



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department ext. 9641
Date: November 3, 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: 10/07/2021

Police/tow/auto report: Grasso's Service

Claimant: John Walsh
19 Timberline Road
Warwick, RI 02886

Claim: Hit a pothole on Love Lane causing damage to tire.

Invoice: BMW \$511.79

Estimates: Sam's \$628.07
BMW \$513.56

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: John M Walsh

Address: 19 Timberline Rd

City, State, Zip: Warwick, RI 02886

Telephone #: 401-829-2266

Date of incident (M/D/Y) 10/7 Time: 8 AM | PM

Description of Incident/Claim: While driving north on Love Lane just before Cedar Ave, I struck a severe pot hole which blew my tire.

I was not aware that the tire was blown until I arrived at my home nearby.

The next morning I called the dealer who flatbedded the vehicle to the dealership and inspected the damage.

Dealer inspection revealed that tire needed replacement, but no further damage.

Vehicle Year: 2021 Make: BMW Model: M440i Odometer reading: 1,693

The Pothole was located on Love Lane road.

I notified the Finance | Public Works department on October 8, 2021 (date).

The nature of my property damage is: Tire replacement.

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

I request reimbursement in the amount of \$ 300

SIGNATURE OF CLAIMANT: John M. Walsh DATE 10/8/21

AFFIDAVIT

(Petitioner Name) John M Walsh, 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) October 7, 2021 as a result of (please provide brief description):

pothole damage destroying tire

Said claim was filed with the Finance Department on October 12, 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.

John M. Walsh
Signature of Claimant or its Representative

JOHN M. WALSH
Printed Name

State of Rhode Island
County of RENT

Subscribed and sworn to before me on this 10th day of OCTOBER, 2021

William A. Hardman III
(Notary Public)
My Commission Expires _____

William A. Hardman III
Notary Public
State of Rhode Island
MY COMMISSION EXPIRES 02-23-2022



**STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES**

600 NEW LONDON AVENUE
CRANSTON RI 02920-3024

Web Address: WWW.DMV.RI.GOV



BW31799492

BMW FINANCIAL SERVICES NA LLC
5550 BRITTON PKWY
HILLIARD OH 43026-7456

Date: 09/14/2021

Registration Certificate

REG NUMBER: 29689	PLATE TYPE: VETERAN	PLATE DESIGN: STANDARD	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: N/A	REG EXP DATE: 01/31/2022
YEAR: 2021	MAKE: BMW	MODEL: M440XI	BODY TYPE: COUPE	MAJOR COLOR: BLUE	MINOR COLOR: BLUE
VEHICLE IDENTIFICATION NUMBER: WBA13AR06MCG38343		RENEWAL FEE: 112.50	GROSS WEIGHT: 4949 LBS	# OF PASSENGERS: 5	# OF CYLINDERS: 6
FUEL TYPE: GAS		CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED: N/A
LEASING COMPANY: BMW FINANCIAL SERVICES NA LLC 300 CHESTNUT RIDGE RD WOODCLIFF LK NJ 07677-7739			LESSEE: JOHN M WALSH 19 TIMBERLINE RD WARWICK RI 02886-9324		

- 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 **01/01/2024** 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

BMW Financial Services NA, LLC

Motor Vehicle Lease Agreement (Closed End) - Rhode Island



1. PARTIES		
Lessor (Center) Name and Address BMW OF WARWICK 1515 BALD HILL ROAD WARWICK RI 02886	Lessee and Co-Lessee Name and Address JOHN M WALSH 19 TIMBERLINE RD WARWICK RI 028869324	Vehicle Garaging Address (if Different) N/A
		Billing Address (if Different) N/A

2. Agreement to Lease. This Motor Vehicle Lease Agreement ("Lease") is entered into between the lessee and co-lessee ("Lessee") and the lessor ("Lessor") named above. Unless otherwise specified, "I," "me" and "my" refer to the Lessee and "you" and "your" refer to the Lessor or Lessor's assignee. "Vehicle" refers to the leased vehicle described below. "Assignee" refers to BMW Financial Services NA, LLC ("BMW FS") or, if this box is checked to Financial Services Vehicle Trust. BMW FS will administer this Lease on behalf of itself or any assignee. The consumer lease disclosures contained in this Lease are made on behalf of Lessor and its successors or assignees.

3. Date of Lease, Lease Term and Scheduled Maturity Date. This Lease is entered into on 08/30/2021 for the scheduled Lease Term of 36 months with a Scheduled Maturity Date of 08/30/2024.

