



Recommendation Memo

To: Mathew Solitro, Department of Public Works
From: Margie White, Finance Department ext. 9641
Date: April 26, 2019
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: 3/13/19

Police/tow/auto report: Cranston Collision

Claimant: Gary Roy
107 Larkin Road
Warwick, RI 02886

Claim: Hit a pothole on Stephens Avenue causing damage to tire.


Invoice: Cranston Collision \$224.18

Estimates: The Battery Shop \$214.73
Firestone Complete \$205.50

Department Recommends:

Approval of this claim for **\$224.18**

Denial of this claim (please include comments below):



Director Signature

4/29/2019
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: Gary L. Roy

Address: 107 Larkin Ave.

City, State, Zip: Warwick, RI

Telephone #: (401) 527-7890

Date of incident (M/D/Y) 3/13/19 Time: 6:20 AM / PM

Description of Incident/Claim: Driving on Stephens Avenue - car hit a pothole which resulted in a flat tire

Vehicle Year: 2013 Make: Hyundai Model: Veloster Odometer reading: _____

The Pothole was located on Stephens Ave. road.

I notified the Finance Public Works department (circle one) on 3/2019 (date).

The nature of my property damage is: Flat Tire

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

I request reimbursement in the amount of \$ 224.18.

SIGNATURE OF CLAIMANT: Gary L. Roy DATE 4/22/19

AFFIDAVIT

(Petitioner Name) Gary L. Roy, 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) _____ as a result of (please provide brief description):

Said claim was filed with the Finance Department on 4/22/19 (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.

Gary L. Roy
Signature of Claimant or its Representative

Gary L. Roy
Printed Name

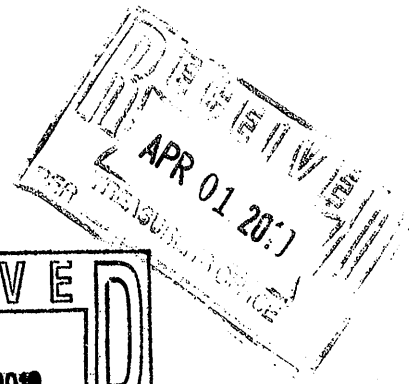
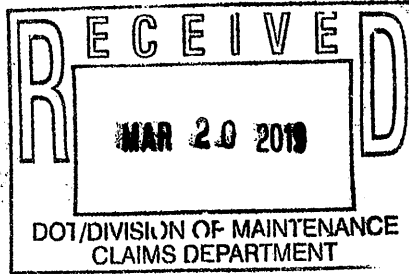
State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 22nd day of April, 20 19.

Debra Robinson
(Notary Public)
My Commission Expires _____

March 16, 2019

Gary L. Roy
107 Larkin Avenue
Warwick, RI 02886



To Whom It May Concern:

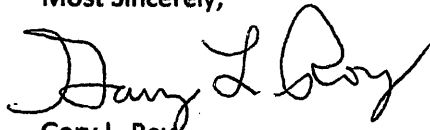
The purpose of this letter is to inform you of an incident that occurred on Stephens Avenue located near the airport in Warwick, Rhode Island on Wednesday, March, 13, 2019.

While I was driving at 6:20 in the morning, my car hit a pothole which resulted in a flat tire. My car had to be towed to the mechanic which brought about my having to purchase a new tire for my car.

I have enclosed related paperwork to support my claim.

Please feel free to contact me should you have any further questions.

