



Recommendation Memo

To: Mathew Solitro, Department of Public Works
From: Margie White, Finance Department ext. 9641
Date: April 16, 2019
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: 3/26/19

Police/tow/auto report: 19-768-AC

Claimant: Donna DiBiasio
22 Island View Drive
Warwick, RI 02886

Claim: Hit a City traffic sign on Cowesett Road causing damage to side view mirror.

Estimates:	Balise	\$60.05
	Ebay	\$54.89
	Carid.com	\$62.49

Department Recommends:

Approval of this claim for \$0

Denial of this claim (please include comments below):

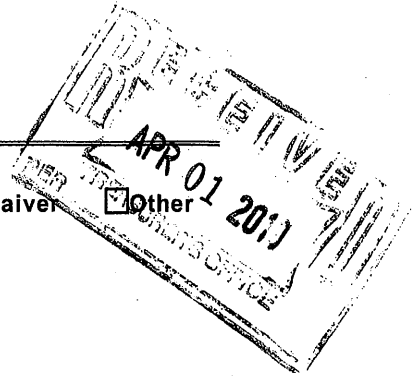
Director Signature

4/29/2019
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: Donna M. DiBiasio

Address: 22 Island View Drive

City, State, Zip: Warwick RI 02886-9212

Telephone #: 401-885-9889

Date of incident (M/D/Y) 3/26/19 Time: 9:47 AM PM

Description of Incident/Claim: _____

Corner of diamond-shaped "Road Work Ahead" sign struck passenger side mirror, pushing it against the window, shattering the mirror in a million pieces. Side window, door, and back side of mirror scratched and/or dented. I am only requesting reimbursement for the side mirror, given the car's age. (see photo attached) Road is too narrow to have the side of a sign sticking out.

Vehicle Year: 2012 Make: Toyota Model: Camry Odometer reading: 69,700

The Pothole was located on Cowesett road.

I notified the Finance I Public Works department on this claim form, dated 3/29/19 (date).

The nature of my property damage is: shattered side passenger mirror

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

I request reimbursement in the amount of \$ 60.00

SIGNATURE OF CLAIMANT: Donna M. DiBiasio

DATE 3-29-19

AFFIDAVIT

(Petitioner Name) Donna M. DiBiasio, 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) 3/26/2019 as a result of (please provide brief description):

Said claim was filed with the Finance Department on 3/29/2019 (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).

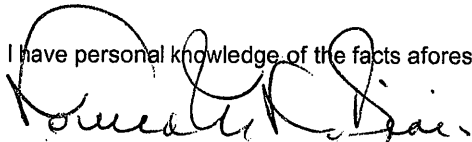
I have received compensation from a source or sources other than the City of Warwick, (including, but not limited to, any insurance company) in connection with this incident. The amount(s) which I received total \$ _____ and the source of the other payment(s) was _____

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

Donna M. DiBiasio

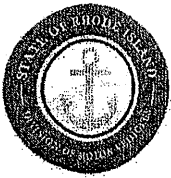
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 29 day of March, 2019


(Notary Public)
My Commission Expires 8/16/2021

EMMA A. BURDICK
NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES
08-16-2021



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

600 New London Avenue

Cranston RI 02920-3024

Web Address: WWW.DMV.RI.GOV



DONNA M DI BIASIO
22 ISLAND VIEW DR
WARWICK RI 02886

Date: 03/22/2018

Registration Certificate

REG NUMBER: DD101	PLATE TYPE: PASSENGER	PLATE DESIGN: WAVE	VEHICLE TYPE: PASSENGER	DRIVERS LICENSE: 7001985	REG EXP DATE: 04/30/2020
YEAR: 2012	MAKE: TOYOTA	MODEL: CLE	BODY TYPE: SD	MAJOR COLOR: GRAY	MINOR COLOR: GRAY
VEHICLE IDENTIFICATION NUMBER: 4T1BF1FK9CU198186		RENEWAL FEE: \$111.50	GROSS WEIGHT: 4630	# 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: DONNA M DI BIASIO 22 ISLAND VIEW DR WARWICK RI 02886			SECOND OWNER/LESSEE:		
GARAGED AT ADDRESS:			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 02/14/2019 will result in this vehicle being suspended.
- Not valid without official signature of Administrator.

