



PETITION TO THE TOWN COUNCIL

To the Honorable Town Council of the Town of Bristol:
The undersigned hereby respectfully requested of your
Honorable Body that:

TO BE PAID TO THE \$500-dollars
DUE TO THE FACT I WAS SIDE SWIPT
BY THE FIRE DEPT TRUCKS 5/16/23

2023 JUL 11 AM 10:29

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

PLEASE NOTE:

Petition must be returned by 4:00 PM, two (2)
Wednesdays prior to the Town Council meeting
to appear on the docket of the

meeting for review and possible action. It is
Council policy that action may not be taken on
petitions unless recommendations, if necessary,
from appropriate departments are received prior
the Council meeting.

DATE REC'D:

SIGNATURE:

David H. Catalan

NAME:

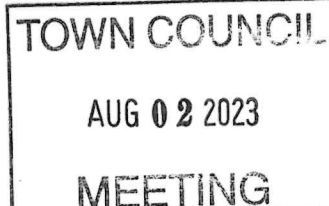
DAVID H. CATALAN

ADDRESS:

TOWN: B

BUSINESS:

RESIDENCE:



STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol				Report Number 23-210-AC		Crash Date 05/16/2023		Crash Time 1846		Walk In Report <input checked="" type="checkbox"/>		Parking Lot <input type="checkbox"/>	
City or Town Name BRISTOL				Street or Highway FERRY RD		<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		# of Lanes 30		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk	
Nearest Intersection Street LOWER FERRY RD				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. 1000		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude +041.653050		Longitude -071.264310	
Unit ID 1		Driver's Last Name First Name VIEIRA JAMES		M.I. DOB [REDACTED]		Unit ID 2		Driver's Last Name First Name CATALAN DAVID		M.I. DOB L [REDACTED]			
Address 181 MT. HOPE AVE				City BRISTOL		Address 96 UNION ST				City BRISTOL			
State RI		Zip 02809		Home Phone		Cell Phone		Work Phone		State RI		Zip 02809	
Driver's License # 7219134				<input type="checkbox"/> CDL Lic. State RI		Driver's License # 6227489				<input type="checkbox"/> CDL Lic. State RI			
M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation	
Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name First Name TOWN OF BRISTOL		M.I. [REDACTED]		Driver & Owner are Same <input checked="" type="checkbox"/>		Owner's Last Name First Name CATALAN DAVID		M.I. L			
Address 395 METACOM AVE				City BRISTOL		Address 96 UNION ST				City BRISTOL			
State RI		Zip 02809		Home Phone		Cell Phone		Work Phone		State RI		Zip 02809	
Insurance Company Name THE TRUST				<input type="checkbox"/> No Ins. Insurance Policy Number 102PL20211		Insurance Company Name LIBERTY MUTUAL				<input type="checkbox"/> No Ins. Insurance Policy Number AOS2181097607022			
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 # 839		<input type="checkbox"/> Not Reg. State RI		Yr Reg. 0001		VIN 1GNSKLED7NR233805		Registration # 5069		<input type="checkbox"/> Not Reg. State RI		Yr Reg. 2024	
Veh Yr. 2022		Make CHEVROLET		Model TAHOE		Color RED		Plate Type FD		Veh Yr. 2020		Make HONDA	
Veh Travel Direction <input type="checkbox"/> Northbound <input checked="" 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 checked="" type="checkbox"/> Southbound		<input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk							
Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Person Type													
1 Driver		4 Bicyclist		7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)		9 Occupant of a Non-Motor Veh Transportation Device							
2 Passenger		5 Other Cyclist		8 Occupant of Motor Veh. Not in Transport (Parked, etc.)		10 Unknown Type of Non-Motorist							
3 Pedestrian		6 Witness		11 Unknown									
Unit ID 1		Sex M Male		Seat Position 13 Other Row (Bus)		Other Location 17 N/A		Air Bag Deployed 1 N/A 5 Other		Ejected 1 No 2 Partially 3 Totally 4 N/A 5 Unk		Protection System 1 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unk	
2 Unit 2 F Female		3 (etc.) U Unk		4 Unk Row 15 Other Seat		18 Sleeper 19 Other Enclosed Area		2 No 6 Comb 3 Front 7 Unk 4 Side		7 Child - Forw Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk		Injury 1 Complaints of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 Unk	
Name: Occupants - Witnesses - Pedestrians - Bicyclists				Person Type		Unit ID		Sex		DOB		Seat Pos.	
JAMES VIEIRA				1		1		M		[REDACTED]		1	
DAVID L CATALAN				1		2		M		[REDACTED]		1	
Non-Vehicle Property Damage <input type="checkbox"/> State Property <input type="checkbox"/> City/Town Property <input type="checkbox"/> Private Property													
Owner				Address									
Home Phone		Cell Phone		Work Phone		Damage Description							
Reporting Officer Name Patrol Officer RACHAEL M GAFFNEY						Reporting Officer Badge Number 029				Report Date 05/16/2023		Prohibit Public Release No	

