



## Recommendation Memo

**To:** Eric Earls, Department of Public Works  
**From:** Margie White, Finance Department ext. 9641  
**Date:** October 15, 2021  
**Re:** Council Claim

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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:** 09/01/2021

**Police/tow/auto report:** N/A

**Claimant:** Dennis Lo Presti  
16 Holland Street  
Cranston, RI 02920

**Claim:** Hit a pothole on Dewey Avenue causing damage to tire and alignment.

**Invoice:** Tire Warehouse \$277.31

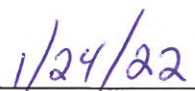
**Estimates:** Town Fair Tire \$302.49  
D&M Tyre \$431.27

**Department Recommends:**

**Approval** of this claim for **\$277.31**

**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: DENNIS LO PRESTI

Address: 16 HOLLAND ST.

City, State, Zip: CRANSTON, R.I 02920

Telephone #: 401-447-3413

Date of incident (M/D/Y) 9/01/2021 Time: 5:54 AM  PM

Description of Incident/Claim: RAINY MORNING - HIT POT HOLE ON DEWEY AVE IN WARWICK, WAS COVERED BY PUDDLE. - BLEW OUT SIDEWALL OF TIRE - POT HOLE WAS ABOUT 6" DEEP. - NEEDED TOW, TIRE & ALIGNMENT DID NOT GET TOW RECEIPT OR ALIGNMENT RECEIPT - DID NOT KNOW I NEEDED IT UNTIL LATER. - POT HOLE ON DEWEY AVE - ACROSS FROM MOOTER'S PARKING LOT

Vehicle Year: 2013 Make: VOLVO Model: S60 AND Odometer reading: 62125

The Pothole was located on Dewey Ave road.

I notified the Finance I Public Works department on 9/1/2021 (date).

The nature of my property damage is: Blown out sidewall on new tire (6 mo. old) AND Alignment 277.31 - TIRE 85.00 - ALIGNMENT 362.31

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

I request reimbursement in the amount of \$ 362.31

SIGNATURE OF CLAIMANT: Dennis Lo Presti DATE 9/23/2021

**AFFIDAVIT**



(Petitioner Name) Dennis Lo Presti, 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) 9/11/2021 as a result of (please provide brief description):

\_\_\_\_\_

Said claim was filed with the Finance Department on 9/29/2021 (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.

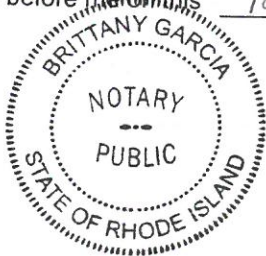
5. I have personal knowledge of the facts aforesaid.

Dennis Lo Presti  
Signature of Claimant or its Representative

DENNIS LO PRESTI  
Printed Name

State of Rhode Island  
County of Providence

Subscribed and sworn to before me on this 12 day of October, 2021



Brittany Garcia  
(Notary Public)  
My Commission Expires 7/29/2024



STATE OF RHODE ISLAND  
 DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE  
 CRANSTON RI 02920-3024  
 Web Address: [WWW.DMV.RI.GOV](http://WWW.DMV.RI.GOV)



BW16605517

DENNIS L LOPRESTI  
 16 HOLLAND ST  
 CRANSTON RI 02920-2208

Date: 04/08/2021

Registration Certificate

REG NUMBER: <b>NT579</b>	PLATE TYPE: <b>PASSENGER</b>	PLATE DESIGN: <b>WAVE</b>	VEHICLE TYPE: <b>PASSENGER</b>	DRIVERS LICENSE: <b>6605517</b>	REG EXP DATE: <b>07/31/2022</b>
YEAR: <b>2013</b>	MAKE: <b>VOLVO</b>	MODEL: <b>S60</b>	BODY TYPE: <b>SEDAN</b>	MAJOR COLOR: <b>GRAY</b>	MINOR COLOR: <b>GRAY</b>
VEHICLE IDENTIFICATION NUMBER: <b>YV1612FH2D2233494</b>		RENEWAL FEE: <b>112.50</b>	GROSS WEIGHT: <b>4278 LBS</b>	# OF PASSENGERS: <b>5</b>	# OF CYLINDERS: <b>5</b>
FUEL TYPE: <b>GAS</b>	CARRYING CAPACITY: <b>N/A</b>	LENGTH: <b>N/A</b>	CCs: <b>N/A</b>	MAX SPEED: <b>N/A</b>	
REGISTERED OWNER: <b>DENNIS L LOPRESTI 16 HOLLAND ST CRANSTON RI 02920-2208</b>			SECOND OWNER:		