Most Sincerely,


Gary L. Roy

Daytime number: (508) 676-1307 ext. 102.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES

600 New London Avenue
 Cranston RI 02920-3024
 Web Address: WWW.DMV.RI.GOV



GARY L ROY
107 LARKIN AVE
WARWICK RI 02886

Date: 10/25/2018

Registration Certificate

REG NUMBER: GLR9	PLATE TYPE: PASSENGER	PLATE DESIGN: RED SOX FOUND	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 7910566	REG EXP DATE: 10/31/2020
YEAR: 2013	MAKE: HYUNDAI	MODEL: VEL	BODY TYPE: 3D	MAJOR COLOR: RED	MINOR COLOR: RED
VEHICLE IDENTIFICATION NUMBER: KMHTC6AD1DU094277		RENEWAL FEE: \$221.50	GROSS WEIGHT: 3748	# 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/LEASING COMPANY: GARY L ROY 107 LARKIN AVE WARWICK RI 02886			SECOND OWNER/LESSEE:		
GARAGED AT ADDRESS:			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 **01/14/2020** will result in this vehicle being suspended.
- Not valid without official signature of Administrator.

WALTER R. CRADDOCK
 Administrator
 Division Of Motor Vehicles

10/25/2018



Brian M. Silvia
Finance Director

Joseph J. Solomon
Mayor

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

April 4, 2019

Gary Roy
107 Larkin Avenue
Warwick, RI 02886

Dear Gary,

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);

- Claim Form – Please complete.
- Estimates – One paid invoice and two estimates OR three estimates are required.

If there is a reason estimates cannot be included in your claim, please state in a separate letter.

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

**CRANSTON COLLISION CENTER
TOWING DIVISION**

30 Walnut Grove Avenue • Cranston, RI 02920
Tel: (401) 223-1111 • (401) 943-3586
www.cranstoncollision.com

"YOUR COMPLETE ONE STOP CAR SPECIALIST"

R.I. MC-1083

Date 03/13/19	T.O.S. 7:15 CLEAR TIME: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Requested By: CUST.	
OWNER'S NAME: GARY ROY	PHONE: 401-527-7890		
Address: 107 LAIKIN AVE, WATWICK RI			
Pick-up Location: 107 LAIKIN AVE, WATWICK RI			
Delivery Location: 30 WALNUT GROVE AVE CRANSTON			
Vehicle Information:			
Make HYUN Model VEOSTER	VIN#	RECOVERY FEE (\$60.00 per hour) (Charged in 15 minute increments)	TRUCK TOW ONLY 8001 to 15,000 lbs
Registration GLR9 State RI		Time: End _____ Start _____	Time: End _____ Start _____
Color RED Year 13		Start _____	Total Hours: _____
Condition _____		Total Hours: _____	Extra Man-hrs: _____ x _____
MILEAGE (\$3.00 per mile) 1st 5 miles free		Total Recovery Fee: _____	(\$45 ph days 8-5, and \$55 nights+w/e)
Odometer: _____			Total Truck Tow Fee: _____
Start: _____		NON-CONSENSUAL PRIVATE-PROPERTY TOW	
End: _____		<input type="checkbox"/> \$93.00 per tow inclusive. No mileage charge applicable.	
Total Miles: _____		STORAGE	
Total Mileage Charge: _____		Date: _____ Time: _____	
RELEASE FEE (\$20.00 after-hours)		Storage Date From: _____ To: _____	
Time Vehicle Released: _____		Day(s) _____ x \$24.00 per day up to 20 ft. for 24 hr.	
Total Release Charge: _____		period. Others see Note C. on reverse side.	
<input type="checkbox"/> WHEEL LIFT	<input checked="" type="checkbox"/> FLAT TIRE	TOWING CHARGE	120-
<input type="checkbox"/> FLAT BED/RAMP	<input type="checkbox"/> JUMP START	MILEAGE CHARGE	
<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> LOCK OUT	STORAGE CHARGE	
<input type="checkbox"/> EXTRA MAN LABOR	<input type="checkbox"/> WINCHING	RECOVERY FEE	
<input type="checkbox"/> DOLLIES	<input type="checkbox"/> _____	RELEASE FEE	
REMARKS:		FUEL SURCHARGE	
		TOTAL	120-
Driver's Signature _____			
Customer's Signature _____			

