



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department ext. 9641
Date: January 5, 2021
Re: Council Claim

Please investigate the attached claim against the City of Warwick involving your department and return this recommendation to the Finance office as soon as possible.

Date of Incident: 01/02/2021

Police/tow/auto report: N/A

Claimant: Frank Lavieri
163 Ferry Landing Circle
Portsmouth, RI 02871

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

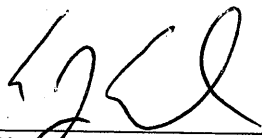
Invoice: Genesis of NK \$358.89

Estimates: Town Fair Tire \$300.43
Sullivan Tire \$300.85

Department Recommends:

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

Denial of this claim (please include comments below):



Director Signature

3/8/21

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: Frank P Lavieri

Address: 163 Ferry Landing Circle

City, State, Zip: Portsmouth, RI 02871

Telephone #: 508-577-1771

Date of incident (M/D/Y) Jan 2 2021 Time: 1:00 AM PM

Description of Incident/Claim: I was driving ^{west} east on Kilvert Street to my office at 20 Alteiri Way when I drove into a pothole slightly before the exit from Lucas-Milhaupt parking lot (see attached map). This pothole looks like it was patched once before but half of the patch was missing leaving a hole about ankle deep when I stood in it with a sharp edge. My tire immediately lost all pressure and I later saw that it had been cut by the pothole. I stopped my car at the next business and took the tire off the car and put on the temporary spare. I then drove to Tabox Genesis of N. Kingstown to replace the tire.

Vehicle Year: 2018 Make: Genesis Model: G90 Odometer reading: 29,679


The Pothole was located on Kilvert Street road.

I notified the Finance I Public Works department on Jan 4, 2021 (date).

The nature of my property damage is: ruined tire which I replaced. I changed the tire myself and did not require a tow.

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 1-3-21

AFFIDAVIT

(Petitioner Name) Frank P Lavieri , 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) Jan 2, 2021 as a result of (please provide brief description):

a ruined tire that resulted from being popped by a pothole on Kilvert Street

Said claim was filed with the Finance Department on Jan 4, 2021 (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

Frank P Lavieri

Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 5th day of January, 2021


(Notary Public)

My Commission Expires _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
 CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW40081745

FRANK PROSPER LAVIERI
 163 FERRY LANDING CIR
 PORTSMOUTH RI 02871-3115

Date: 02/13/2020

Registration Certificate

REG NUMBER: FO536	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 40081745	REG EXP DATE: 07/31/2021
YEAR: 2018	MAKE: GENESIS	MODEL: G90	BODY TYPE: SEDAN	MAJOR COLOR: WHITE	MINOR COLOR: WHITE
VEHICLE IDENTIFICATION NUMBER: KMHG54JH0JU039575		RENEWAL FEE: 128.50	GROSS WEIGHT: 5945 LBS	# OF PASSENGERS: 5	# OF CYLINDERS: 8
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER: FRANK PROSPER LAVIERI 163 FERRY LANDING CIR PORTSMOUTH RI 02871-3115			SECOND OWNER:		

- TAX TOWN: **PORTSMOUTH**
- 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 **03/17/2022** 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



GENESIS OF NORTH KINGSTOWN
 3665 Quaker Lane, NORTH KINGSTOWN, RI 02852
 P.O. Box 1890
 NORTH KINGSTOWN, RI 02852
 (401) 826-1500



