



Recommendation Memo

To: Eric Earls, Department of Public Works
From: Treasury Department
Date: June 2, 2022
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: 04/26/22

Police/tow/auto report: 22-903-AC

Claimant: Patrick A. Blair
84 Robin St, Apt 3
Providence, RI 02908

Claim: Vehicle was struck by trash truck while passing on left.


Estimates: Geico \$2,270.34

Department Recommends:

Approval of this claim for \$0

Denial of this claim (please include comments below):

The City does not accept liability for this driver passing on the left side of our vehicle.



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: Patrick A. Blair
Address: 84 Robin Apt 3 st 41 East Street
City, State, Zip: Providence R.I West Warwick R-I
Telephone #: 401 347 6445 02893

Date of incident (M/D/Y) 4/26/22 Time: 10:10 AM PM

Description of Incident/Claim: Trash Truck was picking up trash as I started to go around on the left side he pulled out as I was going around.

PBlair43@gmail.com

Vehicle Year: 2010 Make: Mazda Model: 3 Odometer reading: 153900

The Pothole was located on _____ road.

I notified the Finance I Public Works department on Lynn on 4/27/22 (date).

The nature of my property damage is: Left Back Bumper

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

I request reimbursement in the amount of \$ _____

SIGNATURE OF CLAIMANT: Patrick A. Blair

DATE May 7 2022

AFFIDAVIT

(Petitioner Name) Patrick A. Blair, 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) 4-26-22 as a result of (please provide brief description):

Accident : City of Warwick Trash truck pulling out as I was passing on left.

Said claim was filed with the Finance Department on 4/27/22 (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.

Patrick A. Blair
Signature of Claimant or its Representative

Patrick A. Blair
Printed Name

State of Rhode Island
County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____

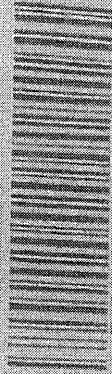
DEBRA A HAMMOND
Notary Public, State of Rhode Island
(Notary Public)
My Commission Expires FEB. 01, 2028
Commission # 706157

Debra A Hammond 5-6-22



STATE OF RHODE ISLAND
 DIVISION OF MOTOR VEHICLES

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



B W 1 2 1 2 3 1 4 1

PATRICK A BLAIR
 84 ROBIN ST APT 3
 PROVIDENCE RI 02908-4733

Date: 12/03/2021

Registration Certificate

REG NUMBER: 1BA266	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVER'S LICENSE: 12123141	REG EXP DATE: 01/31/2024
YEAR: 2010	MAKE: MAZDA	MODEL: 3	BODY TYPE: Sedan	MAJOR COLOR: SILVER	MINOR COLOR: SILVER
VEHICLE IDENTIFICATION NUMBER: JM1BL1SFXA1520526	RENEWAL FEE: \$92.50	CARRYING CAPACITY: N/A	GROSS WEIGHT: 3618	# OF PASSENGERS: 5	# OF CYLINDERS: 4
FUEL TYPE: GAS			LENGTH: N/A	CC's: N/A	MAX SPEED: 0
REGISTERED OWNER/LEASING COMPANY: PATRICK A BLAIR 84 ROBIN ST APT 3 PROVIDENCE RI 02908-4733			SECOND OWNER/LESSEE:		

TAX TOWN: PROVIDENCE

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 Repairs 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 12/15/2023 will result in this vehicle being suspended.
 Not valid without official signature of Administrator.

GEICO

Vermont

For Supplement Request copy the link below

partners.geico.com/gvbps#/

300 Crosspoint Parkway

Getzville, NY 14068

Phone: (800) 841-3000

Claim #: 8708839110000001-01
Workfile ID: 20ea4945

Estimate of Record

Written By: STEPHEN PLUCIN, License Number: 302190, 5/4/2022 3:32:56 PM
Adjuster: PLUCIN, STEPHEN, (802) 222-1806 Business

Insured: Patrick Blair Owner Policy #: 6048028069 Claim #: 8708839110000001-01
Type of Loss: Collision Date of Loss: 04/26/2022 12:01 AM Days to Repair: 10
Point of Impact: 04 Right Qtr Post Deductible:
(Right Side)

