

## **Recommendation Memo**

To:

Eric Earls, Department of Public Works

From:

Margie White, Finance Department ext. 9641

Date:

February 15, 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: 02/08/2022

Police/tow/auto report: 22-6972

Claimant:

Kevin Welch

54 Helen Avenue Warwick, RI 02886

Claim:

Hit a pothole on Forge Road causing damage to tire.

Estimates:

Tire Rack

\$158.29

Pep Boys

\$171.99

Town Fair Tire

\$174.78

#### Department Recommends:

Approval of this claim for \$158.29

Denial of this claim (please include comments below):

#### 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: Kaun Welch		
Address: 54 Helen Ave		
City, State, Zip: WARWICK RI 026610	otomera objet e	-FD 1 4 2022
Telephone #:	1	FD .
Date of incident (M/DIY) 2-8-22 Time: 6 AM I PM		
Description of Incident/Claim: Dn 2-8-22 I was drive		
Forge Rd and hit a deep pot hole	that o	lug q
wide gash into the side of my	tire,	Which
couldn't be saves. The can was to	+ down	I
called the WRWICK Police to res	.7704	
5.x other cars hit the pathole to	hat an	enna.
Vehicle Year: 2012 Make: Min Model: CONATRY Odor		V
The Pothole was located on Forge Rd wassic	lk road	
I notified the Finance I Public Works department on 2-6-22	mous si ans el	(date).
The nature of my property damage is: $8000000000000000000000000000000000000$	: [	epidine se daime des no consider complex service
Additional information about Tax Waiver (include letter from Tax Collector stating	ng adverse deci	sion)
request reimbursement in the amount of \$ 158.		
SIGNATURE OF CLAIMANT: You was	DATE 2	-12-22

## **AFFIDAVIT**

(Petitioner Name) KQU~~ WE\C\\ , 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) (date) (a) (date) (a) (date) (d
Portrole do Mage resulting in the tellace MEAH
Portrole damage resolting in the teplacement Forge Rd Worwich RI
Said claim was filed with the Finance Department on(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
orginates of organization to respict of the second of the second organization or the second organization of the second organization or the second organization organizatio
State of Rhode Island
Subscribed and sworn to before me on this 14th day of February, 2022
Margie A. White  Margie S. White  My Commission Expires  125 24
Page 2 of 2 11.2012  Avy Commission Expires 7/25/34  RHODE ISLAND

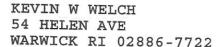


# STATE OF RHODE ISLAND DIVISION OF MOTOR VEHICLES

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



Date: 11/23/2021



### **Registration Certificate**

PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 7814382	REG EXP DATE: 11/30/2023
MAKE: MINI	MODEL: COOPER	BODY TYPE: WAGON	MAJOR COLOR: BLACK	MINOR COLOR: BLACK
N NUMBER: 3577	RENEWAL FEE: \$92.50	GROSS WEIGHT: 3704	# OF PASSENGERS:	# OF CYLINDERS:
	CARRYING CAPACITY: N/A	LENGTH: N/A	CCs: N/A	MAX SPEED:
ASING COMPANY:		SECOND OWNER:/LE	SSEE	
	PASSENGER MAKE: MINI N NUMBER: 3577 ASING COMPANY:	PASSENGER WAVE  MAKE: MINI COOPER NUMBER: 85577 RENEWAL FEE: 892.50 CARRYING CAPACITY: N/A ASING COMPANY:	PASSENGER WAVE PASSENGER  MAKE: MINI COOPER NUMBER: S577 RENEWAL FEE: S92.50 CARRYING CAPACITY: N/A  ASING COMPANY: RENUMBER: SECOND OWNER:/LE	PASSENGER WAVE PASSENGER  MAKE: MODEL: MINI COOPER NUMBER: S577  RENEWAL FEE: S92.50  CARRYING CAPACITY: N/A  ASING COMPANY:  WAVE PASSENGER PASSENGER  RENEWAL FEE: S92.50  CARRYING CAPACITY: N/A  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 05/15/2022 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

