



## Recommendation Memo

**To:** Eric Earls, Department of Public Works  
**From:** Margie White, Finance Department X 9241  
**Date:** April 8, 2024  
**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 Treasury office as soon as possible.

**Date of Incident:** 04/04/24

**Police/tow/auto report:** 24-18362

**Claimant:** Sydni Martin  
50 Blanchard Avenue  
Warwick, RI 02888

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

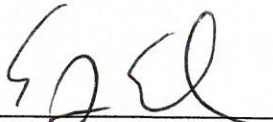
**Invoice:** Leo Tire Sales                      \$283.20

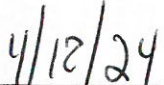
**Estimates:** Tire Warehouse              \$271.26  
Good Year                                      \$266.99

**Department Recommends:**

**Approval** of this claim for **\$283.20**

**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: Sydni Martin

Address: 50 Blanchard Ave

City, State, Zip: Warwick, RI 02888

Telephone #: 401-787-3845



Date of incident (M/D/Y) 03/29/2024 Time: 12:45 AM PM

Description of Incident/Claim: While commuting to work, I struck a pothole on Kilvert Street located in the area of the solar panels / electrical substation. Though the impact was significant, I could tell the tire had not popped or deflated and continued to work less than a mile away. When I arrived, I inspected the tires for damage and found there was a bubble in the sidewall. When I returned on Tuesday to take a picture, I noticed the pothole had recently been filled. (Photos attached.)

Vehicle Year: 2016 Make: Ford Model: Escape Odometer reading: 107456

The Pothole was located on Kilvert St road

I notified the Finance I Public Works department on 04/05/2024 (date).

The nature of my property damage is: Sidewall bubble in tire caused by pothole impact.

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

I request reimbursement in the amount of \$ 283.20

SIGNATURE OF CLAIMANT: [Signature] DATE 4/4/24

**AFFIDAVIT**

(Petitioner Name) Sydni Martin, 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) 03/29/2024 as a result of (please provide brief description):  
damage to a tire on my vehicle from hitting a pothole.

Said claim was filed with the Finance Department on 04/05/2024 (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.

S Martin  
Signature of Claimant or its Representative

Sydni Martin  
Printed Name

State of Rhode Island  
County of Kent

Subscribed and sworn to before me on this 4<sup>th</sup> day of April, 2024

CHANTELLE CROFT  
Notary Public, State of Rhode Island  
My Commission Expires Aug. 27, 2025  
Commission # 767437

Chantelle Croft  
(Notary Public)  
My Commission Expires 8/27/25



STATE OF RHODE ISLAND  
DIVISION OF MOTOR VEHICLES

600 New London Avenue  
Cranston RI 02920-3024  
Web Address: WWW.DMV.RI.GOV



SYDNI LYNNE MARTIN  
50 BLANCHARD AVE  
WARWICK RI 02888-5012

Date: 07/19/2023

Registration Certificate

REG NUMBER: 573121	PLATE TYPE: PASSENGER	PLATE DESIGN: WILDLIFE REHA	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 3010002	REG EXP DATE: 08/31/2025
YEAR: 2016	MAKE: FORD	MODEL: ESCAPE	BODY TYPE: SPORT UTILITY	MAJOR COLOR: SILVER	MINOR COLOR: SILVER
VEHICLE IDENTIFICATION NUMBER: 1FMCU9J96GUC46441		RENEWAL FEE: \$112.50	GROSS WEIGHT: 4395	# OF PASSENGERS: 5	# OF CYLINDERS: 4
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: 0
REGISTERED OWNER/LEASING COMPANY: SYDNI LYNNE MARTIN 50 BLANCHARD AVE WARWICK RI 02888-5012			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 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 **01/14/2024** 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

07/19/2023

For Date: 04/04/2024 - Thursday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
24-18362	1221	Walk-In - POT HOLE	INFORMATION GIVEN 3	
Call Taker:		KWALKER - Civilian Kristen M Walker		
Call Source:		Walk-In		
Call Closed By:		KJOHNSO - Civilian Kassandra E Johnson 04/04/2024 1247		
Location/Address:		[203 3837] KILVERT ST		
Calling/Inv. Party:		MARTIN, SYDNI L # [REDACTED]		
		Race: W Sex: F		
ID:		SGOES - Officer Sara L Goes		
		Disp-12:27:55 Arvd-12:33:04 Clrd-12:45:45		
Vehicle:		SIL 2016 FORD UT ESCAPE Reg: PC RI 573121 VIN: 1FMCU9J96GUC46441		
Owner:		MARTIN, SYDNI L # [REDACTED]		
		Race: W Sex: F		

Insurance Co:  
Policy No:  
Narrative: 04/04/2024 1221 Civilian Kristen M Walker  
ON KILVERT

Narrative: 04/04/2024 1245 Officer Sara L Goes  
RP stated she was operating her vehicle on Kilvert by the solar panels and a pot hole caused damage to her front passenger side tire.

