



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: November 7, 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: 10/30/23

Police/tow/auto report: 23-62845

Claimant: Kimberly Gilbert
157 Wilbur Avenue
Warwick, RI 02889

Claim: Hit pothole on Lakeshore Drive causing damage to rim and tire.

Invoice: Town Fair Tire \$316.02 - tire
American Steel Works \$125.00 - rim

Estimates: Pep Boys \$296.99 - tire
Tire Warehouse \$268.99 - tire

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: Kimberly Gilbert

Address: 157 Wilbur Ave.

City, State, Zip: Warwick, RI 02889

Telephone #: 401-255-7477



Date of incident (M/D/Y) 10-30-23 Time: 1:00 AM PM

Description of Incident/Claim: Hit Pothole cracked Rim and Ruined Tire

Vehicle Year: 2015 Make: Mercedes Benz Model: C400 Odometer reading: 91,485

The Pothole was located on Lake Shore Dr. road.

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

The nature of my property damage is: Cracked Rim and Ruined tire

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

I request reimbursement in the amount of \$ 441.02

SIGNATURE OF CLAIMANT: Kimberly Gilbert

DATE 10-31-23

AFFIDAVIT

(Petitioner Name) Kimberly Gilbert, 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) 10-30-23 as a result of (please provide brief description):

I was driving down Lake Shore Dr. went to hit a pothole and it cracked my rim and blow out my tire

Said claim was filed with the Finance Department on 10-31-23 (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.

Kimberly Gilbert
Signature of Claimant or its Representative

Kimberly Gilbert
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 31st day of October, 2023

ASHLEY WILSON
NOTARY PUBLIC - RHODE ISLAND
ID # 762328
MY COMMISSION EXPIRES 04/17/2026

[Signature]
(Notary Public)
My Commission Expires 04-17-2026



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW18822386

KIMBERLY L GILBERT
157 WILBUR AVE
WARWICK RI 02889-3840

Date: 07/10/2023

Registration Certificate

REG NUMBER: NT656	PLATE TYPE: PASSENGER	PLATE DESIGN: OCEAN	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 8822386	REG EXP DATE: 07/31/2025
YEAR: 2015	MAKE: MERCEDES BENZ	MODEL: C40	BODY TYPE: SD	MAJOR COLOR: BLACK	MINOR COLOR: BLACK
VEHICLE IDENTIFICATION NUMBER: 55SWF6GB3FU024904		RENEWAL FEE: \$112.50	GROSS WEIGHT: 4443	# OF PASSENGERS: 5	# OF CYLINDERS: 6
FUEL TYPE: GAS	CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A	
REGISTERED OWNER/LEASING COMPANY: KIMBERLY L GILBERT 157 WILBUR AVE WARWICK RI 02889-3840			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 **06/14/2025** 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.

WALTER R. CRADDOCK
ADMINISTRATOR
DIVISION OF MOTOR VEHICLES

For Date: 10/31/2023 - Tuesday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
23-62845	1334	Walk-In - POT HOLE		3
Call Taker:		DSTEWAR - Civilian Dina M Stewart		
Location/Address:		LAKE SHORE DR		
Calling Party:		***UNKNOWN***, KIM @ ***UNKNOWN*** - WARWICK, RI		
Unit:		P1 Officer Joseph P DiIorio		
Unit:		Disp-13:42:19		
Unit:		FR1 Civilian Colleen E McAlister-Williams	Clrd-13:48:54	
Vehicle:		Disp-13:52:35	Arvd-13:52:37	
Operator:		BLK 2015 MERZ Reg: PC RI NT656 VIN: 55SWF6GB3FU024904		
Owner:		GILBERT, KIMBERLY L @ 157 WILBUR AVE - WARWICK, RI		
Narrative:		SSN: [REDACTED] DOB: 09/14/1971 Race: W Sex: F		
		GILBERT, KIMBERLY L @ 157 WILBUR AVE - WARWICK, RI		
		SSN: [REDACTED] DOB: 09/14/1971 Race: W Sex: F		
		10/31/2023 1352 Civilian Colleen E McAlister-Williams		

RP RESPONDED TO POLICE HQ TO REPORT THAT ON 10/30/2023 AT APPROXIMATELY 1300 HOURS WHILE TRAVELING WEST ON LAKE SHORE DRIVE NEAR THE BRIDGE AND THE AIRPORT FENCE, RP STRUCK A POT HOLE CAUSING DAMAGE TO PASSENGER FRONT RIM AND TIRE.