SEE CONSUMER INFORMATION ON BACK

Questions regarding this bill can be addressed to the Tow Company.
Complaints can be filed with the Rhode Island Division of Public Utilities and Carriers,
89 Jefferson Blvd., Warwick, RI 02888 or Call 941-4500 Motor Carrier Div. (Extension 5)

CRANSTON COLLISION SERVICE DIVISION
 30 WALNUT GROVE AVE
 CRANSTON, RI. 02920
 Phone: 401-223-1111 Fax: 401-943-6840
 COMPLETE CAR CARE CENTER

INVOICE

56911

Org. Est. # 094183

Date: 03/15/2019

INVOICE

ROY, GARY
 107 LARKIN AVENUE
 WARWICK, RI 02886
 Home 401-732-5049 -- Cell 1 401-527-7890

2013 Hyundai - Veloster - 1.6L, In-Line4 (97CI) VIN(D)
 Lic #: GLR9 Odometer In : 118251
 Odometer Out : 118251
 VIN #: KMHTC6AD1 DU094277

Part Description / Number	Qty	Sale	Ext	Labor Description	Ext
Tire 215/40 R18 3934	1.00	148.50	148.50	***Vehicle Memo*** OIL FILTER# PG4459F 4 QTS ENGINE OIL CAPACITY	
Wheel lock U8440-00501	1.00	47.00	47.00	FLAT TIRE REPAIR TIRE, SET AIR PRESSURE	12.00
Shop Supplies			0.99	Hazardous Materials	1.94

196.49

Org. Estimate 224.18 Revisions 0.00 Current Estimate 224.18

Labor:	12.00
Parts:	196.49
HazMat:	1.94
SubTotal:	210.43
Tax:	13.75
Total:	224.18
Bal Due:	<u>224.18</u>

Payments -]
 Vehicle Received: 3/15/2019

Customer Number: 1250

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. All diagnostic orders will be charged a minimum one hour labor charge. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. All Parts removed will be discarded unless instructed otherwise. We will always do our best to keep your car safe while in our possession.

Signature _____ Date _____

CRANSTON COLLISION
30 WALNUT GROVE AVE
CRANSTON, RI 02920
(401) 223-1111

SALE

MID: 520000214888
TID: 005 REF#: 00001423
Batch #: 074001 RRN: 200100009
03/15/19 19:11:50
APPR CODE: 791705
MASTERCARD Chip
*****8014 **/**

AMOUNT \$224.18

APPROVED

Debit MasterCard
AID: A0000000041010
TVR: 80 00 00 80 00
TSI: 68 00

CUSTOMER COPY

The Battery Shop

2411 Post Road
 Warwick, RI. 02886
 Phone: 401-737-8845 Fax: 401-737-8898

Sub Estimate For Or

172247

Estimate for Services

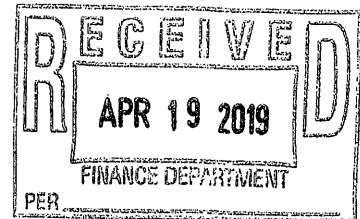
Estimate Date : 4/15/2019

ROY, GARY
 107 Larkin Ave
 Warwick, RI 02889
 Home: 401-732-5049 Office: 401-784-7441

2013 Hyundai - Veloster - 1.6L,In-Line4 (97CI) VIN(D)
 Lic # : GLR9 - RI Odom. In: 1

VIN # : KMHTC6AD1 DU094277

Part Description / Number	Qty	Sale	Ext	Labor Description	Hours	Extended
KMH SOLUS KH25 (OE TIRE) Size: 215/40/R18 85V 2141133	1.00	189.00	189.00	Mount Driver's Front Tires & Balance	0.11	10.00
Tire Disposal fee TDF	1.00	2.50	2.50			



Parts/Supplies: 191.50 Labor: 10.00 HazMat/Fees: 0.00 Tax: 13.23 Total: \$ 214.73

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within ___ days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts ____ NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Signature _____ Date _____ Time _____

