



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: September 5, 2023
Re: Council Claim

Please investigate the attached claim against the City of Warwick involving your department and return this recommendation to the Treasury office as soon as possible.

Date of Incident: 08/25/23

Police/tow/auto report: 23-48862

Claimant: Susan Trafford
18 Elm Street
Assonet, MA

Claim: Hit a pothole on Diamond Hill Road causing damage to tire and rim.

Invoice: Roland's Tire \$294.70

Estimates: Sullivan Tire \$241.99
Goodyear \$247.95

Department Recommends:

Approval of this claim for **\$294.70**

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: SUSAN J TRAFFORD

Address: 18 ELM ST

City, State, Zip: ASSONET MA 02702

Telephone #: 401 265 6546

Date of incident (M/D/Y) 8/25/23 Time: 2:40 AM PM



Description of Incident/Claim: from Cowesset approaching diamond Hill speed 25mph. hit the construction site - low profile tire hit ridges in street & pot hole tire flat rim scratched

Potholes

Odometer 39377

Vehicle Year: 2020 Make: Honda Model: Lead Odometer reading: 39377

The Pothole was located on Diamond Hill Rd road.

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

The nature of my property damage is: Skid in tire scratched Rim had flat

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

I request reimbursement in the amount of \$ 296

SIGNATURE OF CLAIMANT: [Signature] DATE 8/29/23

AFFIDAVIT

(Petitioner Name) SUSAN Z TRAFFORD, 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 8/28/23 (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.

[Signature]
Signature of Claimant or its Representative

SUSAN Z TRAFFORD
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 29th day of August, 2023



[Signature]
(Notary Public)
My Commission Expires 04-28-2027



REGISTRY OF MOTOR VEHICLES

CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type PAN	Registration Type PASSENGER NORMAL RED	Plate Number 3CYH31	Effective Date 01-Feb-2022	Title Number CB672197	Expires On Month 01 Year 24
Model Year 2020	Make HOND	Model Number ACCORD	Body Style SEDAN	Color(s) WHITE	Vehicle Identification Number 1HGCV2F37LA007040
Residential Address (If Different than Mailing) Garage Address 18 ELM ST ASSONET MA 027021423					
Name(s) of Owner(s) and Mailing Address 002472 *****AUTO**5-DIGIT 02777 SUSAN ZIVA TRAFFORD 18 ELM ST ASSONET MA 02702-1423					
Lessee/In Custody Of <i>Colleen J. Spence</i> Registrar of Motor Vehicles					
Total Registered Weight for Commercial Vehicle or Trailer US DOT Number for Commercial Vehicle Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPANY Maximum Seating Capacity for Vehicles for Hire 5					
Special Message Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage					

Important Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law

240383470

For Date: 08/25/2023 - Friday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
23-48862	1438	Phone - POT HOLE	Services Rendered 3	
Call Taker:		DLAWING - Civilian Dewey R Lawing Jr.		
Call Closed By:		KGREENE - Civilian Katie L Greene 08/25/2023 1746		
Location/Address:		123 DIAMOND HILL RD		
Calling Party:		TRAFFORD, SUSAN @ ***UNKNOWN*** - WARWICK, RI 401-265-6546		
Unit:		P2 Officer David J Babcock		
		Disp-16:59:21	Clrd-17:03:19	
Unit:		P2 Officer David J Babcock		
		Disp-17:07:31	Arvd-17:08:25 Clrd-17:23:54	
Vehicle:		WHI 2020 HOND 4D ACCORD Reg: PC MA 3CYH31 VIN: 1HGCV2F37LA007040		
Operator:		TRAFFORD, SUSAN Z @ 18 ELM ST - ASSONET, MA 02702		
		Race: U Sex: F		
Owner:		TRAFFORD, SUSAN Z @ 18 ELM ST - ASSONET, MA 02702		
		Race: U Sex: F		
Insurance Co:		Geico		
Policy No:		4620022170		
Narrative:		08/25/2023 1439 Civilian Dewey R Lawing Jr. white honda accord in driveway hit a huge rock in the road		
Narrative:		08/25/2023 1713 Officer David J Babcock RP reports damage to front driver's side tire from pot hole on Diamond Hill Rd. Occurred @ 1400 hrs today. [REDACTED] given, call # provided.		
Narrative:		08/25/2023 1723 Officer David J Babcock Ch 2 advised to contact DPW to address pot hole from constuction @ Diamond Hill & Mark Allen Dr.		
Narrative:		08/25/2023 1746 Civilian Katie L Greene CH 2// TALKED TO RICHARD COLE OF CITY HWY AND HE WILL SEND A CREW OUT THERE		