Report Number
23-210-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 |

- 8 **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

14 **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])

Vehicle #2

- 17 Tow Truck
- 18 Pedestrian
- 19 Bicyclist
- 20 Witness
- 21 Other

1

☐ 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

8 **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

Vehicle #2

1

Report Number
23-210-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	Vehicle #2
	1 Motor Vehicle on Roadway	2 Motor Vehicle Parked	3 Working Vehicle/Equipment

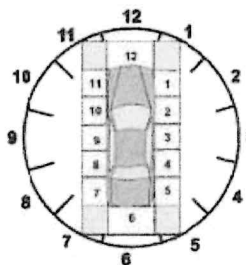
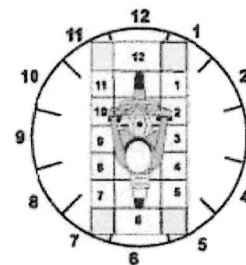
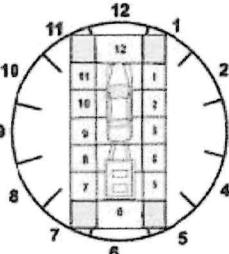
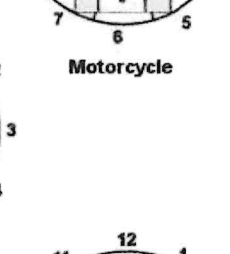
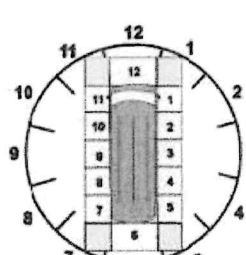
2	Vehicle #1	Extent of Damage	Vehicle #2
	1 No Damage Observed	2 Minor damage (less than or equal to \$1000)	3 Functional Damage (greater than \$1000)
			4 Disabling Damage (greater than \$1000)

13	Vehicle #1	Most Harmful Event	Vehicle #2
	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 Action Prior	Vehicle #2
	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

1	Vehicle #1	Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area	 Passenger Car	 Motorcycle	Vehicle #2	7	Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area
1	Vehicle #1		 Passenger Car W/Trailer	 Tractor Trailer	Vehicle #2	7	
			 Bus				

Report Number
23-210-AC

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

1st	Vehicle #1	Sequence of Events	Vehicle #2	1st
13				13
2nd				2nd
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

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.)

40 Unknown - Sequence of Events

1	Driver Vehicle #1	Driver Distracted	Driver Vehicle #2	1

- 1 Not Distracted
- 2 Electronic Communication Devices (Cell Phone, Pager, etc.)
- 3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.)

- 4 Other Inside the Vehicle
- 5 Other Outside the Vehicle
- 6 Unknown

1	Driver Vehicle #1	Physical Condition of Driver	Driver Vehicle #2	1

- 1 Apparently Normal
- 2 Emotional (Depressed, Angry, Disturbed, etc.)
- 3 Ill (Sick)

- 4 Fell Asleep, Fainted, Fatigued, etc.
- 5 Under the Influence of Medications/Drugs/Alcohol
- 6 Other

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

- 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

Alcohol and/or Drug Testing															
Driver Vehicle #1				Driver Vehicle #2				Driver Vehicle #1				Driver Vehicle #2			
Alcohol		Drug		Chemical Test		Alcohol		Drug		Alcohol Test Result		Alcohol		Drug	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	None Given	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown if Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver Vehicle #1	<input type="checkbox"/>	Driver Vehicle #2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Test Result	<input type="checkbox"/>	Positive	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Negative	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Awaiting Test Result	<input type="checkbox"/>	Awaiting Test Result	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breath	<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
23-210-AC

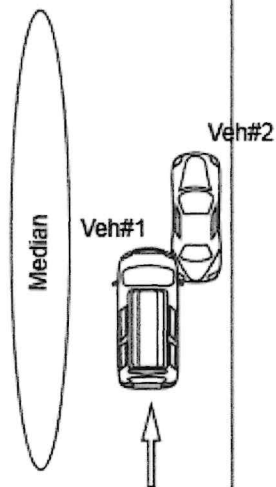
STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Please see the Narrative Supplemental

↓ Indicates North

Crash Diagram (NOT TO SCALE)

Mt. Hope Bridge



NARRATIVE FOR PATROL OFFICER RACHAEL M GAFFNEY

Ref: 23-210-AC

Entered: 05/16/2023 @ 1953	Entry ID: GAFR
Modified: 05/16/2023 @ 1959	Modified ID: GAFR
Approved: 05/17/2023 @ 1428	Approval ID: STPS

OFFICER INVESTIGATION:

Vehicle #1 (Vieira) was traveling south on Ferry Road, responding to a motor vehicle accident on the Mt. Hope Bridge. Vehicle #2 (Catalan) was traveling south in the area of the base of the Mt. Hope Bridge. Vehicle #2 was pulled to the side of the road to allow vehicle #1 to pass. The front passenger side quarter panel of vehicle #1 came in contact with the rear driver's side quarter panel of vehicle #2. I observed minor damage to both vehicles.

