



## Recommendation Memo

**To:** Terry Dipetrillo, Water Department  
**From:** Margie White, Finance Department  
**Date:** August 31, 2023  
**Re:** Council Claim

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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:** 02/25/2022

**Police/tow/auto report:** 22-429-AC

**Claimant:** CMR – Verizon  
PO Box 60770  
Oklahoma City, OK 73146

**Claim:** City snow plow backed into utility pole causing damage.

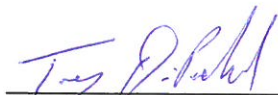
**Estimates:** *Billing Statement*

**\$1644.48**

**Department Recommends:**

**Approval** of this claim for \$ 1644.48.

**Denial** of this claim (please include comments below):

  
\_\_\_\_\_  
Director Signature

9-1-23  
\_\_\_\_\_  
Date

1793112

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

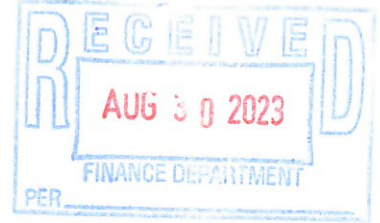
Claimant Name: Verizon

Address: 726 W Sheridan

City, State, Zip: OKC, OK 73102

Telephone #: 800-321-4158

Date of Incident (M/D/Y) 2-27-2022 Time:  AM  PM



Description of Incident/Claim: A City of Warwick vehicle backed into a utility pole causing damage to Verizon facilities.

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Odometer reading: \_\_\_\_\_

The Pothole was located on \_\_\_\_\_ road.

I notified the Finance | Public Works department on \_\_\_\_\_ (date).

The nature of my property damage is: Cable needing to be rehung.

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

I request reimbursement in the amount of \$ 1644.48

SIGNATURE OF CLAIMANT: [Signature] DATE 9-14-22

**AFFIDAVIT**

(Petitioner Name) Verizon, 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) 2-27-22 as a result of (please provide brief description):

vehicle hitting pole

Said claim was filed with the Finance Department on NA (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.

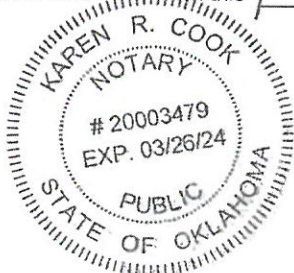
5. I have personal knowledge of the facts aforesaid.

[Signature]  
Signature of Claimant or its Representative

Chelsea Dungelevic  
Printed Name

Oklahoma  
State of ~~Rhode Island~~  
County of Canadian

Subscribed and sworn to before me on this 14th day of Sept, 2022



[Signature]  
(Notary Public)  
My Commission Expires 3-26-24

*mmehdipour@cmrclaims.com*  
*- claim form*  
*- copy of letter*



Frank J. Picozzi  
Mayor

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

July 14, 2022

*Call @cmr w/ update*

Verizon  
726 W Sheridan Avenue  
Oklahoma City, Oklahoma 73102

To Whom It May Concern,

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 – Provide an estimate for damages/breakdown of work performed.
- Photos of Damage – Any photos of damage should be submitted if available.
- Police Report

We have included copies of the instructions to submit a claim, along with the Affidavit that needs to be completed. Once the above information is received, your claim can be processed. If you have any questions, please call 738-2015.

Claims Administration

*- 9/14/22 - spoke to  
Joel at CMR  
He is completing claim  
form & will send it.*

*- 10/5/22 - emailed form  
to Megan at CMR  
Joel never sent  
form to us.*



Claims Management Resources

July 19, 2022

CITY OF WARWICK  
3275 POST RD  
WARWICK, RI 02889

**Claim #:** RIPR220073  
**Claimant:** VERIZON  
**Insurance Claim #:** NEW CLAIM  
**CMR Claim #:** 1793112  
**Damage Location:** P OSPREY CT & WEST SHORE RD, WARWICK RI, RI  
**Amount Due:** \$1644.48  
**Damager:** CITY OF WARWICK

To whom it may concern:

Claims Management Resources (CMR) is a subrogation firm partnered with VERIZON. VERIZON has a claim against CITY OF WARWICK for damage to property. Relevant claim details are noted above, and VERIZON is entitled to be reimbursed, or made whole, for these damages.

The following is VERIZON subrogation demand documentation for the repairs. Please remit payment for the costs associated with the repair of the damaged property upon receipt.

Please remit payment for the amount noted above and make your check payable to VERIZON. To ensure proper credit, write the CMR claim number on your check and mail it to:

Claims Management Resources  
P.O. Box 60770  
Oklahoma City, OK 73146

Please contact CMR to discuss the claim, provide insurance information, or remit payment.

