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.

	☐Tax Waiver	Other
Claimant Name: Joseph Pignatelli		
Address: LO Jonathan CT		
City, State, Zip: Warwich NI 02688	J	AN 09 2
Telephone #: 401 - 413 - 2686		
Date of incident (M/DIY) 12/31/22 Time: 9:36 AM I PM		
Description of Incident/Claim: My 2020 (2005 Chr.	11/2 0 10	0000
2000 palon of moracino dami.	1	J. Co
pothole located in front of the	house at	
Pothole located in front of the 137 Sand Pond Road. My vehice	la sustai	nod
toward to half lift and la	Q 8 0, 0.	00
tomage to both left side to the left Front Rim.	res as u	vell a
Vehicle Year: 2020 Make: Lexus Model: ES 350 Od	ometer reading:	24959
The Pothole was located on 137 Sand Pond Id	road	
I notified the Finance I Public Works department on 1/3/2-3	(0	date).
The nature of my property damage is: Left front time wheel left Nean time	Left fro	nt
V		
Additional information about Tax Waiver (include letter from Tax Collector stat	ing adverse decision	on)
request reimbursement in the amount of \$		
SIGNATURE OF CLAIMANT: Sosyph Pignefell	DATE	hs

AFFIDAVIT

(Petitioner Name) Joseph Pignatelli, 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) 12/31/22 as a result of (please provide brief description):
Impact with a very large pothole located on Sand
Said claim was filed with the Finance Department on(\frac{1}{3} \biggreft 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. OSTA I Supply Signature of Claimant or its Representative Signature of Claimant or its Representative Printed Name
State of Rhode Island County of Providence
Subscribed and sworn to before me on this 4 day of The name of 20 23
CHRISTINE L. GREY Notary Public, State of Rhode Island My Commission Expires AUG. 14, 2026 Commission # 762935 CHRISTINE L. GREY Notary Public, State of Rhode Island (Notary Public) My Commission Expires
Page 2 of 2 11.2012



STATE OF RHODE ISLAND **DIVISION OF MOTOR VEHICLES**

600 NEW LONDON AVENUE CRANSTON RI 02920-3024 Web Address: WWW,DMV,RI,GOV



JOSEPH CARL PIGNATELLI 10 JONATHAN CT WARWICK RI 02888-3902 Date: 12/30/2022

Registration Certificate

REGISTERED OWNER: JOSEPH CARL PIGNATELU 10 JONATHAN CT WARWICK RI 02888-3902		SECOND OWNER			
FUEL TYPE: GAS	8	CARRYING CAPACITY:	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
VEHICLE IDENTIFICATION NUMBER.		RENEWAL FEE.	GROSS WEIGHT:	# OF PASSENGERS:	# OF CYLINDERS:
58AGZ1B15LU057831		112.50	4740 LBS	5	
YEAR:	MAKE:	MODEL:	BODY TYPE:	MAJOR COLOR:	MINOR COLOR:
2020	LEXUS	ES	SEDAN	BLUE	BLUE
REG NUMBER:	PLATE TYPE:	PLATE DESIGN:	PASSENGER	DRIVERS LICENSE:	REG EXP DATE:
P557	PASSENGER	WAVE		8913852	09/30/2023

- 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.

- Pates:
 Failure to obtain an Emissions Inspection on or before 11/14/2024 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



AAA FLEET - PROVIDENCE

110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 +1 401-868-2000

ORDER#

45870

RI Overmileage		\$0.00
RI Overmileage		\$5.00
Subtotal		\$35.00
No Tax	0.00%	\$0.00
Total	\$ 35	00
US DEBIT 1005 Cashier: John C.		\$35.00

January 02, 2023 · 3:45 pm Payment ID: VT7RSHK9A6JJY Order ID: FEKQM9T5ZCBNR Order Employee: John C. "45870"

Hide Details

Card: US DEBIT 1005 January 02, 2023, 3:46 PM Method: EMV Auth ID: 002538

Reference ID: 300200543889 Authorizing Network: ACCEL AID: A0000000980840

CVM: PIN VERIFIED

MILLA	۲
ove	1

Receipt cutoff

Tire Receipt

From: JOSEPH PIGNATELLI jcp1173@hotmail.com @ Subject: Fwd Thank you for your BJ's Tire order #186431309

Date: January 3, 2023 at 7:39 PM

To: JOSEPH PIGNATELLI jcp1173@hotmail.com



7:39
Thank you for your BJ...



Almost ready to hit the road.