WALTER R. CRADDOCK
Administrator
Division Of Motor Vehicles

03/22/2018

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Warwick				Report Number 19-768-AC		Crash Date 03/26/2019		Crash Time 0947		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>											
City or Town Name WARWICK				Street or Highway COWESETT RD		<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		# of Lanes 25		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk											
Nearest Intersection Street LARCHWOOD DR				Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West		Distance From Nearest Inter. 1.40 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude +041.685210		Longitude -071.477380													
Unit ID 1		Driver's Last Name DIBIASIO		First Name DONNA		M.I. M		DOB 09/08/1952		Unit ID 2		Witness's Last Name FALTUS		First Name STEVEN		M.I. M		DOB 11/18/1965					
Address 22 ISLAND VIEW DR				City WARWICK				Address 925 SANDY LN				City WARWICK											
State RI		Zip 02886		Home Phone		Cell Phone		Work Phone		State RI		Zip 02886		Home Phone		Cell Phone		Work Phone					
Driver's License # 7001985				<input type="checkbox"/> CDL		Lic. State RI		Driver's License # unknown				<input type="checkbox"/> CDL		Lic. State									
M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation									
Driver & Owner are Same <input checked="" type="checkbox"/>		Owner's Last Name DIBIASIO		First Name DONNA		M.I. M		Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name		M.I.									
Address 22 ISLAND VIEW DR				City WARWICK				Address				City											
State RI		Zip 02886		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone					
Insurance Company Name AMICA				<input type="checkbox"/> No Ins.		Insurance Policy Number 99073823YA		Insurance Company Name				<input type="checkbox"/> No Ins.		Insurance Policy Number									
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 # DD101		<input type="checkbox"/> Not Reg.		State RI		Yr Reg. 2020		VIN 4T1BF1FK9CU198186		Registration # DD101		<input type="checkbox"/> Not Reg.		State RI		Yr Reg. 2020		VIN 4T1BF1FK9CU198186					
Veh Yr. 2012		Make TOYOTA		Model CAMRY		Color GRAY		Plate Type PC		Veh Yr. 2012		Make TOYOTA		Model WITNESS		Color GRAY		Plate Type PC					
Veh Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Veh Travel Direction <input 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 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		13 Other Row (Bus)		17 N/A		1 N/A 5 Other		1 No		1 N/A 7 Child - Forward Facing		1 Claims of Pain									
2 Unit 2		F Female		14 Unk Row		18 Sleeper		2 No 6 Comb		2 Partially		2 None Used 8 Child - Rear Facing		2 Non-Incapacitating									
3 (etc.)		U Unk		15 Other Seat		19 Other Enclosed Area		3 Front 7 Unk		3 Totally		3 Shoulder & Lap 9 Booster Seat		3 Incapacitating									
or N/A				16 Unk Seat		20 Other Unenclosed Area		4 N/A		4 N/A		4 Shoulder Only 10 Child - Unk		4 Fatal									
						21 Towed Unit		5 Unk		5 Unk		5 Lap Only 11 Helmet Used		5 No Injury									
						22 Unk				6 Type Unk		6 Type Unk 12 Other		6 Unk									
												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	
DONNA M DIBIASIO				1		1		F		09/08/1952		1		2		1		13		5		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
STEVEN M FALTUS				6		2		M		11/18/1965												<input type="checkbox"/> Y <input type="checkbox"/> N	
																						<input type="checkbox"/> Y <input type="checkbox"/> N	
Non-Vehicle Property Damage <input type="checkbox"/> State Property <input checked="" type="checkbox"/> City/Town Property <input type="checkbox"/> Private Property																							
Owner DEPT. OF HWY - CITY OF WARWICK				Address 925 SANDY LN WARWICK RI																			
Home Phone		Cell Phone		Work Phone		Damage Description NONE																	
Reporting Officer Name Officer Julio C Benros				Reporting Officer Badge Number 149				Report Date 03/26/2019		Prohibit Public Release No													

Report Number
19-768-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

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

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

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

1 **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

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

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

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

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

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

Contributing Circumstances Road
 1st 1
 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

