



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: August 2, 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: 07/24/23

Police/tow/auto report: 23-42855

Claimant: Sharon Lovett
650 East Greenwich Avenue
West Warwick, RI 02893

Claim: Hit a pothole on Cowesett Road causing damage to tire and alignment.

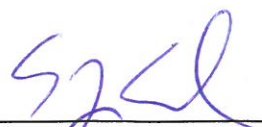
Estimates:	Balise	\$313.17
	Midas	\$311.45
	Town Fair Tire	\$240.54

Department Recommends:

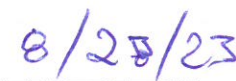
Approval of this claim for **\$0**

Denial of this claim (please include comments below):

This department is unable to verify that damage to the claimant's vehicle was caused by negligence by the City.



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: Sharon Lovett

Address: 650 EAST GREENWICH AVE. #52-B

City, State, Zip: West Warwick, R.I. 02893

Telephone #: (401) 457-5908

Date of incident (M/D/Y) 7/27/23 Time: 2:30 AM/PM

Description of Incident/Claim: PoT hole (CRATER) caused Tire To Blowout. Rim Damage

Vehicle Year: 2009 Make: BUICK Model: LACROSSE Odometer reading: 60,000

The Pothole was located on COWSETT road.

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

The nature of my property damage is: Flat Tire - Balance + Alignment etc need new tire

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

I request reimbursement in the amount of \$ Full-Amount Alotted

SIGNATURE OF CLAIMANT: Sharon Lovett DATE: 7/31/23

AFFIDAVIT

(Petitioner Name) Sharon Lovett, 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) 7/24/23 as a result of (please provide brief description):

pothole

Said claim was filed with the Finance Department on 7/24/23 (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.

[Signature]
Signature of Claimant or its Representative

Sharon Lovett
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 31 day of July, 2023.

NOTARY PUBLIC
Deanna L. Anderson
759966

[Signature]
(Notary Public)

My Commission Expires 11/14/24
RHODE ISLAND

My Commission Expires 11/14/24



Your online registration renewal was successful. Please print this receipt.

Confirmation of Online Registration Renewal

Transaction Details

Transaction Completed:	Jul 22, 2023 At 04:47 PM
Confirmation Code:	3B6K2
Order ID:	52552336
Total Fee:	\$128.50

Registrations

Registration 1

Plate:	SK27 (Passenger)
Vehicle:	2008 BUICK/LACROSSE BROWN
VIN:	2G4WD582281269680
Registered To:	SHARON L LOVETT
Registration Address:	650 E GREENWICH AVE UNIT 5 L08, WEST WARWICK, RI 02893-2367
Mailing Address:	650 E GREENWICH AVE UNIT 5 L08, WEST WARWICK, RI 02893-2367
Renewal Fee:	\$128.50

Please allow 7 days for the mailing of your renewed registration certificate and stickers. This payment will appear on your credit card statement as **RI REG RENEWAL.**

Special note for leased vehicles: Your registration will be mailed to the address that appears on your current registration. If this address belongs to the leasing company, you may need to contact the leasing company to obtain a copy of your registration and decals.

For Date: 07/27/2023 - Thursday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
23-42855	1115	Phone - POT HOLE		3
Call Taker:		Civilian Andrea E Johnston		
Location/Address:		300 COWESETT RD		
Calling Party:		***UNKNOWN***, SHARON @ ***UNKNOWN*** - WARWICK, RI		
Vehicle:		BRO 2008 BUIC Reg: PC RI SK27 VIN: 2G4WD582281269680		
Operator:		LOVETT, SHERRY L @ 650 GREENWICH AVE - WEST WARWICK, RI 02893		
		Race: W Sex: F		
Owner:		LOVETT, SHERRY L @ 650 GREENWICH AVE - WEST WARWICK, RI 02893		
		Race: W Sex: F		
Narrative:		07/27/2023 1128 Civilian Colleen E McAlister-Williams		

RP RESPONDED TO POLICE HQ TO REPORT THAT ON 7/24/2023 WHILE EXITING THE STOP AND SHOP PLAZA TAKING A RIGHT ON TO COWESETT RD, RP STRUCK A "CRATER" CAUSING DAMAGE TO THE FRONT RIGHT TIRE AND POSSIBLE THE ALIGNMENT. POLICE WERE NOT CALLED TO SCENE. UNABLE TO VERIFY

#1

BALISE CHEVROLET OF WARWICK

1338 POST RD
WARWICK, RI 02888
Phone No : (401) 781-4300
Fax No : (401) 785-8925

Advisor Name : Bo Om
Quote Expires : 07/31/2023

Results for 19326028

Tire photo shows tread pattern for a given line: Sidewall may differ.



Tire photo shows tread pattern for a given line. Sidewall may differ.