4. VEHICLE DESCRIPTIONS							
A. Leased Vehicle	Model Year	Make & Model	VIN	Odometer	Primary Use:	Personal, Family or Household Business, Commercial or Agricultural	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Demo <input type="checkbox"/> Used	2021	BMW 440I XDRIVE CPE	WBA13AR06MCG38343	18	<input checked="" type="checkbox"/> Personal, Family or Household <input type="checkbox"/> Business, Commercial or Agricultural		
<input type="checkbox"/> Telephone	<input type="checkbox"/> CD Player	<input type="checkbox"/> N/A (specify)	<input type="checkbox"/> N/A (specify)	<input type="checkbox"/> N/A (specify)			
B. Trade-In	Model Year	Make	Model	Agreed Upon Value	Prior Credit or Lease Balance	Net Trade-In Value	
	N/A	N/A	N/A	N/A	N/A	N/A	

5. AMOUNT DUE AT LEASE SIGNING OR DELIVERY (Itemized in Section 9)	6. MONTHLY PAYMENTS	7. OTHER CHARGES (part of Monthly Payments)	8. TOTAL OF PAYMENTS (The amount I will have paid by the end of the Lease Term)
\$ [REDACTED]	My first monthly payment of \$ [REDACTED] is due on [REDACTED]. My second payment of \$ [REDACTED] is due on the [REDACTED] day of each month. The total of my monthly payments is \$ [REDACTED].	A. Disposition Fee (if I do not purchase the Vehicle) B. N/A TOTAL \$ [REDACTED]	\$ [REDACTED]

9. AMOUNT DUE AT LEASE SIGNING OR DELIVERY	10. MY MONTHLY PAYMENT IS DETERMINED AS SHOWN BELOW
A. Amount Due at Lease Signing or Delivery 1. Capitalized Cost Reduction \$ [REDACTED] 2. First Monthly Payment \$ [REDACTED] 3. Refundable Security Deposit \$ [REDACTED] 4. Initial Title Fees \$ [REDACTED] 5. Initial Registration Fees \$ [REDACTED] 6. Initial License Fees \$ [REDACTED] 7. Sales/Use Tax \$ [REDACTED] 8. Acquisition Fee (if not capitalized) \$ [REDACTED] 9. Sales Tax on Capitalized Cost Reduction \$ [REDACTED] 10. GA New Vehicle Arb Fee \$ [REDACTED] 11. N/A \$ [REDACTED] 12. N/A \$ [REDACTED] 13. N/A \$ [REDACTED] 14. N/A \$ [REDACTED] TOTAL \$ [REDACTED]	A. Gross Capitalized Cost. The agreed upon value of the Vehicle (\$ <u>62995.00</u>) and any items I pay for over the Lease Term (such as taxes, fees, service contracts, insurance, and any outstanding prior credit or lease balance) (Section 13 for an itemization of this amount). \$ [REDACTED] B. Capitalized Cost Reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash I pay that reduces the Gross Capitalized Cost. -\$ [REDACTED] C. Adjusted Capitalized Cost. The amount used in calculating my Base Monthly Payment. = \$ [REDACTED] D. Residual Value. The value of the Vehicle at the end of the Lease used in calculating my Base Monthly Payment. -\$ [REDACTED] E. Depreciation and any Amortized Amounts. The amount charged for the Vehicle's decline in value through normal use and for other items paid over the Lease Term. = \$ [REDACTED] F. Rent Charge. The amount charged in addition to the Depreciation and any Amortized Amounts. + \$ [REDACTED] G. Total of Base Monthly Payments. The Depreciation and any Amortized Amounts plus the Rent Charge. = \$ [REDACTED] H. Lease Payments. The number of payments in my Lease. + [REDACTED] I. Base Monthly Payment. = \$ [REDACTED] J. Monthly Sales/Use Tax. + \$ [REDACTED] K. N/A + \$ [REDACTED] L. Total Monthly Payment. = \$ [REDACTED]
B. How the Amount Due at Lease Signing or Delivery Will Be Paid 1. Net Trade-In Allowance \$ [REDACTED] 2. Rebates and Noncash Credits \$ [REDACTED] 3. Amount to be Paid in Cash \$ [REDACTED] TOTAL \$ [REDACTED]	

Early Termination. I may have to pay a substantial charge if I end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier I end the Lease, the greater this charge is likely to be.

11. Excessive Wear and Use. I may be charged for excessive wear based on your standards for normal use and for mileage in excess of total miles over the scheduled Lease Term of [REDACTED] miles, at the rate of [REDACTED] cents per mile.

