

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: ROY F. WILLIAMS

Address: 46 GROVE AVE

City, State, Zip: WARWICK RI 02888

Telephone #: 401 864-3785

Date of incident (M/D/Y): 9/27/21 Time: 2:00 ^{AROUND} ☐ AM ☒ PM

Description of Incident/Claim: CITY TRASH TRUCK

RIPPED ELECTRIC SERVICE ENTRANCE CABLE
WEATHER HEAD AND METER SOCKET OFF MY HOUSE
AT 28 CAMBRIDGE AVE

Vehicle Year: _____ Make: _____ Model: _____ Odometer reading: _____

The Pothole was located on _____ road.

I notified the Finance / Public Works department on _____ (date).

PUBLIC WORKS WAS THERE WITH FIRE + POLICE

The nature of my property damage is: FIXED ALREADY

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

I request reimbursement in the amount of \$ 1400.00

SIGNATURE OF CLAIMANT: [Signature]

DATE 12/2/21

AFFIDAVIT

(Petitioner Name) Roy F. Williams, 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) _____ as a result of (please provide brief description):

Said claim was filed with the Finance Department on _____ (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).

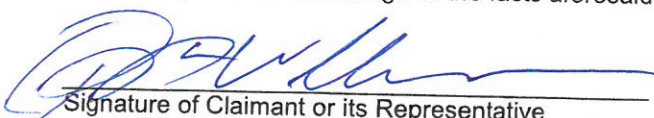
☐ I have received compensation from a source or sources other than the City of Warwick, (including, but not limited to, any insurance company) in connection with this incident. The amount(s) which I received total \$ _____ and the source of the other payment(s) was _____

☐ 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

Roy F. Williams
Printed Name

State of Rhode Island
County of Kent

Subscribed and sworn to before me on this 2nd day of December, 2021

Margie A. White
(Notary Public)
My Commission Expires 7/25/24

I WILL NOT BE GETTING OTHER ESTIMATES
BECAUSE THE WORK HAD TO BE DONE
RIGHT AWAY BECAUSE YOUNG KIDS + FAMILY
HAD NO ELECTRIC



BAYSIDE ELECTRIC CO INC4 FRIENDSHIP AVENUE
WARWICK, RI 02889**INVOICE**

Invoice Number: 1984

Invoice Date: 10/13/21

Page: 1

Voice: 401-732-4235

Fax:

Bill To:ROY WILLIAMS
28 CAMBRIDGE AVENUE
WARWICK, RI 02889

Customer ID: ROY WILLIAMS II

Customer PO	Payment Terms	Sales Rep ID	Due Date
	Net Due		10/13/21

Description	Amount
EMERGENCY SERVICE WORK TO 28 CAMBRIDGE AVENUE. CITY RECYCLING TRUCK HIT HEAD SERVICE CONDUCTOR. REPLACED NEW OUTSIDE SERVICE SYSTEM AND INSPECTION.	1,400.00
Subtotal	1,400.00
Sales Tax	
Total Invoice Amount	1,400.00
Payment/Credit Applied	
TOTAL	1,400.00

Check/Credit Memo N:

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Warwick				Report Number 21-2147-AC				Crash Date 09/27/2021				Crash Time 1545				Walk In Report <input type="checkbox"/>				Parking Lot <input type="checkbox"/>			
City or Town Name WARWICK						Street or Highway OXFORD AVE						<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 CAMBRIDGE AVE						Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West						Distance From Nearest Inter. 100 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles				Latitude +041.727120				Longitude -071.386200			
Unit ID 1		Driver's Last Name FRITSCHKE		First Name KENNETH		M.I. W		DOB 12/26/1972		Unit ID		Last Name		First Name		M.I.		DOB					
Address 1 SHIPPEN AVE						City WARWICK						Address						City					
State RI		Zip 02889		Home Phone 401-463-3115		Cell Phone		Work Phone 401-738-2000		State		Zip		Home Phone		Cell Phone		Work Phone					
Driver's License # 8921053						<input type="checkbox"/> CDL Lic. State RI						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 CITY OF WARWIC		First Name		M.I.		Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name		M.I.									
Address 3275 POST RD						City WARWICK						Address						City					
State RI		Zip 02889		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone					
Insurance Company Name <input checked="" type="checkbox"/> No Ins.						Insurance Policy Number						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 # 5892		<input type="checkbox"/> Not Reg. State RI		Yr Reg. 2022		VIN 1M2LR06C3JM003596		Registration # <input type="checkbox"/> Not Reg.		State		Yr Reg.		VIN									
Veh Yr. 2018		Make MACK		Model SANITATION TRUCK		Color WHITE		Plate Type CITY		Veh Yr.		Make		Model		Color		Plate Type					
Veh Travel Direction <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"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk						Veh Travel Direction <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							

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		10 Unknown Type of Non-Motorist
3 Pedestrian	6 Witness	8 Occupant of Motor Veh. Not in Transport (Parked, etc.)	11 Unknown

