



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: February 23, 2024
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: 1/18/2024

Police/tow/auto report: 24-9325

Claimant: Pamela Tweed
77 Red Chimney Lane
Warwick, Ri 02886

Claim: Hit pothole on Cowesett Avenue causing damage to tire.

Invoice: Tasca \$982.49

Estimates: Town Fair Tire \$723.64
Sullivan Tire \$712.76

Department Recommends:

Approval of this claim for **\$0**

Denial of this claim (please include comments below):

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.



Director Signature

4/15/24
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: Pamela Tweed

Address: 77 Red Chimney Drive

City, State, Zip: Warwick, RI 02886

Telephone #: 401-338-2222

FEB 23 2024

Date of incident (M/D/Y) 1/18/24 Time: 6:35 AM | PM

Description of Incident/Claim: Driving west on Cowesett Rd. (in front of house # 411), the front passenger side tire of vehicle was damaged due to a pot hole.

Vehicle Year: 2021 Make: Volvo Model: S69 Odometer reading: 12,582

The Pothole was located on Cowesett road.

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

The nature of my property damage is: The cost to replace the tire including mounting, computerized wheel balance, alignment, disposal, taxes and fees.

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

I request reimbursement in the amount of \$ 300

SIGNATURE OF CLAIMANT: Pamela S Tweed DATE _____

AFFIDAVIT

(Petitioner Name) Pamela Tweed, 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) 1/18/2024 as a result of (please provide brief description):

A large pothole on Cowesett Rd.

Said claim was filed with the Finance Department on 1/24/2024 (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.

Pamela S Tweed
Signature of Claimant or its Representative

Pamela S Tweed
Printed Name

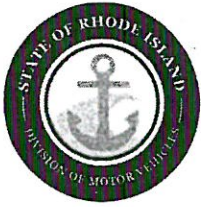
State of Rhode Island
County of KENT

Subscribed and sworn to before me on this 19th day of February, 20 24

Debra A. Langevin
(Notary Public)
My Commission Expires _____

DEBRA A. LANGEVIN
NOTARY PUBLIC OF RHODE ISLAND
Comm. # 759738
My Commission Expires 10/17/2024

2024



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
600 NEW LONDON AVENUE
CRANSTON RI 02920-3024
Web Address: WWW.DMV.RI.GOV



BW19120384

PAMELA SORGI TWEED
77 RED CHIMNEY DR
WARWICK RI 02886-8541

Date: 10/17/2023

Registration Certificate

REG NUMBER: 851450	PLATE TYPE: PASSENGER	PLATE DESIGN: OCEAN	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 9120384	REG EXP DATE: 11/30/2025
YEAR: 2021	MAKE: VOLVO	MODEL: S60	BODY TYPE: SEDAN	MAJOR COLOR: BLUE	MINOR COLOR: BLUE
VEHICLE IDENTIFICATION NUMBER: 7JRA22TK5MG093751		RENEWAL FEE: \$112.50	GROSS WEIGHT: 4708	# 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: PAMELA SORGI TWEED 77 RED CHIMNEY DR WARWICK RI 02886-8541			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 **11/14/2025** 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

For Date: 02/17/2024 - Saturday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
24-9325	1254	Walk-In - POT HOLE	Services Rendered 3	
Call Taker:		DSTEWAR - Civilian Dina M Stewart		
Call Source:		Walk-In		
Call Closed By:		KJOHNSO - Civilian Kassandra E Johnson 02/17/2024 1333		
Location/Address:		[203 3837] 411 COWESETT RD		
Calling Party:		***UNKNOWN***, JAMES @ ***UNKNOWN*** - WARWICK, RI		
Calling Party:		TWEED, JAMES M @ 77 RED CHIMNEY DR - WARWICK, RI 02886		
		Race: W Sex: M		
Unit:		P8 Officer Cameron R Schneck		
		Disp-13:02:29	Arvd-13:06:57	Clrd-13:07:03
Unit:		P8 Officer Cameron R Schneck		
		Disp-13:07:06	Arvd-13:16:26	Clrd-13:29:52
Vehicle:		BLU 2021 VOLV 4D Reg: PC RI 851450 VIN: 7JRA22TK5MG093751		
Owner:		TWEED, PAMELA S @ 77 RED CHIMNEY DR - WARWICK, RI 02886		
		Race: W Sex: F		
Insurance Co:				
Policy No:				
Narrative:		02/17/2024 1254 Civilian Dina M Stewart		
		HIT ON COWESETT RD		
Narrative:		02/17/2024 1329 Officer Cameron R Schneck		
		RP stated he was traveling westbound on Cowesett Road and hit a pot hole at 411 Cowesett Road. This caused damage (flat tire) to the front passenger side tire of his vehicle RI PC 851450. This occurred on 01/18/24. RP has since had damage fixed and is seeking reimbursement from City.		

