



## Recommendation Memo

**To:** Mathew Solitro, Department of Public Works  
**From:** Margie White, Finance Department ext. 9641  
**Date:** May 6, 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:** 4/28/19

**Police/tow/auto report:** N/A

**Claimant:** Michelle St.Onge  
33 Greylawn Avenue  
Warwick, RI 02889

**Claim:** Hit a pothole on Kilvert Street causing damage to tires.

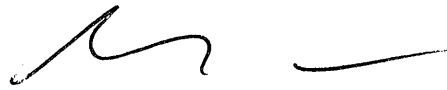
**Invoice:** New England Tire \$307.12

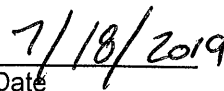
**Estimates:** Firestone \$382.75  
Monro \$440.63

**Department Recommends:**

**Approval** of this claim for **\$300**

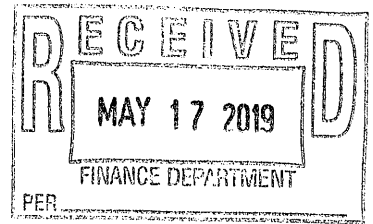
**Denial** of this claim (please include comments below):

  
\_\_\_\_\_  
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: MICHELLE ST. ONGE

Address: 33 GREYLAWN AVE

City, State, Zip: WARWICK, RI, 02889

Telephone #: 401-868-8599

Date of incident (M/D/Y) 4/28/2019 Time: 8:45 AM  PM

Description of Incident/Claim: TURNED CORNER AROUND BEND ON KILVERT STREET AND PASSENGER SIDE OF VEHICLE HIT POTHOLE. COULD NOT AVOID AS CAR WAS PASSING IN ONCOMING LANE

WARWICK PD CALL # 19-29335

Vehicle Year: 2010 Make: HONDA Model: CIVIC Odometer reading: 145,000

The Pothole was located on ~ 30 KILVERT road.

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

The nature of my property damage is: 2 RUINED TIRES (FRONT + REAR PASSENGER)

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

I request reimbursement in the amount of \$ 300

SIGNATURE OF CLAIMANT: Michelle St Onge DATE 4/29/2019

**AFFIDAVIT**

(Petitioner Name) MICHELLE ST. ONGE, 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) 4/28/19 as a result of (please provide brief description):

LARGE POT HOLE ON KILVERT STREET

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 of Claimant or its Representative

MICHELLE ST. ONGE  
Printed Name

State of Rhode Island  
County of Providence

Subscribed and sworn to before me on this 11<sup>th</sup> day of May, 2019

  
(Notary Public)  
My Commission Expires 2-16-2020



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](http://WWW.DMV.RI.GOV)



MICHELLE R ST ONGE  
33 GREYLAWN AVE  
WARWICK RI 02889-3014

Date: 10/11/2018

Registration Certificate

REG NUMBER: <b>RY212</b>	PLATE TYPE: <b>PASSENGER</b>	PLATE DESIGN: <b>WAVE</b>	VEHICLE TYPE: <b>PASSENGER</b>	DRIVERS LICENSE: <b>2813742</b>	REG EXP DATE: <b>10/31/2020</b>
YEAR: <b>2010</b>	MAKE: <b>HONDA</b>	MODEL: <b>CIVIC</b>	BODY TYPE: <b>SEDAN</b>	MAJOR COLOR: <b>BLACK</b>	MINOR COLOR: <b>BLACK</b>
VEHICLE IDENTIFICATION NUMBER: <b>2HGFA1F91AH515302</b>		RENEWAL FEE: <b>\$91.50</b>	GROSS WEIGHT: <b>3581</b>	# OF PASSENGERS: <b>5</b>	# OF CYLINDERS: <b>4</b>
FUEL TYPE: <b>GAS</b>	CARRYING CAPACITY: <b>N/A</b>	LENGTH: <b>N/A</b>	CCs: <b>N/A</b>	MAX SPEED: <b>0</b>	
REGISTERED OWNER/LEASING COMPANY: <b>MICHELLE R ST ONGE 33 GREYLAWN AVE WARWICK RI 02889-3014</b>			SECOND OWNER/LESSEE:		
GARAGED AT ADDRESS:			TAX TOWN: <b>WARWICK</b>		

- 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 **10/15/2019** will result in this vehicle being suspended.
- Not valid without official signature of Administrator.