Owner (Insured):	Inspection Location:	Appraiser Information:	Repair Facility:
Patrick Blair Po Box 28036 Providence, RI 02908-0036 (401) 347-6445 Evening pblair43@gmail.com	Po Box 28036 Providence, RI 02908-0036 Field (401) 347-6445 Day	(802) 222-1806	OWNERS CHOICE

VEHICLE

2010 MAZD 3 i Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

VIN: JM1BL1SFXA1320526 Production Date: 05/2010 Interior Color:
License: 1BA266 Odometer: 158886 Exterior Color: silver
State: RI Condition:

TRANSMISSION	STEERING WHEEL TOUCH CONTROLS	AUXILIARY AUDIO CONNECTION	POWER BRAKES
AUTOMATIC TRANSMISSION OVERDRIVE	CONSOLE/STORAGE	SAFETY	ANTI-LOCK BRAKES (4)
DRIVER CONVENIENCE	INSTRUMENT PANEL	DRIVERS SIDE AIR BAG	GLASS & MIRRORS
MESSAGE CENTER	AIR CONDITIONING	PASSENGER AIR BAG	DUAL MIRRORS
POWER WINDOWS	REAR DEFOGGER	FRONT SIDE IMPACT AIR BAGS	SEATS
POWER MIRRORS	RADIO	HEAD/CURTAIN AIR BAGS	CLOTH SEATS
POWER TRUNK/LIFTGATE	AM RADIO	PAINT	BUCKET SEATS
INTERMITTENT WIPERS	FM RADIO	CLEARCOAT PAINT	RECLINING/LOUNGE SEATS
TILT WHEEL	STEREO	METALLIC PAINT	WHEELS
TELESCOPIC WHEEL	SEARCH/SEEK	FRONT END	4-WHEEL DISC BRAKES
	CD PLAYER	POWER STEERING	FULL WHEEL COVERS

Estimate of Record

2010 MAZD 3 i Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR DOOR					
2	Blnd	RT Outer panel	BBM472031				1.0
3	R&I	RT Belt w'strip	BBM450660F			0.3	
4	*	R&I RT Upper molding	BBM4508V2			<u>0.2</u>	
5	R&I	RT Moveable glass Mazda	BBM672511A			0.4	
6	R&I	RT Handle, outside graphite	GS1D72410H54			0.8	
7	R&I	RT Door trim panel cloth beige	BBM468530H74			0.6	
8		QUARTER PANEL					
9	*	Rpr RT Quarter panel	BBY27041X			<u>12.0</u>	2.2
10		Add for Clear Coat					0.9
11	Repl	RT Stone guard	BBM4504P2A	1	50.13	0.2	
12	R&I	Fuel door	BBM442410			0.3	
13	Refn	Fuel door	BBM442410				0.3
14		Add for Clear Coat					0.1
15		REAR LAMPS					
16	R&I	RT Combo lamp assy w/o LED	BBM451150G			0.4	
17		REAR BUMPER					
18		O/H rear bumper	NONE			1.9	
19	<>	Repl Bumper cover 2.0L	BBM450221MBB	1	398.92	Incl.	3.0
20		Overlap Major Non-Adj. Panel					-0.2
21		Add for Clear Coat					0.6
22	**	Repl A/M RT Retainer	M8400	1	21.54	0.1	
23		Repl RT Splash shield 2.0L	BBM450341	1	31.59	Incl.	
24		MISCELLANEOUS OPERATIONS					
25	*	Repl Cover car/bag		1		<u>0.0</u>	<u>0.2</u>
26	#	Refn Mask for Overspray					0.2
27	#	Restore corrosion protection		1	10.00 T	0.2	
28	#	Subl Replace flex additive		1	10.00 T		
29	#	Subl Balance Wheel		1	20.00 X		
30	#	Suspension Alignment		1	69.95		
31		TIRES					
32	*	Repl GDRH 205/55R16 Advantage Control BW 91H B25%	GR05849	1	124.99	0.3	
33		OTHER CHARGES					
34	#	E.P.C.		1	2.50		
SUBTOTALS					739.62	17.7	8.3

NOTES

Prior Damage Notes:
 UNKNOWN EASY ESTIMATE VIRTUALLY

Estimate of Record

2010 MAZD 3 i Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			697.12
Body Labor	17.7 hrs @	\$ 49.00 /hr	867.30
Paint Labor	8.3 hrs @	\$ 49.00 /hr	406.70
Paint Supplies	8.3 hrs @	\$ 27.00 /hr	224.10
Miscellaneous			40.00
Other Charges			2.50
Subtotal			2,237.72
Sales Tax	\$ 943.72 @	7.0000 %	66.06
Total Cost of Repairs			2,303.78
Deductible			0.00
GDRH 205/55R16 Advantage Control BW 91H 825%			33.44
Total Adjustments			33.44
Net Cost of Repairs			2,270.34

This is not an authorization to repair.

