



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Margie White, Finance Department X 9241
Date: October 12, 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: 10/06/23

Police/tow/auto report: 23-57493/Geico

Claimant: Gail Wolfenden
825 Wakefield Street Apt 202
West Warwick, RI 02893

Claim: Hit a pothole on Commonwealth causing damage to tire.

Invoice: Town Fair Tire \$165.19

Estimates: Firestone \$179.98
RI Auto Repair \$355.22 (includes alignment)

Department Recommends:

Approval of this claim for **\$165.19**

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: Gail D Wolfenden

Address: 825 Wakefield St 202

City, State, Zip: West Warwick RI 02893

Telephone #: 401 601 1283



Date of incident (M/D/Y) Oct 3rd 2023 Time: 1059 appr AM PM

Description of Incident/Claim: Driving down Commonwealth heading to Centreville rd

tried to avoid one hole and hit the deep one on passenger side front tire blew out pulled into parking lot where old AAA was called my towing company they came and put the dummy tire on went to Townfair tire putting a new tire on Oct 4th

Vehicle Year: 2013 Make: Hyundai Model: Elantra gt Odometer reading: 75,711

The Pothole was located on Commonwealth ave road.

I notified the Finance I Public Works department on Oct 4th 2023 (date).

The nature of my property damage is: Blown out tire from pothole

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

I request reimbursement in the amount of \$ 165.19

SIGNATURE OF CLAIMANT: Gail D Wolfenden DATE 10-04-2023

AFFIDAVIT

(Petitioner Name) Gail D. Wolfenden, 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) 10-03-2023 as a result of (please provide brief description):

Hit pothole on Common Wealth Ave Warwick RI heading to Centerville RI

Said claim was filed with the Finance Department on 10-04-2023 (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.

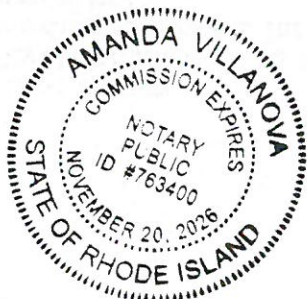
5. I have personal knowledge of the facts aforesaid.

Gail D. Wolfenden
Signature of Claimant or its Representative

Gail D. Wolfenden
Printed Name

State of Rhode Island
County of RIS

Subscribed and sworn to before me on this 5 day of October, 20 23



Amanda Villanova
(Notary Public)
My Commission Expires 11/20/2026



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES

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



GAIL D WOLFENDEN
825 WAKEFIELD ST APT 202
WEST WARWICK RI 02893-1432

Date: 11/04/2022

Registration Certificate

REG NUMBER: 488432	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 3395695	REG EXP DATE: 11/30/2024
YEAR: 2013	MAKE: HYUNDAI	MODEL: ELA	BODY TYPE: 5DR	MAJOR COLOR: WHITE	MINOR COLOR: WHITE
VEHICLE IDENTIFICATION NUMBER: KMHD35LE5DU135479		RENEWAL FEE: \$112.50	GROSS WEIGHT: 4057	# 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: GAIL D WOLFENDEN 825 WAKEFIELD ST APT 202 WEST WARWICK RI 02893-1432			SECOND OWNER:/LESSEE		

TAX TOWN: WEST 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 **03/17/2023** 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

11/04/2022

10-06-23

**WARWICK POLICE DEPARTMENT
99 VETERANS MEMORIAL DRIVE
WARWICK, RI 02886
(401) 468-4200**

REPORT # 23-57493

This report will NOT be available for the next seventy-two hours (three business days). When the report is available you may pick up a copy at headquarters. We will mail a report to you if you send in a WRITTEN REQUEST and enclose a SELF-ADDRESSED STAMPED ENVELOPE with a check or money order.

Monday - Friday
8:00 am to 4:00 pm
Records Division (401) 468-4285

Cost for reports - .15 per page

Gail D. Wolfenden



GEICO General Insurance Company

Buffalo/New Jersey Claims, PO BOX 9515
Fredericksburg, VA 22403-9515

Tow Report

10/6/2023

Gail Wolfenden
825 Wakefield St APT 202
West Warwick, RI 02893-1432

Company Name: GEICO General Insurance Company
Claim Number: 050719396 0101 023
Loss Date: Tuesday, October 3, 2023
Policyholder: Gail Wolfenden
P.O. #: G344423276

Dear Gail Wolfenden,

We have received your request for Emergency Road Service (ERS) dispatch details. The information follows below.

CUSTOMER INFORMATION

Caller Name: Gail D Wolfenden
Dispatch Date: 10/3/2023
Reason for Dispatch: Tire Change
Vehicle Information: 2013 HYUNDAI ELANTRA KMHD35LE5DU135479
Location: 469 CENTERVILLE RD, WARWICK, RI 02886-4354
Destination: N/A

PROVIDER INFORMATION

Provider Name: Grassos Service Center



Initial Report



Roadside Service Complete!

