



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Treasury Dept
Date: February 2, 2024
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: 1/29/24

Police/tow/auto report: 24-6216

Claimant: Randi Miller
2 Honeysuckle Road
Warwick, RI 02888

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

Invoice: Balise &474.62

Estimates: Town Fair Tire \$305.00
Goodyear \$272.95

Department Recommends:

Approval of this claim for **\$300.00**

Denial of this claim (please include comments below):



Director Signature



Date

CLAIM CHECKLIST

- Completed Claim Form
- Valid Registration
- Police/Tow or Auto Report
- Invoice

- 2 Estimates

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: Randi Miller

Address: 2 Honeysuckle Rd

City, State, Zip: Warwick RI 02888

Telephone #: 401 463 8609

Date of incident (M/D/Y) 1/29/24 Time: 11:40 AM PM

Description of Incident/Claim: Driving home from Dr visit on Kilvert St Warwick just past 473 Kilvert St on the right before the electric substation on the left hit a huge pothole going towards Jefferson Blvd. Tire pressure light went on drove the 1.5 miles to dealer thought just needed Air but turned out unreparable flat

Vehicle Year: 20 Make: Toyota Model: Corolla Odometer reading: 43135

The Pothole was located on Kilvert St road current read 43148

I notified the Finance | Public Works department on 2/1/24 (date).

The nature of my property damage is: flat tire due to huge pothole on Kilvert St Warwick after 473 Kilvert St but before substation traffic would not allow to swerve as well as size of pothole

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

I request reimbursement in the amount of \$ 300.00 (max available)

SIGNATURE OF CLAIMANT: [Signature] DATE 2/1/24

AFFIDAVIT

(Petitioner Name) Randi S Miller, 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) 1/29/24 as a result of (please provide brief description):
hitting a large pothole on Keilvert St in Warwick

Said claim was filed with the Finance Department on _____ (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.

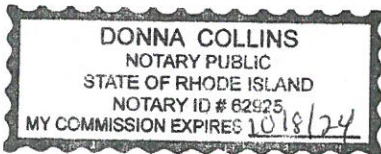
5. I have personal knowledge of the facts aforesaid.

[Signature]
Signature of Claimant or its Representative

Randi S Miller
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 1 day of February, 2024



[Signature]
(Notary Public)
My Commission Expires 10/8/2024



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW17607978

RANDI S MILLER
2 HONEYSUCKLE RD
WARWICK RI 02888-5526

Date: 01/05/2023

Registration Certificate

| | | | | | |
|---|----------------------------------|-------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| REG NUMBER: RM929 | PLATE TYPE: PASSENGER | PLATE DESIGN: WAVE | VEHICLE TYPE: PASSENGER | DRIVERS LICENSE: 7607978 | REG EXP DATE: 08/31/2024 |
| YEAR: 2020 | MAKE: TOYOTA | MODEL: COROLLA | BODY TYPE: SEDAN | MAJOR COLOR: BLUE | MINOR COLOR: BLUE |
| VEHICLE IDENTIFICATION NUMBER: JTDP4RCE1LJ002725 | | RENEWAL FEE: 112.50 | GROSS WEIGHT: 4065 LBS | # OF PASSENGERS: 5 | # OF CYLINDERS: 4 |
| FUEL TYPE: GAS | CARRYING CAPACITY: N/A | | LENGTH: N/A | CCs: N/A | MAX SPEED: N/A |
| REGISTERED OWNER: RANDI S MILLER 2 HONEYSUCKLE RD WARWICK RI 02888-5526 | | | 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 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 **02/14/2025** 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