Thank you,

Recovery Department  
Claims Management Resources  
800.321.4158



# BILLING STATEMENT

Mail Correspondence to:  
CMR Claims Department  
PO Box 60553  
Oklahoma City, OK 73146

Billing Date: 04/09/2022  
Bill Number: 401JOMN3L0422  
Bill Type: FP2  
Work Order: 04POMN3L

Questions? Call: (800)321-4158

DESCRIPTION OF DAMAGE  
TYPE OF FACILITY: PLANT FACILITIES  
LOCATION: P OSPREY CT & WEST SHORE RD  
WARWICK RI, RI

Damage Claim Number: RIPR220073  
Date of Damage/Discovery: 02/27/2022

Charge Description	Hours	Amount
LABOR	10.50	\$ 1,286.80
ADMINISTRATIVE COST		\$ 221.00
MATERIAL		\$ 10.24
MOTOR VEHICLE COSTS		\$ 24.97
CONTRACTOR COSTS		\$ 101.47

Total Amount Due Upon Receipt \$ 1,644.48

Please write the bill number on your check. Mail bottom stub with your payment to address below.

In the event your check for payment of your Verizon Communications bill is returned by your bank for insufficient or uncollected funds, Verizon may resubmit your check electronically to your bank for payment from your checking account.



SPECIAL PROJECTS BILLING

CITY OF WARWICK

3275 POST RD  
WARWICK, RI 02889

Claim Number RIPR220073  
Bill Number 401JOMN3L0422  
Total Amount Due \$ 1,644.48  
Please Pay Upon Receipt

\$

Verizon c/o CMR Claims Dept  
P.O. Box 60553  
Oklahoma City, OK 73146

513401JOMN3L0422FP27040920225000000000016444831

## STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name <b>Warwick</b>			Report Number <b>22-429-AC</b>		Crash Date <b>02/25/2022</b>		Crash Time <b>1246</b>		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>																																				
City or Town Name <b>WARWICK</b>			Street or Highway <b>OSPREY CT</b>			<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # <b>2</b>		# of Lanes <b>25</b>		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk																																			
Nearest Intersection Street <b>WEST SHORE RD</b>			Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West			Distance From Nearest Inter. <b>20</b>		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude <b>+041.733600</b>		Longitude <b>-071.402980</b>																																			
Unit ID <b>1</b>		Driver's Last Name <b>MOYNIHAN</b>		First Name <b>JOHN</b>		M.I. <b>A</b>		DOB <b>09/22/1983</b>		Unit ID		Last Name		First Name		M.I.		DOB																													
Address <b>22 VANSTONE AVE</b>						City <b>WARWICK</b>						Address						City																													
State <b>RI</b>		Zip <b>02889</b>		Home Phone		Cell Phone <b>401-230-0873</b>		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone																													
Driver's License # <b>2015106</b>				<input checked="" type="checkbox"/> CDL				Lic. State <b>RI</b>				Driver's License #				<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		M/V Violation		M/V Violation																													
Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name <b>CITY OF WARWICK</b>		First Name		M.I.		Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name		M.I.		Address		City																													
Address <b>3275 POST RD</b>						City <b>WARWICK</b>						Address						City																													
State <b>RI</b>		Zip <b>02889</b>		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone																													
Insurance Company Name <b>THE TRUST</b>				<input type="checkbox"/> No Ins.				Insurance Policy Number <b>132-PL2021-1</b>				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 type="checkbox"/> No <input type="checkbox"/> Unk																																			
Registration # <b>5854</b>		<input type="checkbox"/> Not Reg.		State <b>RI</b>		Yr Reg. <b>2023</b>		VIN <b>1FVAG5FE9MHMJ8701</b>		Registration #		<input type="checkbox"/> Not Reg.		State		Yr Reg.		VIN																													
Veh Yr. <b>2021</b>		Make <b>FREIGHTLINER</b>		Model <b>108SD</b>		Color <b>WHITE</b>		Plate Type <b>CITY</b>		Veh Yr.		Make		Model		Color		Plate Type																													
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 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 type="checkbox"/> No		Towing Company Name				Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
<b>Person Type</b>																																															
1 Driver		4 Bicyclist		7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)		9 Occupant of a Non-Motor Veh Transportation Device		10 Unknown Type of Non-Motorist		11 Unknown		2 Passenger		5 Other Cyclist		8 Occupant of Motor Veh. Not in Transport (Parked, etc.)		10 Unknown Type of Non-Motorist		11 Unknown																											
3 Pedestrian		6 Witness		8 Occupant of Motor Veh. Not in Transport (Parked, etc.)		11 Unknown		10 Unknown Type of Non-Motorist		11 Unknown		1 Driver		4 Bicyclist		7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)		9 Occupant of a Non-Motor Veh Transportation Device		10 Unknown Type of Non-Motorist																											
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		1 No		1 N/A		1 Complains of Pain																																	
2 Unit 2		F Female		14 Unk Row		18 Sleeper		2 No		2 Partially		7 Child - Forw Facing		2 Non-Incapacitating																																	
3 (etc.)		U Unk		15 Other Seat		19 Other Enclosed Area		3 Front		3 Totally		8 Child - Rear Facing		3 Incapacitating																																	
or N/A				16 Unk Seat		20 Other Unenclosed Area		7 Unk		4 N/A		9 Booster Seat		4 Fatal																																	
						21 Towed Unit		4 Side		5 Unk		10 Child - Unk		5 No Injury																																	
						22 Unk						11 Helmet Used		6 Unk																																	
												12 Other																																			
												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																									
JOHN A MOYNIHAN				1		1		M		09/22/1983		1		2		1		13		5		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N																									
JOHN A MOYNIHAN				1		1		M		09/22/1983		1		2		1		13		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 checked="" type="checkbox"/> Private Property																																			
Owner <b>NATIONAL GRID</b>						Address <b>280 MELROSE ST PROVIDENCE RI</b>						Home Phone						Call Phone						Work Phone																							
Reporting Officer Name <b>Officer Ryan E Shibley</b>												Reporting Officer Badge Number <b>291</b>												Report Date <b>02/25/2022</b>												Prohibit Public Release <b>No</b>											