FEB 23 2024

Customer Number: 40136903

768615

INVOICE



JIM TWEED

77 RED CHIMNEY DRIVE
WARWICK, RI 02886

Home: 401-369-0395 Bus:

Cell: 401-369-0395

Email: jtweed77@cox.net|home

Page 1 of 1

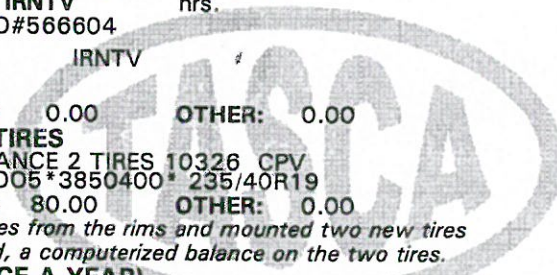
TASCA AUTOMOTIVE GROUP, INC.
1300 Pontiac Avenue
Cranston, RI 02920
Ford-Lincoln-Mercury-Mazda
Service: 401-681-1310
www.tasca.com



SERVICE ADVISOR: 4808 MICHAEL JORDAN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLUE	21	VOLVO S60	7JRA22TK5 MG093751		12589 12589	TT87	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN21			16:00 19JAN24			CASH	26JAN24
R.O. OPENED	READY	OPTIONS: DLR:11D023 ENG:2.0_Liter_DOHC_Turbo/SC					
08:17 19JAN24	15:29 26JAN24						

SECTION	OPCODE	TECH	TYPE	LIST	NET	TOTAL
A		PASSENGER FRONT TIRE HAS A TEAR IN THE SIDEWALL. VEHICLE IS ON A SPARE TIRE, TIRE IS IN THE TRUNK--CHECK AND ADVISE				
		NOTE NOTE 10326 CPV			0.00	0.00
		PARTS:	LABOR:	OTHER:	0.00	0.00
		12589 tire has tear in side wall ordered two tires for front left and right				
		TOTAL LINE A:			\$	0.00
B		PERFORM VOLVO MULTIPOINT INSPECTION				
		V99P PERFORM VOLVO MULTIPOINT INSPECTION 10326 199				
		PARTS:	LABOR:	OTHER:	0.00	0.00
		TOTAL LINE B:			(N/C)	\$ 0.00
C**		RENTAL PROVIDED				
		RENTAL RENTAL PROVIDED 99 SUBLET LIC#: 99				
		IRNTV hrs.				
		SUBL PROVIDE RENTAL VEHICLE PO#566604				
		IRNTV				(N/C)
		IRNTV				(N/C)
		PARTS:	LABOR:	OTHER:	0.00	0.00
D**		MOUNT AND BALANCE 2 TIRES				
		MB2 MOUNT AND BALANCE 2 TIRES 10326 CPV				
		2 9005*3850400* 235/40R19			80.00	80.00
		PARTS:	LABOR:	OTHER:	722.00	80.00
		12589 Removed two old tires from the rims and mounted two new tires on the rims. Then performed, a computerized balance on the two tires.			361.00	361.00
		TOTAL LINE D:			\$	802.00
E**		4 WHEEL ALIGNMENT (ONCE A YEAR)				
		A4 4 WHEEL ALIGNMENT (ONCE A YEAR) 10326 CPV				
		PARTS:	LABOR:	OTHER:	0.00	129.95
		12589 Completed a 4-wheel alignment.			129.95	129.95
		TOTAL LINE E:			\$	129.95



PAID
JAN 27 2023

TASCA AUTO GROUP
1300 PONTIAC AVENUE
CRANSTON RI 02920

CREDIT CARD
AMEX SALE

10/24
XXXXXXXXXXXX3015
AMEX
AMERICAN EXPRESS
A00000025010801
13
I
768615
1013
835595
Chip Read
Issuer
Amount
\$982.49
\$982.49

THANK YOU
CUSTOMER COPY

Parts is 1 year warranty with an additional 2no year Vehicles and modifications and normal wear & tear. All center for the additional parts coverage to remain in effect.