For Date: 02/01/2024 - Thursday

| <u>Call Number</u> | <u>Time</u> | <u>Call Reason</u> | <u>Action</u> | <u>Priority</u> |
|--------------------|-------------|---|---------------|-----------------|
| 24-6216 | 1244 | Walk-In - POT HOLE | | 3 |
| Call Taker: | | KWALKER - Civilian Kristen M Walker | | |
| Location/Address: | | [203 3837] 351 KILVERT ST | | |
| Calling Party: | | MILLER, RANDI S @ 2 HONEYSUCKLE RD - WARWICK, RI 02888 | | |
| | | Race: W Sex: F | | |
| Unit: | | P1 Officer Rene G Gauthier | | |
| | | Disp-13:00:56 Arvd-13:06:51 | | |
| Vehicle: | | BLU 2020 TOYT 4D COROLLA Reg: PC RI RM929 VIN: JTDP4RCE1LJ002725 | | |
| Operator: | | MILLER, RANDI S @ 2 HONEYSUCKLE RD - WARWICK, RI 02888 | | |
| | | Race: W Sex: F | | |
| Owner: | | MILLER, RANDI S @ 2 HONEYSUCKLE RD - WARWICK, RI 02888 | | |
| | | Race: W Sex: F | | |
| Insurance Co: | | Nationwide 081523 | | |
| Policy No: | | 5138J004070 021524 | | |
| Narrative: | | 02/01/2024 1244 Civilian Kristen M Walker ON KILVERT | | |
| Narrative: | | 02/01/2024 1316 Officer Rene G Gauthier Rp stated that in the area of 351 Kilvert St, she struck a pot whole, eastbound, which caused damage to the front passenger tire. | | |

BALISE TOYOTA OF WARWICK
1400 POST RD.
WARWICK, RI 02888

623456



1400 Post Road
Warwick, RI 02888
(401) 781-4377

01/29/2024

14:23:02

INVOICE

PAGE 1

CREDIT CARD
DISCVR SALE

Card # XXXXXXXXXXXXX5171 -8609
Network: DISCOVER -8609
Chip Card: Discover Credit
AID: A0000001523010
SEQ #: 1
Batch #: 1581
INVOICE 623456
Approval Code: 02909Q
Entry Method: Contactless
Mode: Issuer

SERVICE ADVISOR: 1069 Patti Phoneprasuth

| | | | |
|---|---------|---------------------------|---------|
| VIN | LICENSE | MILEAGE IN / OUT | TAG |
| JTDP4RCE1LJ002725 | | 43138/43142 | T1453 |
| PROMISED | PO NO. | RATE | PAYMENT |
| AIT 29JAN24 | | 199.00 | CASH |
| OPTIONS: SOLD-STK:TW17172 DLR:38026 ENG:2.0_Liter | | FRN:AUTOMATIC AXL:F 1)PPM | |

SALE AMOUNT

\$474.62

| | LIST | NET | TOTAL |
|--|--------|--------|----------------------|
| FRONT TIRE DAMAGED- PLEASE CHECK FRONT Y DAMAGE | | | |
| | | 25.00 | 25.00 |
| CUSTOMER COPY 25/40R18 MI | 308.10 | 308.10 | 308.10 |
| | 0.00 | 0.00 | 0.00 |
| /24K MILE ROAD HAZARD | | | |
| | 0.00 | 0.00 | 0.00 |
| WARRANTY | | | |
| 1 TDF COMPLIMENTARY TIRE DISPOSAL FEE | 0.00 | 0.00 | 0.00 |
| PARTS: 308.10 LABOR: 25.00 OTHER: 0.00 | 0.00 | 0.00 | 0.00 |
| M& B1 TIRE RF | | | |
| | | | TOTAL LINE A: 333.10 |

B PERFORM MULTI-POINT INSPECTION

00TBD PERFORM MULTI-POINT INSPECTION

| | | | | |
|-------------------------------------|--|--|---------------|------|
| 1151 CP | | | 0.00 | 0.00 |
| PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 | | | TOTAL LINE B: | 0.00 |

C** PERFORM WHEEL ALIGNMENT \$119.95

4WL PERFORM WHEEL ALIGNMENT \$119.95

| | | | | |
|---------------------------------------|--|--|---------------|--------|
| 1151 CP | | | 119.95 | 119.95 |
| PARTS: 0.00 LABOR: 119.95 OTHER: 0.00 | | | TOTAL LINE C: | 119.95 |

You may receive a survey from Toyota shortly.
Your COMPLETE SATISFACTION is our goal. If for
any reason we did not meet your expectations
during your visit, please contact Kathy
McCarthy at (401) 780-3023. Thank you!