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

Yes No **Vehicle #1** 20
Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat? Yes No

Yes No **Vehicle #1** 20
Was this Vehicle in Tow? Yes No

1 **Vehicle #1** 20
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

Report Number
19-768-AC

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 Vehicle #2

Motor Vehicle Position

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

2 Vehicle #1 Vehicle #2

Extent of Damage

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)

32 Vehicle #1 Vehicle #2

Most Harmful Event

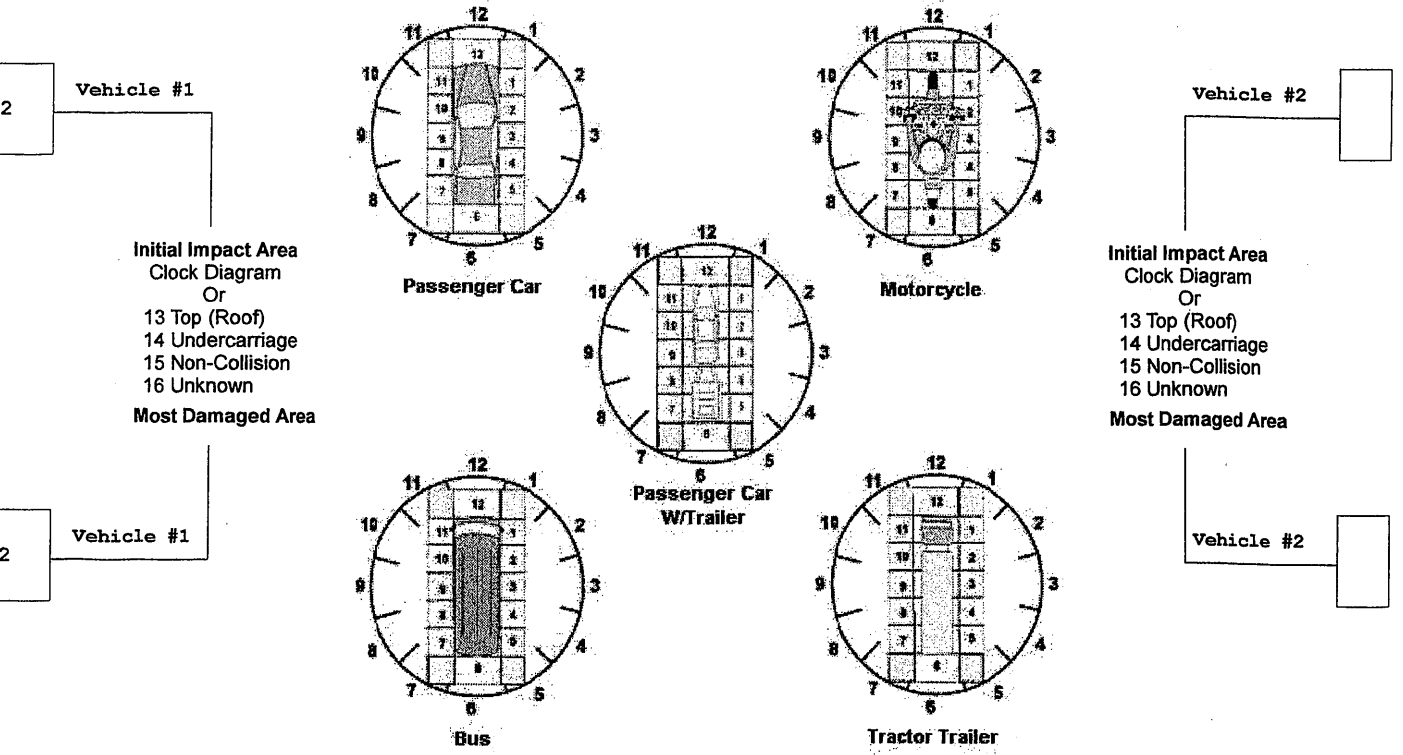
Non-Collision: Collision with Person, Motor Veh, or Non-fixed Obj: Collision with Fixed Object:

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

1 Vehicle #1 Vehicle #2

Vehicle Action Prior

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



Report Number
19-768-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Blank lined area for supplemental narrative or diagram.

