

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

22 Police/tow/auto rei

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: Yatrick A. Harc
Address: St Probin Apt 3 St 41 East Street City, State, Zip: 160 Wildows 3 7 West Warwick, R. I.
City, State, Zip: 160 Vidence 7 7 West Warwick K-I
Telephone #: 401 347 6445
Date of incident (M/DIY) 4/26/22 Time: 10:10 AM I PM
Description of Incident/Claim: Trash Touck was Rickin up tras
as I started to go around on the lill
Side he gulled out as I was gain around.
YBlair 43 & gmall. Com
Vehicle Year 2010 Make: Mada Model: 3 Odometer reading: 153900
The Pothole was located onroad
I notified the Finance I Public Works department on Lynn on 4/27/22 (date).
The nature of my property damage is: Left Back Busper
Additional information about Tax Waiver (include letter from Tax Collector stating adverse decision)
request reimbursement in the amount of \$
SIGNATURE OF CLAIMANT: Jakus H Bli DATE May 1 1011
Page 1 of 2 if additional space is needed please attach separate page

<u>AFFIDAVIT</u>

(Petitioner Name) Patrick A. Bla	, being duly sworn, deposes and states:
1. I have petitioned the City Council of the City of incident which occurred on (date)	Warwick for compensation for losses arising from an as a result of (please provide brief description):
Accident: City of Wara	
Said claim was filed with the Einance Department of	$m = \frac{4/27/22}{(date)}$
2. Check appropriate box or boxes:	
* " " " " " " " " " " " " " " " " " " "	at any time seek compensation from any source (including, other than the City of Warwick, for any loss arising from ag for pothole claims, the maximum recovery is \$300.00 B (b).
I have received compensation from a source (including, but not limited to, any insurance amount(s) which I received total \$ and the source of the other payment(s) was	e or sources other than the City of Warwick, company) in connection with this incident. The
I am seeking, or intend to seek, compensation to the City of Warwick (including, but not limit the above described incident. The source of compensation is/are:	ion from a source or sources other than and/or in addition nited to, any insurance company), for any loss arising from r sources from which I seek such other
3. In the event that the Warwick City Council should claim against any other party who may be liable for r	d deny my claim, I understand that I may pursue a my loss.
 I understand that I am not entitled to recover mor Warwick pays any amount to me in connection with t amounts from any source other than the City of Warv report such other receipt(s) to the Finance Departme 	the above described incident, and if I should receive any
5. I have personal knowledge of the facts aforesaid	
Signature of Claimant or its Representative	Printed Name Printed Name
State of Rhode Island County of	
Subscribed and sworn to before me on this	day of , 20
Page 2 of 2 1.2012	DEBRA A HAMMOND (Notary Publicy Public, State of Rhode Island My Commission Expires FEB. 01, 2026 Commission # 768157
	Emercania region de consciona d



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES

Web Address: NYAN W. DAINERSON 600 New London Avenue Cranston NI o 2520 3024



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

Registration Certificate

	All views			
DRVEPS LICENSE 12123141	WATOR COLOR		NA CASA	
VEHICLE TYPE PASSENGER	Sedam	GROSS WEIGHT	NA HIDINA	SECOND OWNER, JESSEE
PLAYE DESIGN	MODIL	NEWSWALFEE SUZSU	CARACIN	
PASSENGER	MAKE	N WELL		ASING COMPANY.
REG NUMBER.	YEAR)	VEHICLE IDENTIFICATION NUMBER:	FUEL TYPE	REGISTERED OWNER/LEASING COMP PATRICK A BLAIR 84 ROBIN ST APT 3 PROVIDENCE RI 02908-4733

Notice. The law requires that the DMV be nothed within 10 days of any thange in name or address. Please wat our website to update TAX TOWN PROVIDENCE

you. Spicelistion Excise Tax. Pistes roust 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 cantellation. Some address confiner

resolvention plate Shall be at all times securely lastened in a horizontal position and be in a condition to be dearly regione. Validation stuckers are only to be placed securely on the lower right conter of the registration place.

se transport Certificate shall at all times be carried in the vehicle to which it refers or shall be carried by the person driving or in corrol of proof of valid insurance/financial security is required as per Rhode island General Laws § 31.47 (Motor Vehicle Reparations ACI)

Failure to obtain an Emissions Inspection on or before 12/15/2023, will result in this vehicle being suspended

is a your responsibility to renew your registration prior to the expiration date. Failure to do so may result in the assignment of new

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

Claim #: Workfile ID: 8708839110000001-01 20ea4945

Phone: (800) 841-3000

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

(802) 222-1806

Days to Repair:

Point of Impact:

04 Right Qtr Post

Deductible:

(Right Side)

Appraiser Information:

Repair Facility: OWNERS CHOICE

Patrick Blair

Po Box 28036

Owner (Insured):

Providence, RI 02908-0036

(401) 347-6445 Evening pblair43@gmail.com

Po Box 28036

Providence, RI 02908-0036

Inspection Location:

Field

(401) 347-6445 Day

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

AUTOMATIC TRANSMISSION

OVERDRIVE

DRIVER CONVENIENCE

MESSAGE CENTER **POWER WINDOWS**

POWER MIRRORS

POWER TRUNK/LIFTGATE INTERMITTENT WIPERS

TILT WHEEL

TELESCOPIC WHEEL

STEERING WHEEL TOUCH CONTROLS

CONSOLE/STORAGE

INSTRUMENT PANEL

AIR CONDITIONING

REAR DEFOGGER

RADIO

AM RADIO FM RADIO

STEREO

SEARCH/SEEK CD PLAYER

AUXILIARY AUDIO CONNECTION

SAFETY

DRIVERS SIDE AIR BAG PASSENGER AIR BAG

FRONT SIDE IMPACT AIR BAGS

HEAD/CURTAIN AIR BAGS

PAINT

CLEARCOAT PAINT METALLIC PAINT **FRONT END**

POWER STEERING

POWER BRAKES

ANTI-LOCK BRAKES (4) **GLASS & MIRRORS**

DUAL MIRRORS

SEATS

CLOTH SEATS

BUCKET SEATS RECLINING/LOUNGE SEATS

WHEELS

4-WHEEL DISC BRAKES **FULL WHEEL COVERS**

8708839110000001-01

20ea4945

Workfile ID:

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		Bind	RT Outer panel	BBM472031				1.0
3		R&I	RT Belt w'strip	BBM450660F			0.3	1.0
4	*	R&I	RT Upper molding	BBM4508V2			0.2	
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 PA	NEL	The second secon	Marie Co., Marie Co., Co., Co., Co., Co., Co., Co., Co.,	ter - carac com		\$ 10 min (1 min	
9	*	Rpr	RT Quarter panel	BBY27041X			12.0	2.2
10			Add for Clear Coat	•			Maria de	0.9
11		Repl	RT Stone guard	BBM4504P2A	1	50.13	0.2	0.9
12		R&I	Fuel door	BBM442410	~	00.13	0.3	
13		Refn	Fuel door	88M442410			0.5	0.3
14	· · · · · · · · · · · · · · · · · · ·		Add for Clear Coat					0.3
15	REAR LAMPS		The second secon	······································	A-2-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			0.1
16		R&I	RT Combo lamp assy w/o LED	BBM451150G			0.4	
. 17	REAR BUMPE	R	The second secon	and the second second second second		****	V , ·	
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				2) ((1)	-0.2
21			Add for Clear Coat					0.6
22	**	Repl	A/M RT Retainer	M8400	1	21.54	0.1	0.0
23		Repl	RT Splash shield 2.0L	BBM450341	1	31.59	Incl.	
24	MISCELLANEC	OUS OP	ERATIONS	The second secon				
25	*	Repl	Cover car/bag		1		0.0	0.2
26	#	Refn	Mask for Overspray				AND	0.2
27	#		Restore corrosion protection		1	10.00 T	0.2	0.2
28	#	Subl	Replace flex additive		1	10.00 T	W. * Xm	
29	#	Subl	Balance Wheel		1	20.00 X		
30	#		Suspension Alignment		1	69.95		
31	TIRES							
32	36		GDRH 205/55R16 Advantage Control BW 91H B25%	GR05849	1	124.99	0.3	
33	OTHER CHARG	ES	The state of the s					
34	#		E.P.C.		1	2.50		
				SUBTOTALS		739.62	17.7	8.3

NOTES

Prior Damage Notes: UNKNOWN EASY ESTIMATE VIRTUALLY

8708839110000001-01

Workfile ID:

20ea4945

Estimate of Record

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

ESTIMATE TOTALS

Category	Basis	-	Rate	Cost \$
Parts	***************************************	***************************************	7 (100 (10))	697.12
Body Labor	17.7 hrs	0	\$ 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		~	4	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.

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Workfile ID:

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.

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Workfile ID:

20ea4945

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. S=MOTOR Structural component. S=MOTOR Structural

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.