CUSTOMER NO. 160029		ADVISOR NATHAN MEYER	TAG NO. 7512	INVOICE DATE 01/02/21	CELL: 508-577-1
FRANK PROSPER LAVIERI 163 FERRY LANDING CIRCLE PORTSMOUTH, RI 02871		LABOR RATE	LICENSE NO.	INVOICE NO. XGCS503998	
FLAVIER@MSN.COM		YEAR / MAKE / MODEL 18/HYUNDAI/G90/5.0L ULTIMATE AWD	MILEAGE 29,679	COLOR WHITE/	STOCK NO. H8359A
RESIDENCE PHONE 508-577-1771	BUSINESS PHONE 508-577-1771	VEHICLE I.D. NO. K M H G 5 4 J H O J U 0 3 9 5 7 5	F. T. E. NO.	DELIVERY DATE 01/28/20	DELIVERY MILES 22,245
		P. O. NO.		SELLING DEALER NO.	PRODUCTION DATE
		COMMENTS		R. O. DATE 01/02/21	

JOB# 1 CHARGES
 LABOR
 CUSTOMER STATES FRONT RIGHT WHEEL IS FLAT PLEASE CHECK AND ADVISE.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	TOTAL - PARTS
	1	005CN-15498-43	245/45R19, 98W, P	318.00	318.00
					318.00

MISC	CODE	DESCRIPTION	CONTROL NO	TOTAL - MISC
	OC	OIL COUPON		-5.00
				-5.00

JOB# 1 TOTALS	LABOR	PARTS	MISC	JOB# 1 JOURNAL PREFIX XGCS	JOB# 1 TOTAL
	19.95	318.00	-5.00		332.95

MISC	CODE	DESCRIPTION	CONTROL NO	TOTAL - MISC
JOB # A	C2	HAZARDOUS WASTE DISPOSAL		1.25
JOB # A	C1	SHOP SUPPLIES		2.19
				3.44

TOTALS	TOTAL LABOR	19.95
	TOTAL PARTS	318.00
	TOTAL SUBLET	0.00
	TOTAL G.O.G.	0.00
	TOTAL MISC CHG.	3.44
	TOTAL MISC DISC	-5.00
	TOTAL TAX	22.50

 * [] CASH [] CHECK CK NO. [] *
 * [] VISA [] MASTERCARD *
 * [] DEBIT CARD *
 * [] CHARGE [] EMPLOYEE [] OTHER *

THANK YOU FOR SERVICING YOUR VEHICLE WITH TARBOX.
 SERVICE HOURS MONDAY-THURSDAY 7:30 AM - 8:00 PM
 SERVICE HOURS FRIDAY AND SATURDAY 7:30 AM - 6:00 PM
 SUNDAY EXPRESS SERVICE HOURS 7:30 AM - 4:00 PM
 ANY QUESTIONS OR CONCERNS CONTACT GARY AT 401-826-1500

CUSTOMER SIGNATURE

TARBOX HYUNDAI SERVICE
 3665 QUAKER LANE
 NORTH KINGSTOWN, RI 02852
 01/02/2021 16:06:31
 CREDIT CARD
 VISA SALE
 Card # ~~XXXXXXXXXXXX~~
 Chip Card: VISA CREDIT
 AID: A0000000031010
 SEQ #: 4
 Batch #: 422
 INVOICE: 503998
 Approval Code: 512060
 Entry Method: Chip Read
 Mode: Issuer
SALE AMOUNT \$358.89

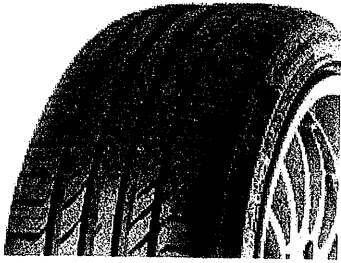
CUSTOMER COPY
 VS
ENTERED
 JAN - 2 PAID

DIRECTOR IEC (401) 438-0642

Town Fair Tire Estimate

Item

Price



CONTINENTALCONTI SPORT CONTACT 5
SIZE: 245/45R19W

Price per Tire:
\$252.00

\$252.00

For 1tire(s)

1

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

Price per Tire:
\$26.90

\$26.90

For 1tire(s)

FRONT WHEEL ALIGNMENT

IF YOU WISH, BASED ON VEHICLE MANUFACTURER'S RECOMMENDATION OF A
FOUR WHEEL (FRONT & REAR) ALIGNMENT, TOWN FAIR TIRE WILL DO IT FOR
\$59.00.

