

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

2025 JUL 11 PM 1:13
DATE RECEIVED

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:



The town of Bristol RI pay for a wall repair
at 1 Overlook Drive that was damaged by a town
composting truck on 6/20/25.

Attached is an estimate for repair, the police report &
photos. See page 6 of the police report for a
drawing & photos for specifics. If there is anything else you
need, please advise. Please inform me of next steps. Thank-
you for your consideration of this matter

PLEASE NOTE:

Please ensure that your petition is submitted
by 4:00 PM, two (2) Wednesdays before the
Town Council meeting scheduled for

in order to be included on the docket. Ac-
cording to Council policy, petitions cannot
be addressed unless recommendations, if
needed, from the relevant departments are
received before the Council meeting

SIGNATURE: Carolyn Balinski

NAME: Carolyn Balinski

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol				Report Number 25-262-AC		Crash Date 06/20/2025		Crash Time 12:10		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>							
City or Town Name Bristol				Street or Highway OVERLOOK DR		<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 SUNNYSIDE AVE				Direction From Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 41.685262		Longitude -71.282255									
Unit ID 1		Driver's Last Name VIEIRA		First Name ANTONIO		M.I. P		DOB		Unit ID		Driver's Last Name							
Address 16 DEER RUN RD		City BRISTOL		Address		City		State		Zip		Home Phone							
Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone							
Driver's License # 1				<input type="checkbox"/> CDL				Lic. State RI				Driver's License # 1							
<input type="checkbox"/> CDL				Lic. State RI				Driver's License # 1				<input type="checkbox"/> CDL							
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 Same <input type="checkbox"/>				Owner's Last Name TOWN OF BRISTOL (DPW)				First Name NFN				M.I.							
Address 10 COURT ST				City BRISTOL				Address				City							
State RI				Zip 02809				Home Phone				Cell Phone							
Work Phone				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 0000000				Insurance Company Name THE TRUST							
<input type="checkbox"/> No Ins.				Insurance Policy Number 0000000				Insurance Company Name THE TRUST				<input type="checkbox"/> No Ins.							
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							
Registration# 5851				<input type="checkbox"/> Not Reg.				State RI				Yr Reg. 2025							
VIN 1CYATAAC1P1000179				Registration# 5851				<input type="checkbox"/> Not Reg.				State RI							
Yr Reg. 2025				VIN 1CYATAAC1P1000179				Registration# 5851				<input type="checkbox"/> Not Reg.							
Veh Yr. 2023				Make OTHER				Model BATTLE MOTORS				Color WHITE							
Plate Type TN				Veh Yr. 2023				Make OTHER				Model BATTLE MOTORS							
Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound				Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound				Vehicle 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 Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound				Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound				Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound							
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							
<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							
<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							
Person Type												1 Driver		4 Bicyclist		7 Other Ped. (Wheelchair, Person in Building, Skater, Ped Conveyance, etc.)		9 Occupant of Non-Motor Veh Transportation Device	
Person Type												2 Passenger		5 Other Cyclist		Conveyance, etc.)		10 Unknown Type of Non-Motorist	
Person Type												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		M Male		13 Other Row (Bus)		17 N/A		1 N/A		1 No		1 N/A		1 Complaints of Pain					
2 Unit 2		F Female		14 Unk. Row		18 Sleeper		2 No		2 Partially		2 None Used		2 Non-Incapacitating					
3 (etc.)		U Unk.		15 Other Seat		19 Other Enclosed Area		3 No		3 Totally		3 Shoulder & Lap		3 Incapacitating					
or N/A				16 Unk. Seat		20 Other Unenclosed Area		4 Front		4 N/A		4 Shoulder Only		4 Fatal					
						21 Towed Unit		4 Side		5 Unk.		5 Lap Only		5 No Injury					
						22 Unknown				6 Type Unknown		6 Type Unknown		6 Unknown					
												7 Child - Forw. Facing		7 Child - Forw. Facing					
												8 Child - Rear Facing		8 Child - Rear Facing					
												9 Booster Seat		9 Booster Seat					
												10 Child - Unk		10 Child - Unk					
												11 Helmet Used		11 Helmet Used					
												12 Other		12 Other					
												13 Unk.		13 Unk.					
Name: Occupants - Witnesses - Pedestrians - Bicylists				Person Type		Unit ID		Sex		DOB		Seat Pos.		Air Bag Deployed					
VIEIRA, ANTONIO P				1		1		M				1		2					
														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					
Non-Vehicle Property Damage												<input type="checkbox"/> State Property		<input type="checkbox"/> City/Town Property		<input checked="" type="checkbox"/> Private Property			
Owner RICHARD PASTORE												Address 1 OVERLOOK DR							
Home Phone				Cell Phone				Work Phone				Damage Description STONE WALL							
Reporting Officer Name Patrol Officer CHRISTOPHER RAIOLA												Reporting Officer Badge Number 026				Report Date 06/20/2025			