The accident was not reported at the time of the incident.

No injuries were reported.

Both operators completed hand written statements.



BRISTOL POLICE DEPARTMENT

Statement Form



- ☐ Complainant
☐ Witness
☐ Defendant
☒ Vehicle Operator

Case #: 28-210-AC
Date: 05/16/23 Time: 1846
Officer ID: 3122 Badge #: 29
POLICE USE ONLY

Full Name: JAMES VIEIRA
Home Address: 181 Mt Hope Ave.
City / Town: BRISTOL
State: RI Zip Code: 02809
Driver's License #: 7219134 State: RI

Date of Birth: [REDACTED]
Home: [REDACTED]
Cell: [REDACTED]
Email: [REDACTED]
SSN: [REDACTED]

Date of Incident: 5/16/2023 Time of Incident: [REDACTED]
Location / Address of Incident: Mt Hope Bridge.
Vehicle Registration: 839 State: RI Insurance Company: RI TRUST Policy#: [REDACTED]

Responding to A motor vehicle Accident on the
Mt Hope Bridge. weaving in and out because cars were
At a complete stop and unknown to me I rubbed against a
vehicle

Signature: [Signature] Date Signed: 5/16/2023
If additional space is needed please use the reverse side

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental



BRISTOL POLICE DEPARTMENT
Statement Form



☐ Complainant
☐ Witness
☐ Defendant
☒ Vehicle Operator

Case #: 23-210-10
Date: 05/11/23 Time: 1840
Officer ID: C1FR Badge #: 21
POLICE USE ONLY

Full Name: DAVID L. CATALAN
Home Address: 96 UNION ST
City / Town: BRISTOL
State: RI Zip Code: 02809
Driver's License #: State:

Date of Birth: [REDACTED]
Hon [REDACTED]
Cell [REDACTED]
Em [REDACTED]
SSN [REDACTED]

Date of Incident: Time of Incident:
Location / Address of Incident:
Vehicle Registration: State: Insurance Company: Policy#:

I WAS IN LINE ON FERRY RD IT WAS A TRAFFIC JAM WHEN THE EMERGENCY VEHICLES TRIED TO GET THERE WAS NO ROOM I FELT MY VEHICLE ROCK WHEN THE VEHICLE TRIED TO SQUEEZE BY I HIT MY CROCK

Signature: David L. Catalan Date Signed: 5/11/2023
If additional space is needed please use the reverse side

LM GENERAL INSURANCE COMPANY

Liberty Mutual Insurance

Supplement Instructions

ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL BY LIBERTY MUTUAL/SAFECO INSURANCE COMPANY

Please Submit Supplement Requests at: <https://supplements.libertymutual.com>

Body Shop Instructions

Body Shops Can Check Claim Status, Payments, Obtain Appraisal Info & More

Visit Our Claims Information Portal: <https://claiminfoportal.libertymutual.com>

P.O. Box 5014
Scranton, PA 18505

Claim #:
Workfile ID:

053524660-0001
44e4d889

Estimate of Record

Written By: MICHAEL SCHOONMAKER, 5/23/2023 2:43:52 PM
Adjuster: TERRELL, JARRED, (412) 375-5033 Business

Insured:	DAVID CATALAN	Owner Policy #:	MARI	Claim #:	053524660-0001
Type of Loss:	COLL - Collision Coverage	Date of Loss:	05/16/2023 12:00 AM	Days to Repair:	2
Point of Impact:	07 Left Rear	Deductible:	500.00		

Owner (Insured):	Inspection Location:	Repair Facility:
DAVID CATALAN	96 UNION ST	
96 UNION ST	BRISTOL, RI 02809-2118	
BRISTOL, RI 02809-2118	Desk	
(401) 256-9480 Cellular	(401) 256-9480 Cellular	
catalank116@gmail.com		

VEHICLE

2020 HOND CR-V Hybrid Touring AWD 4D UTV 4-2.0L Hybrid Sequential MPI

VIN:	7FART6H94LE009458	Production Date:		Interior Color:
License:		Odometer:	UNK	Exterior Color:
State:	RI	Condition:		