TAX TOWN: **CRANSTON**

- 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 Reparations 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 **05/15/2023** 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



**Tire Warehouse # 0970**  
 1170 Oaklawn Avenue  
 Cranston, RI 02920  
 (401)463-3177

Guest ID: 0970108661  
 Name: DENNIS LOPRESTI  
 Address: 16 HOLLAND ST.  
 Address 2:  
 City, State, Zip: CRANSTON, RI, 02920  
 Home Phone: (401) 447-3413  
 Work Phone: () -  
 Other Phone: () -  
 Tax Exempt #:  
 Manager: MICHAEL DRECOLE MARZILL

Year: 2013  
 Make: VOLVO  
 Model: S60  
 Lic No: NT579  
 VIN: YV1612FH2D2233494  
 Color:  
 Engine: 2.5L GAS DOHC  
 Mileage In: 61254  
 Mileage Out: 61254  
 Inspect Due: 12/01/21

Date/Time: 09/03/21 14:38:15  
 Estimate #: 361669  
 Invoice #: 190093  
 PO Number:  
 Unit Number:  
 Email Address: cuznden@gmail.com  
 Fleet/Wholesale: N  
 Est Created On: 09/02/21 11:11:53

Services Requested:

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	OUTTIRE	A	90458M MICHELIN PREMIER AS Tire Size: 215/50R17 Speed Rating: V Ply: XL Load Range: B Sidewall: BSW Load Index: 95 Mileage Warranty: 60000	195.99	0.00	195.99
DOT Numbers:			Mfg. Date: 09th week of 2021			
1	TR2	A	TIRE RECYCLING FEE	4.50	0.00	4.50
1	7-PS	A	Computer Balancing Mounting and Rubber Valve Stem	0.00	19.99	19.99
1	33500	A	TPMS SENSOR	79.99	0.00	79.99
1	*33500	A	Discount On 33500	(39.99)	0.00	(39.99)

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

**These parts were declined by the customer:**

1	RHZ	A	ROAD HAZARD COVERAGE	31.36	0.00	31.36
1	LTI	A		0.00	29.99	29.99
Subtotal of declined parts (tax not included):				31.36	29.99	61.35

PAY TYPE: VISA 277.31 Date: 9/3/2021 APPROVAL #: 02557C ENTRY: CHIP  
 CREDIT CARD #: XXXX-XXXX-XXXX-3853  
 AID: A0000000031010 Terminal ID: 091549001

SEE NEXT PAGE

INVOICE INVOICE Tire Warehouse # 0970 INVOICE

CUSTOMER COPY



**Tire Warehouse # 0970**  
 1170 Oaklawn Avenue  
 Cranston, RI 02920  
 (401)463-3177

Guest ID: 0970108661  
 Name: DENNIS LOPRESTI  
 Address: 16 HOLLAND ST.  
 Address 2:  
 City State, Zip: CRANSTON, RI, 02920  
 Home Phone: (401) 447-3413  
 Work Phone: () -  
 Other Phone: () -  
 Tax Exempt #:  
 Manager: MICHAEL DRECOLE MARZILL

Year: 2013  
 Make: VOLVO  
 Model: S60  
 Lic No: NT579  
 VIN: YV1612FH2D2233494  
 Color:  
 Engine: 2.5L GAS DOHC  
 Mileage In: 61254  
 Mileage Out: 61254  
 Inspect Due: 12/01/21

Date/Time: 09/03/21 14:38:15  
 Estimate #: 361669  
 Invoice #: 190093  
 PO Number:  
 Unit Number:  
 Email Address: cuznden@gmail.com  
 Fleet/Wholesale: N  
 Est Created On: 09/02/21 11:11:53