All GEICO customers have the right to have their vehicle repaired in the shop of their choice.

No Supplement will be honored unless authorized by GEICO.

NOTICE: Vehicles constructed of special metals may require the use of specialized welding and bonding equipment. Proper measuring and structural repair systems are required on today's vehicle to accurately accomplish vehicle repairs. Make sure your shop has the proper equipment to repair your vehicle.

ALTERNATE PARTS DISCLAIMER:

IF A QUALITY REPLACEMENT PART (A/M, LKQ, RECOND OR OPT OEM) APPEARS ON THIS ESTIMATE, IT INDICATES THAT THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. GUARANTEES, IF ANY, APPLICABLE TO THESE REPLACEMENT CRASH PARTS ARE PROVIDED BY THE PART MANUFACTURER OR DISTRIBUTOR RATHER THAN BY THE MANUFACTURER OF YOUR VEHICLE.

***IN ADDITION TO ANY SUCH GUARANTEES, GEICO PROVIDES THE FOLLOWING:

****OWNER LIMITED GUARANTEE**** WE GUARANTEE THAT ALL QUALITY REPLACEMENT BODY PARTS (PARTS NOT MANUFACTURED BY THE MANUFACTURER) IDENTIFIED ON YOUR ESTIMATE, ARE FREE OF DEFECTS IN MATERIAL AND WORKMANSHIP AND MEET GENERALLY ACCEPTED INDUSTRY STANDARDS. THIS PARTS AND LABOR GUARANTEE WILL BE IN EFFECT FOR AS LONG AS YOU OWN THE VEHICLE DESCRIBED IN THE ESTIMATE. THIS GUARANTEE COVERS THE COST OF THE PART, LABOR TO INSTALL, AND INCIDENTALS SUCH AS PAINT AND MATERIALS AND IS SPECIFICALLY LIMITED TO THOSE ITEMS. THIS GUARANTEE DOES NOT COVER LOSS OR DAMAGE THAT IS UNRELATED TO DEFECTS IN THE QUALITY REPLACEMENT PARTS. THIS IS NOT TRANSFERABLE. IF ANY QUALITY REPLACEMENT PARTS ARE DEFECTIVE IN EITHER MATERIAL OR WORKMANSHIP, CONTACT YOUR LOCAL GEICO REPRESENTATIVE.

Estimate of Record

2010 MAZD 3 i Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

PURSUANT TO RHODE ISLAND LAW, THE CONSUMER HAS THE RIGHT TO CHOOSE THE REPAIR FACILITY TO COMPLETE REPAIRS TO A MOTOR VEHICLE; AND AN INSURANCE COMPANY MAY NOT INTERFERE WITH THE CONSUMER'S CHOICE OF REPAIRER.

FOR ANY VEHICLE THAT IS LESS THAN FORTY-EIGHT (48) MONTHS BEYOND THE DATE OF MANUFACTURE, RHODE ISLAND LAW ENTITLES THE VEHICLE OWNER TO ORIGINAL EQUIPMENT MANUFACTURER (OEM) PARTS IN THE REPAIR OF A MOTOR VEHICLE PART. THIS ESTIMATE WILL INDICATE IF/WHEN AFTERMARKET BODY PARTS ARE SPECIFIED.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Estimate of Record

2010 MAZD 3 i Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARH5418, CCC Data Date 05/02/2022, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2022 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Claim #: 8708839110000001-01
Workfile ID: 20ea4945

Estimate of Record

2010 MAZD 3 i Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
22	Empire Auto Parts 61 Robert Treat Paine Drive Taunton MA 02780 (888) 366-5155	#M8400 A/M RT Retainer Quote: 39331504 Expires: 05/04/22	\$ 21.54

Claim #: 870863911000001-01
Workfile ID: 20ea4945

Estimate of Record

2010 MAZD 3 i Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

TIRE PARTS SUPPLIERS

Line	Supplier	Description	Price
32	Tire Rack 7101 VORDEN PKWY SOUTH BEND IN 46628 (800) 445-0179	GDRH 205/55R16 Advantage Control BW 91H B25%	\$ 124.99

