

1185 Hope Street  
Bristol, RI 02809  
May 9, 2025

Bristol RI DPW  
111 Mt Hope Ave  
Bristol RI 02809

To Whom It May Concern:

Enclosed please find an accident report on my tire blowout from Wednesday, May 7, 2025. Although the report states that the construction cone was on the road, it was to the side and should have been on both the front and rear of the sewer plug. As a result I drove over the exposed plug, tearing my left front tire. The tire is a Hankook with 32000 miles wear. I am seeking replacement value for the tire from the Town Public Works. I can be reached at

8. My e-mail address is

  
Leon F Hill

HAND DELIVERED

JOAN CLERKS OFFICE  
BRISTOL, RHODE ISLAND  
2025 MAY -9 AM 10:44

Retracted Copy

# STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol		Report Number 25-181-AC		Crash Date 05/08/2025		Crash Time 0906		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>	
City or Town Name BRISTOL		Street or Highway CONSTITUTION ST		<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 PEARSE 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. 50		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude +041.667880		Longitude -071.271640	
Unit ID 1	Driver's Last Name HILL	First Name LEON	M.I. F	DOB [REDACTED]	Unit ID	Last Name	First Name	M.I.	DOB		
Address 1185 HOPE ST		City BRISTOL		Address		City					
State RI	Zip 02809	Home Phone	Cell Phone	Work Phone	State	Zip	Home Phone	Cell Phone	Work Phone		
Driver's License # <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 checked="" type="checkbox"/>		Owner's Last Name HILL		First Name LEON	M.I. F	Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name	M.I.
Address 1185 HOPE ST		City BRISTOL		Address		City					
State RI	Zip 02809	Home Phone	Cell Phone	Work Phone	State	Zip	Home Phone	Cell Phone	Work Phone		
Insurance Company Name ALLSTATE		<input type="checkbox"/> No Ins.		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		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		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		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		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 # 1FY364	<input type="checkbox"/> Not Reg	State RI	Yr Reg. 2026	VIN 4T1S11BK1MU031830	Registration # <input type="checkbox"/> Not Reg	State	Yr Reg.	VIN			
Veh Yr. 2021	Make TOYOTA	Model CAMRY	Color WHITE	Plate Type PC	Veh Yr.	Make	Model	Color	Plate Type		
Veh Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk		Veh Travel Direction <input type="checkbox"/> Eastbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk		Veh Travel Direction <input type="checkbox"/> Eastbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk		Veh Travel Direction <input type="checkbox"/> Eastbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk		Veh Travel Direction <input type="checkbox"/> Eastbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk		Veh Travel Direction <input type="checkbox"/> Eastbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <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		
<p align="center"><b>Person Type</b></p> <p>1 Driver      4 Bicyclist      7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)      9 Occupant of a Non-Motor Veh Transportation Device</p> <p>2 Passenger      5 Other Cyclist      8 Occupant of Motor Veh. Not in Transport (Parked, etc.)      10 Unknown Type of Non-Motorist</p> <p>3 Pedestrian      6 Witness      11 Unknown</p>											
Unit ID 1 Unit 1 2 Unit 2 3 (etc.) or N/A	Sex M Male F Female U Unk	Seat Position 13 Other Row (Bus) 14 Unk Row 15 Other Seat 16 Unk Seat	Other Location 17 N/A 18 Sleeper 19 Other Enclosed Area 20 Other Unenclosed Area 21 Towed Unit 22 Unk	Air Bag Deployed 1 N/A 5 Other 2 No 6 Comb 3 Front 7 Unk 4 Side 8 Unk	Ejected 1 No 2 Partially 3 Totally 4 N/A 5 Unk	Protection System 1 N/A 7 Child - Forw Facing 2 None Used 8 Child - Rear Facing 3 Shoulder & Lap 9 Booster Seat 4 Shoulder Only 10 Child - Unk 5 Lap Only 11 Helmet Used 6 Type Unk 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.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue
LEON F HILL		1	1	M	[REDACTED]	1	2	1	3	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
<p>Non-Vehicle Property Damage      <input type="checkbox"/> State Property      <input type="checkbox"/> City/Town Property      <input type="checkbox"/> Private Property</p> <p>Owner      Address</p> <p>Home Phone      Cell Phone      Work Phone      Damage Description</p>											
Reporting Officer Name Patrol Officer CHRISTOPHER RAIOLA				Reporting Officer Badge Number 026				Report Date 05/08/2025		Prohibit Public Release No	