Services Requested:

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

TECH: 090815-0.00 J. GIORGI

SUB TOTAL 260.48  
 SALES TAX 16.83  
 GRAND TOTAL 277.31

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. X \_\_\_\_\_

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. X \_\_\_\_\_

Guest Initials

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



PAY AMT  
 VISA 277.31 9/3/2021

PAYMENT COLLECTED BY: M. DRECOLE MARZILL

**TOWN FAIR TIRE CENTERS, INC.**

ESTIMATE#: RST\_601\_2064695

Name: DENNIS LOPRESTI


Address: 16 HOLLAND ST, CRANSTON, RI  
02920

Email:

Phone: 4014473413

Remaining Tread Life: FL-CNH FR-CNH RL-CNH RR-CNH

Store: 601 Clerk: 592

ITEM	QUANTITY	PRICE	AMOUNT
 PREMIER A/S SIZE: 215/50R17H IBM#: 34778 MILEAGE WARRANTY WITH CARE:	1	\$165.00	\$165.00
COMPUTERIZED WHEEL BALANCE	1	\$19.95	\$19.95
FRONT-WHEEL ALIGNMENT	1		
INCLUDED: <ul style="list-style-type: none"> <li>FRONT WHEEL ALIGNMENT</li> <li>DISMOUNT &amp; REMOUNT</li> <li>RESET TPM SENSORS</li> <li>30 DAY TEST DRIVE</li> <li>NATIONWIDE WARRANTY</li> <li>LIFETIME FLAT REPAIR</li> <li>LIFETIME TIRE ROTATION</li> <li>LIFETIME SNOW CHANGEOVER</li> </ul>		FREE	FREE
30 DAY COURTESY PROTECTION		FREE	FREE
4 - WHEELS ALIGNMENT	1		\$64.00
CASINGS DISPOSAL	1	\$3.25	\$3.25
MISCELLANEOUS FEES (STATE RUBBER, RECYCLING FEE, ETC.)			
SUBTOTAL			\$288.19
SALES TAX			\$14.30
<b>TOTAL (GOOD FOR 14 DAYS)</b>			<b>\$302.49</b>





**D&M TYRE AUTOMOTIVE SERVICE CENTER**

50 LIBERA ST  
 Cranston, RI. 02920  
 Phone - 401-943-2050 Fax - 401-943-7318

**243154**

Sub Estimate

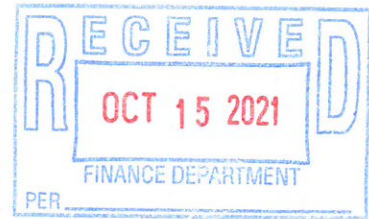
**ESTIMATE FOR SERVICES**

Estimate Date : 10/06/2021

**LOPRESTI, DENNIS**  
 16 HOLLAND ST  
 CRANSTON, RI 02920  
 Home 401-447-3413  
 Cust ID: 8645

2013 Volvo - S60 T-6 - 3L, In-Line6 (180CI) VIN(90)  
 Lic # : - RI Odometer In: 62000  
 Unit # :  
 VIN # :

Part Description / Number	Qty	Sale	Ext	Labor Description	Extended
TIRE PRESSURE SENSOR DEALER	1.00	96.00	96.00	MOUNT 1 NEW TIRE	0.00
2155017 MICHELIN PREMIER X/L TIRE	1.00	194.95	194.95	HIGH SPEED BALANCE 1 TIRE	20.00
VALVE STEM VS	1.00	0.00	0.00	DISPOSE OF OLD TIRE	5.00
				FOUR WHEEL ALIGNMENT	94.95
				FOUR WHEEL VEHICLE ALIGNMENT	