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

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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	GDRH 205/55R16 Advantage Control BW 91H B25%	\$ 124.99
	7101 VORDEN PKWY	•	4 ********
	SOUTH BEND IN 46628		
	(800) 445-0179	· ·	

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 158886 Interior Color: Exterior Color:

silver

License: State: 18A266 RI , Odometer:

Condition:

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

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

Report	ting Agenc	y Name		***************************************	Repo	nt Num	ber	******************************	***************************************	Crash I	Dale	Cras	h Time	IV/	Valk In f	Report IC	arking L
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City or	Town Nam	16	(t) (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Si	treet or h	Highway	f	***************************************	·	On Ra	amp I	Exit#	# of Lane	es Poste	ed Sned	ad Limit	**************************************
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Neares	st Intersect	ion Street	Dire	ction Fro	m Neare	st Inter	section (o Crasl	n Site D	istance	From	Nearest In	ter. Latii	tude	W	Longitu	***************************************
L	RRY WAY			At Inter.		Sou	Jth [] 8					***************************************	Ì	1.6998	50	-071.3	
[Unit ID	Driver	's Last	Name	First I	Name	M.I.	DOB		Unit ID	Driv	er's	Last Na	ame	First Nar	me	M.I. DO	B
	BLAIR	***************************************	F	ATRICK	v	A	04/03/	1985	2	CANN	ING		MIC	HAEL			/03/198
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Driver's	License #	<u></u>	www.,			Lic. S	late		Driver's				140	11-749-			
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1 Drive 2 Passo		Bicyclist Other Cyclis	7 (t co	Other Pernice	d. (Whe	elchair,	Person i	n Buildi	ng, Skat	ler, Pec		occupant o	f a Non-	Motor Ve	h Trans	portation	1 Device
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Vehicle #1	
4 min was the first the fi	
Vehicle #2 No — Boes this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat? Yes	ţ-
Vehicle #1	
Was this Vehicle in Tow? Vehicle #2	×Ν
yamur'	. ⊠ N
Vehicle #1 Special Function Vehicle #2	. ⊠ N
Special Function Vehicle 1 No Special Function 3 Vehicle Used as School Bus 5 Military 7 Ambulance	
2 Taxi 4 Vehicle Used as Other Bus 6 Police 8 Fire Truck	
9 Unknown	S No S No

Report Number 22-903-AC		AND UNIFORM CRASH REPO	PRT
Yehicle #1	Police, Ambulance or	r Fire Truck Responding to a Call?	Vehicle #2 ☐ Yes ☑ No ☐ Un
Vehicle #1			Vehicle #2
		r Vehicle Position 3 Working Vehicle	1
		Activity Activity	/Extrainment
3 Vehicle #1	Ext	tent of Damage	Vehicle #2
1 No Damage Observed 2 Mi	nor damage (less than or equal to \$1000)	3 Functional Damage (greater than \$1000)	Disabling Damage (greater than \$1000)
Vehicle #1			
13		t Harmful Event-	Vehicle #2
Non-Collision:	Collision with Person, Motor Veh, or Non-fixed Obj:	Collision with Fig	red Object:
1 Overturn/Rotlover 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	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 40 Unknown - Mos	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.)
Vehicle #1			Vehicle #2
2 Back 3 Chan 4 Overt	ements Essentially Straight Ahead 6 Tuling 7 Maging Lanes 8 Lei aking/Passing 9 En	le Action Prior ming Left thing U-Turn aving Traffic Lane tering Traffic Lane lowing 11 Negotiating 12 Parked 13 Stopped in 14 Other 15 Unknown	a Curve
Vehicle #1	10 11 12 1 2 1 3 3 4 1 5 1 4	10 11 12 1	2 Vehicle #2 11
Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area	Passenger Car 10	12 7 5 8 Motorcycle	Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area
Vehicle #1	10 13 2 2 W	Seenger Car Wirailer 10 11 12 13 14 15 17 18 17 18 18 18 18 19 18 18 19 18 18	Vehicle #2 11
	Bus	Tractor Trailer	