12. Purchase Option at End of Lease Term. I have an option to purchase the Vehicle ("as is") at the Scheduled Termination of the Lease for its Residual Value of \$ [REDACTED]. The purchase option price does not include official fees, such as those for taxes, title, registration and license/tags. See Section 27 for more information.

Other Important Terms. See all pages of this Lease for additional information on early termination, purchase options, and maintenance responsibilities, warranties, default charges, insurance, and any security interest, if applicable.

IF I DO NOT MEET MY OBLIGATIONS UNDER THIS LEASE, YOU MAY REPOSSESS THE VEHICLE.

Grasso's Service Center

116 Hartford Ave, Providence RI 02909
Phone: (401) 831-4800 | Fax: (401) 831-9600

Invoice
#35713

Printed 10/10/2021

Invoice #	35713	Authorized by	Urgently
Purchase Order Number	3772020	Tow From	19 Timberline Rd, Warwick, RI 02886, USA
Call #	35713	Tow To	1515 Bald Hill Rd, Warwick RI 02886-4241
Tow Reason	Tow		
Truck	G-1		
Date/Time Requested	10/8/2021 @ 1:19 PM		
Contact	John Walsh		
Notes	-----		

**** PRE INSPECTION REQUIRED: 4 photos required before servicing vehicle.** PRE INSPECTION SIGNATURE REQUIRED: Please capture signature from customer confirming you took photos.**
**** POST INSPECTION REQUIRED: 4 photos required after job is done.** POST INSPECTION SIGNATURE REQUIRED: Please have customer sign after job is done.**

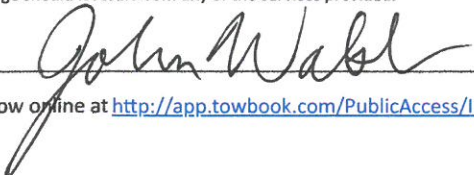
Partner Name: BMW
 Disablement Reason Notes: Flat tire - Run-Flat visible damage
 Job Notes: Towing skates are REQUIRED on your flatbed truck for this job.

What is the reason for towing the vehicle? Flat tire - Run-Flat visible damage
 Does your vehicle go into neutral? Yes
 Are the front wheels turned or straight? Straight
 Is the vehicle in a garage? No
 What is the ceiling height of the garage?
 Where will the vehicle be dropped off? 1515 Bald Hill Rd, Warwick, RI 02886-4241
 Would you like to schedule this tow for later? No
 Will you be with the vehicle when help arrives? Yes
 Based on your coverage, we can arrange for an Uber or Lyft. Are you interested in the service? No
 Customer Notes

**** PRE INSPECTION REQUIRED: 4 photos required before servicing vehicle.** PRE INSPECTION SIGNATURE REQUIRED: Please capture signature from customer confirming you took photos.**
**** POST INSPECTION REQUIRED: 4 photos required after job is done.** POST INSPECTION SIGNATURE REQUIRED: Please have customer sign after job is done.**

Year	Make	Model	Color	VIN	Plate	Odometer
2021	BMW	M440i Xdrive Coupe	Blue	WBA13AR06MCG38343	-	-

Grasso's Service Center appreciates your business; if you have any questions regarding this invoice, please contact us at 401-831-4800. Thank you. I have been advised that my vehicle may be damaged if winched, towed, unlocked, serviced or left on unattended premises. I recognize the difficulty involved and I agree to not hold the towing company or it's employees responsible for such damage should it result from any of the services provided.

Signature:  _____

View photos for this tow online at <http://app.towbook.com/PublicAccess/Invoice2.aspx?id=103217140&sc=47584df4be>



BMW OF WARWICK

BMCS69411

BMCS69411

1515 Bald Hill Road
Warwick, RI 02886
Parts: 401-824-2321 Service: 401-824-2274
Sales: 401-824-2399
www.bmwofwarwick.com



0801BMCS69411

CELL: 401-829-226

CUSTOMER NO. 325386	ADVISOR MANNY PEREZ	72920	TAG NO. 704	INVOICE DATE 10/09/21	INVOICE NO. BMCS69411
JOHN M WALSH 19 TIMBERLINE RD WARWICK, RI 02886-9324	LABOR RATE	LICENSE NO.	MILEAGE 1,693	COLOR PORTIMAO BL	STOCK NO. 69949
	YEAR MAKE MODEL 21/BMW/440I XDRIVE CPE/2DR CPE M440I			DELIVERY DATE 08/30/21	DELIVERY MILES 18
	VEHICLE I.D. NO. W B A 1 3 A R O 6 M C G 3 8 3 4 3			SELLING DEALER NO. 130195	PRODUCTION DATE
	F.T.E. NO.			P.O. NO.	R.O. DATE 10/08/21
RESIDENCE PHONE 401-885-1936	BUSINESS PHONE 401-275-4521	COMMENTS			MO: 1695