Report Number  
25-181-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	Traffic Controls 1 No Controls 2 Person 3 Traffic Control Signal 4 Flashing Traffic Control Sig. 5 School Zone Signs 6 Stop Signs	7 Yield Signs 8 Warning Signs 9 Railway Crossing Device 10 Pavement Markings 11 Other 12 Unknown	8
1	Road Surface Condition (Prevailing) 1 Dry 2 Wet 3 Snow 4 Slush 5 Ice/Frost 6 Water (Standing, Moving) 7 Sand 8 Mud, Dirt, Gravel 9 Oil 10 Other 11 Unknown	Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
1	Light Condition (Prevailing) 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Other 8 Unknown	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) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
1	Weather Condition (Prevailing) 1 Clear 2 Cloudy 3 Fog, Smog, Smoke 4 Rain 5 Sleet, Hail (Freezing Rain or Drizzle) 6 Snow 7 Blowing Snow 8 Severe Crosswinds	Construction Workers Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	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	1
	School Bus Related Crash? (Directly Involved Indicates Contact was Made) <input type="checkbox"/> Yes, Directly Involved <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Indirectly Involved	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	1

1	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 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	Unit Types	
	Vehicle #1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle #1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was this Vehicle in Tow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	Vehicle #1 1 No Special Function 2 Taxi 3 Vehicle Used as School Bus 4 Vehicle Used as Other Bus 5 Military 6 Police 7 Ambulance 8 Fire Truck 9 Unknown	Special Function Vehicle	

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

☐ Yes ☒ No ☐ Unk ☐ Yes ☐ No ☐ Unk

1 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)

39 Vehicle #1 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 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

11 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

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

1st	Vehicle #1	Sequence of Events		1st
39		<b>Non-Collision:</b> 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  <b>Collision with Person, Motor Veh, or Non-fixed Obj:</b> 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	<b>Collision with Fixed Object:</b> 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				2nd
3rd				3rd
4th				4th
		40 Unknown - Sequence of Events		

1	Driver Vehicle #1	Driver Distracted	
	1 Not Distracted	4 Other Inside the Vehicle	
	2 Electronic Communication Devices (Cell Phone, Pager, etc.)	5 Other Outside the Vehicle	
	3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.)	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
2nd	Vehicle #1	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

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

Driver Vehicle #1		Alcohol Test Result	
<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	BAC	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
<input type="checkbox"/>	Pending	<input type="checkbox"/>	
<input type="checkbox"/>	Unknown	<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  
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STATE OF RHODE ISLAND UNIFORM CRASH REPORT  
Narrative/Diagram Supplemental

*Please see the Narrative Supplemental*

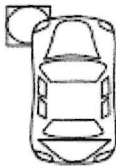
← Indicates North

Crash Diagram (NOT TO SCALE)

CONSTITUTION STREET

PEARSE AVENUE

EXPOSED MANHOLE COVER



VEH 1

104 CONSTITUTION ST



NARRATIVE FOR PATROL OFFICER CHRISTOPHER RAIOLA

Ref: 25-181-AC

Entered: 05/08/2025 @ 1018	Entry ID: RAIC
Modified: 05/08/2025 @ 1020	Modified ID: RAIC
Approved: 05/08/2025 @ 2054	Approval ID: GALT

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**\*\*OFFICER INVESTIGATION--NON-INJURY COLLISION REPORT\*\***

On 05/08/2025 at approximately 0900 hours, Veh #1 (Hill) was travelling east on Constitution Street approaching Pearse Avenue. Veh #1 was in the eastbound lane of travel.

At this time Veh #1's driver's side front tire struck an exposed manhole cover directly in front of 104 Constitution Street.

Veh #1 sustained minor damage to the driver's side front tire (flat). No injuries were reported as a result of the collision.

It should be noted that Constitution Street is milled for paving and has several raised manhole covers. The manhole cover was painted pink and marked "LOW". There is also signage at the intersection of High Street and Constitution Street indicating "Bump, Raised Structures Ahead, Grooved Pavement Ahead". All signage faces the northbound and southbound lanes of travel on High Street. There were also cones placed around the manhole cover indicating the raised structure.

Veh #1 Operator stated that he was able to observe the manhole cover and cones surrounding it but was unable to avoid the collision.

Photographs of the signage and manhole cover were attached to this report.

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