\$0.00

PLEASE SELECT YOUR STATE TO PROCEED:

RI

TIRE DISPOSAL

NOTE: IF YOU WISH TO KEEP YOUR OLD TIRES, WE WILL REMOVE THIS CHARGE AT
THE TIME OF PURCHASE IN THE STORE.

Price per Tire:
\$3.25

\$3.25

For 1tire(s)

RHODE ISLANDSALES TAX

\$18.28

TOTAL

\$300.43

FACTORY RECOMMENDED 4 WHEEL ALIGNMENT

BASED ON VEHICLE MANUFACTURER'S RECOMMENDATION OF A FOUR WHEEL
(FRONT & REAR) ALIGNMENT. TOWN FAIR TIRE WILL DISCOUNT THE FOUR WHEEL
ALIGNMENT FROM \$119.00 TO \$59.00. WOULD YOU LIKE TO ADD THIS TO YOUR
PURCHASE?

\$119.00

\$59.00

ADD

BUY & SCHEDULE APPOINTMENT

Sullivan Tire COVID-19 Safety Guidelines
[Read More](#)



2



3

Step 1



YOUR TIRES



Continental ContiSportContact 5

\$256.00

PER TIRE

Sullivan Code: **63078**

Tire Size: **245/45R19**

Service: **102W**

Sidewall: **Black Sidewall**

Load Range **Extra Load**

Availability: **Limited Availability**

Warranty: **Standard Manufacturer Warranty**

Season: **Summer**

Tire Quantity

256.00

Enter Your Car's Information



SELECT MAKE



SELECT YEAR



 SELECT MODEL



 SELECT OPTION



Certified Tire Installation [Read More](#)

\$25.99

Peace of Mind Package

~~\$128.99~~ **\$138.99**

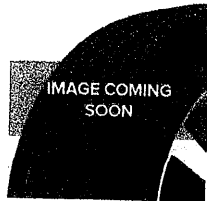
Package includes Alignment and Protection Plan services at a discounted rate. Only available on 4 or more tires.

Protection Plan [Read More](#)

\$39.00

Alignment [Read More](#)

\$99.99



[Edit Tire Selection](#)
[Remove Tire](#)

State Tax

\$18.86

Total

\$300.85

All pricing details and tire appointment requests will be verified by a tire specialist to confirm proper fitment and application to your vehicle. Price does not include additional services.