Exclusion of Warranties

The undersigned purchaser understands and agrees the dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for particular for a particular purpose, with regard to the regard to parts and or accessories purchased; and that in no event shall the dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

DESCRIPTION	TOTALS
FOR AMOUNT	\$ 209.95
RTS AMOUNT	\$ 722.00
.S, OIL, LUBE	\$ 0.00
BLET AMOUNT	\$ 0.00
*MISC. CHARGES	\$ 0.00
TOTAL CHARGES	\$ 931.95
LESS INSURANCE	\$ 0.00
SALES TAX	\$ 50.54
PLEASE PAY THIS AMOUNT	\$ 982.49

X
CUSTOMER'S SIGNATURE

The Tasca Family Commitment "You Will Be Satisfied"



FEB 23 2024

CHECKOUT

ITEM	AMOUNT
	<p>PIRELLI CINTURATO P7 ALL SEASON</p> <p>PRICE PER TIRE: \$269.00</p> <p>\$538.00</p> <p>FOR 2 TIRE(S)</p> <p>2</p>
<p>COMPUTERIZED WHEEL BALANCE & NEW RUBBER VALVE STEM OR TPMS SENSOR RECONDITIONING</p>	<p>PRICE PER TIRE: \$32.45</p> <p>\$64.90</p> <p>FOR 2 TIRE(S)</p>
<p>FACTORY RECOMMENDED 4 WHEEL ALIGNMENT ⓘ</p>	<p>\$119.00</p> <p>\$74.00</p>
<p>REMOVE</p>	
<p>PLEASE SELECT YOUR STATE TO PROCEED:</p>	
<p>RI</p>	
<p>TIRE DISPOSAL ⓘ</p>	<p>PRICE PER TIRE: \$3.75</p> <p>\$7.50</p> <p>FOR 2 TIRE(S)</p>
<p>RHODE ISLAND SALES TAX</p>	<p>\$39.24</p>
<p>TOTAL</p>	<p>\$723.64</p>
<p>PRO-RATED 36 MONTH ROAD HAZARD ⓘ</p>	<p>PRICE PER TIRE: \$26.95</p> <p>\$53.90</p> <p>FOR 2 TIRE(S)</p>
<p>ADD</p>	



FEB 23 2024

Step 1



YOUR TIRES



Pirelli Cinturato P7 A/S+ 3

\$255.00
PER TIRE

Sullivan Code: **45306**

Tire Size: **235/40R19**

Service: **96V**

Sidewall: **Black Sidewall**

Load Range **Extra Load**

Availability: **Available**

Warranty: **70K Limited Lifetime Warranty**

Season: **All Season**

Tire Quantity

510.00

Enter Your Car's Information



VOLVO



2021



S60



T6 MOMENTUM



Instant \$80 Off 4 Or \$40 Off 2!

-\$40.00

Certified Tire Installation [Read More](#)

