

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: 10/31/2020

Police/tow/auto report: N/A

Claimant:

Patrick McLaughlin 12 Louisiana Avenue Warwick, RI 02888

Claim:

Hit a pothole on Kilvert Street causing damage to tire.

Invoice:

New England Tire

\$250.99

Estimates:

Walmart.com

\$283.99

Goodyear

\$243.99

Department Recommends:

Approval of this claim for \$

Denial of this claim (please include comments below):

As required by RIGL 24-8-35 regarding claims of damage from a pothole that requires any claim be filed with (7) seven days from the date of the incident. Claimant failed to submit paperwork in the required timeframe. As well, the claimant provided no information that the damage is the direct result of a pothole incident.

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.

Page 1 of 2

	=
□ Motor Vehicle Accident □ Property Damage □ Tax Waiver □ Other Claimant Name: PATrick MCAughlin	
Address: 12 LOUISIANA AVE	
2020	21
City, State, Zip: VORTWICK, R.L. COZOVO	•
Telephone #: 401- 225-0362	
Date of incident (M/DIY) 10/31/2020 Time: 9:30 AM I PM	
Description of Incident/Claim: I Struck A pothole while Driv	
ON KILVERT St. TOWARDS JEFFERSON BOULEVARD AND	
It DAMAGED THE FrONT PASSENGER TIRE SO GAD T	TAT
I hAD TO buy A New ONE I TALKED TO	
OFFICE Tyler Mowbrice AND he ADVISED ME	Ea.
TO SEND This FORM IN with My receipt AND 3 ESTIM	nte S
Vehicle Year: <u>3018</u> Make: <u>Toyota</u> Model: <u>CAMP</u> Odometer reading: <u>40,35</u> 0	
The Pothole was located on KILVETT St / CORONADOST, road	
11/2/2820	
I notified the Finance I Public Works department on(date).	
The nature of my property damage is: TotALBlow out of My	
Front Passenger tire	
Additional information about Tax Waiver (include letter from Tax Collector stating adverse decision)	
I request reimbursement in the amount of \$ 250.99	
SIGNATURE OF CLAIMANT: Fatrick Mc Lugherte	

if additional space is needed please attach separate page

<u>AFFIDAVIT</u>

(Pe	titioner Name) PATUCK MCLAUGU being duly sworn, deposes and states:
1. I inci	have petitioned the City Council of the City of Warwick for compensation for losses arising from an dent which occurred on (date) 10/3/20 as a result of (please provide brief description):
Said	claim was filed with the Finance Department on(date).
2. C	heck 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	ne event that the Warwick City Council should deny my claim, I understand that I may pursue a gainst any other party who may be liable for my loss.
any amo	derstand that I am not entitled to recover more than the amount of my actual loss. If the City of k pays any amount to me in connection with the above described incident, and if I should receive bunts from any source other than the City of Warwick with respect to the above described incident, nort such other receipt(s) to the Finance Department of the City of Warwick.
Jahr	e personal knowledge of the facts aforesaid. PATIK MUMALIN e of Claimant or its Representative Printed Name
State of I County o	Rhode Island
Nota Sta Page 2 of 2	ary Public # 765229 te of Rhode Island County of Kent Commission Expires: Aday of December 20 20 (Notary Public) My Commission Expires 03/06/2024



STATE OF RHODE ISLAND DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE CRANSTON RI 02920-3024

Web Address: <u>WWW.DMV.RI.GOV</u>



Date: 08/28/2020

PATRICK J MCLAUGHLIN 12 LOUISIANA AVE WARWICK RI 02888-5914

Registration Certificate

REG NUMBER: CF757	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 8661756	REG EXP DATE: 08/31/2022
YEAR: 2018	MAKE: TOYOTA	MODEL: CAMRY	BODY TYPE: SEDAN	MAJOR COLOR: GREEN	MINOR COLOR: GREEN
VEHICLE IDENTIFICATION 4T1B61HK6JU582419	NUMBER:	RENEWAL FEE: 112.50	GROSS WEIGHT: 4145 LBS	# OF PASSENGERS: 5	# OF CYLINDERS:
FUEL TYPE: GAS	•	CARRYING CAPACITY: N/A	LENGTH: N/A	CCs:	MAX SPEED:
REGISTERED OWNER:	PATRICK J MCLAUGHLIN 12 LOUISIANA AVE WARWICK RI 02888-59:		SECOND OWNER:		

- 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 03/17/2021 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

New England Tire Car Care Centers

1590 Warwick Ave., Warwick, RI 02889 Phone: 401-737-1400 newenglandtire.com

Celebrating 42 Years Servicing Our Customers1978--2020.....