State DOT claim information and call# provided. No injuries.



LEO TIRE SAL.  
 1791 ELMWOOD  
 WARWICK, RI  
 PHONE 401-781  
 FAX 401-781

LEO TIRE SALES  
 1791 ELMWOOD AVE  
 WARWICK, RI, 02888-1701  
 401-781-7890

**Invoice**

Date 4/4/2024 Invoice # 71492

**Sale**

XXXXXXXXXXXX9900  
 VISA

Entry Method: Chip



**Total: \$ 283.20**

YEAR/ MAKE/ MODEL

Bill To  
 SYDNI MARTIN  
 50 BLANCHARD AVE  
 WARWICK, RI 02888

04/04/24  
 Inv #: 000000001  
 Apprvd: Online

11:20:29  
 Appr Code: 00889B

2016 FORD ESCAPE

CAPITAL ONE VISA  
 AID: A0000000031010  
 TVR: 00 80 00 80 00  
 TSI: E8 00

Terms

Customer Copy  
 THANK YOU!

Account #

Lic. Plate

Mileage

573121

107450

Item	Description	Qty	Rate	Amount
2355018 GOOD...	2355018 GOODYEARASSURANCE MAX LIFE	1	260.00	260.00T
MTS	MOUNTING	1	0.00	0.00
BALANCE	COMP HIGH SPEED BALANCE	1	0.00	0.00
DISP	TIRE DISPOSAL	1	5.00	5.00

<b>Subtotal</b>	\$265.00
<b>Sales Tax (7.0%)</b>	\$18.20
<b>Total</b>	\$283.20
<b>Payments/Credits</b>	-\$283.20
<b>Balance Due</b>	\$0.00

A finance charge of 1 1/2 percent, which is annual percentage rate of 18 percent, will be added to amounts 30 days past due. Customer agrees to pay reasonable attorney fees and costs incurred in collection.

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk, an express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing.

# Your Cart

## Select Service Location



Roll Mobile Installation

Currently not in a Roll Market



In-Store Installation  
Tire Warehouse

As early as Mon, Apr 8

Change Store

## CHECKOUT

### ORDER SUMMARY

Subtotal	\$222.00
Installation	\$29.95
Est. Taxes and Fees	\$19.31

**Est. Total** \$271.26

or 4 payments of \$69.32 with **ZIP**

Price Match Guarantee

ENTER PROMO CODE

Promo Code



Success: Tires fit your Ford Escape



BEST SELLER

**Assurance MaxLife**

Fits your Ford Escape

Tire Size: 235/50R18 Specs: SLV Black

Quantity - 1 + (\$222.00/ea)

\$222.00

\$50 back on a set of 4 tires or  
\$100 back with the Goodyear Credit  
Card [Details](#)



Chat

# 2016 Ford Escape Titanium

Based on your tire selection, we generated an installation quote. Select any optional services to make the most out of your visit. Schedule an installation to apply this quote to your next visit.



**GOODYEAR**

## ASSURANCE MAXLIFE

★★★★ 4.6 (888)

Midas Part Number: GDYR-110876545

Tire Size: 235/50R18

Price Per Tire: 227.99

### Warranty:

Manufacturer's Limited / 85,000 Mile

# Pricing Summary

Schedule your appointment in 3 easy steps:

**SCHEDULE INSTALLATION**

OR

Call **401-400-3838** to reserve your set of tires

**Assurance MaxLife** 1 **\$ 227.99**  
Midas Part #: GDYR-110876545 **Remove**  
\$227.99 each

- Mount & Balance 1 \$30.00
- Valve Stem 1 \$3.00
- Disposal Fee 1 \$6.00

### Add Optional Services

- TPMS Rebuilt 1 \$9.00
- Alignment Check 1 \$0.00
- Road Hazard 1 \$25.00
- 6 Month no Interest Financing 1 \$0.00
- 12 Month no Interest Financing 1 \$0.00
- EZ PAY Almost everyone approved!! 1 \$0.00
- FREE ALIGNMENT CHECK 1 \$0.00

Sub-Total: \$266.99

Estimated Taxes: \$18.27