Unit ID	Sex	Seat Position	Other Location	Air Bag Deployed	Ejected	Protection System	Injury					
1 Unit 1 2 Unit 2 3 (etc.) or N/A	M Male F Female U Unk	<table border="1" style="display: inline-table; text-align: center;"> <tr><td>M</td></tr> <tr><td>1 2 3</td></tr> <tr><td>4 5 6</td></tr> <tr><td>7 8 9</td></tr> <tr><td>10 11 12</td></tr> </table>	M	1 2 3	4 5 6	7 8 9	10 11 12	13 Other Row (Bus) 14 Unk Row 15 Other Seat 16 Unk Seat 17 N/A 18 Sleeper 19 Other Enclosed Area 20 Other Unenclosed Area 21 Towed Unit 22 Unk	1 N/A 5 Other 2 No 6 Comb 3 Front 7 Unk 4 Side	1 No 2 Partially 3 Totally 4 N/A 5 Unk	1 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unk 7 Child - Forw Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk	1 Complaints of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 Unk
M												
1 2 3												
4 5 6												
7 8 9												
10 11 12												

Name: Occupants - Witnesses - Pedestrians - Bicyclists	Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue
KENNETH W FRITSCHKE	1	1	M	12/26/1972	3	2	1	13	5	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N

Non-Vehicle Property Damage ☐ State Property ☐ City/Town Property ☐ Private Property

Owner _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ Damage Description _____

Reporting Officer Name Officer Richard P Odell	Reporting Officer Badge Number 281	Report Date 09/27/2021	Prohibit Public Release No
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Report Number
21-2147-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
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
1
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
1
2nd
3rd

16 **Vehicle #1**

1 Passenger Car
2 (Sport) Utility Vehicle
3 Passenger Van
4 Cargo Van (10K lbs [4,536 kg] or Less)
5 Pickup

6 Motor Home
7 School Bus
8 Transit Bus
9 Motor Coach
10 Other Bus

Unit Types

11 Motorcycle
12 Moped
13 Low Speed Vehicle
14 Other Light Trucks (10K lbs [4,536 kg] or Less)
15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg])
16 Medium/Heavy Trucks (More than 10K lbs [4,536 kg])

17 Tow Truck
18 Pedestrian
19 Bicyclist
20 Witness
21 Other

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

Vehicle #1 ☐ Yes ☒ No Was this Vehicle in Tow? ☐ Yes ☐ No

1 **Vehicle #1**

1 No Special Function
2 Taxi

3 Vehicle Used as School Bus
4 Vehicle Used as Other Bus

Special Function Vehicle

5 Military
6 Police

7 Ambulance
8 Fire Truck
9 Unknown

Report Number
21-2147-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Vehicle #1
☐ Yes ☒ No ☐ Unk _____ Police, Ambulance or Fire Truck Responding to a Call? _____ ☐ Yes ☐ No ☐ Unk

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

1	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		
	Non-Collision:	Collision with Person, Motor Veh,	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

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

Vehicle #1

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

Most Damaged Area

Passenger Car

Motorcycle

Passenger Car W/Trailer

Bus

Tractor Trailer

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

Most Damaged Area

Report Number
21-2147-AC

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

1st	Vehicle #1	Sequence of Events	1st
30		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	
2nd		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		40 Unknown - Sequence of Events	3rd
4th			4th

1	Driver Vehicle #1	Driver Distracted	
		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	
		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	1st
		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	
2nd	Vehicle #1		2nd

Alcohol and/or Drug Testing			
Driver Vehicle #1			
Chemical Test		Alcohol Test Result	
Alcohol	Drug	Alcohol	Drug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	None Given	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Test Refused	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unknown if Tested	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blood	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Urine	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Serum	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Breath	<input type="checkbox"/>
Driver Vehicle #1			
Drug Test Result			
<input type="checkbox"/>		Positive	<input type="checkbox"/>
<input type="checkbox"/>		Negative	<input type="checkbox"/>
<input type="checkbox"/>		Awaiting Test Result	<input type="checkbox"/>

Report Number
21-2147-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Please see the Narrative Supplemental

○ Indicates North

Crash Diagram (NOT TO SCALE)

Ref: 21-2147-AC

On 09/27/21 at approximately 1545 hrs., I, Officer Odell, responded to 78 Oxford Avenue, for the report of a city vehicle involved in an accident. Dispatch advised that a Warwick sanitation truck pulled down a wire at this location.

Upon arrival, Officer Haarr and Warwick Fire and Rescue were on scene. The involved vehicle was identified as RI city registration 5892 displayed on a 2018 Mack truck, which was operated by Kenneth Fritsche (DOB 12/26/72). Fritsche stated that he was traveling on Oxford Avenue, picking up trash cans. He stated that at this time, his truck caught an electrical wire and pulled it down. The address where the wire was 28 Cambridge Avenue, and the wire was across laying Oxford Avenue. The pole was on the southbound side of Oxford Avenue.

National Grid responded to the scene, and detached the house from power. The homeowner, identified as Candace Williams (DOB 10/12/58), was instructed to call an electrician, who would then call the home inspector, who would then call National Grid to set the wire back up. Sergeant Cabreja responded to the scene, and took photos with camera S3. There was no visible damage to the truck.