Your tires are purchased, and your installation is scheduled.

Order Summary		Manage Orders
Order Number	Item Total	\$805.96
#186431309	Shipping	\$0.00
	Tax	\$50.37
01-01-2023	Tire Disposal Fee	\$10.00
	Total	\$866.33
Payment Method	MasterCard	\$866.33
MasterCard ****4314	You just saved \$150.0	0

Thank you for shopping with BJ's Tire Center.

Your credit card will not be charged until your order has been processed.

Here are your order details:

Date of installation: 01-03-2023

Time of Installation: 02:00 PM to 03:30 PM E.T.



Frank J. Picozzi Mayor

CITY OF WARWICK

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

January 9, 2023

Joseph Pignatelli 10 Jonathan Court Warwick, RI 02888

Dear Joseph,

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);

• Estimates – Two estimates are required along with your invoice.

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

Claims Administration



"BEST PLACE TO BUY TIRES"



(/)

HECKOUT

ГЕМ



300DYEAR ASSURANCE MAXLIFE

IZE: 235/40R19V



GOOD FEAR Tires Assurance	Maxlife 235/40R19	OV Checkout	
ΓΕΜ	PRICE	QUANTIT	Y AMOUNT
OMPUTERIZED WHEEL BALANCE & NEW RUBBER VALVE STEM OR TPMS ENSOR RECONDITIONING	\$31.45	2	PRICE PER TIRI \$31.45 \$62.90 FOR 2 TIRE(S)
PLEASE SELECT YOUR STATE TO PROCEED:			- (-)
RI V			
IRE DISPOSAL	\$3.75	2	PRICE PER TIRE \$3.75
			\$7.50
			FOR 2 TIRE(S)
HODE ISLAND SALES TAX	JAN	15 2022	\$31.96
DTAL TO THE STATE OF THE STATE			\$536.36
) MAIL-IN REBATE WHEN YOU BUY 4 SELECT GOODYEAR TIRES, AND WHEN WN FAIR OR GOODYEAR CARD. VALID 01/01 - 03/31.	USING YOUR		
CTORY RECOMMENDED 4 WHEEL ALIGNMENT	\$119.00		\$119.00 \$69.00
O-RATED 36 MONTH ROAD HAZARD	\$24.95	2	ADD PRICE PER TIRE:
			\$49.90 FOR 2 TIRE(S)

TOWN FAIR TIRE CREDIT CARD

Preliminary Estimate

Customer: Pignatelli, Joe

2020 LEXU ES 350 F Sport FWD 4D SED 6-3.5L Gasoline Port/Direct Injection

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	TIRES						12000	
2	*	Repl	GDYR 235/40R19 XL Assurance MaxLife VSB 96V	GY07428	2	429.98	0.3	
3	WHEELS							
4		Repl	LT/Front Wheel, alloy 19" type B	4261A06200	1	755.30 m	0.3	
5	#		Four Wheel Alignment		1	89.99 X		
6	#	Subl	Tire mount & balance		1	15.00		
				SUBTOTALS		1,290.27	0.6	0.0

ESTIMATE TOTALS

Basis		Rate	Cost \$
-,1 - Te ,12			1,200.28
0.6 hrs	@	\$ 85.00 /hr	51.00
0.6 hrs	@	\$ 5.00 /hr	3.00
			89.99
			1,344.27
\$ 1,203.28	@	7.0000 %	84.23
			1,428.50
	0.6 hrs 0.6 hrs	0.6 hrs @ 0.6 hrs @	0.6 hrs @ \$85.00 /hr 0.6 hrs @ \$5.00 /hr

PURSUANT TO RHODE ISLAND LAW, THE CONSUMER HAS THE RIGHT TO CHOOSE THE REPAIR FACILITY TO COMPLETE REPAIRS TO A MOTOR VEHICLE; AND AN INSURANCE COMPANY MAY NOT INTERFERE WITH THE CONSUMER'S CHOICE OF REPAIRER.

FOR ANY VEHICLE THAT IS LESS THAN FORTY-EIGHT (48) MONTHS BEYOND THE DATE OF MANUFACTURE, RHODE ISLAND LAW ENTITLES THE VEHICLE OWNER TO ORIGINAL EQUIPMENT MANUFACTURER (OEM) PARTS IN THE REPAIR OF A MOTOR VEHICLE PART. THIS ESTIMATE WILL INDICATE IF/WHEN AFTERMARKET BODY PARTS ARE SPECIFIED.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.









