



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department ext. 9641
Date: March 30, 2021
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: 02/19/2021

Police/tow/auto report: N/A

Claimant: John Sylvia
498 Gauvin Drive
Warwick, RI 02886

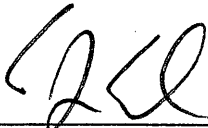
Claim: Claimant's mailbox was damaged by a snow plow.

Estimates:	DiTusa Home Improvement	\$375.00 (repair mailbox)
	DiTusa Home Improvement	\$750.00 (replace mailbox)
	Athaide and Sons	\$300.17

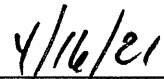
Department Recommends:

Approval of this claim for **\$50.00** (The City of Warwick follows the State of RI DOT guidelines for mailbox repair/replacement for a maximum of \$50.00 reimbursement)

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:

MAR 19 2021

Please print information that pertains to your claim.

Motor Vehicle Accident Pothole Property Damage Tax Waiver Other

Claimant Name: John Sylvia

Address: 498 Gauvin Drive

City, State, Zip: Warwick, RI 02886

Telephone #: (401) 781-7927

MAR 30 2021

Date of incident (M/D/Y) 2/19/21 to 2/20/21 Time: Overnight AM PM

Description of Incident/Claim: My mailbox was damaged by snow plow during the overnight hours between February 19 and February 20, 2021. I am attaching photos of the damage. As the ground is frozen, I am not able to have it repaired or obtain estimates because of the snow on the ground. I do not want to miss the time frame for submission of my claim and will follow up with estimates or paid repair invoices.

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

The Pothole was located on _____ road.

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

The nature of my property damage is: Mailbox

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

I request reimbursement in the amount of \$ ~~100~~ 375⁰⁰

SIGNATURE OF CLAIMANT: [Signature]

DATE 3/17/2021

AFFIDAVIT

(Petitioner Name) John Sylvia, 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) 2/19/21 to 2/20/21 as a result of (please provide brief description):

Damage to mailbox from snowplowing operation

Said claim was filed with the Finance Department on 2/23/2021 (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.

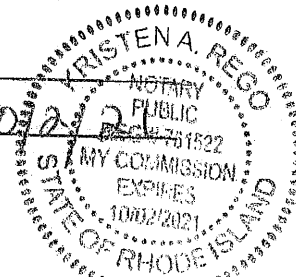
Signature of Claimant or its Representative

Printed Name

State of Rhode Island
County of Providence

Subscribed and sworn to before me on this 23rd day of February, 2021

Kristen A. Rego
(Notary Public)
My Commission Expires 10/27/21





DiTusa Home Improvements

Invoice

124 Custer Street
Warwick, RI, 02889
401-440-8101
nditusa@aol.com

INVOICE # 1
DATE 2/8/21

TO:
Name: *Laura McKeerinen*
Address: *498 Gauvin Dr.*
Phone: *Warwick RI 02886.*

Description	Amount
<i>Repair old mailbox</i>	
<i>Paint mailbox and post.</i>	
Total	375

Make all checks payable to DiTusa Home Improvements
Payment is due within 30 days.
If you have any questions concerning this invoice, Nicholas DiTusa | 401-440-8101 | nditusa@aol.com

Thank you for your business!



DiTusa Home Improvements

Invoice

124 Custer Street
Warwick, RI, 02889
401-440-8101
nditusa@aol.com

INVOICE # 1
DATE 3/6/2021

TO:

Name: *Laura McKinnon*

Address: *498 Gannin Dr.
Warwick RI, 02886*

Phone:

Description	Amount
<i>Remove old mailbox</i>	
<i>Install a new aluminum mailbox</i>	
<i>Materials + labor</i>	
Total	\$ 750

Make all checks payable to DiTusa Home Improvements

Payment is due within 30 days.

If you have any questions concerning this invoice, Nicholas DiTusa | 401-440-8101 | nditusa@aol.com

Thank you for your business!

