



Recommendation Memo



To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: November 22, 2022
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: 11/11/22

Police/tow report: N/A

Claimant: Jasmine Perkins
6 Gough Avenue
West Warwick, RI 02893

Claim: Hit a pothole on Commonwealth Ave causing damage to tire.

Invoice: Balise \$229.79
Rhyda Tire \$33.00 (tire mounting)

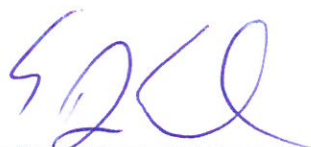
Estimates: Amazon \$236.99
Goodyear \$233.95

Department Recommends:

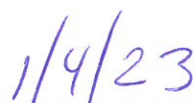
Approval of this claim for **\$0**

Denial of this claim (please include comments below):

The City is not aware of a pothole in the area of Commonwealth Avenue that the claimant states the damaged occurred and therefore denies responsibility.



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

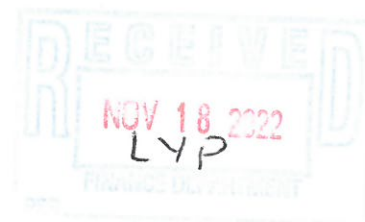
Claimant Name: Jasmine Perkins

Address: 5 Irving Ave, Apt 4

City, State, Zip: West Warwick, RI, 02893

Telephone #: 401-712-0395

Date of incident (M/D/Y) 11/11/22 Time: 10:50 AM PM



Description of Incident/Claim: I was on my way to work and they were fixing the road over there but my tire hit a pot hole and sliced my tire and I had to call my work and tell them I'm running late because I was driving it home because I can't afford a tow because I'm a full time nursing student. So Monday I called Buick of Honda to get a new tire

Vehicle Year: 2022 Make: Honda Model: hybrid Odometer reading: 8,871 which costed me

The Pothole was located on 660 Commonwealth Ave road.

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

The nature of my property damage is: One flat tire

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

I request reimbursement in the amount of \$ 300

SIGNATURE OF CLAIMANT: Jasmine Perkins DATE 11/18/22

\$230
a plus
\$35
at ryder
tire to put
my rim
inside
my tire
because
I was
going to
put it on
myself.

AFFIDAVIT

(Petitioner Name) Jasmine Perkins, 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) 11/18/22 as a result of (please provide brief description):

Said claim was filed with the Finance Department on 11/11/22 (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.

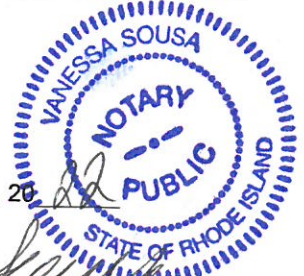
5. I have personal knowledge of the facts aforesaid.

Jasmine Perkins
Signature of Claimant or its Representative

Jasmine Perkins
Printed Name

State of Rhode Island
County of Providence

Subscribed and sworn to before me on this 18th day of November, 2022



Vanessa Sousa
(Notary Public)
My Commission Expires 07/01/2026

769264



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
 CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW13693157

JASAMINE M PERKINS
 6 GOUGH AVE APT 4
 WEST WARWICK RI 02893-4714

Date: 02/03/2022

Registration Certificate

REG NUMBER: 1GH844	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 3693157	REG EXP DATE: 09/30/2023
YEAR: 2022	MAKE: HONDA	MODEL: ACCORD	BODY TYPE: SEDAN	MAJOR COLOR: GRAY	MINOR COLOR: GRAY
VEHICLE IDENTIFICATION NUMBER: 1HGCV3F9XNA007577		RENEWAL FEE: 112.50	GROSS WEIGHT: 4519 LBS	# OF PASSENGERS: 5	# OF CYLINDERS: 4
FUEL TYPE: HYBRID GAS AND ELECTRIC		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
REGISTERED OWNER: JASAMINE M PERKINS 6 GOUGH AVE APT 4 WEST WARWICK RI 02893-4714			SECOND OWNER:		

TAX TOWN: **WEST 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 roll. 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 01/01/2025 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

WALTER R. CRADDOCK
 ADMINISTRATOR
 DIVISION OF MOTOR VEHICLES



RHYDA TIRE CO.
"My Father's Business"

199 Providence St.
W. Warwick, RI
(401) 822-0014

1307 Post Rd.
Warwick, RI
(401) 270-1655

CUSTOMER'S ORDER NO.		PHONE		DATE	
NAME					
ADDRESS					
CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
		Dis			10
		mant			10
		Boy			8
		WIP			5
		Loose			33
					TAX
					33
SOLD BY		RECEIVED BY		TOTAL	
				33	

C PRODUCT 609

All claims and returned goods MUST be accompanied by this bill

1346

Thank You

Messages about items in your cart



Subtotal \$236⁹⁹

Amazon

Proceed to checkout (1 item)



GOODYEAR Eagle Exhilarate
235/40ZR19 96Y

\$236⁹⁹

prime & FREE Returns

In Stock



1



Delete

Save for later

Compare with similar items

Returns are easy

Returns until January 31 on millions of eligible items





Goodyear Assurance MaxLife® >

Quantity: **1** \$215.00

Remove

Installation \$18.95
Free Delivery to Installer

SUBTOTAL: \$233.95

Taxes and fees calculated at checkout

Purchase 4 tires and get a \$50 mail-in rebate.
