



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department ext. 9641
Date: January 24, 2022
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 12/16/2021

Police/tow/auto report: 21-79165

Claimant: Jennifer Veltri
107 Moccasin Drive
Warwick, RI 02889

Claim: Hit a pothole on Kilvert Street causing damage to tire and rim.

Estimates:	Firestone	\$308.79
	Pep Boys	\$273.78
	Town Fair Tire	\$260.77

Department Recommends:

Approval of this claim for **\$260.77**

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: Jennifer Vetro

Address: 107 Moccasin Dr

City, State, Zip: Warwick RI 02889

Telephone #: 401-461-4906

JAN 24 2022

Date of incident (M/D/Y) 12-16-21 Time: 4:37 AM/PM PM

Description of Incident/Claim: Traveling east on Kilvert St in Warwick and unable to avoid a pothole near 303 Kilvert St. Tire went flat in seconds + there is damage to the rim.

Vehicle Year: 2010 Make: Ford Model: Fusion Odometer reading: 128800

The Pothole was located on near 303 Kilvert St road.

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

The nature of my property damage is: destroyed ~~the~~ tire due to pothole

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

I request reimbursement in the amount of \$ 875.00

SIGNATURE OF CLAIMANT: [Signature] DATE 1.12.22 ^{updated}

AFFIDAVIT

(Petitioner Name) Jennifer Veltri, 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) 12-16-21 as a result of (please provide brief description):
pothole destroyed tire + damaged rim

Said claim was filed with the Finance Department on 1/18 (date).

JAN 24 2022

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 KENT

Subscribed and sworn to before me on this 20th day of January, 2022.

Katherine C. Gruca
(Notary Public)
My Commission Expires 10/04/2025

KATHERINE C. GRUCA
NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES OCT. 04, 2025



STATE OF RHODE ISLAND
 DIVISION OF MOTOR VEHICLES

600 New London Avenue
 Cranston RI 02920-3024
 Web Address: WWW.DMV.RI.GOV



BW12225728

JENNIFER A VELTRI
 107 MOCCASIN DR
 WARWICK RI 02889-8620

Date: 11/17/2020

Registration Certificate

REG NUMBER: 958602	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 2225728	REG EXP DATE: 11/30/2022
YEAR: 2010	MAKE: FORD	MODEL: FUS	BODY TYPE: SD	MAJOR COLOR: BLACK	MINOR COLOR: BLACK
VEHICLE IDENTIFICATION NUMBER: 3FAHP0KCXAR315286		RENEWAL FEE: \$92.50	GROSS WEIGHT: 3413	# OF PASSENGERS: 5	# OF CYLINDERS: 6
FUEL TYPE: GAS	CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A	
REGISTERED OWNER/LEASING COMPANY: JENNIFER A VELTRI 107 MOCCASIN DR WARWICK RI 02889-8620			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 Reparations 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 12/31/2020 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

11/17/2020

For Date: 12/18/2021 - Saturday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>
21-79165	1211	Walk-In - POT HOLE		3
Call Taker:		FGRAY - Civilian Frances A Gray		
Location/Address:		[203 3837] WARWICK POLICE DEPARTMENT - 99 VETERANS MEMORIAL DR		
Calling Party:		MCKENNE, JARED @ 107 MOCCASIN DR - WARWICK, RI 401-419-8577		
Involvement Party:		SSN: DOB: 12/09/1987		
Unit:		VELTRI, JENNIFER A @ 107 MOCCASIN DR - WARWICK, RI 02889 401-463-7424		
		SSN: 039546464 DOB: 11/23/1986 Race: W Sex: F		
		P2 Detective Brenton D Groeneveld		
		Disp-12:13:59	Arvd-12:17:18	

Narrative: need to document damage

Narrative: RP states that on 12/17/21 at 1637 he was travelling east at 303 Kilvert st. when he struck a pot hole which caused his front passenger side tire to go flat. He is unsure of any wheel damage more than his tire.
2010 Ford Fusion, RI reg. 958602

Alarm: None

SOP# 1:

Dispatch one (1) units
Respond priority three (3)
CAD ENTRY WITH LOCATION OF POTHOLE, VEHICLE REG #, OPERATORS INFORMATION (NAME/ADDRESS/PHONE #), EXTENT OF DAMAGE.
CONTACT APPROPRIATE PUBLIC WORKS AUTHORITY TO ADVISE OF THE HAZARD; GIVE RP STATE OR CITY CLAIM FORM.