Please see the Narrative Supplemental

○ Indicates North

Crash Diagram (NOT TO SCALE)

Blank area for crash diagram.

Ref: 19-768-AC

On 03/26/19 at approximately 0950 hours, I, Officer Benros, was dispatched to the area of Archwood Dr. at Cowesett Rd. for the report of a vehicle that struck a traffic sign and the mirror was damaged as a result of the crash.

Upon arrival, I checked the work site and I noticed that the sign was properly posted; however, the edge of the triangular sign was approximately five inches into the travel portion of the roadway in front of 383 Cowesett Rd. on the westbound lane.

I made contact with the operator of Vehicle #1, Donna DiBiasio, DOB: 09/08/52. She was operating RI registration DD-101, displayed on a 2012 Toyota Camry (color gray). Donna DiBiasio stated to me that her mirror had been damaged when just prior to the crash a truck was traveling easterly on Cowesett Rd. She then veered off to the right and the mirror on her vehicle struck the sign which protruded into the travel lane of Cowesett Rd.

The motor vehicle crash investigation revealed the following. The roadway was approximately nine feet two inches in width at the location where the sign was posted. The sign did come into the travel lane by approximately three inches leaving ample lane for vehicles to travel on both lanes of the roadway. At the time of the crash, Donna DiBiasio indicated that she saw a vehicle traveling easterly on Cowesett Rd. She became nervous that the vehicle would crash into her vehicle and then she veered to the right while she stayed in her travel lane. At which time, her mirror struck the sign, causing damage to the right side view mirror.

I noticed the damage which was consistent with the report made by Donna DiBiasio. The damage occurred at the height of three feet seven inches to three feet eight inches, which matched the height of the corner of the sign which protruded into the travel lane. However, it was noted that there was ample room for vehicles to pass by at that location without striking a sign on the side of the road.

Based on the above, a crash report was taken. Sergeant McGee responded and took a series of photographs with patrol camera S5.

This report was documented and a statement was taken from Steven Faltus, who was a City of Warwick Highway Division employee. He was the Foreman at the time and he had posted the above referenced sign at this location.

WARWICK POLICE DEPARTMENT
STATEMENT

COMPLAINANT/WITNESS STATEMENT
OPERATOR STATEMENT _____
DEFENDANT STATEMENT _____
POLICE OFFICER STATEMENT _____

CR# 19-768-AC
TIME 1030
DATE: 03/26/19
PLACE: 383 Cowesett Rd

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. Your name: Steven M Falvus 2. Date of birth: 8/18/1965
3. Your address: 925 Sandy Lane Warwick R.I. 02886
4. Your occupation: Sr Foreman Where: C.O.W. Highway Dept.
5. Your home phone: _____ 6. Your work phone: (401) 921-9619

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

* 8 AM at 383 Cowesett Rd I put a "Roadwork Ahead" sign approximately 500 ft from my work space in the brake down lane I also put another Westbound on Cowesett Rd. I put another sign ~~Eastbound~~ "Roadwork Ahead" in the brake down lane on East bound side 500 feet from my work area. I also have a detail officer at my work site in a police car with lights. At approximately 10 AM an elderly woman approached the officer to tell him she had struck the sign on the West bound side and would like to speak with the officer about it.

I HAVE MADE THE ABOVE STATEMENT VOLUNTARILY, WITHOUT THREATS OR PROMISES.

Statement taken by: [Signature] - 149

Witness: _____

[Signature]
Signature

WARWICK POLICE DEPARTMENT
STATEMENT

COMPLAINANT/WITNESS STATEMENT X

CR# 19 768-AC

OPERATOR STATEMENT _____

TIME 1013

DEFENDANT STATEMENT _____

DATE: 03/26/19

POLICE OFFICER STATEMENT _____

PLACE: 383 Cowesett Rd

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. Your name: DONNA W. BIASIO 2. Date of birth: 9-8-52
3. Your address: 22 SHAW VIEW DR WARWICK 02886
4. Your occupation: SALES / LIFE INSURANCE Where: SELF-EMPLOYED
5. Your home phone: 401-885-9889 6. Your work phone: 401-886-9975

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

TRAVELING WEST AT 383 COWESSETT RD,
A "ROAD WORK AHEAD" SIGN WAS TOO FAR OUT ON NARROW STREET
CORNER STRUCK SIDE MIRROR OF MY CAR AND
SMASHED MIRROR FROM FORCE OF IMPACT
APPROX 8:45 AM

COPIES OF SIGN

I HAVE MADE THE ABOVE STATEMENT VOLUNTARILY, WITHOUT THREATS OR PROMISES.