QUOTE
2361034
04/15/2019

FIRESTONE COMPLETE AUTO CARE
782 GRAND ARMY HWY
SWANSEA, MA. 02777-4590

SERVICE ADVISOR:
03 TYLER
508.678.6380

NO CUSTOMER

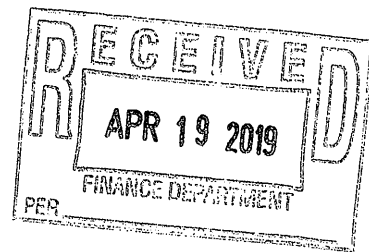
2013 HYUNDAI VELOSTER BASE
1.6L L4 FI GAS VIN D DOHC
LIC #
IN

VIN #
EST. MILEAGE 0

Store # 020893

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
BRIDGESTONE TIRE PACKAGE							194.60
000155 POTENZA RE980AS BL 215/40R18 XL89W 50,000 Mile Limited Warranty	000155		1	155.99		155.99	
NEW TIRE WHEEL BALANCE LABOR	7013632		1		12.99	12.99	
7097782 ROAD HAZARD PROTECTION	7097782		1	22.62		22.62	
SCRAP TIRE RECYCLING FEE	7075078		1		3.00	3.00	
LOW PROFILE TIRE INSTALLATION	7006472		1		N/C	N/C	



Prices valid for 30 days.

Summary	
Parts	178.61
Labor	15.99
Shop Supplies	0.91
Sub	195.51
Tax	9.99
Total	205.50

THIS IS NOT AN INVOICE. DO NOT PAY



Department of Transportation
Highway & Bridge Maintenance
360 Lincoln Avenue
Warwick, RI 02888

March 20, 2019

Mr. Gary Roy
107 Larkin Avenue
Warwick, RI 02886

SUBJECT: Not A State Road – Stephens Avenue

Dear Mr. Roy:

The Department of Transportation has reviewed your claim (enclosed) for damage.

Upon investigation, it has been determined that the incident reported occurred in an area which is locally maintained. Your claim for damages should be forwarded to:

City of Warwick
3275 Post Road
Warwick, RI 02886
Attn: Claims Dept.

As such, we are closing our file on this matter.

Sincerely,

Arlene Nelson
Claims Coordinator

cc: Joseph A. Bucci, P.E, file

TY®



SPECIFIED*

INCLUDED*

ED*

RECEIVED
 MAR 20 2019
 DOT/DIVISION OF MAINTENANCE
 CLAIMS DEPARTMENT

FF

P

US POSTAGE & FEES PAID
 PRIORITY MAIL
 FLAT-RATE ENVELOPE
 ComPisPrice

06250009993635
 588986
 FROM 02910



stamps
 endicia
 03/18/2019

PRIORITY MAIL 1-DAY™

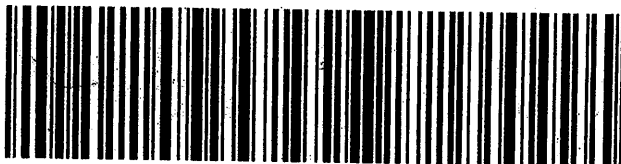
GARY L ROY
 c/o MAIL BOXES PLUS
 780 RESERVOIR AVE
 CRANSTON RI 02910-4425

0005

C022

SHIP TO: RI DEPT OF TRANSPORTATION
 ATT: POT HOLE CLAIMS
 DIV OF HIGHWAY AND BRIDGE MAINTENANCE
 360 LINCOLN AVE
 WARWICK RI 02888-3030

USPS TRACKING #



9405 5116 9900 0501 3483 21

EP14F July 2013
 OD: 12.5 X 9.5

VISI
 ORDER FREE SUPPLIES ONLINE

**UNITED STATES
 POSTAL SERVICE**



Brian M. Silvia
Finance Director

Joseph J. Solomon
Mayor

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

April 4, 2019

Gary Roy
107 Larkin Avenue
Warwick, RI 02886

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

COPY

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Claims Administration