John Sylvia
498 Gauvin Dr.
Warwick, R.I., 02886

Remove existing mailbox,
Install new concreted post.
Remount mailbox.
\$200.00 labor only.
Mike @ AHS/ R.I. #29314



james athaide
 118 walnut glen dr
 warwick
 02886
 4013380602
 Athaideandsons@gmail.com

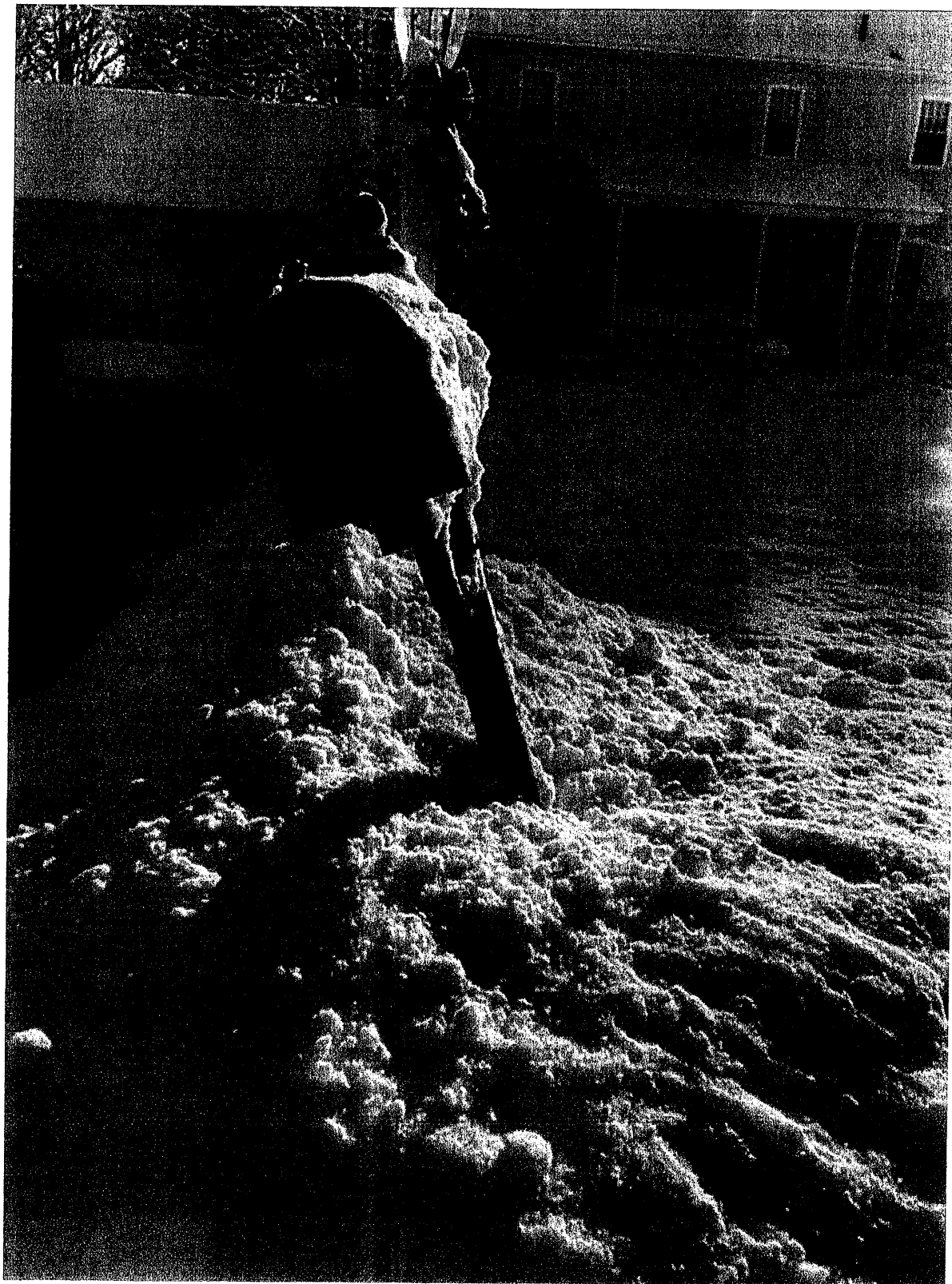
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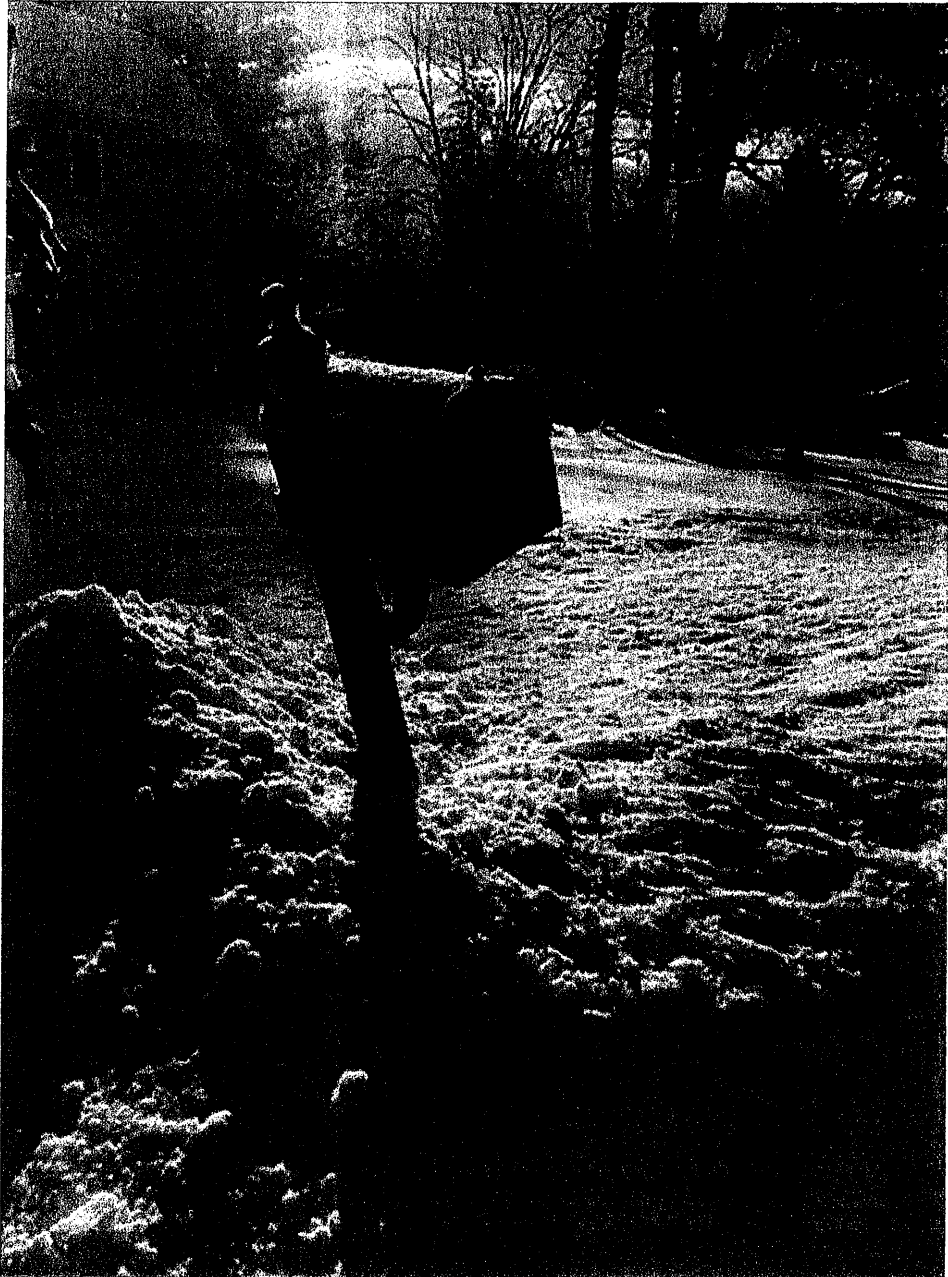
DATE
 Mar 8, 2021