[SIRIUS ESN#] 1	
JOB# 1 CHARGES-----	
LABOR-----	
J# 1 36BMZZTIRE1 TIRES AND WHEELS TECH(S):70605	29.00
CLIENT STATES RAN OVER A POT HOLE AND TIRE BLEW OUT -	
MOUNT AND BAL ONE TIRE RT FRONT REPLACE RF TIRE	
0	
SIDEWALL DAMAGE	
MOUNT AND BAL ONE TIRE	
PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE-	
1 36-11-5-A19-C47 BRIDGESTONE	309.41
TOTAL - PARTS	309.41
JOB# 1 TOTALS-----	
	LABOR 29.00
	PARTS 309.41
	JOB# 1 JOURNAL PREFIX BMCS JOB# 1 TOTAL 338.41
JOB# 2 CHARGES-----	
LABOR-----	
J# 2 99BMZZTOUCHLESS TOUCHLESS SERVICE TECH(S):70605	0.00
JOB# 2 TOTALS-----	
	JOB# 2 JOURNAL PREFIX BMCS JOB# 2 TOTAL 0.00
JOB# 3 CHARGES-----	
LABOR-----	
J# 3 02BMZZ1 MULTI POINT INSPECT TECH(S):70605	0.00
CUSTOMER REQUESTS MULTI POINT INSPECTION	
COMPLETED MULTI POINT INSPECTION	
JOB# 3 TOTALS-----	
	JOB# 3 JOURNAL PREFIX BMCS JOB# 3 TOTAL 0.00
JOB# 4 CHARGES-----	
LABOR-----	
J# 4+32BMZFOURWHEEL *4 WHEEL ALIGNMENT TECH(S):70605	149.95
FOUR WHEEL ALIGNMENT	
PERFORM FOUR WHEEL ALIGNMENT	
JOB# 4 TOTALS-----	
	LABOR 149.95
	JOB# 4 JOURNAL PREFIX BMCS JOB# 4 TOTAL 149.95
MISC-----CODE-----DESCRIPTION-----CONTROL NO-----	
JOB # A SHA DIGITAL SERVICE FEE	1.65

NOTE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON EITHER BACK SIDE OR LAST PAGE HEREOF

Customer agrees that this Agreement includes all of the terms and conditions on the front and either back side or last page hereof, that this Agreement cancels and supersedes any prior agreement including oral agreements, and as of the date above comprises the entire agreement between Customer and Dealer relating to these repairs or other matters referred to on the front or back side of this document. Customer also acknowledges receipt of copy of this invoice.

Arbitration Agreement. Customer agrees that Customer or Dealership may elect to resolve any dispute by binding arbitration pursuant to the Arbitration Provision on either the back side or last page of this document.

DIGITAL SERVICES - This charge represents costs to the motor vehicle repair facility for digital services.

PAID
10-4-2021



BMW OF WARWICK

BMCS69411

1515 Bald Hill Road
 Warwick, RI 02886
 Parts: 401-824-2321 Service: 401-824-2274
 Sales: 401-824-2399
 www.bmwofwarwick.com



0801BMCS69411

CELL: 401-829-2274

CUSTOMER NO. 325386	ADVISOR MANNY PEREZ	72920	TAG NO. 704	INVOICE DATE 10/09/21	INVOICE NO. BMCS69411
JOHN M WALSH 19 TIMBERLINE RD WARWICK, RI 02886-9324	LABOR RATE	LICENSE NO.	MILEAGE 1,693	COLOR PORTIMAO BL	STOCK NO. 69949
	YEAR / MAKE / MODEL 21/BMW/440I XDRIVE CPE/2DR CPE M440I			DELIVERY DATE 08/30/21	DELIVERY MILES 18
	VEHICLE I.D. NO. W B A 1 3 A R O 6 M C G 3 8 3 4 3			SELLING DEALER NO. 130195	PRODUCTION DATE
	F.T.E. NO.		P.O. NO.	R.O. DATE 10/08/21	
RESIDENCE PHONE 401-885-1936	BUSINESS PHONE 401-275-4521	COMMENTS			

MO: 169!