585 Grand Army Highway
Somerset, MA. 02726
(508)679-9333

Customer Information	Invoice	Additional Information
R.S. EQUIPMENT CO. 2900 County St. Somerset, MA 02726 Acct Number: P: 508-672-1051 Contact: Anne/ Main P: 508-493-5775 Contact: Russell	Date: 8/26/2023 Reference: S-464230 Salesperson: Retail Somerset Route: Delivery Date: 8/26/2023	PO Number: Work Order#: W-2936413 DR#: _____ Truck #: _____ Entered By: Tom Lomas

Qty	Description	FET	Unit Price	Ext. Price
1.00	Install/Computerized Balance - Installation and Safety Inspection. Interior Rim Bead Buff and Seal Parts included for Balance and Full TPMS system reset.		25.00	25.00
1.00	102918387, 235/40R19 96V, Eagle Touring BW XL, Goodyear		269.70	269.70

Terms: Net 30th

Subtotal:	294.70
Total:	\$294.70

8/26/2023 Payment# P-2936617 Amount: 294.70

Mastercard

Signature _____

Invoice Balance:	\$0.00
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Terms:

Due Date	Due Amount	Amt Remain
9/25/2023	\$294.70	\$0.00

Recommended Tire Rotation Ranges Every 3,000 to 7,000 Miles

All lug nuts must be re-torqued after 50 miles. I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant Roland's 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. Roland's 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. The Customer is responsible for all Attorney and Court Fees. The Customer acknowledges herein that it is understood this is a legally binding contract.

Signature _____



Step 1



YOUR TIRES



Goodyear Eagle Touring

\$213.00

PER TIRE

Sullivan Code: **66144**

Tire Size: **235/40R19**

Service: **96V**

Sidewall: **Black Sidewall**

Load Range **Extra Load**

Availability: **Available**

Warranty: **Standard Manufacturer Warranty**

Season: **All Season**

Tire Quantity

1

213.00

Enter Your Car's Information



SELECT MAKE



SELECT YEAR



SELECT MODEL





SELECT OPTION

Certified Tire Installation [Read More](#)

\$28.99



Peace of Mind Package

\$136.99 ~~\$146.99~~

Package includes Alignment and Protection Plan services at a discounted rate. Only available on 4 or more tires.



Protection Plan [Read More](#)

\$37.00



Alignment [Read More](#)

\$109.99



[Edit Tire Selection](#)
[Remove Tire](#)

State Tax

\$0.00

Total

\$241.99

All pricing details and tire appointment requests will be verified by a tire specialist to confirm proper fitment and application to your vehicle. Price does not include additional services.



OIL CHANGE SERVICE



ADDITIONAL SERVICES



TELL US THE SYMPTOMS



Additional Information / Quick Appointment. Just tell us what you need!

Back



GOODYEAR

Share

Eagle® Touring

Tire Size: 235/40R19 [Specs: XL V Black](#) Fits your tire size

★★★★☆ [116 Reviews](#)

All-Season Commuter Sport Performance

\$223.00 ea

[Save \\$80 instantly on a Set of 4 Goodyear or Dunlop Tires](#)

Qty 1

Roll Mobile Installation
Currently not in a Roll Market

In-Store Installation
As early as Thu, Aug 31

Tires + Installation

\$247.95*

[Save \\$80 instantly on a Set of 4 Goodyear or Dunlop Tires](#)

ADD TO CART

Price Match Guarantee

Tire Features

Steering Responsiveness

Optimized tire contact area with the road for enhanced handling and responsiveness.

Comfortable Ride

Optimized tread pattern helps to quiet noise from on-road driving.

All-Season Performance

Biting edges help to provide confident all-season traction in wet, dry and snowy conditions.



Warranties & Guarantees

Highway Auto and Light Truck Tire Replacement Limited Warranty

This tire is eligible for our Replacement Limited Warranty, which covers most of our passenger tires with free or prorated-price tire replacement. If you experience noise, vibrations, or roughness with this tire, you may be covered.

Exclusions apply; see full warranty for details.

[Full Warranty Details](#)



OVERLOADING -- FOLLOW OWNER'S MAXIMUM LOAD OR TIRE PLACARD IN VEHICLE.
DUE TO IMPROPER MOUNTING. NEVER INFLATE BEYOND 40 PSI TO SEAT BEADS.
SHOULD MOUNT TIRES. MIXING DIFFERENT TIRE SIZES ON THE SAME AXLE.
ON THE SAME VEHICLE.









Frank J. Picozzi
Mayor

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

August 31, 2023

Susan Trafford
18 Elm Street
Assonet MA, 02702

Dear Susan,

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);

- Police Report – A Police report, tow receipt or auto club report verifying the incident is required.

We have included copies of the instructions to submit a claim. Once the above information is received, your claim can be processed. If you have any questions, please call 738-2015.

Claims Administration

COPY