Statement taken by: [Signature] 149

[Signature]
Signature

Witness: _____

VICTIM RIGHTS FORM ISSUED BY OFFICER AT SCENE? Yes _____ No _____

BALISE



1400 Post Rd., Warwick, RI 02888
 Retail Parts: (401) 781-5209 Fax: (401) 780-3002
 Wholesale Parts: (401) 780-3099 Fax: (800) 254-3544
 www.baliseauto.com

FACTORY GENUINE PARTS

TOYOTA AUTOMOBILE PARTS ARE COVERED BY A ONE YEAR WARRANTY FROM DATE OF PURCHASE, 20% RESTOCKING FEE ON ALL RETURNED ITEMS IN ORIGINAL PACKAGING, NO RETURNS AFTER 30 DAYS. NO RETURNS ON ELECTRICAL ITEMS, SPECIAL ORDER PARTS, OR KEYS. NO CASH REFUNDS.

DATE ENTERED: 29 MAR 19
 YOUR ORDER NO.:
 DATE SHIPPED: 29 MAR 19
 INVOICE DATE:

INVOICE NUMBER: Q145851

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O

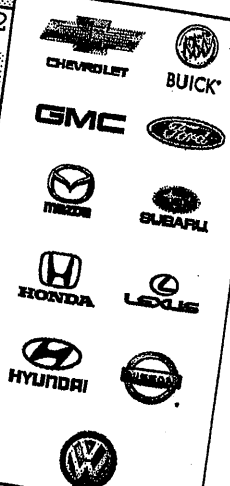
CUSTOMER# T99
 RETAIL CASH

TIME 11:07
 RETAIL CASH

PHONE:

PAGE 1 OF 1

ORD	SHIP	B/O	PART NUMBER	B/L NO.	DESCRIPTION	LIST	NET	AMOUNT
1	1	0	87917-06400	RAFAE	MIRROR, OUT	56.12	56.12	56.12
**** INVOICE QUOTE - DO NOT PAY ****								
TERMS: CASH F.O.B.: WARWICK, RI								
--- NO RETURNS ALLOWED ON --- *--- ELECTRICAL PARTS ---* *--- \$30 FEE ON ALL RETURN CHECKS*---* CALL JOE ROBERTSON WITH ANY QUESTIONS (401) 780-3560						PARTS SUBLET 56.12 FREIGHT 0.00 SALES TAX 3.93 TOTAL \$60.05		



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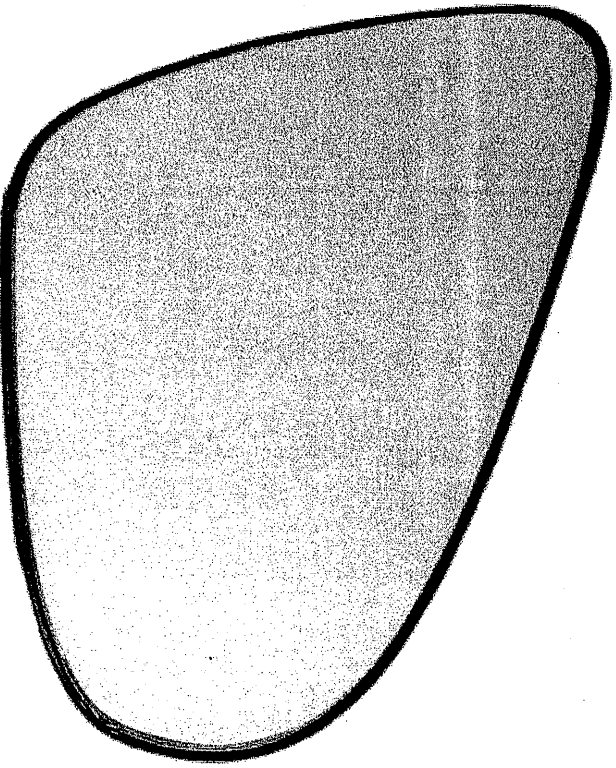
Back to search results | Listed in category: eBay Motors > Parts & Accessories > Car & Truck Parts > Exterior > Mirrors > See more K-source 30282 Heated Replacement Glass Assem...