GOODYEAR
EAGLE LS-2
Size : 225/55R17
Type : Performance
Tire Type : All Season
Tread Warranty : N/A
Load Range : SL
Service Desc : 97H
Sidewall : VSB
UTQG : 400AA
Tread Depth : 10



Features & Benefits:

- Curved pitch boundaries provide an exceptionally quiet ride
- Improved treadwear from the original Eagle LS
- Triple tread block geometry for improved handling
- Wide circumferential channels evacuate water to maximize traction

\$ 166⁵⁶

Manufacturer Part Number : 706447163
GM Part Number : 19326028
Interchangeable : No



PACKAGE PRICING

1 Tire	\$166.56
Mount and Balance	\$25.00
Four Wheel Alignment	\$109.95
Subtotal	\$301.51
Sales Tax	\$11.66
Total	\$313.17

Pricing good through : 07/31/2023



Midas Auto Service & Tires

999 Bald Hill Road
Warwick, RI 02886
(401) 320-1150

Estimate #Q000001

7/27/2023
4:12 pm

VIN :

#2

Trans :

License :

WARWICK, RI 02886

Cell:(401)

Home:(401)

Service Requests:

Category Summary	Parts	Labor	Job Total
TIRES-MIDAS TOUCH	\$156.97	\$30.00	\$186.97
WHEEL ALIGNMENT	\$0.00	\$109.99	\$109.99

Technician	Service Description	Parts	Labor	Job Total
	Standard Tire With TPMS Mount & Balance. Includes Free Flat Repairs, Lifetime Tire Rotations, Lifetime Wheel Balance and Complimentary Alignment Check with a New Tire Purchase.	136.97	30.00	166.97
N	<u>Part Number</u> <u>Part Description</u>	<u>Part Price Each</u>	<u>Quantity</u>	<u>Extended</u>
	ARC88 <i>Prinx HI CITY A/S</i>	122.99	1	122.99
	TIRE DISPOSAL	5.99	1	5.99
	Rating: T Size: 2255517			
S	.TPMS <i>TPMS REBUILD KIT</i>	7.99	1	7.99
	Midas Touch 3 Year Road Hazard Tire Warranty.	20.00	0.00	20.00
	<u>Part Number</u> <u>Part Description</u>	<u>Part Price Each</u>	<u>Quantity</u>	<u>Extended</u>
S	.SRH <i>SONSIO 3 YEAR ROAD HAZARD WARRANTY</i>	20.00	1	20.00
	Computerized 4-Wheel Alignment.	109.99		109.99

In accordance with Federal Regulations, Midas electronically transmits and, through TBC Corporation, retains information related to tire sales, including the consumer's name and address, the tire identification number, and the dealer's name and address. In the event of a tire recall, TBC will provide such information to the tire manufacturer so that the tire manufacturer can send you notice of a recall.

Repair Order Notes

WORK AUTHORIZATION

I understand that this Estimate of Repairs is based upon your inspection at this time and does not cover additional parts and/or labor which may be required after the work has been started. Work or damaged parts which are not evident on first inspection may be discovered. This Estimate of Repairs cannot cover those possibilities. When additional work is necessary, my authorization will be secured prior to beginning that additional work. This Estimate of Repairs expires 15 days from date of this estimate. I understand that this shop is not responsible for unavailability of parts or delays in parts shipments beyond its control, nor for loss or damage to vehicle or the articles left in vehicle in case of fire, theft, or any other cause beyond its control.

I hereby authorize the repairs shown on this estimate to be done along with the necessary material and hereby authorize you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby granted to secure the amount of repairs thereto. I also acknowledge receipt of a copy of this work authorization and estimate of repairs. I understand that all parts shown are new unless otherwise specified. I am entitled to the return of replaced parts, excluding warranted and exchanged parts, if requested in writing before any work is performed on my vehicle. (There may be charge for product returned with a core value.)

Customer Signature: _____ Date: _____

TOTAL PARTS	\$156.97
TOTAL LABOR	\$139.99
SUBLET	\$0.00
SHOP USE FEE	\$3.50
SUBTOTAL	\$300.46
OTHER FEES	\$0.00
SALES TAX	\$10.99
ESTIMATE TOTAL	\$311.45



This Is Not An Invoice. Do Not Pay From This Document.

TOWN FAIR TIRE CENTERS, INC.

ESTIMATE#: RST_601_2336953

Name: SHERRY LOVETT

Address: 650 EAST GREENWICH AVE, W.
WARWICK, RI 02893


Email:

Phone: 4014575908

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

Store: 601 Clerk: 227

#3

ITEM	QUANTITY	PRICE	AMOUNT
 <p>ALL SEASON SIZE: 225/55R17V IBM#: 65663 MILEAGE WARRANTY WITH CARE: 55000</p>	1	\$149.00	\$149.00
		\$115.00	\$115.00
COMPUTERIZED WHEEL BALANCE	1	\$19.95	\$19.95
NEW RUBBER VALVE STEM OR TPMS RECONDITIONING	1	\$7.50	\$7.50
INCLUDED:		FREE	FREE
<ul style="list-style-type: none"> • DISMOUNT & REMOUNT • RESET TPM SENSORS • 30 DAY TEST DRIVE • NATIONWIDE WARRANTY • LIFETIME FLAT REPAIR • LIFETIME TIRE ROTATION • LIFETIME SNOW CHANGEOVER 			
30 DAY COURTESY PROTECTION		FREE	FREE
4 - WHEELS ALIGNMENT	1		\$69.00
LIFETIME ROAD HAZARD	1	\$16.50	\$16.50
CASINGS DISPOSAL	1	\$3.75	\$3.75
MISCELLANEOUS FEES (STATE RUBBER, RECYCLING FEE, ETC.)			
SUBTOTAL			\$126.25
SALES TAX			\$8.84
TOTAL (GOOD FOR 14 DAYS)			\$240.54