to f. Culdak

11/23/2021

For Date: 02/08/2022 - Tuesday

Call Number	Time	Call Reason	Action	Priority
22-6972	1826	Phone - POT HOLE	Services Rendered	d 3
	Taker:			
Call Clos	-		16	
Location/Ad				
Calling	-			
Calling		***UNKNOWN***, CHERYL @ ***UNKNOWN*** - WARK	VICK, RI 401-234-9	002
	Unit:	P15 Officer Kevin P Warren	03-3-10-15-40	
Ve	ehicle:	Disp-18:29:25 Arvd-18:52:41 WHI 2011 LEXS 4D ES350 Reg: PC RI 6119 VIN	Clrd-19:15:49	70
	erator:	PASTORE, CHERYL L @ 181 LEGRIS AVE - WEST WA		70
Ope	Lucoi.	Race: U Sex: F	11WICK, KI 02093	
	Owner:	PARENATE, FRANK @ 181 LEGRIS AVE - WEST WARW	VICK. RI 02893	
		Race: U Sex: M		
Insuran	ce Co:			
	cy No:			
	hicle:	BLK 2016 SUBA 4H CROSSTREX Reg: PC RI 1AC92		
Ope	rator:	SMITH, PAMELA E @ 181 ARNOLD AVE Apt. #2 - C	RANSTON, RI 02905	
	Owner:	Race: W Sex: F	DANGEON DT 00005	
	Owner:	SMITH, PAMELA E @ 181 ARNOLD AVE Apt. #2 - C Race: W Sex: F	RANSTON, RI 02905	
Insuran	ce Co:	Nace. W Sex. r		
	cy No:			
	hicle:	RED 2015 FORD 4D FUSION Reg: PC RI 866933	VIN: 3FA6P0H95FR3	10149
Ope	rator:	INSANA, JESSICA M @ 4 CRYSTAL DR - WARWICK,		
		Race: W Sex: F		
,	Owner:	INSANA, JESSICA M @ 4 CRYSTAL DR - WARWICK,	RI 02889	
т	0	Race: W Sex: F		
Insuran	ce Co: cy No:			
	hicle:	BLK 2012 MNNI 4H COOPER Reg: PC RI OJ231 V	TN. WMW7B3C57CWM05	0.577
	rator:	WELCH, KEVIN W @ 54 HELEN AVE - WARWICK, RI	02886	3377
op o.		Race: U Sex: M	02000	
(	Owner:	WELCH, KEVIN W @ 54 HELEN AVE - WARWICK, RI	02886	
		Race: U Sex: M		
Insuranc				
	cy No:			
Narra	ative:			
		ust past the safe house, before the bridge on side	the left hand	
		J×.		
		arge pot hole, three vehicles are off to the s	ide with flat	
		ires		
	r	p not involved		
Narra	ative:			
	i	nvolved party calling in now		
912	2000			
Narra	ative:			
		ll vehicles had flat front passenger side tiere		
		otification made to city on channel 2. Call nur	mber provided	
		given on filing a claim with the city.		









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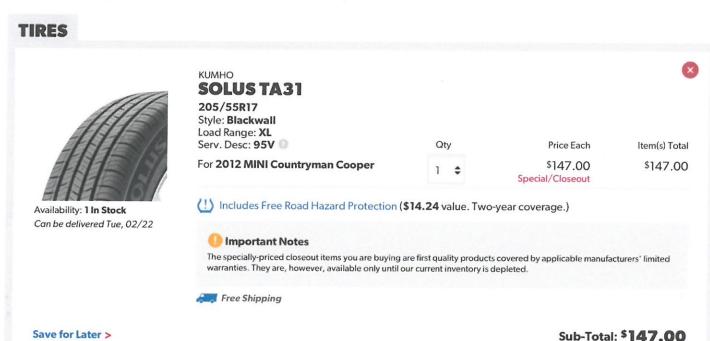
Why Tire Rack

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List view

**Grid view** 

# Tires for 205/55R17

5 Results

Filter by

Sort by





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\$158.99 per tire

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Install\* (?)

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UTQG -

Type Passenger

Svc Desc 95 H

Qty 4

Warranty 75k mi.



Pirelli Cinturato P7 All Season



Available tomorrow after 12 pm Need it Now?

Call Store: (401) 213-5965

**UTOG** 500 A A

Type Passenger

Svc Desc 91 H

Warranty 0 mi.

\$635.96

Qty 4

\$687.96







НОМЕ

TIRE BRANDS TIRE REBATES CAREERS

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Price	Quantity	Amount
\$134.00	1 0	\$134.00
\$26.90	1	\$26.90
		\$0.00
RI \$		
\$3.75	1	\$3.75
	X	\$10.13
		\$174.78
\$119.00		\$64.00 ADD
	\$134.00 \$26.90 RI \$3.75	\$134.00 1 \$26.90 1  RI \$ \$3.75 1

TOWN FAIR TIRE CREDIT CARD



STRESS-FREE

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