TOTAL - MISC		1.65
COMMENTS-----		
CARLA 10/8 TOW IN (401) 829-2266		
TOTALS-----		
TOTAL LABOR....		178.95
TOTAL PARTS....		309.41
TOTAL SUBLET...		0.00
TOTAL G.O.G....		0.00
TOTAL MISC CHG.		1.65
TOTAL MISC DISC		0.00
TOTAL TAX.....		21.78
TOTAL INVOICE \$		511.79

NOTE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON EITHER BACK SIDE OR LAST PAGE HEREOF

Customer agrees that this Agreement includes all of the terms and conditions on the front and either back side or last page hereof, that this Agreement cancels and supersedes any prior agreement including oral agreements, and as of the date above comprises the entire agreement between Customer and Dealer relating to these repairs or other matters referred to on the front or back side of this document. Customer also acknowledges receipt of copy of this invoice Arbitration Agreement. Customer agrees that Customer or Dealership may elect to resolve any dispute by binding arbitration pursuant to the Arbitration Provision on either the back side or last page of this document.

DIGITAL SERVICES - This charge represents costs to the motor vehicle repair facility for digital services.

CUSTOMER SIGNATURE

SAM'S FUEL & AUTO
398 2112

NAME X JOHN WALSH	PHONE X
ADDRESS 19 Timberline	
CITY, STATE, ZIP WARWICK 02886	
2ND AUTHORIZED NAME	PHONE 829-2266

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N
1		TIRE	309.41	
1		RIM		
TOTAL PARTS			309.41	

CUSTOMER'S INFORMATION			
RECEIVED (DATE & TIME) A.M. P.M.	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) A.M. P.M.	
YEAR • MAKE • MODEL 21 BMW 440i XDRIVE		SERIAL #/VIN	
LICENSE NO. 29689		MOTOR #	
ODOMETER 1,699		WRITTEN BY SAM	
<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF.
<input type="checkbox"/> WASH	<input type="checkbox"/> POLISH		

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*

INSPECT FOR TIRE & WHEEL
AFTER CUSTOMER HIT POT HOLE.
DAMAGE TO RIM & NEED BALANCE.
AND POLISH RIM, POSSIBLY REPLACE

ESTIMATE ONLY

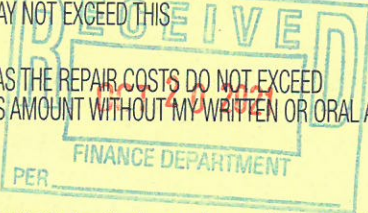
MECHANICS RECOMMENDATIONS

Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____

METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input checked="" type="checkbox"/> CASH	Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.	LABOR ONLY 145.--
LABOR <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> BOTH	GUARANTEED ITEM(S) _____	PARTS 309.41
<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS	GUARANTEE EFFECTIVE UNTIL: TIME _____ MILEAGE _____	ACCESSORIES
AUTHORIZED BY		GAS, OIL & GREASE
		MISC. MERCHANDISE 7.--
		SUBLET REPAIRS 966 145.--
		STORAGE FEE
		TAX 21.66
		TOTAL ▶ 628.07

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE,
INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.



You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$ _____ will be applied.

*Checked lines apply (Preparer must check at least one):
This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
This amount includes a charge of \$ _____, which is required under _____ law.

SIGNED: *John Walsh*
DATE: 10/8/21
adams GT3870 09-11



BMW of Warwick



Repair Order Estimate

Printed Date: October 19, 2021

We have performed our multi-point inspection on your vehicle and the following services are recommended.

EXISTING SERVICES

Job	Quote
TIRES AND WHEELS CLIENT STATES RAN OVER A POT HOLE AND TIRE BLEW OUT - MOUNT A	361.84
TOUCHLESS SERVICE	PENDING
MULTI POINT INSPECT CUSTOMER REQUESTS MULTI POINT INSPECTION	PENDING
*4 WHEEL ALIGNMENT FOUR WHEEL ALIGNMENT	151.72
Existing Services Total	\$ 513.56
Suggested Services Total	\$
Total Estimate	\$ 513.56

RECOMMENDED NOT DONE

The following services were recommended but not completed during your visit. Please contact us to get these scheduled.

All estimates are good for 30 days from time of estimate. Taxes and other fees are subject to change.



Frank J. Picozzi
Mayor

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

October 12, 2021

John Walsh
19 Timberline Road
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);

- Estimates – Along with your itemized paid invoice, two additional estimates are required.

COPY

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