Claim #: 8708839110000001-01
Workfile ID: 20ea4945

Estimate of Record

2010 MAZD 3 I Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

ALTERNATE PARTS USAGE

2010 MAZD 3 I Sport Automatic 4D SED 4-2.0L Gasoline EFI silver

VIN: JM1BL1SFXA1320526 Production Date: 05/2010 Interior Color:
License: 1BA266 Odometer: 158886 Exterior Color: silver
State: RI Condition:

Alternate Part Type	# Of Available Parts	# Of Parts Selected
Aftermarket	3	1
Optional OEM	0	0
Reconditioned	0	0
Recycled	23	0

From: Patrick Blair
401-347-6445

Date of accident 4/26/2022

I've tried to get an estimate from Dean auto body after trying there I called Nicks off Federal Hill they were booked up.

I called Geico they were able to give me the estimate. I asked the Geico customer service if they could find an opening in my area, they just gave me the estimate that they had given.

The body shops have been busy and without using insurance and a guarantee of payment Dean auto body will not provide an additional estimate.

Thank you

Patrick Blair
5/25/2022
401-347-6445

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Warwick			Report Number 22-903-AC			Crash Date 04/26/2022		Crash Time 1015		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>			
City or Town Name WARWICK				Street or Highway WILD FLOWER CIR				<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		# of Lanes 2		Posted Speed Limit <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Unk	
Nearest Intersection Street BAYBERRY WAY			Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. 50		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude +041.699850		Longitude -071.395810		
Unit ID 1	Driver's Last Name BLAIR		First Name PATRICK		M.I. A	DOB 04/03/1985	Unit ID 2	Driver's Last Name CANNING		First Name MICHAEL		M.I. T	DOB 10/03/1988		
Address 84 ROBIN ST Apt. #3				City PROVIDENCE				Address 91 RIDGEWAY AVE				City WARWICK			
State RI	Zip 02908	Home Phone		Cell Phone 401-347-6445		Work Phone		State RI	Zip 02889	Home Phone		Cell Phone 401-749-4074		Work Phone	
Driver's License # 12123141				<input type="checkbox"/> CDL		Lic. State RI		Driver's License # 12961308				<input type="checkbox"/> CDL		Lic. State RI	
M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation	M/V Violation		
<input checked="" type="checkbox"/> Driver & Owner are Same	Owner's Last Name BLAIR			First Name PATRICK		M.I. A	<input type="checkbox"/> Driver & Owner are Same	Owner's Last Name CITY OF WARWIC			First Name		M.I.		
Address 84 ROBIN ST Apt. #3				City PROVIDENCE				Address 3275 POST RD				City WARWICK			
State RI	Zip 02908	Home Phone		Cell Phone 401-347-6445		Work Phone		State RI	Zip 02889	Home Phone		Cell Phone		Work Phone	
Insurance Company Name geico				<input type="checkbox"/> No Ins.		Insurance Policy Number 6048028069		Insurance Company Name Ri interlocal				<input type="checkbox"/> No Ins.		Insurance Policy Number 132p12021-1	
Hit And Run <input type="checkbox"/> Yes, M/V & Driver left Scene <input type="checkbox"/> Yes, Driver left Scene <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				Hit And Run <input type="checkbox"/> Yes, M/V & Driver left Scene <input type="checkbox"/> Yes, Driver left Scene <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk											
Registration # 1BA266	<input type="checkbox"/> Not Reg.	State RI	Yr Reg. 2024	VIN JM1BL1SFXA1320526		Registration # 5579	<input type="checkbox"/> Not Reg.	State RI	Yr Reg. 2023	VIN 1M2LR1GC9NM005461					
Veh Yr. 2010	Make MAZDA	Model MAZDA3	Color Silver	Plate Type PC	Veh Yr. 2022	Make MACK	Model LR	Color WHITE	Plate Type CITY						
Veh Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Veh Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk											
Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Company Name			Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towing Company Name			Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Person Type															
1 Driver	4 Bicyclist	7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)				9 Occupant of a Non-Motor Veh Transportation Device									
2 Passenger	5 Other Cyclist	8 Occupant of Motor Veh. Not in Transport (Parked, etc.)				10 Unknown Type of Non-Motorist									
3 Pedestrian	6 Witness					11 Unknown									
Unit ID	Sex	Seat Position		Other Location		Air Bag Deployed		Ejected		Protection System			Injury		
1 Unit 1	M Male	1	2	3	13 Other Row (Bus)	17 N/A	1 No	2 Partially	3 Totally	1 N/A	7 Child - Row Facing	1	2 Non-Incapacitating	3 Incapacitating	
2 Unit 2	F Female	4	5	6	14 Unk Row	18 Sleeper	2 No	6 Comb	4 N/A	2 None Used	8 Child - Rear Facing	2	4 Fatal	5 No Injury	
3 (etc.) or N/A	U Unk	7	8	9	15 Other Seat	19 Other Enclosed Area	3 Front	7 Unk	5 Unk	3 Shoulder & Lap	9 Booster Seat	3	6 Unk	6 Unk	
		10	11	12	16 Unk Seat	20 Other Unenclosed Area	4 Side			4 Shoulder Only	10 Child - Unk	4			
						21 Towed Unit				5 Lap Only	11 Helmet Used	5			
						22 Unk				6 Type Unk	12 Other	6			
											13 Unk				
Name: Occupants - Witnesses - Pedestrians - Bicyclists	Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue					
PATRICK A BLAIR	1	1	M	04/03/1985	1	2	1	3	5	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
MICHAEL T CANNING	1	2	M	10/03/1988	1	2	1	3	5	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
										<input type="checkbox"/> Y <input type="checkbox"/> N					
Non-Vehicle Property Damage	<input type="checkbox"/> State Property	<input type="checkbox"/> City/Town Property	<input type="checkbox"/> Private Property												
Owner	Address														
Home Phone	Cell Phone	Work Phone	Damage Description												
Reporting Officer Name Officer Stanley Hermanowski				Reporting Officer Badge Number 319				Report Date 04/26/2022		Prohibit Public Release No					