Report Number  
22-429-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

**3** — **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

**5** — **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**  
 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**  
 1 None  
 2 Weather Conditions  
 3 Physical Obstructions  
 4 Glare  
 5 Animal(s) in Roadway  
 6 Other  
 7 Unknown

1st   
 2nd   
 3rd

**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   
 2nd   
 3rd

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

Yes  No — **Was this Vehicle in Tow?** —  Yes  No

**9** — **Vehicle #1** — **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  
22-429-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

3 Vehicle #1 ————— Motor Vehicle Position —————

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

2 Vehicle #1 ————— 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)

30 Vehicle #1 ————— Most Harmful Event —————

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

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

2 Vehicle #1 ————— Vehicle Action Prior —————

<ul style="list-style-type: none"> <li>1 Movements Essentially Straight Ahead</li> <li>2 Backing</li> <li>3 Changing Lanes</li> <li>4 Overtaking/Passing</li> <li>5 Turning Right</li> </ul>	<ul style="list-style-type: none"> <li>6 Turning Left</li> <li>7 Making U-Turn</li> <li>8 Leaving Traffic Lane</li> <li>9 Entering Traffic Lane</li> <li>10 Slowing</li> </ul>	<ul style="list-style-type: none"> <li>11 Negotiating a Curve</li> <li>12 Parked</li> <li>13 Stopped in Traffic</li> <li>14 Other</li> <li>15 Unknown</li> </ul>
--	--	--

6 Vehicle #1 ————— Initial Impact Area Clock Diagram Or Most Damaged Area —————

Passenger Car

Motorcycle

6 Vehicle #1 ————— Initial Impact Area Clock Diagram Or Most Damaged Area —————

Passenger Car W/trailer

Bus

Tractor Trailer

6 Vehicle #1 ————— Initial Impact Area Clock Diagram Or Most Damaged Area —————

Report Number  
22-429-AC

### STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

1st	Vehicle #1	Sequence of Events	1st
13			
2nd			2nd
30			
3rd			3rd
4th			4th

**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

**Sequence of Events**

- 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

40 Unknown - Sequence of Events

**Collision with Fixed Object:**

- 28 Tree (Standing)
- 29 Landscaping
- 30 Utility Pole (Elec/Tele)/Light Support
- 31 Highway Lighting/Light Standard
- 32 Traffic Signal/Light
- 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.)

6	Driver Vehicle #1	Driver Distracted	1st
6			
1st			1st

**1 Not Distracted**

**2 Electronic Communication Devices (Cell Phone, Pager, etc.)**

**3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.)**

**Driver Distracted**

**4 Other Inside the Vehicle**

**5 Other Outside the Vehicle**

**6 Unknown**

1	Driver Vehicle #1	Physical Condition of Driver	1st
1			
1st			1st

**1 Apparently Normal**

**2 Emotional (Depressed, Angry, Disturbed, etc.)**

**3 Ill (Sick)**

**Physical Condition of Driver**

**4 Fell Asleep, Fainted, Fatigued, etc.**

**5 Under the Influence of Medications/Drugs/Alcohol**

**6 Other**

1st	Vehicle #1	Non-Motorist Safety Equipment	1st
1st			1st
2nd			2nd

**1 None**

**2 Helmet**

**3 Protective Pads Used (Elbows, Knees, Shins, etc.)**

**4 Reflective Clothing (Jacket, Backpack, etc.)**

**Non-Motorist Safety Equipment**

**5 Lighting**

**6 Other**

**7 N/A**

**8 Unknown**

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

Report Number  
22-429-AC

**STATE OF RHODE ISLAND UNIFORM CRASH REPORT**  
*Narrative/Diagram Supplemental*

*Please see the Narrative Supplemental*

Indicates North

Crash Diagram (NOT TO SCALE)