Confirmation Number: 0507193960101023

Status

Complete

Estimated Arrival

Provider's Name

Provider's Phone Number

Vehicle Information



Vehicle

2013 HYUNDAI ELANTRA

Color

White

Vehicle Location

469 CENTERVILLE RD
WARWICK, RI

Reporter Details

Contact Name

Geil D Wolfenden



TOWN FAIR TIRE CENTERS OF RHODE ISLAND LLC
 1085 BALD HILL RD, WARWICK, RI. TEL (401) 822-7700

INVOICE

Ver 23-07f

INVOICE NO. 58451-548	
ACCOUNT #	P.O. #
	E-MAIL
PHONE # (401) 601-1283	

MR. MRS. MS. GAIL WOLFENDEN	CURRENT MILEAGE 75715	YEAR, MAKE, MODEL 13 HYUNDAI ELANTRA
ADDRESS 825 WAKEFIELD ST APT 202		
CITY STATE ZIP W. WARWICK RI 02893		788-432
SALE TYPE	CLERK # 301F	G.P. #
01 -9		
	DATE 10/04/2023	TIME 11:50

QTY	SIZE	DESCRIPTION	IBM #	LIST	PRICE	AMOUNT
1	215/45R17V	HANKOOK VENTUS V2 H457	30817	149.00	110.94	110.94
1	PRO RATED	ROAD HAZARD WARRANTY	30012	18.99	14.50	14.50
1	17	COMPUTER BALANCING	00405	26.00	19.95	19.95
1	TPMS VALVE	SENSOR RECONDITIONING	00445	9.00	7.50	7.50
1	LIFETIME	FREE FLAT REPAIR	01258	29.95	0.00	0.00
1	LIFETIME	FREE ROTATION	01235	29.95	0.00	0.00
1		DISMOUNT + MOUNT	00197	10.95	0.00	0.00
1		30 DAY TEST DRIVE	13000	0.00	0.00	0.00
1	AFTER SALE	GUARANTEED LOWEST PRICE	13002	0.00	0.00	0.00
1		NATIONWIDE WARRANTY	13001	0.00	0.00	0.00
1	LIFETIME	SNOW TIRE CHANGEOVER	00195	39.95	0.00	0.00
1		TIRE REMOVAL SERVICE			3.75	3.75

IBM#: 30817
 WORKMANSHIP: YES
 ROAD HAZARD: 36 MO
 MILEAGE
 W/O CARE: NONE
 MILEAGE
 WITH CARE: NONE
 TIRE REMOVAL SERVICE

Explanation: 1 WORKS TO R/F TOSSW OLD	SUB-TOTAL	122.19
TORQUE: 65-80	RISALES TAX	8.55
SIGNATURE	NON-TAXABLE	34.45
	TOTAL	165.19

M/C-Visa 165.19 Card# xxxxxxxxxxxxxx4780 Appr 08774D

Attention Customer: We gave you the voluntary tire registration form. You must mail the form for the registration to be valid.

SAFETY WARNING After installation of mag wheels, all nuts or bolts must be retorqued (retightened) after the first 25 miles CUSTOMER INITIALS _____	COMMENTS - COMPLIMENTS - COMPLAINTS Town Fair serves thousands of customers each year. In order to help us serve you better, if you have a comment, compliment, or complaint or just want to talk to us about our operation - please call - it will be greatly appreciated.	Contact or Write CUSTOMER SERVICE TOWN FAIR TIRE 460 COE AVENUE EAST HAVEN, CT 06512 TELEPHONE (203)467-8600 X 213 OR TOLL FREE 1 (800) 972-2245 OR 1 (888) TOWNFAIR OR VISIT OUR WEBSITE @ www.townfair.com
	CUSTOMER COPY	

QUOTE
5656012

FIRESTONE COMPLETE AUTO CARE
400 BALD HILL RD STE 450
WARWICK, RI. 02886-1617

SERVICE ADVISOR:
02 MARK
401.738.1661

Printed on 10/12/2023

PHONE

2013 HYUNDAI ELANTRA GT BASE
1.8L L4 FI GAS VIN E DOHC

LIC #
IN

VIN #

MILEAGE 0

Store # 014702

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
HANKOOK TIRE PACKAGE							168.02
1014363 VENTUS V2 BSW P215/45R17 91V No Mileage Warranty	7099617		1	126.99		126.99	
TIRE EXCISE TAX	7024570		1	1.00		1.00	
NEW TIRE WHEEL BALANCE LABOR	7013632		1		12.99	12.99	
RUBBER VALVE STEM	7015040		1	2.99		2.99	
7097782 ROAD HAZARD PROTECTION	7097782		1	19.05		19.05	
SCRAP TIRE RECYCLING FEE	7075078		1		5.00	5.00	
LOW PROFILE TIRE INSTALLATION	7006472		1		N/C	N/C	



Prices valid for 30 days.

Summary	
Parts	150.03
Labor	17.99
Shop Supplies	1.04
Sub	169.06
Tax	10.92
Total	179.98

Hail D Wolfenden

THIS IS NOT AN INVOICE- DO NOT PAY

Rhode Island Auto Repair
442 Providence St
West Warwick RI 02893
401-828-0900
401-821-2336
Rhodeislandautorepair@gmail.com

Customer: Gail Wolenden
Address:
City, State:
Day Phone: 401-601-1283
Night Phone:
Fax:
Estimate Ref: 8609
Date: October 12, 2023
Time: 02:39 PM

Service Writer: Jason
Service Tech:

VID:
Mileage:



Vehicle: 2013 Hyundai Elantra GT L4-1.8L

Description	Part #/Labor Rate	Qty	Price/Time	Extended
215 45R 17 Hankook Ventus				
Mount And Balance		1	188.00	188.00
Sensor Reconditioning		1	29.99	29.99
Disposal		1	20.00	20.00
Alignment		1	4.00	4.00
		1	89.99	89.99
			Labor Total	0.00
			Parts Total	331.98
			Sub-Total	331.98
			Parts Tax 7.0%	23.24
			Total	\$ 355.22

Signature _____

Date _____

Gail Wolenden