| Add to watch list



This fits a Toyota Camry

Select Year



Have one to sell? Sell now

New Replacement Passenger Side Mirror Glass W Backing For 2012-2017 Toyota Camry

1 product rating

Condition: **New**

Compatibility: [See compatible vehicles](#)

Quantity: 6 available / 2 sold

Price: **US \$54.89**

[BUY NOW](#)

+ TAX

[VIEW CART](#)

[Add to watch list](#)

Free shipping 30-day returns

Ships from United States

Shipping: **FREE Standard Shipping** | [See details](#)

Item location: Huntington Beach, California, United States
Ships to: United States and many other countries | [See details](#)

Delivery: **Estimated on or before Tue, Apr. 16 to**

Payments:

PayPal CREDIT

Special financing available. [Apply Now](#) | [See terms](#)

Returns: 30 day. [Buyer pays for return shipping](#) | [See details](#)

Shop with confidence

eBay Money Back Guarantee
Get the item you ordered or get your money back. [Learn more](#)

Seller information

oempp (18220)
100% Positive feedback

Save this Seller

Contact seller

Visit store

See other items

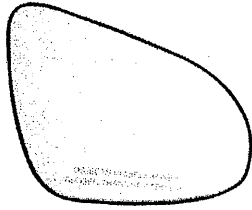
SHOPPING CART

ITEM

QUANTITY

PRICE

REMOVE



SKU:792621810

**Replace® -
Passenger Side
Mirror Glass
(Heated)**

Toyota Camry 2012,
Passenger Side Mirror
Glass TO1325119 by
Replace®. Heated.
Without Blind Spot
Detection System.
Convex. Damaged or
broken mirror housings
make your car
unsightly, but driving
with cracked or missing
mirror glass can be
dangerous, not to...

Notes:

- Mirror Glass without Backing Plate.

DELIVERY: Free Shipping

1

\$62.49

ORDER SUMMARY

1 item in your Cart

Subtotal **\$62.49**

Shipping cost **\$0.00**

Total **\$62.49**

Have a coupon?

[CHECKOUT NOW](#)

or

Check out with **PayPal**

Shop Safely at CARID.com
Your information is secure

Need Help? Visit our Help Zone, [Live Chat](#),

or Call us at (800) 505-3274

[KEEP SHOPPING](#)



383



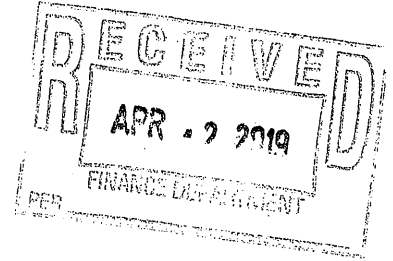
10/1/84



Brian M. Silvia
Finance Director

Joseph J. Solomon
Mayor

CITY OF WARWICK
FINANCE DEPARTMENT
3275 POST ROAD
WARWICK, RHODE ISLAND 02886
(401) 738-2015



April 4, 2019

Donna DiBiasio
22 Island View Drive
Warwick, RI 02886

Dear Donna,

This letter acknowledges receipt of your claim form to the City of Warwick. Unfortunately, the claim cannot be processed at this time due to the following reason(s);

- Estimates – One paid invoice and two estimates OR three estimates are required.
- Registration – Copy of valid registration in claimants name is required.

*— Still no registration
4/12/19*

If there is a reason estimates cannot be included in your claim, please state in a separate letter.

Mail to:
City of Warwick Claims
3275 Post Road
Warwick, RI 02886

Once the above information in please call 738-2015.

Claims Administration

Three estimates attached

Chevy dealer preferred, as they can install
It for me and avoid breakage risks