QUOTE
4301661

FIRESTONE COMPLETE AUTO CARE
1689A POST RD
WARWICK, RI. 02888-5900

SERVICE ADVISOR:
01 CHIC
401.732.3141

Printed on 12/22/2021

MCKENNY, JARROD
107 MOCCASIN DR
WARWICK, RI 02889-8620
401.419.8577

2010 FORD FUSION SPORT
3.5L V6 FI GAS VIN C DOHC
LIC # 958602 RI VIN # 3FAHP0KCXAR315286
IN MILEAGE 0

Store # 014931

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
BRIDGESTONE TIRE PACKAGE							288.52
012784MX01 POTENZA RE980AS+ BL 235/35R19	012784		1	237.99		237.99	
XL91W 50,000 Mile Limited Warranty							
NEW TIRE WHEEL BALANCE LABOR	7013632		1		12.99	12.99	
7097782 ROAD HAZARD PROTECTION	7097782		1	34.51		34.51	
SCRAP TIRE RECYCLING FEE	7075078		1		3.03	3.03	
LOW PROFILE TIRE INSTALLATION	7006472		1		N/C	N/C	

Prices valid for 30 days.

Summary	
Parts	272.50
Labor	16.02
Shop Supplies	0.91
Sub	289.43
Tax	19.36
Total	308.79

THIS IS NOT AN INVOICE- DO NOT PAY



W WARWICK
 375 QUAKER LANE
 375 QUAKER LN
 WEST WARWICK RI 02893
 (401) 826-3336

EPA# RID987486974

Service Manager: Rebecca Cardoso

TRACKING ID# *	
Store ID #	Service Work Order #

0196 2259989

Insurance :
 Policy Number :

If you have any questions
 or concerns, please call:
(401) 428-5583

Name: Address: City: State: Zip: Home Phone: Contact Phone:	Year: Make: Non-Vehicle Model: Engine: Vin No.: License No: Mileage In / Out: / Color:	Date : 2021-12-20 Entered By: NA Time In: 17:37:04 Date/Time Promised: Old Parts Returned: no
Storage Charges: Any vehicle that is left unattended for more than 7 business days may be towed at the owner's expense. For more information, please see Store Manager.		

I HEREBY AUTHORIZE PEP BOYS TO PERFORM THE REPAIRS ON THIS WORK ORDER AND TO FURNISH THE NECESSARY MATERIALS AND ITS EMPLOYEES TO OPERATE THE VEHICLE FOR PURPOSES OF INSPECTION, TESTING AND DELIVERY. I UNDERSTAND THAT ANY COST QUOTED IS AN ESTIMATE. I UNDERSTAND THAT UNLESS DIRECTLY CAUSED BY PEP BOYS, IT IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS THAT THE VEHICLE MAY BE PARKED IN THE PEP BOYS' PARKING LOT AND THAT VEHICLES ARE LEFT OVERNIGHT AT OWNER'S RISK.