\$57.98

Peace of Mind Package

\$227.99 \$237.99

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

Protection Plan [Read More](#) **\$88.00**

Alignment [Read More](#) **\$149.99**



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

State Tax \$34.79

Total **\$712.76**

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



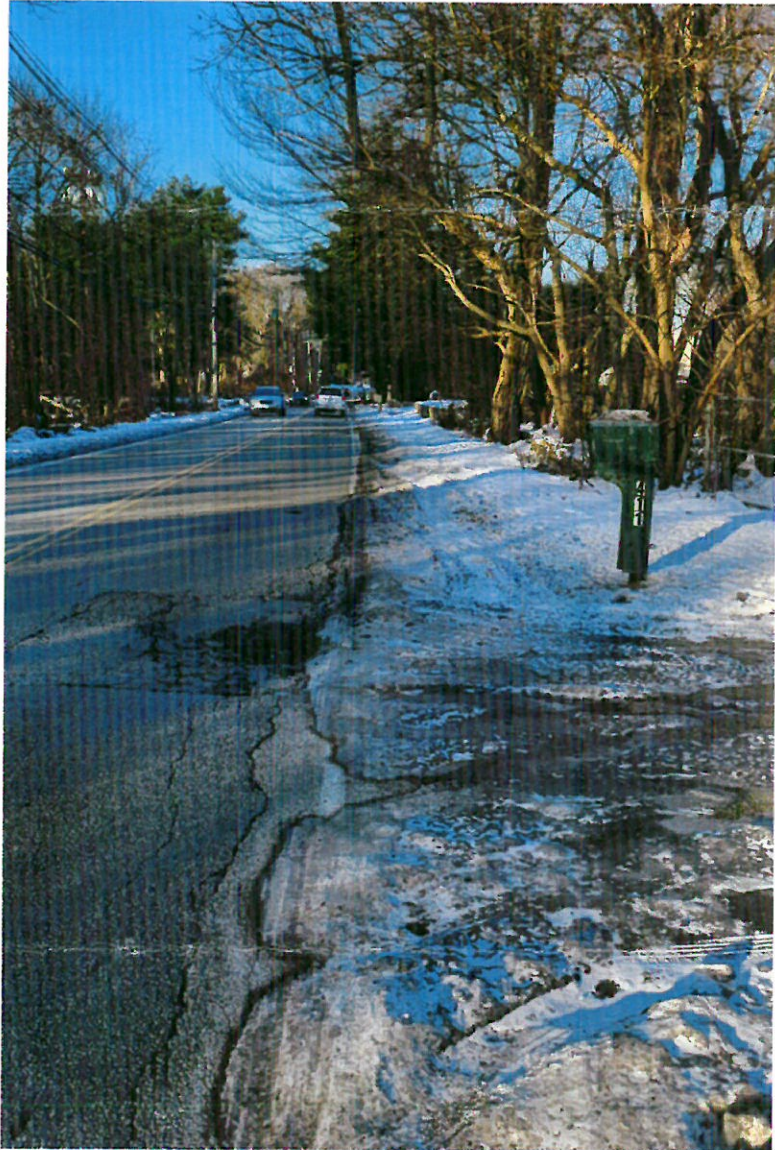
Additional Information / Quick Appointment. Just tell us what you need!

Max 1000 Characters

Location & Time

YOUR SELECTED STORE

Warwick, RI







Frank J. Picozzi
Mayor

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

February 12, 2024

James Tweed
77 Red Chimney Drive
Warwick, RI 02886

Dear James,

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 is required.
- Estimates - Two estimates are required in addition to your paid invoice.
- Claim Form – The registered owner of the vehicle must fill out the claim form.

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

Claims Administration

COPY

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: James Tweed

Address: 77 Red Chimney Drive

City, State, Zip: Warwick, RI 02886

Telephone #: 401-369-0395

FEB 09 2024

Date of incident (M/D/Y) 1/18/24 Time: 6:35 AM PM

Description of Incident/Claim: Driving west on Cowesett Rd. (in front of house number 411), I hit a large pothole (see photos attached), damaging my front tire. By the time I took a right turn on Diamond Hill Road, the tire was flat. I pulled off of Diamond Hill Road, onto Superior St., where I proceeded to change the tire myself. After putting the spare tire on the vehicle, I returned home.

Vehicle Year: 2021 Make: Volvo Model: S60 Odometer reading: 12,582

The Pothole was located on Cowesett Rd. road.

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

The nature of my property damage is: The cost to replace the tire, mounting, computerized wheel balance, alignment, disposal, taxes and fees.

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

I request reimbursement in the amount of \$ 300.00

SIGNATURE OF CLAIMANT: DATE

AFFIDAVIT

(Petitioner Name) James Tweed , 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) 1/18/2024 as a result of (please provide brief description):

A large pothole on Cowesett Rd.

Said claim was filed with the Finance Department on 1/24/2024 (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.

James M. Tweed
Signature of Claimant or its Representative

JAMES M. TWEED
Printed Name

State of Rhode Island
County of KENT

Subscribed and sworn to before me on this 24th day of January , 20 24

Debra A. Langevin
(Notary Public)

My Commission Expires DEBRA A. LANGEVIN
NOTARY PUBLIC OF RHODE ISLAND
Comm. # 759738
My Commission Expires 10/17/2020

2024