| | | | | | | | |
|-----------------------------------|----------------------------------|----------------|-------------|---|--|------------------------|--------|
| Original Estimate (Parts & Labor) | Total Additional Cost Authorized | Authorized By: | Date & Time | Manner of Authorization | *SHOP SUPPLY COSTS: We have added a charge equal to 8% of the total cost of labor and parts, not to exceed \$35.88, to the Repair Order for shop supplies used in connection with this repair. | DESCRIPTION | TOTALS |
| \$ | \$ | | | <input type="checkbox"/> In Person <input type="checkbox"/> Via Fax <input type="checkbox"/> Via Telephone <input type="checkbox"/> Via E-Mail | | LABOR AMOUNT | 144.95 |
| Revised Estimate | \$ | | | <input type="checkbox"/> In Person <input type="checkbox"/> Via Fax <input type="checkbox"/> Via Telephone <input type="checkbox"/> Via E-Mail | ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE INDICATED. PARTS RETURN WAIVER: I hereby waive the return of any replaced parts. _____ INITIALS | PARTS AMOUNT | 308.10 |
| | | | | | | GAS, OIL, LUBE | 0.00 |
| | | | | | | SUBLET AMOUNT | 0.00 |
| | | | | | | MISC. CHARGES * | 0.00 |
| | | | | | | TOTAL CHARGES | 453.05 |
| | | | | | | LESS INSURANCE | 0.00 |
| | | | | | | SALES TAX | 21.57 |
| | | | | | | PLEASE PAY THIS AMOUNT | 474.62 |

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF ANY PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.
By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you had the opportunity to inspect the vehicle and received or inspected any replaced parts as requested by you before paying this invoice. The vehicle is being returned to you in exchange for your payment of the Amount Due.



BRIDGESTONE TURANZA EL400 02

Standard Touring All-Season

Overall Rating (7.7)



[Review This Tire](#)

DETAILS & PRICING

Size: **225/40R18W**

IBM#: **10232**

Speed Rtg: **W**

UTQG: **260 A A**

Load: **88**

Sidewall: **BSW**

NO SHIPPING OR MOUNTING CHARGE!

Found It Lower?

Price Per Tire:

\$305.00

[SEE TOTAL PRICE INSTALLED](#)

[CALL TIRE EXPERT](#)

| TIRE DESCRIPTION | OTHER TIRE SIZES | OVERALL RATINGS | READ TIRE REVIEWS |
|------------------|------------------|-----------------|-------------------|
|------------------|------------------|-----------------|-------------------|

Bridgestone Turanza EL 400-02 all-season tires are built to give sedans like the Toyota Camry and Nissan Altima a stronger grip on dry, wet, and snow covered roads.

Features and Benefits

- An innovative tire design helps to improve handling in both wet and dry conditions.

Back



GOODYEAR

Share

Ultra Grip® 8 Performance

Tire Size: 225/40R18 [Sees: X, Y, Z Bars](#) Fits your tire size

★★★★★ 1 Review

Winter Commuter Sport Performance 3PMSF

\$243.00 ea

Qty 1

Roll Mobile Installation
Currently not in a Roll Market

In-Store Installation
As early as Thu, Feb 8

Tires + Installation

\$272.95*

[ADD TO CART](#)

or 4 payments of \$69.74 with Zip

Price Match Guarantee

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

Tire Features

Winter Braking

Numerous sipes with biting edges help provide superior braking power on hard-packed snow and ice.

Winter Traction

Optimized polymer blend and silica tread compound help maintain flexibility and provide consistent grip at low temperatures.

Three-Peak Mountain Snowflake Designation

Tires designed for use in severe snow conditions and meet specific snow performance test requirements.

Snow Traction

Saw-shaped center rib helps grip snow-covered roads for enhanced snow traction.

Ultra Wet Traction

Directional tread pattern helps channel water away from the tire surface for confident grip on wet and slushy roads.



Warranties & Guarantees

Highway Auto and Light Truck Tire Replacement Limited Warranty

This tire is eligible for our Replacement Limited Warranty, which covers most of our passenger tires with free or prorated-price tire replacement. If you experience noise, vibrations, or roughness with this tire, you may be covered.

Exclusions apply; see full warranty for details.

[Full Warranty Details](#)

GET 10% OFF X