Customer Information	Invoice	Additional Information	
JASON JACKVONY 20 ROGERS WILLIAM DR Greenville, RI 02828	Date: 11/01/2020 Reference: W38586 Salesperson: ROBERT HASTINGS	PO Number: Work Order#: W-9397	44
Acct Number:	Route:		
P: 4016261109 Contact:	Delivery Date:11/01/2020	Entered By: ROBER	T HASTINGS
Vehicle: 2018 Toyota Camry Hybrid SE Desc:	Lic No: CF757 Unit: VIN: 4T1B61HK6JU582419	Mileage IN: 4036 Mileage OUT: 4036	
(1) TPMS Equipped *Lug Torque (ft. lbs): 76 *Ir	nflation Front/Rear (psi): 35/35		*OE Info

Qty	Description	FET Unit Price	Ext. Price
1.00	110918545, 235/40R19 96V, Assurance MaxLife BW XL, Goodyear	192.85	192.85
1.00	NEW PASS FRONT- ROTATE DRIVERS REAR- TO DRIVERS FRONT	0.00	0.00
1.00	WHEEL BALANCE REGULAR	19.95	19.95
1.00	ROAD HAZARD PROTECTION PLAN	19.00	19.00
1.00	FREE FLAT REPAIRS	0.00	0.00
	RI Taxable	Subtotal:	231.80
	RI	State Hard to Dispose Fee:	1.00
		Shop Supply Fee:	1.70
		RI State Sales Tax:	13.50
		Scrap Tire Disposal:	2.99
		Total:	\$250.99
		yment# P-939746 Amount:	\$250.99
VISA 877 OrderID:	5 Exp: 03/2024 AC: SALE:121596:191594760::15807455 (MP - 1286885766 ,TransID:1580745586)	250.99	
		Invoice Balance:	\$0.00

\$192.85	\$38.95	\$231.80	\$19.19	\$0.00	\$250.99
Parts	Labor	Subtotal	Taxes\Fees	FET	Total

THANK YOU FOR YOUR BUSINESS

I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant New England Tire 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 acknowledged on above vehicle to secure the amount of repairs thereto. New England Tire is not responsible for loss or damage to vehicles, or articles left in vehicles, in case of fire, theft or any other cause beyond it's control. A 1.5% (18% APR) service charge will be assessed on any amount which becomes delinquent beyond 30 days.

W-939744

11/01/2020 10:59 AM Page: 1 Entered By: ROBERT HASTINGS

Signature



Walmart.com



Search Walmart.com

Q



Earn 5% back with the Capital One Walmart Rewards Card.

Learn how

Est. total **\$283.99**

Check out (1)

Congrats — you get free delivery!



Goodyear Eagle F1 Asymmetric 2 235/40R19 92 Y Tire

\$283.99 Delivery

Qty:

1

Remove | Save for later

Saved for later

Show all saved items +

Enter email for weekly newsletter.

Sign up

f **y** 0 **0 6**

Mobile apps

Walmart Services

Grocery Pickup & Delivery

Estimate #2

GOOD YEAR EAGLE F1 ASYMMETRIC A/S

Ultra High Performance (All Seasons)

合合合合合

A Race-Inspired Tire Offering Superb Ultra High-Performance Handling and All-Season Traction.



WARRANTY

45,000 Mile

SIZE

235/40R19

AVAILABILITÝ

In Stock

LOAD INDEX

96

SPEED RATING

W

SIDEWALL

Vertical Serrated

Band

RUN FLAT

No

UTQG

500 AA A

ITEM NUMBER

104504357

QUANTITY 4 ~ \$243.99 EACH **\$975.96 SUBTOTAL** Standard Installation Mounting and balancing (includes standard valve stem)
 TPMS inspection/reset
 Precision wheel torque
 Alignment check \$19.99 per tire Premium Installation Standard Installation, PLUS
 Lifetime Rotations
 Lifetime Rebalance \$29.99 per tire Tire Disposal Fee \$3.15 per tire \$1,055.92* TOTAL PRICE!

*Prices do not include state and federal tax(es) and other fees.

Sorry it took awhile To send This back. I couldn't find a notary. Someone Told me That Banks Do 1t. Thank- Voil THANK- YOU, Patrick Mayllin 401-225-0362.



Joseph J. Solomon Mayor

CITY OF WARWICK

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

November 19, 2020

Patrick McLaughlin 12 Louisiana Avenue Warwick, RI 02888

Dear Patrick,

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);

• <u>Claim Form</u> — Second page of the claim form titled AFFIDAVIT must be completed and NOTARIZED.

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

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

Claims Administration