 **OIL CHANGE SERVICE**



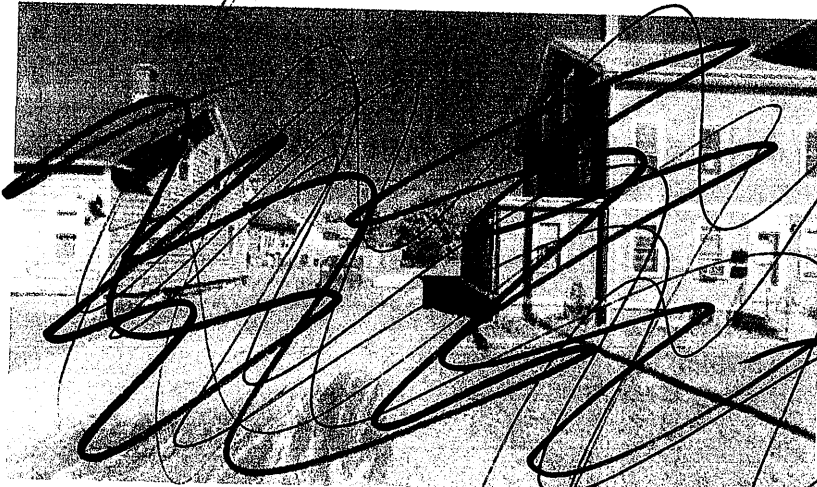
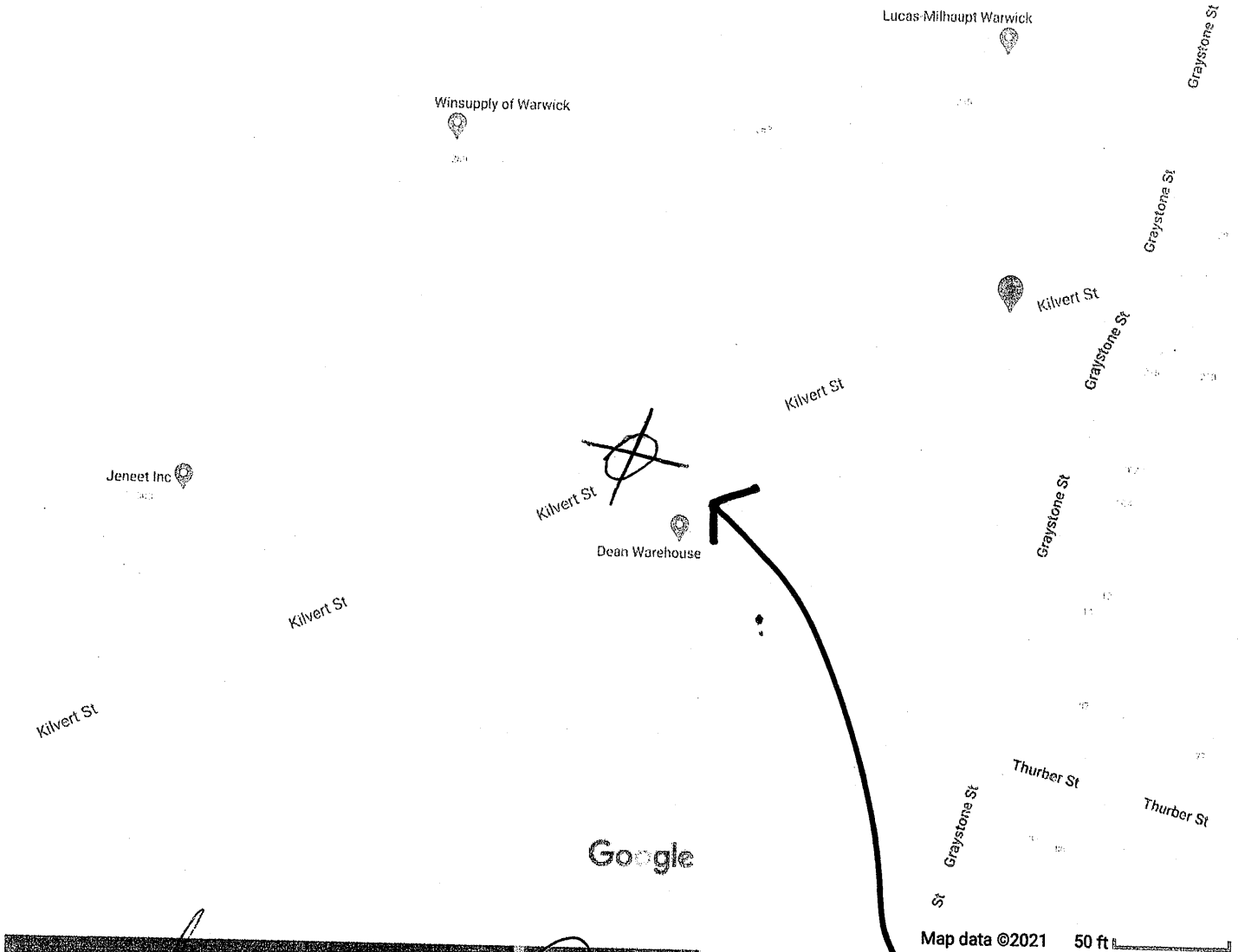
 **ADDITIONAL SERVICES**



