

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: Rose A. Russo

Address: 68 Edmond Dr.

City, State, Zip: Warwick RI 02886

Telephone #: (401) 965-6142

Date of incident (M/D/Y) 2/8/23 Time: 1:00 AM PM

Description of Incident/Claim: While driving south on Diamond Hill Rd, I hit a pot hole that created a bubble in my front right tire and damage to my ^{wheel} rim. The damage resulted in a tire replacement. The tire was only 7 months old.

Vehicle Year: 2016 Make: Toyota Model: Camry Odometer reading: 52,125

The Pothole was located on Diamond Hill Rd. near Osborne road.

I notified the Finance | Public Works department on 3/27/23 (date).

The nature of my property damage is: Tire damage/Replacement.
Rim damage

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

I request reimbursement in the amount of \$ 204.10

SIGNATURE OF CLAIMANT: Rose Russo DATE 3/24/24

AFFIDAVIT

(Petitioner Name) Rose A. Russo, 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) 2/8/23 as a result of (please provide brief description):

Tire damage due to hitting a pothole on Diamond Hill Rd

Said claim was filed with the Finance Department on ~~2/8/23~~ 3/2/23 (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.

Rose Russo
Signature of Claimant or its Representative

Rose A. Russo
Printed Name

Rose Russo

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 27 day of March, 20 23

NOTARY PUBLIC
Deanna L. Anderson
759966

Deanna L. Anderson
(Notary Public)
My Commission Expires 11/14/24



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW17709308

ROSE A RUSSO
68 EDMOND DR
WARWICK RI 02886-8520

Date: 12/29/2022

Registration Certificate

| | | | | | |
|---|----------------------------------|---------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| REG NUMBER: RR689 | PLATE TYPE: PASSENGER | PLATE DESIGN: OCEAN | VEHICLE TYPE: PASSENGER | DRIVERS LICENSE: 7709308 | REG EXP DATE: 01/31/2025 |
| YEAR: 2016 | MAKE: TOYOTA | MODEL: CAMRY | BODY TYPE: SEDAN | MAJOR COLOR: BEIGE | MINOR COLOR: BEIGE |
| VEHICLE IDENTIFICATION NUMBER: 4T1BF1FK8GU553631 | | RENEWAL FEE: \$112.50 | GROSS WEIGHT: 4630 | # 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: ROSE A RUSSO 68 EDMOND DR WARWICK RI 02886-8520 | | | SECOND OWNER/LESSEE: | | |

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 **09/14/2024** 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



Sullivan Tire Warwick
1102 Jefferson Boulevard
Warwick, RI 02886
(401)737-5251

SULLIVAN TIRE #09
 1102 JEFFERSON BLVD
 WARWICK RI 02886
 (401) 737 5251

Bank ID: 5429
 Merchant ID: 4809
 Term ID: 001

Sale

Customer ID: 0009021480
 Name: ROSE RUSSO
 Address: 68 EDMOND DR
 Address 2:
 City, State, Zip/Postal Code: WARWICK, RI, 02886
 Home Phone: (401) 965-6142
 Work Phone: (401) -
 Mobile Phone: () -
 Tax Exempt #:

Year: 16
 Make: Toyota
 Model: Camry XLE
 Lic No: RR689
 VIN: 4T1BF1FK8GU553631
 Color:
 Engine:
 Mileage In: 0
 Mileage Out: 52169

Date/Time:
 Workorder #:
 Invoice #:
 Key Tag:
 PO Number:
 Email Address:
 Fleet/Wholes:
 Unit Number:

XXXXXXXXXXXX6935
 VISA Entry Method: Proxim
 Total: \$ 204.1
 02/15/23 16:15
 Inv #: 000008 Appr Code: 515
 Apprvd: Online Batch#: 046
 Retrieval Ref. #: 00100004

Service comments:

Salesperson: D. DONOVAN

TIRE PRESSURE: LF 35 RF 35 LR 35 RR 35 SPARE NA

TREAD DEPTH: LF 8/32 RF 8/32 LR 8/32 RR 8/32 SPARE NA/32

FINAL INVOICE APPROVAL:

| Qty. | Part # | RFR Loc Description | Parts | Labor | Total |
|---|----------|---|-------------------------------|--------|--------|
| PASSENGER TIRES | | | | | |
| 1 | 1557627 | * RF Gen AltimaxRT45 94T SL Tire Size: 2155517 Speed Rating: T Ply: SL Walls: BSW Load Rating: 94 | 163.00 | 0.00 | 163.00 |
| UPC: 47414 | | DOT Numbers: 1a30fbf3b3322 | TOTAL PASSENGER TIRES: 163.00 | | |
| TIRE SERVICE | | | | | |
| 1 | TINSTALL | Certified Tire Installation | 10.00 | 18.99 | 28.99 |
| TOTAL TIRE SERVICE: | | | 28.99 | | |
| PREVENTATIVE MAINTENANCE | | | | | |
| 1 | VVI | Visual Vehicle Check | 0.00 | 0.00 | 0.00 |
| TOTAL PREVENTATIVE MAINTENANCE: | | | 0.00 | | |
| *** Customer Wishes To Discard Old Parts *** | | | | | |
| Services suggested based on mileage/visual inspection: | | | | | |
| 1 | ACC | Alignment Check | 0.00 | 0.00 | 0.00 |
| 1 | FWA | Compreh. Vehicle Alignment | 0.00 | 109.99 | 109.99 |
| 1 | TMPP | Maint And Protection Plan | 25.00 | 0.00 | 25.00 |
| Total for suggested services NOT purchased(plus sales tax) | | | | | 134.99 |

RF RIGHT FRONT

WARRANTY EX
 by state and loca
 sold herein are ti
 EXCEPT FOR CONSUMER SALES, SELLER
 HEREBY DISCLAIMS ALL WARRANTIES,
 EITHER EXPRESS OR IMPLIED,
 INCLUDING ANY IMPLIED WARRANTY OF
 MERCHANTABILITY OR FITNESS FOR A
 PARTICULAR PURPOSE. Seller neither
 assumes nor authorizes any other person to
 assume for it any liability in connection with
 the sale of said products. In states that do
 not allow the disclaimer of implied warranties,
 the foregoing disclaimer of such warranties
 will not apply to you. Limited Lifetime Warranty
 on Mufflers, Shocks, Struts, Wheel Balance
 WORK AUTHORIZATION - I HEREBY
 AUTHORIZE THE REPAIR WORK SHOWN
 ON THIS WORK ORDER TO BE DONE ALONG
 WITH THE NECESSARY MATERIAL(S). I
 hereby grant you and/or your employees
 permission to operate the vehicle described
 on streets, highways or elsewhere for the
 purpose of testing and/or inspection. I am
 hereby notified of and acknowledge that
 under state law you have a mechanic's lien
 on the above vehicle to secure the amount
 of repairs thereto which I have authorized and
 are not covered by my warranty. You will not
 be held responsible for loss or damage to
 vehicle or articles left in vehicle in case of
 fire, theft, accident or any other cause
 beyond your reasonable control.
 Notice: Wheel Torque Validation
 Wheel fastener torque must be checked within the
 first 50 miles following this service

Customer Copy
 THANK YOU!
 ENCRYPTED TRANSACTION

VISA CREDIT
 AID: A0000000031010
 TSI: 0000
 TVR: 000000000

PAY AMOUNT
 VISA/M 204.10
 TECH: 010382-0.00 A. Taylor

PARTS TOTAL 173.00
 SALES TAX 12.11
 LABOR TOTAL 18.99
 GRAND TOTAL 204.10

For house charge accounts,
 Please remit all payments:
 Sullivan Tire Company
 PO Box 844013
 Boston, MA 02284-4013



Sullivan Tire Warwick
 1102 Jefferson Boulevard
 Warwick, RI 02886
 (401)737-5251