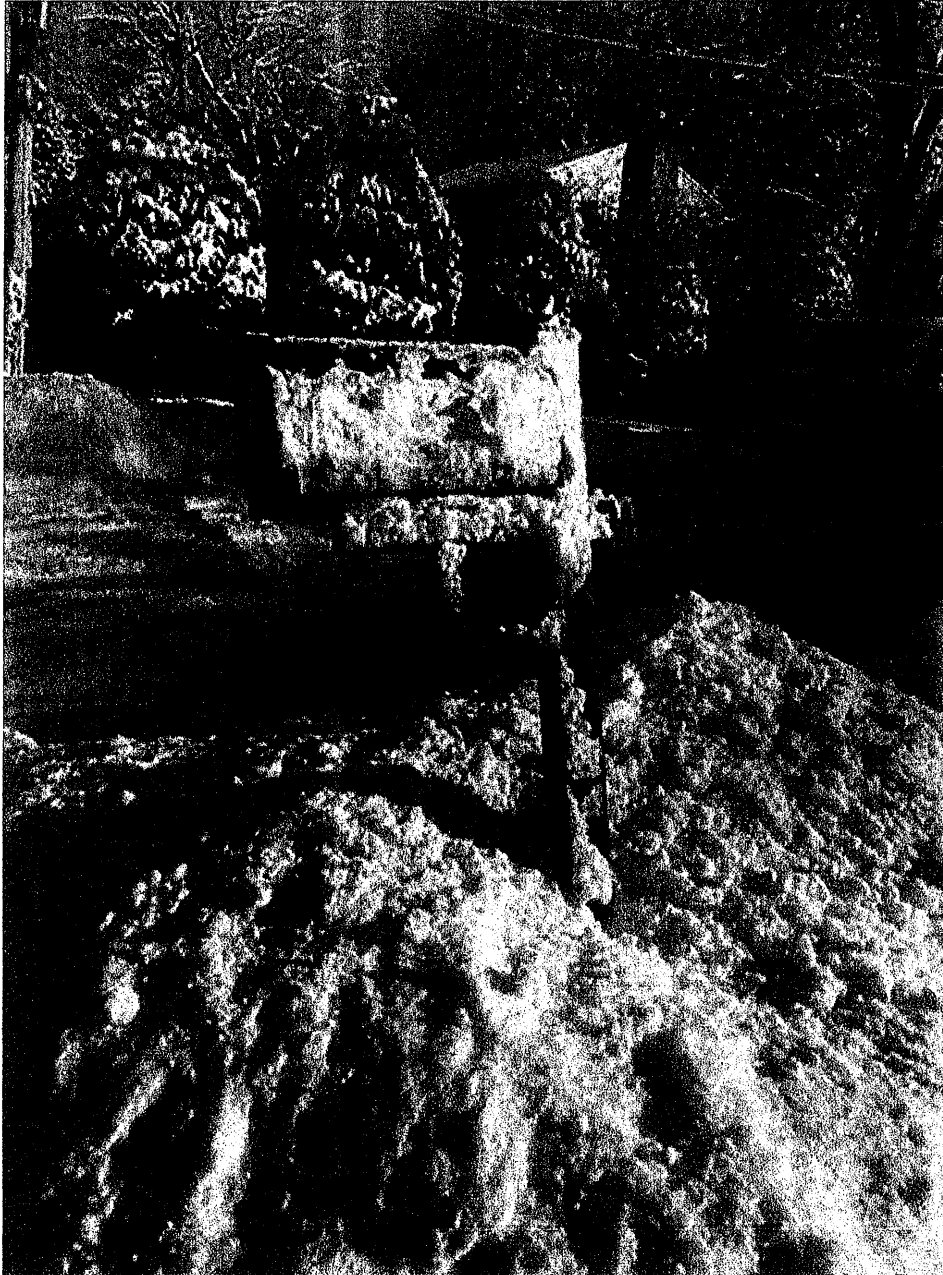
TOTAL
 USD \$300.17

TO
laura mckiernan
 498 gauvin dr
 warwick
 02886
 Lmck1313@verizon.net

DESCRIPTION	RATE	QTY	AMOUNT
on road mail box kit mail box post and hardware	\$100.00	1	\$100.00
Sunna tube	\$11.00	1	\$11.00
cement	\$5.00	4	\$20.00
labor	\$160.00	1	\$160.00*
	SUBTOTAL		\$291.00
	TAX (7%)		\$9.17
	TOTAL		USD \$300.17







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: John Sylvia

Address: 498 Gauvin Drive

City, State, Zip: Warwick, RI 02886

Telephone #: (401) 781-7927

Date of incident (M/DIY) 2/19/21 to 2/20/21 Time: Overnight AM | PM

Description of Incident/Claim: My mailbox was damaged by snow plow during the overnight hours between February 19 and February 20, 2021. I am attaching photos of the damage. As the ground is frozen, I am not able to have it repaired or obtain estimates because of the snow on the ground. I do not want to miss the time frame for submission of my claim and will follow up with estimates or paid repair invoices.