 **TELL US THE SYMPTOMS**



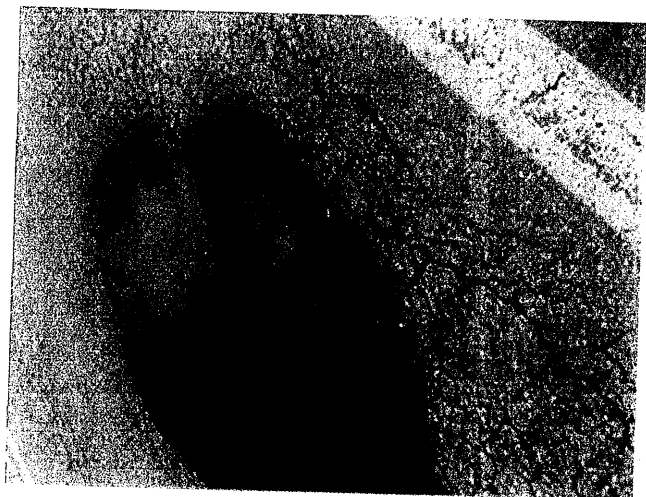
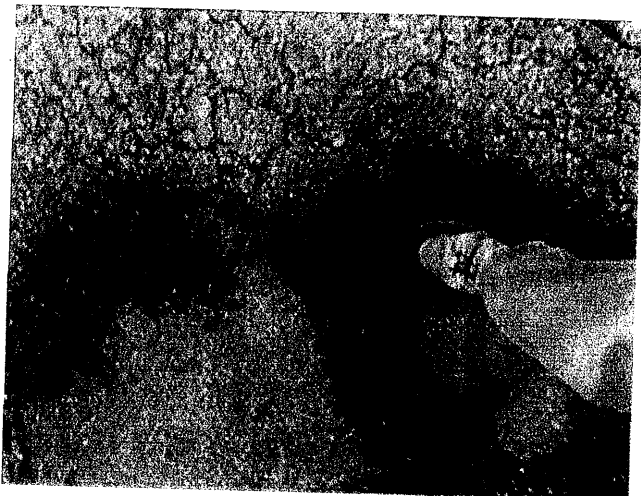
Google Maps Kilvert St

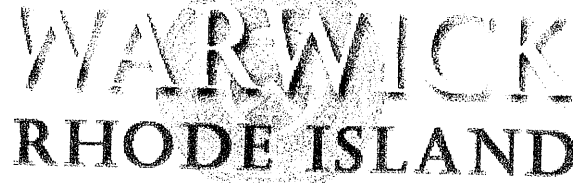


pot hole
~~location~~
 location

Kilvert St
 Warwick, RI







Search



- Home
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- Visitors
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- Calendar Photos



Home

Municipal Service Request

Please complete the form below to and click submit to send your request.

All streetlight requests are now managed by our partner PRISM.

To report an outage, damage, or other issue related to a streetlight please [Click Here](#).

Choose from the following *

- Traffic Sign Request
- Street Sign Request
- Crosswalk Painting Request
- Tree Cutting/Trimming Request
- Trash/Recycling Issues (not for heavy pickup requests)
- Pot Hole Repair Request
- Sidewalk Repair Request
- Plowing Complaint
- Illegal Dumping Pickup Request
- Other

Please provide the following information

Name *

Frank Lavieri

Email Address *

flavier@msn.com

Phone

508-577-1771

Date *

Jan 3, 2021

Time *

11:15 AM

Request Location *

Kilvert Street

Please give a brief description of your work order request *

There is a bad pothole on Kilvert street just before the parking lot exit of Lucas-Milhaupt. It looks like you patched it once before and half the patch has come off leaving a deep hole. There are several hub caps near the pothole and my tire was blown when I hit it.



I'm not a robot

reCAPTCHA
[Privacy](#) - [Terms](#)

Submit