Installation Alignment check Mounting and balancing (includes standard valve stem) TPMS inspection/reset Precision wheel torque Lifetime rotations Lifetime rebalance

Tire Disposal Fee

Estimated Grand Total

Per Tire Price Total Price Installed

\$127.99

\$30.99 \$30.99

\$5.50 \$5.50

\$164.48

Price does not include state & federal tax(es).

* = Available at Alignment Center Stores

Tire Warehouse will beat any competitor's total price!

Request Appointment

For maximum savings when visiting our store, please visit our Promos and Coupons page

KENNETH J. HOPKINS
MAYOR



Aniece Germain, Chair
Christopher G. Paplauskas, Vice Chair
Robert J. Ferri, City Council
John P. Donegan, City Council
Richard D. Campopiano, City Council
Lammis J. Vargas, Council Vice-President
Jessica M. Marino, Council President

CRANSTON CLAIMS COMMITTEE
869 PARK AVENUE
CRANSTON, RHODE ISLAND 02910

April 10, 2023

Bernard Fournier
74 Jambay Ave.
Warwick, RI 02886

Re: D/I: 3/29/2023
Location: Pilla Drive

Dear Mr. Fournier,

I am returning your paperwork regarding damage done to your vehicle as a result of a pothole on Pilla Drive.

Pilla Drive is located in Warwick, not Cranston. In addition, the State of Rhode Island owns and maintains that road. Please make your claim for damages to the State of Rhode Island Department of Transportation, Highway Maintenance 360 Lincoln Avenue, Warwick. Their phone number is 222-2378.

Sincerely,

Gianna Vannini
Claims Clerk

Enclosure

RIDOT
POT HOLE CLAIMS

734-4817

RECEIVED
23 APR 10 PM 12:58
CRANSTON
CITY CLERK

CITY OF CRANSTON

POTHOLE ACCIDENT REPORT

As part of our investigation, we would appreciate it if you would complete this form and return it to the address listed below. If you believe the City was responsible for your damages, please attach you itemized repair bill, a copy of the vehicle registration, and any photos showing the pothole and the surrounding area.

City of Cranston
City Clerk's Office Room 207
869 Park Avenue
Cranston, Ri 02910

Name and address of the vehicle owner: Bernard Fournier
74 Jambay Ave
Warwick RI 02886

Date of accident: 3-29-2023 Time: 06:40 Weather conditions: Clear Sunny

Exact location of the pothole: Pilla Drive

Describe the vehicle involved: Year: 2013 Make: Honda Model: Civic

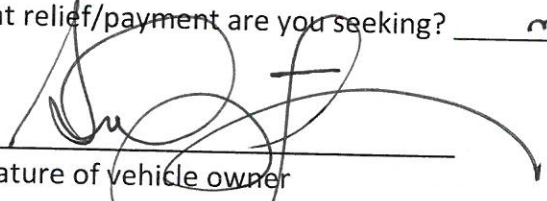
Odometer reading: 142,310 VIN: 2HGFB2F87DH518462 Registration: BF-83

Was a Police report filed? NO

Describe in detail how the incident occurred (use back of this form if needed)

GOING EAST ON W. NATICK RD I took
A LEFT ONTO Pilla Drive. GOING by Home
OUTLEY I HIT A POTHOLE RESULTING IN blowing out
A TIRE.

What relief/payment are you seeking? MONEY FOR REPLACEMENT TIRE!


Signature of vehicle owner

Bernard Fournier
Print name of vehicle owner

Date of this report: 3 Apr. 2023

If you have any questions regarding this form, please contact Gianna Vannini at 780-3119



Frank J. Picozzi
Mayor

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

April 21, 2023

COPY

Bernard Fournier
74 Jambray Avenue
Warwick, RI 02886

Dear Bernard,

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 – Affidavit needs to be Notarized.
- Estimates – Two estimates are required along with your paid invoice.

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



Frank J. Picozzi
Mayor

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

May 16, 2023

Bernard Fournier
74 Jambray Avenue
Warwick, RI 02886

Dear Bernard,

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);

- Estimates – Two estimates are required along with your paid invoice.

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

Claims Administration

COPY