X

Initial Estimate	Parts \$:	Labor \$:	Total \$:	Date and Time:
	239.99	16.99	273.78	2021-12-20 17:37:04

TYPE	PART	DESCRIPTION	CODE	MECHANIC	HRLY RATE	HRS	QTY	SOURCE	EACH	TOTAL
PN		VENDOR ROUTE TRUCK	N				1		0.00	0.00

Not Yet Authorized

PK	9084807	TIRE INSTALLATION PACKAGE								
LB		TIRE MOUNTING	N				1		0.00	0.00
PN	6001	TIRE HANDLING CHARGE - PEPBOYS	N				1		3.00	3.00
LB		90 DAYS WHEEL BALANCE 16-19	N				1		16.99	16.99
PN	TV413	30413500PEP 1 1/4 RUBBER VALVE STEM	N				1		4.00	4.00
LB		FREE ALIGNMENT CHECK	N				1		0.00	0.00

Package SubTotal : 23.99

PN	125002391	PZERO ALL SEASON P0 50,000 MILE PRORATED	N				1	SO	232.99	232.99
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Parts: 239.99 Labor : 16.99 Other : 0.00 Tax : 16.80 Total : 273.78

General Comments

Customer Declined: RoadHazard

TOWN FAIR TIRE CENTERS, INC.

ESTIMATE#: RST_548_2151203

Name: JARROD MCKENNEY



Address: 730 DYER AVE, CRANSTON, RI
02920

Email:

Phone: 4014198577

Remaining Tread Life: FL-CNH FR-CNH RL-CNH RR-CNH

Store: 548 Clerk: 202

ITEM	QUANTITY	PRICE	AMOUNT
 <p>EXTREME CONTACT DWS06 PLUS SIZE: 235/35R19Y IBM#: 64928 MILEAGE WARRANTY WITH CARE:</p>	1	\$237.00	\$237.00
		\$213.00	\$213.00
COMPUTERIZED WHEEL BALANCE	1	\$21.95	\$21.95
FRONT-WHEEL ALIGNMENT	1		
NEW RUBBER VALVE STEM OR TPMS RECONDITIONING	1	\$6.95	\$6.95
INCLUDED:		FREE	FREE
<ul style="list-style-type: none"> • FRONT WHEEL ALIGNMENT • DISMOUNT & REMOUNT • RESET TPM SENSORS • 30 DAY TEST DRIVE • NATIONWIDE WARRANTY • LIFETIME FLAT REPAIR • LIFETIME TIRE ROTATION • LIFETIME SNOW CHANGEOVER 			
30 DAY COURTESY PROTECTION		FREE	FREE
CASINGS DISPOSAL	1	\$3.25	\$3.25
MISCELLANEOUS FEES (STATE RUBBER, RECYCLING FEE, ETC.)			
SUBTOTAL			\$245.15
SALES TAX			\$15.62
TOTAL (GOOD FOR 14 DAYS)			\$260.77



Frank J. Picozzi
Mayor

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

January 10, 2022

Jarrold McKenney
107 Moccasin Drive
Warwick, RI 02889

Dear Jarrod,

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 – Claim form needs to be filled out by the registered owner of the vehicle.
- Notarized – The second page of the claim form labeled AFFIDAVIT question 2.- one of the three boxes needs to be checked.

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

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: Jarrod McKenney

Address: 107 Moulton Dr

City, State, Zip: Warrick RI 02889

Telephone #: _____

JAN 03 2022

Date of incident (M/D/Y) 12/16/21 Time: 4:37 AM/PM

Description of Incident/Claim: Traveling on Kilvert st toward post Rd and was unable to avoid pothole near 303 Kilvert St. Tire went flat within a block and rim has damage

Vehicle Year: 2010 Make: Ford Model: Fusion Odometer reading: 128800

The Pothole was located on Kilvert st road.

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

The nature of my property damage is: destroyed tire due to pothole

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

I request reimbursement in the amount of \$ 275⁰⁰

SIGNATURE OF CLAIMANT: [Signature] DATE 12/23/21

AFFIDAVIT

(Petitioner Name) Jarrod McKenney, 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) 12/1/21 as a result of (please provide brief description):
principle destroyed fire and damaged wheel

Said claim was filed with the Finance Department on N/A (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

Jarrod McKenney
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 23 day of December, 2021.

[Signature]
(Notary Public)
My Commission Expires 4/1/2023

MASSIEL M. GONZALEZ
NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES APRIL 01, 2023