Report Number
22-903-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

- 1 Type of Roadway
- 1 Two-Way, Not Divided (No Median or Barrier)
 - 2 Two-Way, Not Divided With a Continuous Left Turn Lane
 - 3 Two-Way, Divided, Unprotected (painted >4 feet) Median
 - 4 Two-Way, Divided, Positive Median Barrier
 - 5 One-Way Trafficway
 - 6 Unknown

- Traffic Controls
- 1 No Controls
 - 2 Person
 - 3 Traffic Control Signal
 - 4 Flashing Traffic Control Sig.
 - 5 School Zone Signs
 - 6 Stop Signs
 - 7 Yield Signs
 - 8 Warning Signs
 - 9 Railway Crossing Device
 - 10 Pavement Markings
 - 11 Other
 - 12 Unknown

- 1 Road Surface Condition (Prevailing)
- 1 Dry
 - 2 Wet
 - 3 Snow
 - 4 Slush
 - 5 Ice/Frost
 - 6 Water (Standing, Moving)
 - 7 Sand
 - 8 Mud, Dirt, Gravel
 - 9 Oil
 - 10 Other
 - 11 Unknown

Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?
 Yes No N/A

- 1 Light Condition (Prevailing)
- 1 Daylight
 - 2 Dawn
 - 3 Dusk
 - 4 Dark - Lighted
 - 5 Dark - Not Lighted
 - 6 Dark - Unknown Lighting
 - 7 Other
 - 8 Unknown

Construction Zone Crash?
 (Crash Occurs in or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone)
 Yes No

Construction Workers Present?
 Yes No

- 1 Weather Condition (Prevailing)
- 1 Clear
 - 2 Cloudy
 - 3 Fog, Smog, Smoke
 - 4 Rain
 - 5 Sleet, Hail (Freezing Rain or Drizzle)
 - 6 Snow
 - 7 Blowing Snow
 - 8 Severe Crosswinds

- Contributing Circumstances Environment
- 1 None
 - 2 Weather Conditions
 - 3 Physical Obstructions
 - 4 Glare
 - 5 Animal(s) in Roadway
 - 6 Other
 - 7 Unknown