WALTER R. CRADDOCK  
Administrator  
Division Of Motor Vehicles

10/11/2018

# New England Tire Car Care Centers

1590 Warwick Ave., Warwick, RI 02889  
 Phone: 401-737-1400  
 newenglandtire.com

**Celebrating 41 Years Servicing Our Customers**  
 .....1978--2019.....

Customer Information	Invoice	Additional Information
<b>MICHELLE ST.ONGE</b> 33 GREYLAWN AVENUE Warwick, RI 02889  Acct Number:  P: 401-868-8599 Contact:	Date: 4/28/2019 Reference: W27348 Salesperson: ROBERT HASTINGS  Route: Delivery Date: 4/28/2019	PO Number: Work Order#: W-676005   Entered By: Mark MESSIER
Vehicle: 2010 Honda Civic EX Desc:		Lic No: RY212 Unit: Mileage IN: 145066 VIN: Mileage OUT: 145066 (Ⓛ)TPMS Equipped *Lug Torque (ft. lbs): 80 *Inflation Front/Rear (psi): 32/32 *OE Info

Qty	Description	FET	Unit Price	Ext. Price
1.00	HIT POTHOLE		0.00	0.00
1.00	356272030, 205/55R16 91H, Edge A/S BW SL, Kelly		80.00	80.00
1.00	356272030, 205/55R16 91H, Edge A/S BW SL, Kelly		40.00	40.00
2.00	WHEEL BALANCE REGULAR		19.95	39.90
2.00	ROAD HAZARD PROTECTION PLAN		10.00	20.00
1.00	FREE FLAT REPAIRS		0.00	0.00
1.00	4-WHEEL COMPUTERIZED ALIGNMENT		99.95	99.95
1.00	REPLACE RIGHT SIDE TIRES-ROTATED NEW TO FRONT		0.00	0.00

RI Taxable

<b>Subtotal:</b>	<b>279.85</b>
------------------	---------------

RI State Tire Revenue Bond Fee:	1.00
Shop Supply Fee:	11.89
RI State Sales Tax:	8.40
Scrap Tire Disposal:	5.98

<b>Total:</b>	<b>\$307.12</b>
---------------	-----------------

4/28/2019 Payment# P-676049 Amount: \$307.12

MASTERCARD 0728 Exp: 01/2022 AC: SALE:044748:12::1251204850:: (MP - 307.12  
 OrderID:1002640584 ,TransID:1251204850)

<b>Invoice Balance:</b>	<b>\$0.00</b>
-------------------------	---------------

Parts	Labor	Subtotal	Taxes\Fees	FET	Total
\$120.00	\$159.85	\$279.85	\$27.27	\$0.00	\$307.12

### THANK YOU FOR YOUR BUSINESS

I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant New England Tire permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. New England Tire is not responsible for loss or damage to vehicles, or articles left in vehicles, in case of fire, theft or any other cause beyond it's control. A 1.5% (18% APR) service charge will be assessed on any amount which becomes delinquent beyond 30 days.

Signature \_\_\_\_\_

QUOTE  
3810318  
04/28/2019

FIRESTONE COMPLETE AUTO CARE  
1689A POST RD  
WARWICK, RI. 02888-5900  
2010 HONDA CIVIC DX  
1.8L L4 FI GAS  
LIC #  
IN

SERVICE ADVISOR:  
02 MICHAEL  
401.732.3141

NO CUSTOMER

VIN #

MILEAGE 0

Store # 014931

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
<b>FIRESTONE TIRE PACKAGE</b>							
015148 CHAMPION FUEL FIGHTER BL 205/55R16 91H	015148		2	107.99		215.98	<b>279.28</b>
70,000 MILE LIMITED WARRANTY							
NEW TIRE WHEEL BALANCE LABOR	7013632		2		12.99	25.98	
7097782 ROAD HAZARD PROTECTION	7097782		2	15.66		31.32	
SCRAP TIRE RECYCLING FEE	7075078		2		3.00	6.00	
TIRE INSTALLATION	7015016		2		N/C	N/C	
<b>ALIGNMENT SERVICE (ONLINE QUOTE)</b>							
Steering, Suspension, Alignment Symptoms Sheet							<b>79.99</b>
STANDARD WHEEL ALIGNMENT - ONLINE QUOTE	7009500		1		79.99	79.99	

Prices valid for 30 days.