POLICE WERE NOT CALLED
 UNABLE TO VERIFY



TOWN FAIR TIRE CENTERS OF RHODE ISLAND LLC
 1085 BALD HILL RD, WARWICK, RI. TEL (401) 822-7700

INVOICE

Ver 23-07f

INVOICE NO.
61572-548

ACCOUNT #

P.O. #
E-MAIL

PHONE # (401) 255-2477

MR. MRS. MS. KIMBERLY GILBERT

CURRENT MILEAGE 1 YEAR, MAKE, MODEL
LOOSE - MERCEDES

ADDRESS 157 WILBUR AVE

CITY STATE ZIP WARWICK RI 02889

SALE TYPE 01 -9 CLERK # 585M G.P. # DATE 10/30/2023 TIME 14:25 1234

QTY	SIZE	DESCRIPTION	IBM #	LIST	PRICE	AMOUNT
1	225/45R18H	PIRELLI CINTUR P7 AS RFT	21291	340.00	266.40	266.40
1	18''	COMPUTER BALANCING	00149	28.00	22.95	22.95
1	TPMS VALVE	SENSOR RECONDITIONING	00445	9.00	7.50	7.50
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	AFTER SALE	30 DAY TEST DRIVE	13000	0.00	0.00	0.00
1		GUARANTEED LOWEST PRICE	13002	0.00	0.00	0.00
1	LIFETIME	NATIONWIDE WARRANTY	13001	0.00	0.00	0.00
1		SNOW TIRE CHANGEOVER	00195	39.95	0.00	0.00

Total Rim Repair + Tire \$441.02

IBM#: 21291
 WORKMANSHIP: YES
 ROAD HAZARD: NO
 MILEAGE W/O CARE: NONE
 MILEAGE WITH CARE: NONE

Explanation: 1 NEW TO LOOSE MERC. IN LINE W PIR
 ELLI TIRE SAVE AND BAG OLD

TORQUE: PSI--FR: RR:
 SIGNATURE
 M/C-Visa 316.02 Card# xxxxxxxxxxxxx9562 Appr 05883G

SUB-TOTAL	273.90
RISALES TAX	19.17
NON-TAXABLE	22.95
TOTAL	316.02

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



TOWN FAIR TIRE CENTERS OF RHODE ISLAND LLC
 1085 BALD HILL RD, WARWICK, RI. TEL (401) 822-7700

INVOICE

Ver 23-07f

INVOICE NO. 61684-548
 ACCOUNT # _____ P.O. # _____ E-MAIL _____ PHONE # (401) 255-2477
 MR. MRS. MS. _____

KIMBERLY GILBERT
 ADDRESS 157 WILBUR AVE
 CITY STATE ZIP WARWICK RI 02889
 CURRENT MILEAGE 1 YEAR, MAKE, MODEL LOOSE - MERCEDES
 SALE TYPE _____ CLERK # 490F G.P. # _____ DATE 10/31/2023 TIME 11:21
 01 _____

QTY	SIZE	DESCRIPTION	IBM #	LIST	PRICE	AMOUNT
1		DISMOUNT + MOUNT	00197	10.95	0.00	0.00

Explanation: CUSTOMER HAD TO BUY A NEW RIM BECA USE OF CRACK IN THE OLD ONE

TORQUE: _____ PSI--FR: _____ RR: _____
 SIGNATURE _____
 Cash 0.00
 SUB-TOTAL 0.00
 RISALES TAX 0.00
 NON-TAXABLE 0.00
TOTAL 0.00

FREE - NO CHARGE TO CUSTOMER !

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

CUSTOMER COPY

American Steel Works

255 Legris Avenue
Suite #2
West Warwick, RI 02893
401-965-7791
americansteelworksri@gmail.com

Invoice

Bill To

Kimberly

Date	Invoice #
10/31/2023	866
P.O. No.	Project

Description	Amount
Weld crack in Mercedes wheel	125.00
Total	\$125.00
Payments/Credits	\$0.00
Balance Due	\$125.00



TIRE SIZE:

225/45R18

WEST WARWICK

West Warwick, RI 02893

Best In Class

Top Tier Tire Brands!