1st

1

2nd

3rd

- 9 Manner of Impact
- 1 Not a Collision Between Two Motor Vehicles in Transport
 - 2 Rear End (Front-to-Rear)
 - 3 Head-On (Front-to-Front)
 - 4 Angle (Front-to-Side) Same Direction
 - 5 Angle (Front-to-Side) Opposite Direction
 - 6 Angle (Front-to-Side) Right Angle (Includes Broadside)
 - 7 Angle-direction Not Specified
 - 8 Sideswipe, Same Direction
 - 9 Sideswipe, Opposite Direction
 - 10 Rear-to-Side
 - 11 Rear-to-Rear
 - 12 Other
 - 13 Unknown

- Contributing Circumstances Road
- 1 None
 - 2 Road Surface Condition (Wet, Icy, Snow, Slush, etc.)
 - 3 Debris
 - 4 Rut, Holes, Bumps
 - 5 Work Zones (Construction/Maintenance/Utility)
 - 6 Worn, Travel-Polished Surface
 - 7 Obstruction in Roadway
 - 8 Traffic Control Device Inoperative, Missing or Obscured
 - 9 Shoulders (None, Low, Soft, High)
 - 10 Non-Highway Work
 - 11 Other
 - 12 Unknown

1st

1

2nd

3rd

School Bus Related Crash?
 (Directly Involved Indicates Contact was Made)
 Yes, Directly Involved No
 Yes, Indirectly Involved

- 1 Vehicle #1
- | | | | |
|--|---------------|--|---------------|
| 1 Passenger Car | 6 Motor Home | 11 Motorcycle | Vehicle #2 |
| 2 (Sport) Utility Vehicle | 7 School Bus | 12 Moped | 16 |
| 3 Passenger Van | 8 Transit Bus | 13 Low Speed Vehicle | 17 Tow Truck |
| 4 Cargo Van (10K lbs [4,536 kg] or Less) | 9 Motor Coach | 14 Other Light Trucks (10K lbs [4,536 kg] or Less) | 18 Pedestrian |
| 5 Pickup | 10 Other Bus | 15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg]) | 19 Bicyclist |
| | | 16 Medium/Heavy Trucks (More than 10K lbs [4,536 kg]) | 20 Witness |
| | | | 21 Other |

Vehicle #1 Yes No Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat? Vehicle #2 Yes No

Vehicle #1 Yes No Was this Vehicle in Tow? Vehicle #2 Yes No

- 1 Vehicle #1
- | | | | | |
|-----------------------|------------------------------|------------|--------------|------------|
| 1 No Special Function | 3 Vehicle Used as School Bus | 5 Military | 7 Ambulance | Vehicle #2 |
| 2 Taxi | 4 Vehicle Used as Other Bus | 6 Police | 8 Fire Truck | 1 |
| | | | 9 Unknown | |

Report Number
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STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Yes No Unk Police, Ambulance or Fire Truck Responding to a Call?
 Yes No Unk

1 Vehicle #1 Motor Vehicle Position Vehicle #2 1
 1 Motor Vehicle on Roadway 2 Motor Vehicle Parked 3 Working Vehicle/Equipment

3 Vehicle #1 Extent of Damage Vehicle #2 3
 1 No Damage Observed 2 Minor damage (less than or equal to \$1000) 3 Functional Damage (greater than \$1000) 4 Disabling Damage (greater than \$1000)

13 Vehicle #1 Most Harmful Event Vehicle #2 13
 Non-Collision: Collision with Person, Motor Veh, or Non-fixed Obj: Collision with Fixed Object:

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equip. Loss or Shift 6 Fell/Jumped from Motor Veh. 7 Thrown or Falling Object 8 Other Non-Collision | <ul style="list-style-type: none"> 9 Pedestrian 10 Pedalcycle 11 Railway Vehicle (Train, Engine) 12 Animal 13 Motor Vehicle in Transport 14 Work Zone/Maintenance Equipment 15 Other Non-Fixed Object | <ul style="list-style-type: none"> 16 Impact Attenuator/Crash Cushion 17 Bridge Overhead Structure 18 Bridge Pier or Support 19 Bridge Rail 20 Culvert 21 Curb 22 Ditch 23 Embankment 24 Guardrail Face 25 Guardrail End 26 Jersey/Concrete Traffic Barrier 27 Other Traffic Barrier | <ul style="list-style-type: none"> 28 Tree (Standing) 29 Landscaping 30 Utility Pole (Elec/Tele)/Light Support 31 Highway Lighting/Light Standard 32 Traffic Sign/Support 33 Traffic Signal/Support 34 Traffic Control Box 35 Variable Message Board/Arrow Board 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Obj. (Wall, Building, Tunnel, etc.) |
|---|--|--|---|
- 40 Unknown - Most Harmful Event