Customer ID: 0009021480
 Name: ROSE RUSSO
 Address: 68 EDMOND DR
 Address 2:
 City, State, Zip/Postal Code: WARWICK, RI, 02886
 Home Phone: (401) 965-6142
 Work Phone: (401) -
 Mobile Phone: () -
 Tax Exempt #:

Year: 16
 Make: Toyota
 Model: Camry XLE
 Lic No: RR689
 VIN: 4T1BF1FK8GU553631
 Color:
 Engine:
 Mileage In: 0

Date/Time: 07/22/22 13:11:27
 Workorder #: 303444
 Invoice #: 186117
 Key Tag:
 PO Number:
 Email Address: na
 Fleet/Wholesale: N
 Unit Number:

Service comments:
 THURS 3PM WAITING,
 CHECK ALIGNMENT AND ADVISE

Mileage Out: 46192

Salesperson: B. ANGELO

TIRE PRESSURE: LF 35 RF 35 LR 35 RR 35 SPARE NA

TREAD DEPTH: LF 10/32 RF 10/32 LR 10/32 RR 10/32 SPARE NA/32

FINAL INVOICE APPROVAL:

new tires in July

WARRANTY EXCLUSION - To the extent permitted by state and local law, any warranty on products sold herein are those made by the manufacturer. EXCEPT FOR CONSUMER SALES, SELLER HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. In states that do not allow the disclaimer of implied warranties, the foregoing disclaimer of such warranties will not apply to you. Limited Lifetime Warranty on Mufflers, Shocks, Struts, Wheel Balance WORK AUTHORIZATION - I HEREBY AUTHORIZE THE REPAIR WORK SHOWN ON THIS WORK ORDER TO BE DONE ALONG WITH THE NECESSARY MATERIAL(S). I hereby grant you and/or your employees permission to operate the vehicle described on streets, highways or elsewhere for the purpose of testing and/or inspection. I am hereby notified of and acknowledge that under state law you have a mechanic's lien on the above vehicle to secure the amount of repairs thereto which I have authorized and are not covered by my warranty. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your reasonable control. Notice: Wheel Torque Validation Wheel fastener torque must be checked within the first 50 miles following this service

| Qty. | Part # | RFR Loc Description | Parts | Labor | Total |
|---------------------------------|----------|--|---------------|---------|---------|
| PASSENGER TIRES | | | | | |
| 4 | 1557627 | * Gen AltimaxRT45 94T SL Tire Size: 2155517 Speed Rating: T Ply: SL Walls: BSW Load Rating: 94 | 162.00 | 0.00 | 648.00 |
| UPC: 47414 | | DOT Numbers: 1a3ofbfjb4521 1a3ofbfjb4521 1a3ofbfjb4521 | 1a3ofbfjb4521 | | |
| | | TOTAL PASSENGER TIRES: | 648.00 | | |
| TIRE SERVICE | | | | | |
| 4 | TINSTALL | Certified Tire Installation | 10.00 | 15.99 | 103.96 |
| | | TOTAL TIRE SERVICE: | 103.96 | | |
| PREVENTATIVE MAINTENANCE | | | | | |
| 1 | VVI | VISUAL Vehicle Check | 0.00 | 0.00 | 0.00 |
| | | TOTAL PREVENTATIVE MAINTENANCE: | 0.00 | | |
| ALIGNMENTS | | | | | |
| 1 | FWA | Compreh. Vehicle Alignment | 0.00 | 99.99 | 99.99 |
| 1 | ACC | Alignment Check | 0.00 | 0.00 | 0.00 |
| | | TOTAL ALIGNMENTS: | 99.99 | | |
| COUPONS + DISCOUNTS | | | | | |
| 1 | GEN722 | \$70 OFF INSTALL 4GEN | 0.00 | (70.00) | (70.00) |
| | | TOTAL COUPONS + DISCOUNTS: | (70.00) | | |

*** Customer Wishes To Discard Old Parts ***

SEE NEXT PAGE

For house charge accounts,
 Please remit all payments:
 Sullivan Tire Company
 PO Box 844013
 Boston, MA 02284-4013

