

## **INFORMATION TO SUBMIT A CLAIM TO THE CITY OF WOONSOCKET**

This form is used for pothole or other property damage claims. Please complete the information that pertains to your claim only. Submission of this form does not guarantee acceptance of the claim. The City Council has the sole legal authority to accept/reject this submission.

### Pothole Claims

There are a series of steps to follow, which are detailed below. You can also obtain directions by calling (401)767-9201 or visiting the City website, [www.ci.woonsocket.ri.us](http://www.ci.woonsocket.ri.us). The initial notification must be made within **seven calendar days** of the incident.

**Special Notice Regarding Pothole Claims:** Under Rhode Island General Law § 24-5-13(b); If any person shall incur damage to his or her motor vehicle by reason of a pothole on any municipal highway or street which damage would not have occurred without the existence of the pothole, he or she may recover from the municipality the amount of the damages sustained up to and not more than the sum of three hundred (\$300.00). 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 with a period of seven (7) days from the date on which was sustained by filing a written report in a manner prescribed by the municipality. In no instance, however, shall any claim for damage so caused to a motor vehicle registered in a foreign state be considered unless that state has a similar statute affording similar protection to persons owning motor vehicles registered in this state.

### Damage in a Construction Zone

Call (401)767-9201. You will be directed to the responsible contractor for processing.

### Other Claims

Claims must be submitted to the City Solicitor as instructed here, pursuant to R.I.G.L. § 45-15-10 for review, approval, denial and submission to the City Council and/or the City's insurance administrator. Please note that the City of Woonsocket does not handle property damage claims in excess of \$2,500.00 or incidents involving personal injuries. The City submits these claims to their insurance administrator to process these claims on behalf of the City.

### INSTRUCTIONS

The registered vehicle/property owner must submit the claim form and return with the applicable following documentation:

- Completed 2-page Woonsocket Property Damage Claim form (below).
- Three written, itemized estimates for repair/replacement of damaged property (or one paid receipt with proof of payment and two estimates).
- Copy of valid RI registration for the vehicle.
- Copy of police report, tow receipt or auto club report verifying the incident.
- Photos of damage, if applicable.

Your claim will not be processed until all information requested is received. The claim will be reviewed by the Law Department and a recommendation forwarded to the Woonsocket City Council.

Submit the completed form and other listed requirements to:

City of Woonsocket – Law Department

169 Main Street-P.O. Box B

Woonsocket, RI 02895

or by email to: [psteenbergen@woonsocketri.org](mailto:psteenbergen@woonsocketri.org)

PLEASE PRINT CLEARLY APPLICABLE INFORMATION

**CITY OF WOONSOCKET**  
**PROPERTY DAMAGE CLAIM FORM**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Check the type of claim:

Automobile Accident:  Pothole Damage:  Other:  \_\_\_\_\_

5. Below, explain the circumstances of the incident for which you are claiming property damage. **Please include the date, time, and the exact location of the alleged incident.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is the total amount of your claim against the City: \$ \_\_\_\_\_

7. Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

8. Property damage estimate(s) or receipt(s) must be submitted with this form in order to process your claim. Attach estimate(s) or receipt(s) to this form. List the total of the estimate(s) or receipt(s) and the name of the vendor. Indicate whether each amount listed relates to an estimate or receipt.

a. \$ \_\_\_\_\_ Vendor: \_\_\_\_\_ ESTIMATE  or RECEIPT

b. \$ \_\_\_\_\_ Vendor: \_\_\_\_\_ ESTIMATE  or RECEIPT

c. \$ \_\_\_\_\_ Vendor: \_\_\_\_\_ ESTIMATE  or RECEIPT

9. Is this the only claim you have ever submitted to the City? \_\_\_\_\_

If "no," list all other claims you have submitted, including for each claim the date of submittal, the type of claim, the amount of the claim, and the final disposition of the claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10. Do you have insurance on the damaged property? \_\_\_\_\_

a. If "yes," list the name, address, and telephone number of your insurance company and/or agent, and your insurance policy number. Attach a copy of the statement of applicable coverage for the damaged property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Have you submitted a claim to your insurance carrier? \_\_\_\_\_ If "yes," when \_\_\_\_\_

c. Does your insurance cover this claim? \_\_\_\_\_ If "no," attach a letter from your insurance carrier indicating the lack of coverage.

d. What is your deductible? \$ \_\_\_\_\_

e. Have you received any insurance proceeds for this incident? \_\_\_\_\_  
If "yes," how much \$ \_\_\_\_\_

f. Has any vendor received any insurance payment on your behalf for this incident? \_\_\_\_\_  
If "yes," how much \$ \_\_\_\_\_

11. List each City Department or agency you reported this incident to, the date you reported it, and the name of the person you spoke to. Attach each incident report to this form.

Agency/Dept: \_\_\_\_\_ Date: \_\_\_\_\_ Employee: \_\_\_\_\_

Agency/Dept: \_\_\_\_\_ Date: \_\_\_\_\_ Employee: \_\_\_\_\_

Payment of your claim will require your signature on a form releasing the City from any further liability for the same incident.

I, the undersigned, do affirm the truthfulness and accuracy of the information above and that attached hereto in support of this claim against the City of Woonsocket for the property damage. I understand that I have an obligation to inform the City of any insurance payments made to me or to any vendor on my behalf for this incident.

Claimant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Letter to City Council: \_\_\_\_\_

Approved  Denied

Release Signed: \_\_\_\_\_

Check Issued: \_\_\_\_\_