1 Vehicle #1 Vehicle Action Prior Vehicle #2 1
 1 Movements Essentially Straight Ahead 6 Turning Left 11 Negotiating a Curve
 2 Backing 7 Making U-Turn 12 Parked
 3 Changing Lanes 8 Leaving Traffic Lane 13 Stopped in Traffic
 4 Overtaking/Passing 9 Entering Traffic Lane 14 Other
 5 Turning Right 10 Slowing 15 Unknown

4 Vehicle #1

Passenger Car

11 Vehicle #2

Motorcycle

5 Vehicle #1

Bus

11 Vehicle #2

Tractor Trailer

Initial Impact Area Clock Diagram Or
 13 Top (Roof)
 14 Undercarriage
 15 Non-Collision
 16 Unknown

Most Damaged Area

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22-903-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

1st 13	Vehicle #1	Sequence of Events		Vehicle #2	1st 13
2nd		Non-Collision: 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped from Motor Vehicle 7 Thrown or Falling Object 8 Other Non-Collision Collision with Person, Motor Veh, or Non-fixed Obj: 9 Pedestrian 10 Pedalcycle 11 Railway Vehicle (Train, Engine) 12 Animal 13 Motor Vehicle in Transport 14 Work Zone/Maintenance Equipment 15 Other Non-Fixed Object	Collision with Fixed Object: 16 Impact Attenuator/Crash Cushion 17 Bridge Overhead Structure 18 Bridge Pier or Support 19 Bridge Rail 20 Culvert 21 Curb 22 Ditch 23 Embankment 24 Guardrail Face 25 Guardrail End 26 Jersey/Concrete Traffic Barrier 27 Other Traffic Barrier 28 Tree (Standing) 29 Landscaping 30 Utility Pole (Elec/Tele)/Light Support 31 Highway Lighting/Light Standard 32 Traffic Sign/Support 33 Traffic Signal/Support 34 Traffic Control Box 35 Variable Message Board/Arrow Board 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Obj. (Wall, Building, Tunnel, etc.)		2nd
3rd					3rd
4th					4th
			40 Unknown - Sequence of Events		

1	Driver Vehicle #1	Driver Distracted	Driver Vehicle #2	1
		1 Not Distracted 2 Electronic Communication Devices (Cell Phone, Pager, etc.) 3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.) 4 Other Inside the Vehicle 5 Other Outside the Vehicle 6 Unknown		

1	Driver Vehicle #1	Physical Condition of Driver	Driver Vehicle #2	1
		1 Apparently Normal 2 Emotional (Depressed, Angry, Disturbed, etc.) 3 Ill (Sick) 4 Fell Asleep, Fainted, Fatigued, etc. 5 Under the Influence of Medications/Drugs/Alcohol 6 Other		

1st	Vehicle #1	Non-Motorist Safety Equipment		Vehicle #2	1st
2nd	Vehicle #1	1 None 2 Helmet 3 Protective Pads Used (Elbows, Knees, Shins, etc.) 4 Reflective Clothing (Jacket, Backpack, etc.)	5 Lighting 6 Other 7 N/A 8 Unknown	Vehicle #2	2nd

Alcohol and/or Drug Testing							
Driver Vehicle #1		Driver Vehicle #2		Driver Vehicle #1		Driver Vehicle #2	
Alcohol	Drug	Alcohol	Drug	Alcohol Test Result		Drug Test Result	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BAC		Positive	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pending		Negative	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown		Awaiting Test Result	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Please see the Narrative Supplemental

Indicates North

Crash Diagram (NOT TO SCALE)

Warwick Police Department

Page: 1

NARRATIVE FOR OFFICER STANLEY HERMANOWSKI

Ref: 22-903-AC

On 04/26/22 at approximately 1015 hrs., I, Officer Hermanowski, responded to the area of Wild Flower Circle and Bayberry Way for a motor vehicle accident involving a City vehicle.

Upon my arrival, I observed Veh.#1 (RI passenger registration 1BA266, displayed on a 2010 silver Mazda 3), operated by OP#1, Patrick Blair (DOB 04/03/85). I observed Veh.#2 (RI city registration 5579, displayed on a 2022 white Mack garbage truck), operated by OP#2, Michael Canning (DOB 10/03/88). At this time there were no injuries reported on scene.