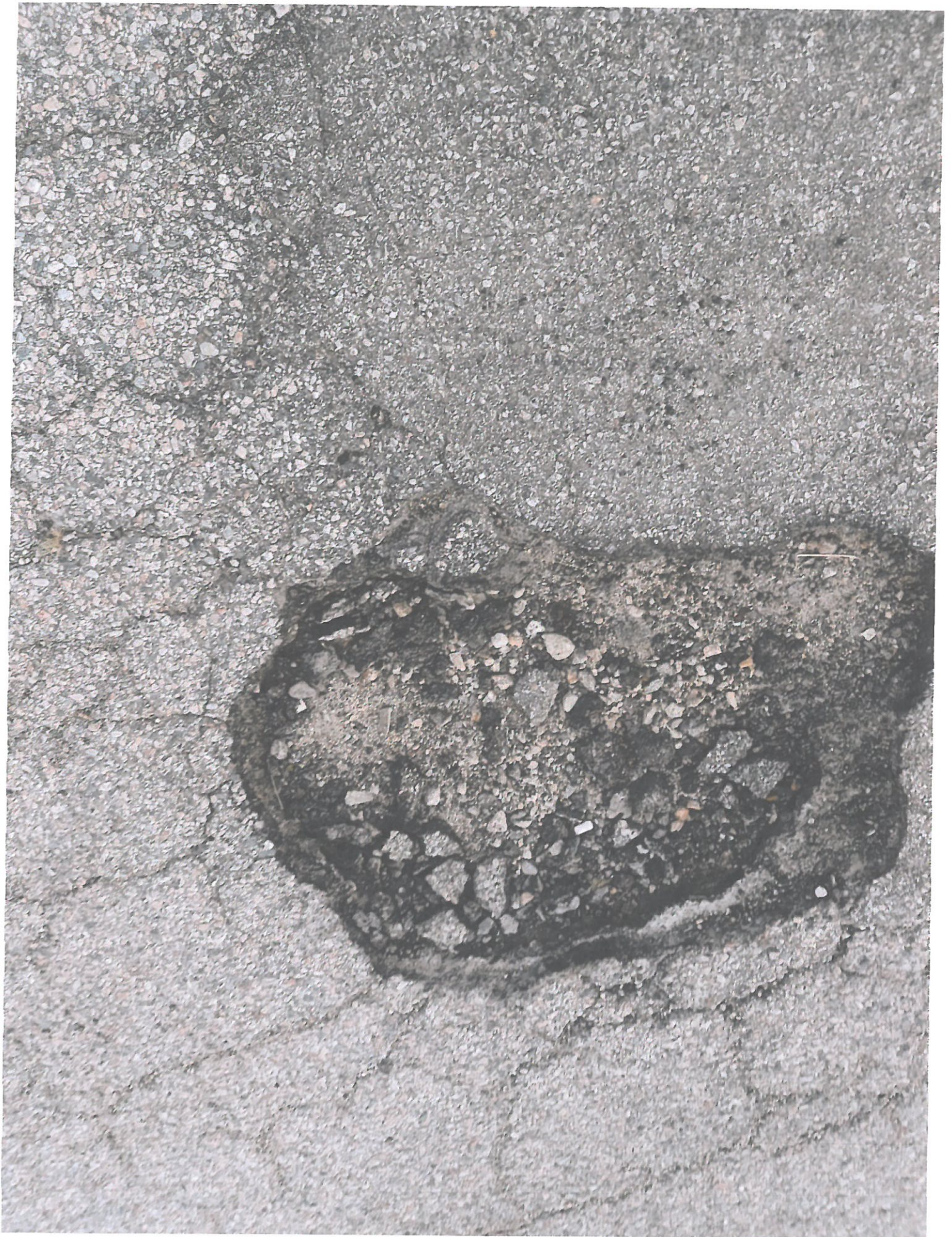


Parts/Supplies: 290.95 Labor: 119.95 HazMat/Fees: 0.00 Tax: 20.37 Total : \$ 431.27

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.  
 TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within \_\_\_ days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts \_\_\_. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.











Frank J. Picozzi  
Mayor

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

September 29, 2021

Dennis Lo Presti  
16 Holland Street  
Cranston, RI 02920

Dear Dennis,

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 in addition to your paid invoice.
- Affidavit – The second page of the claim form titled AFFADAVIT needs to be completed and notarized.

Mail to:  
City of Warwick Claims  
3275 Post Road  
Warwick, RI 02886

Once the above information is received your claim can be processed. If you have any questions, please call 738-2015.

Claims Administration

9/1/2021