TRANSMISSION	Air Conditioning	RADIO	Lane Departure Warning
Automatic Transmission	Intermittent Wipers	AM Radio	ROOF
4 Wheel Drive	Tilt Wheel	FM Radio	Luggage/Roof Rack
POWER	Cruise Control	Stereo	Electric Glass Sunroof
Power Steering	Rear Defogger	Search/Seek	SEATS
Power Brakes	Keyless Entry	Auxiliary Audio Connection	Bucket Seats
Power Windows	Alarm	Satellite Radio	Leather Seats
Power Locks	Message Center	SAFETY	Heated Seats
Power Mirrors	Steering Wheel Touch Controls	Drivers Side Air Bag	WHEELS
Heated Mirrors	Rear Window Wiper	Passenger Air Bag	Aluminum/Alloy Wheels
Power Driver Seat	Telescopic Wheel	Anti-Lock Brakes (4)	PAINT
Power Passenger Seat	Heated Steering Wheel	4 Wheel Disc Brakes	Clear Coat Paint
DECOR	Climate Control	Traction Control	OTHER
Dual Mirrors	Navigation System	Stability Control	Fog Lamps

Estimate of Record

2020 HOND CR-V Hybrid Touring AWD 4D UTV 4-2.0L Hybrid Sequential MPI

Privacy Glass	Backup Camera	Front Side Impact Air Bags	Rear Spoiler
Console/Storage	Parking Sensors	Head/Curtain Air Bags	Signal Integrated Mirrors
Overhead Console	Remote Starter	Hands Free Device	TRUCK
Wood Interior Trim	Intelligent Cruise	Xenon or L.E.D. Headlamps	Power Trunk/Liftgate
CONVENIENCE	Home Link	Blind Spot Detection	

Estimate of Record

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Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	***Supplement Instructions***		1			
		NOTE: ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL BY LIBERTY MUTUAL/SAFECO INSURANCE COMPANY Please Submit Supplement Requests at: https://supplements.libertymutual.com					
2		QUARTER PANEL					
3	*	Rpr LT Quarter panel 18" or 19" wheels	04646TLAA11ZZ			0.5	0.0
		NOTE: Buff					
4		R&I RT Wheel opng mldg all	74413TLAA01			0.3	
5		R&I LT Wheel opng mldg all	74453TLAA01			0.3	
6		REAR BUMPER					
7		R&I R&I bumper cover	71500TPGA50ZA			1.5	
8		R&I LT Side cover	04717TLAA00ZZ			0.5	
9	* < >	Rpr LT Side cover	04717TLAA00ZZ			1.0	2.0
10		Add for Clear Coat					0.8
11	#	Refn Partial Refinish Adjustment					-0.4
12		VEHICLE DIAGNOSTICS					
13	*	Rpr Pre-repair scan				m 0.5	
14	*	Rpr Post-repair scan				m 0.5	
15		MISCELLANEOUS OPERATIONS					
16	#	Repl Flex additive		1	5.00		
17	#	Subl Hazardous waste removal		1	3.50 X		
18	#	Repl Clean & Retape Molding		1	2.00	0.2	
SUBTOTALS					10.50	5.3	2.4

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			7.00
Body Labor	5.3 hrs @	\$ 48.00 /hr	254.40
Paint Labor	2.4 hrs @	\$ 48.00 /hr	115.20
Paint Supplies	2.4 hrs @	\$ 26.00 /hr	62.40
Miscellaneous			3.50
Subtotal			442.50
Sales Tax	\$ 69.40 @	7.0000 %	4.86
Total Cost of Repairs			447.36
Deductible			500.00
Total Adjustments			500.00
Net Cost of Repairs			-52.64

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*****SUPPLEMENT INSTRUCTIONS*****

- THIS IS NOT AN AUTHORIZATION TO REPAIR. ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL BY LIBERTY MUTUAL/SAFECO INSURANCE COMPANY.
- Please present this Appraisal to the repair facility before repairs begin.
- In the event of a supplement, please submit to <https://supplements.libertymutual.com>.
- Once the supplement has been reviewed a member of our appraisal team will contact you within 2-3 business days to discuss supplement details.
- To expedite the supplement process a vehicle must be in the shop for repairs with initial teardown completed based on this appraisal.

Appraisal Written by: Michael Schoonmaker

Appraiser Licensing Information:

NPN: 17616599
CT: 17616599
DE: 3000276026
MA: 17616599
RI: 2309920
SC: 17616599

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE, KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING.

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

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

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

Estimate of Record

2020 HOND CR-V Hybrid Touring AWD 4D UTV 4-2.0L Hybrid Sequential MPI

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 ARG4464, CCC Data Date 05/16/2023, 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 2023 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

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

SYMBOLS FOLLOWING PART PRICE:

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

SYMBOLS FOLLOWING LABOR:

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

OTHER SYMBOLS AND ABBREVIATIONS:

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

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

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

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