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

The Pothole was located on _____ road.

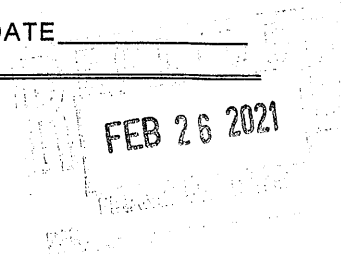
I notified the Finance I Public Works department on _____ (date).

The nature of my property damage is: Mailbox

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

I request reimbursement in the amount of \$ TBD

SIGNATURE OF CLAIMANT: _____ DATE _____





Frank J. Picozzi
Mayor

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

March 1, 2021

John Sylvia
498 Gauvin Drive
Warwick, RI 02886

Dear John,

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 – Page 1 of the claim form needs a requested reimbursement amount and to be signed.

Estimates – Three (3) estimates to repair damage are required.

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

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

Claims Administration

MAR 19 2021

INFORMATION TO SUBMIT A CLAIM TO THE CITY OF WARWICK

*This form is used for multiple types of claims.
Please complete the information applicable to your claim.
There are no guarantees that any claim submitted to the City of Warwick
will be paid if determined the City is not liable.*

There are a series of steps to follow, which are detailed below. You can also obtain directions by calling (401) 921-9646.

Submit your claim to:

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

Pothole claims

The City of Warwick has established a policy for pothole claims in keeping with section 24-8-35 of the Rhode Island General Laws.

RI General Law 24-5-13 pertaining to pothole damage:

(b) If any person shall incur damage to his or her motor vehicle by reason of a pothole on any municipal highway, causeway, street or bridge which damage would not have occurred without the existence of the pothole, he or she may recover from the municipality the amount of damages sustained up to and not more than the sum of three hundred dollars (\$300). Provided, however, that the municipality had reasonable notice of the pothole, or may have had notice thereof by the exercise of proper care and diligence on its part, and a reasonable opportunity to repair the pothole. All claims shall be made within a period of seven (7) days from the date on which the damage was sustained by filing a written report in a manner prescribed by the municipality. In no instance, however, shall any claim for damage so caused to a motor vehicle registered in a foreign state be considered unless that state has a similar statute affording similar protection to persons owning motor vehicles registered in this state.

The registered vehicle owner must submit the claim form and return with the following documentation;

- Invoice/Estimates;
EITHER one itemized paid invoice with proof of payment and two itemized estimates, OR three itemized estimates
- Copy of valid RI registration for the vehicle. If vehicle is leased, provide a copy of lease with claimant's name.
- Current odometer reading.
- Copy of police report, tow receipt or auto club report verifying the incident.
- Photos of damage, if applicable.
- Be sure to submit detailed information on the location of the pothole such as nearest cross street, house number, landmark, etc.

Other Claims

These claims must be submitted within thirty days of the incident. Follow procedure as noted above for pothole claims. Complete the claim form and submit with three estimates, police report and any other information that is necessary for your claim. Contact (401) 921-9646 if you have questions regarding the necessary documentation.

Damage in a construction zone

Call (401) 921-9646. You will be directed to the responsible contractor for processing.

Your claim will not be processed until all information requested is received. The claim will be reviewed internally and a recommendation forwarded to the City Council Public Safety Committee. Notice of the Public Safety Committee meeting will be sent to you. Claimants are not required to appear at the Public Safety Committee meeting at which their claims are being considered unless specifically requested to appear by the Public Safety Committee.

Please note that the City of Warwick does not handle property damage claims in excess of \$2,500 or incidents involving personal injuries. The City submits these claims to their administrator to process these claims on behalf of the City of Warwick.

TO THE HONORABLE CITY COUNCIL

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The Pothole was located on road.

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

The nature of my property damage is: Mailbox

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

I request reimbursement in the amount of \$ TBD

SIGNATURE OF CLAIMANT: DATE 3/17/2021



Frank J. Picozzi
Mayor

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

March 23, 2021

John Sylvia
498 Gauvin Drive
Warwick, RI 02886

Dear John,

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 – A requested reimbursement amount is needed.

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

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

Claims Administration