WALWICK POLICE DEPARTMENT  
NARRATIVE FOR OFFICER RYAN E SHIBLEY

Page: 1

Ref: 22-429-AC

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On 2/25/22, at approximately 1246 hours, I, Officer Shibley, badge number 291, responded to the area of 8 Osprey Court for the report of a motor vehicle accident involving a city vehicle.

While en route, dispatch advised that this accident was involving a city snow plow truck that had backed up into a telephone pole, which ended up being National Grid pole number 1. Dispatch also advised that the city highway had already called National Grid to report this, and that National Grid was on its way.

Upon arrival, I made contact with the operator, John Moynihan (DOB 9/22/83). The city vehicle that Moynihan was driving was identified by vehicle #W-27. It was a 2021 Freightliner dump truck, doubled up as a snow plow, color white with city registration 5854. The damage to the vehicle consisted of a dent to the rear driver's side metal bumper area, from where the vehicle had slid into the telephone pole. Moynihan filled out a written statement. He stated that at approximately 1230 hours, on 2/25/22, while snow plowing on Osprey Court, his vehicle slid into Pole #1. He stated that his vehicle slid backwards and the rear driver's side of the dump truck impacted the pole.

It should be noted that traffic division Officer Mike Isherwood did arrive on scene and he took photos of the dent to the city vehicle, as well as photos of the splintered and broken telephone pole. The photos were taken with camera T32.

WARWICK Police Department  
Image Associated With Case Number 22-429-AC  
Image Description: 22-429-AC-1

WARWICK POLICE DEPARTMENT  
STATEMENT FORM

POLICE USE ONLY

- COMPLAINANT/WITNESS STATEMENT
- OPERATOR STATEMENT
- DEFENDANT STATEMENT

REPORT # 22-429-AC  
TIME 1246 hrs  
DATE: 02/25/22  
place: 8 Osprey Ct

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: John Moynihan Date of Birth: 09-22-1983  
Your Address: 22 Vantage Ave  
City: Warwick State: RI Zip: 02889  
Employer: Warwick Water Dept  
Work Address: 935 Sandy Lane  
E-mail Address: \_\_\_\_\_

CONTACT INFORMATION

Home Phone: \_\_\_\_\_  
Cell Phone: 401-270-0873  
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 \_\_\_\_\_

At approx. 1230pm on Feb 25, 2022 while plowing Osprey Ct my vehicle W27 slid into Pole #1 on Osprey Ct. vehicle slid backwards and the RR of the truck impacted the pole.

THE ABOVE STATEMENT WAS MADE VOLUNTARILY, WITHOUT THREATS OR PROMISES

Officer: *Przem E. Sliz*  
Signature and ID

Signature: \_\_\_\_\_  
Witness: \_\_\_\_\_

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



CMR Claims Department  
P.O. Box 60770  
Oklahoma City, OK 73146-0770  
1.800.321.4158

**\*\*\*\*\*NOTICE OF CLAIM\*\*\*\*\***

Date: 04-06-2022

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

To: CITY OF WARWICK  
CLAIMS  
3275 POST ROAD  
WARWICK, RI 02886

CERTIFIED MAIL# 92148901066154000174516433

RE: Damage to VERIZON Property

VERIZON Claim Num: RIPR220073  
Damage/Discovery Date: 02-27-2022  
Damage Location: OSPREY CT AND WEST SHORE RD, WARWICK, RI  
Damage County:  
Damage Amount: UNDETERMINED

Dear Sir/Madam:

Please be advised that VERIZON Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of CITY OF WARWICK .

Investigation has revealed that on or about 02-27-2022 employees or agents of CITY OF WARWICK, A CITY OF WARWICK VEHICLE BACKED INTO A UTILITY POLE CAUSING DAMAGE TO VERIZON FACILITIES in the area of OSPREY CT AND WEST SHORE RD, WARWICK, RI.

**REQUEST FOR GOVERNMENTAL NOTICE FORM**

If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 ext 8232.

*✓ sent  
5/5/22*

Sincerely,  
Chelsea Dongelewic

*Chelsea Dongelewic*

CMR Claims DEPT

NOTARY *Karen R. Cook*

Commission Expires *3-26-24*