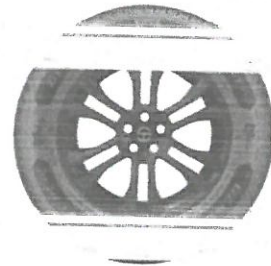
Estimate #1

Simple Tire

Search by Tire Type

Sorry for the poor quality of these estimates, a my printer needs help.
Rose

Home > All brands > General > Altimax RT45 > 215/55R17 94T



Rims not included with purchase of tires

GENERAL

General Altimax RT45

Tire size
215/55R17 94T

was \$254.99 · Best price guaranteed

affirm As low as 0% or \$40/mo. [Learn more about Affirm](#)

1 tire

Add to cart · \$156.99

+ tax & installation fee

Confirm the tire fits my vehicle

Excellent Mileage Warranty

NONE

EXCELLENT

Great Wet Traction

A

EXCELLENT

Skip to main content

Estimate #2



5 Result) For Vehicle: 2016 Toyota Camry 4 Dr: dan XLE

FILTER RESULTS

Results Per Page: 10

Sort By: Page Price

Previous 1 1 Next

Mail-In Re

GENERIC G-MAX S-05 Performance: All-Season

Overall Rating (8.5)

★★★★★

Read All Reviews

Review This Tire

COMPARE (103)

Found Lower?

Price for Tire:

~~\$149.00~~

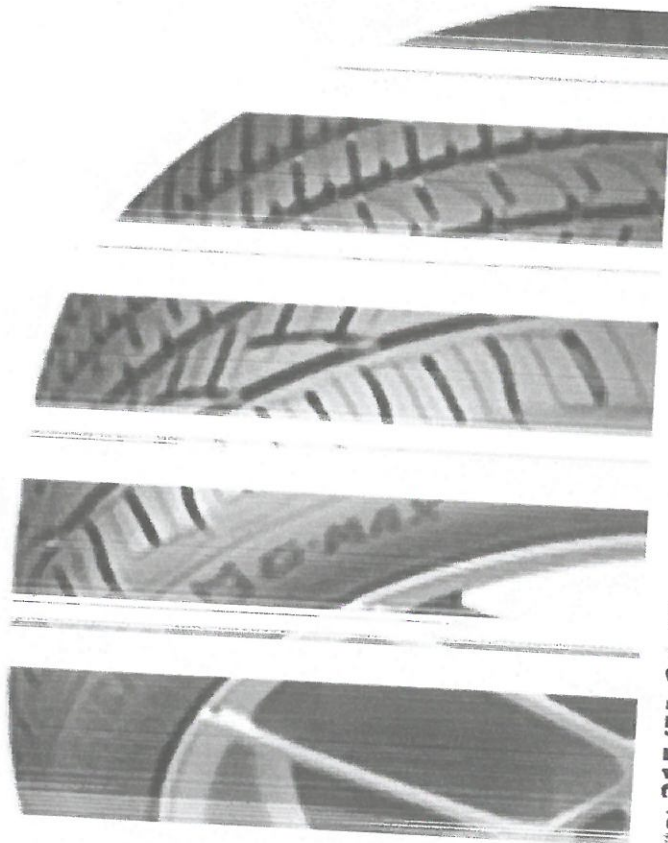
\$70.00

MAIL-IN REE

1 YEAR AFTER 4

FREE PURCHASE





Size: 215/55 R17 N
 Item #: 4789
 Speed Rtg: V
 TQG: 500
 Load: 94
 Wheel: BS

Mail-In Rebat

GENERAL
 Grand Tour All-Season
 A1H MAX
 P1MAX R45

Overall
 ★★☆☆
 Read All Reviews
 View This

| | |
|---------------|---------|
| TOTAL PRICE | INSTALL |
| CALL TIRE | EXPERT |
| FREE SERVICES | |

COMPARE (UP TO 10)

Found It Lower?

Price Per Tire:

159.00

TAX

Installation

0.00 MAIL-IN REBATE AFTER 4-TIRE PURCHASE