

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: Jalitzia Reyes

Address: 39 Ardoene Street

City, State, Zip: Providence, RI 02907

Telephone #: 917-345-8116

Date of incident (M/D/Y) 06/30/23 Time: AM PM

Description of Incident/Claim: when being brought down to precinct, officer had placed my cellphone on top of police vehicle while searching me. Drove off and forgot to grab the cellphone from on top of the vehicle. He didn't ~~remember~~ remember about, nor was I notified about my missing cellphone until after arriving to precinct + admitting me.

Vehicle Year: _____ Make: _____ Model: _____ Odometer reading: _____

The Pothole was located on _____ road

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

The nature of my property damage is: broken/lost iPhone 13 pro max cellphone (color: sierra blue)

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

I request reimbursement in the amount of \$ 1,199.00 Apple | Tmobile iPhone

SIGNATURE OF CLAIMANT: Jalitzia Reyes DATE 7/26/23

AFFIDAVIT

(Petitioner Name) Katiuska Reyes, 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) 6/30/23 as a result of (please provide brief description):

cellphone was forgotten on top of police vehicle prior to officer driving off to transfer Jaitza Reyes to precinct. officer had placed cellphone on top of car during search and forgot to retrieve.
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

Katiuska Reyes
Printed Name

State of ~~Rhode Island~~ New Jersey (JD)
County of Essex

Subscribed and sworn to before me on this 14 day of September, 2023

Joshua M. Bailey
Notary Public Of New Jersey
Commission Expires 03/17/2024
Comm. ID # 2443765

[Signature]
(Notary Public)
My Commission Expires 03/17/2024