OP#1 (Blair) stated that he was traveling straight around Wild Flower Circle and that the trash truck was pulled over picking up trash. OP#1 (Blair) stated that he went around the left side of the trash truck; at which time the trash truck pulled out and struck Veh.#1.

OP#2 (Canning) stated that he was traveling northbound on Wild Flower Circle and was being passed on the left by a Mazda which hit the right front side of the truck/bumper. He stated that he immediately stopped.

Veh.#1 sustained damage to the rear bumper. The passenger side of the rear bumper was pulled off the vehicle. Veh.#2 sustained minor damage to the front driver's side corner.

Written statements were collected and later submitted to Records. A city supervisor (Tom Rourke) was on scene. Photos were taken. Sergeant Myer arrived on scene and also took photos with camera S-5. Accident cards were provided to both operators. Both vehicles left the scene under their own power.

Warwick Police Department
Image Associated With Case Number 22-903-AC
Image Description: 22-903-AC-1

WARWICK POLICE DEPARTMENT
STATEMENT FORM

POLICE USE ONLY

- COMPLAINANT/WITNESS STATEMENT
- OPERATOR STATEMENT
- DEFENDANT STATEMENT

REPORT # 22-903-AC
TIME 1143
DATE: 4/20/30

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: MICHAEL CANNING

Date of Birth: 10-3-89

Your Address: 91 RIDGEWAY AVE

City: WARWICK State: R.I. Zip: 02829

Employer: CITY OF WARWICK DEW

Work Address: 925 SANDY LN WARWICK

E-mail Address: _____

CONTACT INFORMATION

Home Phone: _____

Cell Phone: 749-4074

Work Phone: _____

IF YOU ARE A VICTIM OF A CRIME, DO YOU WISH TO BE NOTIFIED OF THE ARRAIGNMENT OF ANY
AND ALL ARRESTED PERSONS? YES _____ NO _____

TRAVELING NB WIND FLOWER CR. WAS BEING PASSED ON
THE ~~TRUCK~~ LEFT BY DRIVER OF MAZDA. MAZDA HIT FRONT
RIGHT SIDE OF TRUCK / BUMPER. IMMEDIATELY STOPPED AT
IMPACT AND NOTIFIED SUP.

THE ABOVE STATEMENT WAS MADE VOLUNTARILY, WITHOUT THREATS OR PROMISES

Officer: [Signature]
Signature and ID

Signature: [Signature]
Witness: _____

VICTIM'S RIGHTS FORM ISSUED BY OFFICER AT THE SCENE? YES _____ NO _____

Warwick Police Department
 Image Associated With Case Number 22-903-AC
 Image Description: 22-903-AC-2

WARWICK POLICE DEPARTMENT
 STATEMENT FORM

POLICE USE ONLY

- COMPLAINANT/WITNESS STATEMENT
- OPERATOR STATEMENT
- DEFENDANT STATEMENT

REPORT # 22-903-AC
 TIME 1043
 DATE: 7/26/22

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: Patrick Blair Date of Birth: 4-3-85

Your Address: 84 Robin Apt 3

City: Providence State: R.I Zip: 02908

Employer: Women 2 I n Fork Hoops

Work Address: 161 Dudley St. Prov 02905

E-mail Address: PBlair43@gmail.com

CONTACT INFORMATION

Home Phone: _____
 Cell Phone: x 461 347-6445
 Work Phone: _____

IF YOU ARE A VICTIM OF A CRIME, DO YOU WISH TO BE NOTIFIED OF THE ARRAIGNMENT OF ANY
 AND ALL ARRESTED PERSONS? YES _____ NO _____

*I was going forward around Wildflower circle a trash
 truck was pulled over picking up trash. I went around the
 truck's rear truck, he came out. I turned but it was to late
 he hit the back of my May 3 2018
 I was almost sent to jail he pulled into Back passenger
 quarter pole and bumper.*

THE ABOVE STATEMENT WAS MADE VOLUNTARILY, WITHOUT THREATS OR PROMISES

Officer: CRJ 350
 Signature and ID

Signature: [Signature]
 Witness: _____

VICTIM'S RIGHTS FORM ISSUED BY OFFICER AT THE SCENE? YES _____ NO _____