Repor	t Number	***************************************	S7	ATE OF RI	HODE ISL	AND UNIFORI	W CRA	SH REPORT			
1st					CO	DING GUIDE					
	Vehicle #	1									15
13 -					Seq	uence of Events -		Av	***************************************	Vehicle #	2 13
<u> </u>		on-Collision:				Collision	with Fix	ed Object:		***************************************	1,2
3rd 4th	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				17 Bridge 18 Bridge 19 Bridge 20 Culvert 21 Curb 22 Ditch 23 Embank 24 Guardra 25 Guardra 26 Jersey/C	Attenuator/Crash C Overhead Structure Pier or Support Rati sment ull Face	28 Tree (Standing 29 Landscaping 30 Utility Pole (EI 31 Highway Light 32 Traffic Signal% 32 Traffic Control 35 Variable Messi 36 Other Post, Pol 37 Fence 38 Mailbox	oing le (Elec/Tele)/Light Support Lighting/Light Standard gn/Support gnal/Support			
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	river Vehic	. 7 . 441									
1 2	raver venic	Te MI	***************************************	······································	Physical C	ondition of Driver-			Drive	er Vehicle #2	
ll		1 Apparent 2 Emotiona 3 III (Sick)	ly Normal al (Depresse	d, Angry, Distu		4 Fell Asleep, Fa	ainted. F	Fatigued, etc. f Medications/Drug	s/Alcahol		
	ahicle #1								,	Printe de la	1st
,			· 4 & 1		Non-Motoris	t Safety Equipment	ţ			Vehicle #2	
2nd V€	hicle #1	100000000000000000000000000000000000000	1 None 2 Helm 3 Prote 4 Refle	et	ed (Elbows, Ki Jacket, Backi	nees, Shins, etc.) pack, etc.)	5 Lig 6 Oth 7 N/A 8 Uni	ier [~]	***	/ehicle #2	2nd
nri.	ver Vehicle	ž t				Vor Drug Testing-					
Alcohol	-		ical Test	Driver Vehic	ole #2 Drug	Driver '	Vehicle	- Alcohol Test	Result	r Vehicle #2	
X	X	None	Given				-10-0	BAC-			
				—— []——	A.I.A.I.F		······································	Pending			I
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	# Makes			***************************************	C	Driver \	/ehicle	#1	Drive	· Vehicle #2	
				[T]	tå	,	***************************************	Drug Test R	esult		
					4********			Positive			
<u> </u>				********	inus/		***************************************	Negative	*		
				— <u> </u>	[]			Awaiting Test F	Result		
		Bre	ath	[]						LJ	

Report Number 22-903-AC	STATE OF RHODE ISLAND UNIFORM CRASH REPORT Narrative/Diagram Supplemental
	Please see the Narrative Supplemental
() Indicates North	Crash Diagram (NOT TO SCALE)
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Warwick Police Department

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.

Page: 1

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

WARWICK POLICE DEPARTMENT STATEMENT FORM

Fellows,	POLICE USE ONLY
☐ COMPLAINANT/WITNESS STATEMENT ☐ OPERATOR STATEMENT ☐ DEFENDANT STATEMENT	REPORT# 22-4/23-4年 TIME ///43 DATE: 4/24/30
PLEASE PROVIDE THE FOLLOWIN Name: MICE CANNING Your Address: 91 RIDGEWAY AVE City: WARWICK State: RIZIP: 02829 Employer: CITY OF WARWICK DBW Work Address: 925 SANDY CN WARWICK E-mail Address: IF YOU ARE A VICTIM OF A CRIME, DO YOU WISH TO BE N AND ALL ARRESTED PERSONS? YES	OTIFIED OF THE ARRAIGNMENT OF ANY
TRAVOLING AS WILD FLUWER CR WY PHE RESERVE LEFT BY DRIVER OF MU RIGHT SIDE OF TRUCK / BUMPICK. IMPORT AND NEDFIEDD SW.	2001 MAZOG 414 CONST
HE ABOVE STATEMENT WAS MADE VOLUNTARILY, WITHOUT Officer: Signature: Signature and ID Witness; VICTIM'S RIGHTS FORM ISSUED BY OFFICER AT THE SO	The Comp

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	REPORT#			
OPERATOR STATEMENT	TIME 1043			
U DEFENDANT STATEMENT	DATE: 4/26/20			
PLEASE PROVIDE THE FOLLOWING Name: Patrick Blain Your Address: 84 Robin Apt 3 8 City: Gravi dence State: R. T. Zip: 02908 Employer: Work Address: New Dadles St. Fow 02905 E-mail Address: Palair 43 2 gmil. Cam IF YOU ARE A VICTIM OF A CRIME, DO YOU WISH TO BE NOT AND ALL ARRESTED PERSONS? YES A wash of a guilled robin plaker wash about of the fruith he Came Gut T A had the Back of my Mysel 3 Guirden while and Blamper.	Date of Birth: v 4-3-85 CONTACT INFORMATION Home Phone: Cell Phone: × 4/3-347-6445 Work Phone: TIFIED OF THE ARRAIGNMENT OF ANY			
THE ABOVE STATEMENT WAS MADE VOLUNTARILY, WITHOUT THREATS OR PROMISES				
Officer: Signature:	YE DU			
Signature and the Witness:				
VICTIM'S RIGHTS FORM ISSUED BY OFFICER AT THE SCENE? YES NO				