Pirelli Cinturato P7 All Season

★★★★☆ (6)



\$296.99 / tire

Easy Monthly Payments



All-Season



Passenger

Set of 1
\$296.99

Warranty
-

Available tomorrow after

12 pm **Need it Sooner?**

(401) 217-3943

Install Price ⓘ With Install ⓘ

\$28.49

\$325.48

\$50/mo suggested payments with **6** month special financing w/ a Synchrony Car Care credit card- [Learn How](#)

COMPARE

Qty 1

Confirm Install

Estimate





CALL



APPT



MENU

Cranston, RI

Showing 1 - 3 of 3 Results



PIRELLI
CINTURATO P7
A/S

High Performance
(All Season)

BETTER

\$268.99 EACH

4

PREVIEW QUOTE

SIZE

225/45R18

WARRANTY

Limited

LOAD INDEX

91

SPEED RATING

V

UTQG

500AA

PLY RATING

4

SCHEDULE AN APPOINTMENT

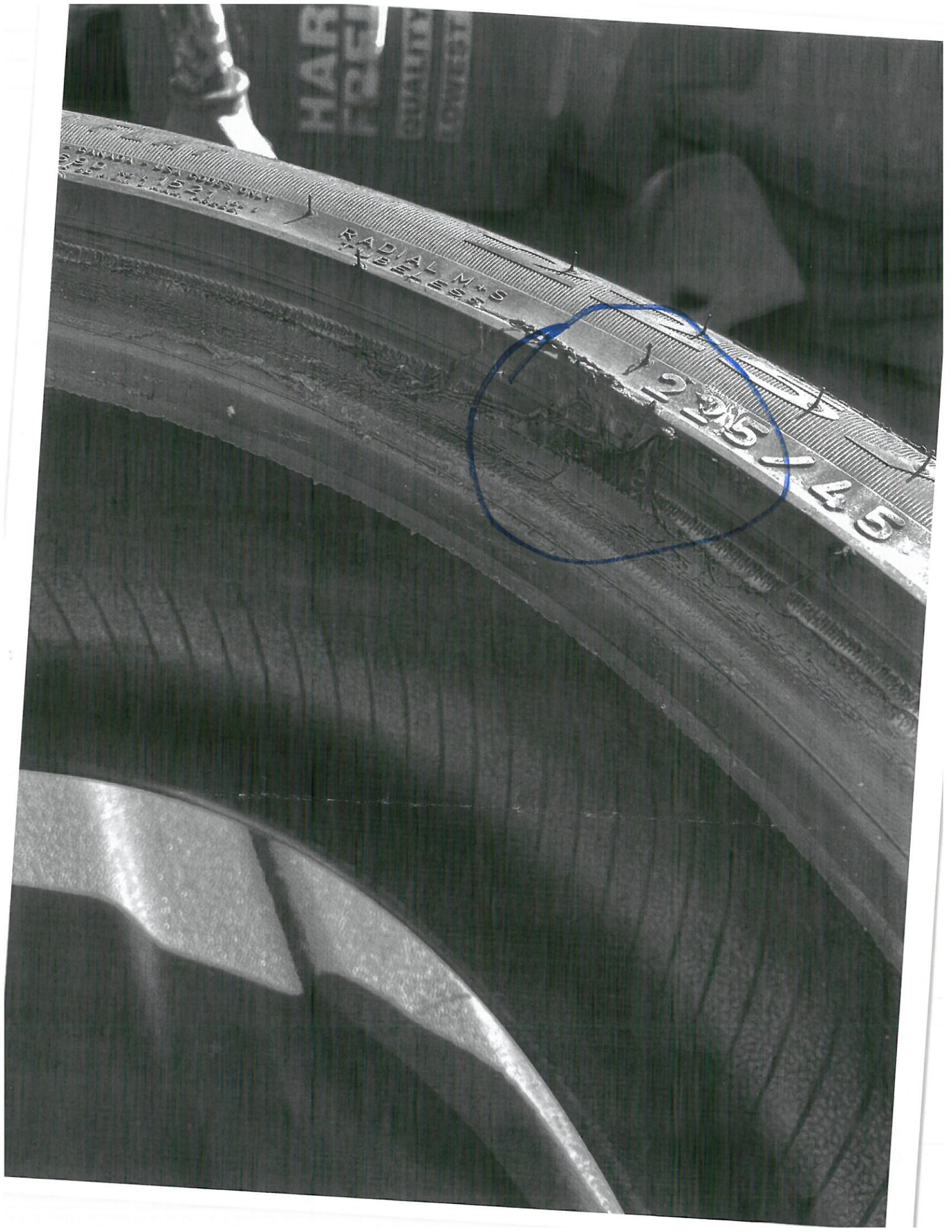
Estimate

225/45 R18 95H

← This is where they
had to fit rim
I forgot to take before



225/45 R18 95H M+S



HAR
BEST
QUALITY
LOWEST

RADIAL M+S
RUBBERLESS

12
13
14
15