Summary	
Parts	247.30
Labor	111.97
Shop Supplies	7.42
Sub	366.69
Tax	16.06
Total	382.75

**THIS IS NOT AN INVOICE- DO NOT PAY**

# MONRO

**AUTO SERVICE *And* TIRE CENTERS**

**MONRO MUFFLER/BRAKE & SERVICE**  
**1640 POST RD.**  
**SHOP 577**  
**WARWICK, RI 02888**  
**(401)737-0480**

Customer ID: 0  
 Name:  
 Address:  
 Address 2:  
 City, State, Zip: , ,  
 Home Phone: ( ) -  
 Work Phone: ( ) -  
 Other Phone: ( ) -  
 Tax Exempt #:  
 Manager:

Year: 2010  
 Make: HONDA  
 Model: CIVIC  
 Lic No:  
 VIN:  
 Color:  
 Engine:  
 Mileage In: 0  
 Mileage Out: 0  
 Inspect Due:

Date/Time: 04/28/19 11:06:54  
 Estimate #: 246607  
 Invoice #:  
 PO Number:  
 Unit Number:  
 Email Address:  
 Fleet/Wholesale: N  
 Est Created On: 04/28/19 11:05:21

Services Requested:

Qty. Part #	Car Loc	Description	Part	Labor	Amount
Tire Inflation: Not Available Torque: Not Available					
<b>INCLUDED WITH EVERY VISIT</b>					
CI		COURTESY INSPECTION			NO CHARGE
SM		SCHED. MAINT. REVIEW			NO CHARGE
<b>TIRE</b>					
732674500	F	GDY EAGLE RS-A Tire Size: P205/55R16 Speed Rating: H Ply: 04 Load Range: B Sidewall: VSB Load Index: 89 Mileage Warranty: 0	104.99	0.00	209.98
RHZ	F	ROAD HAZARD COVERAGE	16.79	0.00	33.58
TR2	F	TIRE RECYCLING FEE	3.15	0.00	6.30
34000	F	TPMS METAL STEM TOTAL TIRE	4.99	0.00	9.98
					259.84
<b>TIRE SERVICE</b>					
ALIGNMENT	F	WHEEL ALIGNMENT	0.00	104.99	104.99
LTI	F	Lifetime Install Package Includes: Mounting, Balancing, Standard Valve Stem, TPMS Inspection & Reset, Alignment Check, Wheel Torque PLUS: Lifetime Balancing, Lifetime Rotation, Lifetime Tire Repair	0.00	29.99	59.98
		JOB DISCOUNT:	0.00	(20.00)	(20.00)
		TOTAL TIRE SERVICE:			144.97
<b>MISCELLANEOUS</b>					
FEE		SHOP SUPPLY FEE This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.	16.48	0.00	16.48
		TOTAL MISCELLANEOUS:			16.48

**SEE NEXT PAGE**

**THIS IS A PHONE QUOTE ESTIMATE, NOT AN INVOICE! DO NOT MAKE ANY PAYMENT FROM THIS PAPERWORK!**

SEE REVERSE SIDE FOR IMPORTANT AUTHORIZATION INFORMATION \_\_\_\_\_

Customer Signature

CAUTION: Owners of Mag, Custom, Alloy, or Dual Wheels must have lug-nuts retorqued after 25 miles or 24 hours!  
 The Company will gladly retorque these lug-nuts once after the first 25 miles at no charge.

Customer Initials

# MONRO

**AUTO SERVICE *And* TIRE CENTERS**

**MONRO MUFFLER/BRAKE & SERVICE**  
**1640 POST RD.**  
**SHOP 577**  
**WARWICK,RI 02888**  
**(401)737-0480**

<b>Customer ID:</b> 0	<b>Year:</b> 2010	<b>Date/Time:</b> 04/28/19 11:06:54
<b>Name:</b>	<b>Make:</b> HONDA	<b>Estimate #:</b> 246607
<b>Address:</b>	<b>Model:</b> CIVIC	<b>Invoice #:</b>
<b>Address 2:</b>	<b>Lic No:</b>	<b>PO Number:</b>
<b>City,State,Zip:</b> . .	<b>VIN:</b>	<b>Unit Number:</b>
<b>Home Phone:</b> () -	<b>Color:</b>	<b>Email Address:</b>
<b>Work Phone:</b> () -	<b>Engine:</b>	<b>Fleet/Wholesale:</b> N
<b>Other Phone:</b> () -	<b>Mileage In:</b> 0	<b>Est Created On:</b> 04/28/19 11:05:21
<b>Tax Exempt #:</b>	<b>Mileage Out:</b> 0	
<b>Manager:</b>	<b>Inspect Due:</b>	

Services Requested:

Qty.	Part #	Car Loc	Description	Part	Labor	Amount
------	--------	---------	-------------	------	-------	--------

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

*This is an Estimate only.  
 This is not a final Invoice.  
 A final Invoice is required  
 for all warranties.*

THIS IS A PHONE QUOTE ESTIMATE , NOT AN INVOICE! DO NOT MAKE ANY PAYMENTS FROM THIS PAPERWORK!

ECH:	SUB TOTAL	421.29
	SALES TAX	19.34
	GRAND TOTAL	440.63

CUSTOMER COPY