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 Continuous Left Turn Lane
- 3 Two-Way, Divided, Uprotected (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 (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

Unit Types

- | | |
|---------------|--|
| 6 Motor Home | 11 Motorcycle |
| 7 School Bus | 12 Moped |
| 8 Transit Bus | 13 Low Speed Vehicle |
| 9 Motor Coach | 14 Other Light Trucks (10K lbs [4,536 kg] or less) |
| 10 Other Bus | 15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg]) |
| | 16 Medium/Heavy Trucks (More than 10K lbs [4,536 kg]) |

Vehicle

- 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?

Vehicle

☐ Yes ☐ No

Vehicle #1

☐ Yes ☒ No Was this Vehicle in Tow?

Vehicle

☐ 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 | 7 Ambulance | 9 Unknown |
| 6 Police | 8 Fire Truck | |

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

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

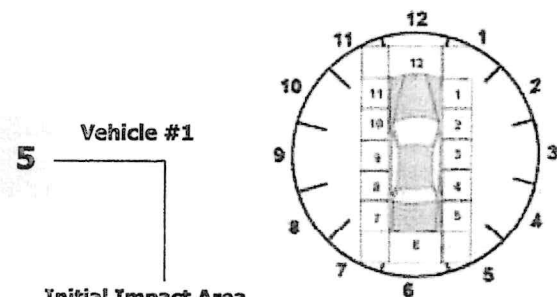
Vehicle #1	Motor Vehicle Position	Vehicle #
1	1 Motor Vehicle on Roadway	
	2 Motor Vehicle parked	
	3 Working Vehicle/Equipment	

Vehicle #1	Extent of Damage				Vehicle #
2	1 No Damage Observed	2 Minor Damage (<= \$1,000)	3 Functional Damage (> \$1,000)	4 Disabling Damage (> \$1,000)	

Vehicle #1	Vehicle #
39	
	Most Harmful Event

- | Non-Collision: | | Collision with Person, Motor Veh., or Non-Fixed Object: | 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 Object (Wall, Building, Tunnel, etc.) |
| | | | 40 Unknown - Most Harmful Event |

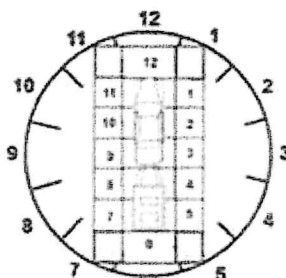
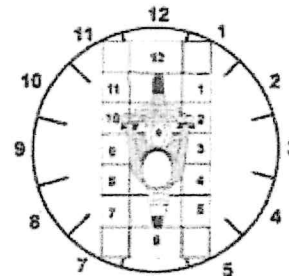
Vehicle #1	Vehicle Action Prior	Vehicle #
1 Movements Essentially Straight Ahead	6 Turning Left	11 Negotiating a Curve
2 Backing	7 Making U-Turn	12 Parked
3 Changing Lanes	8 Leaving Traffic Lane	13 Stopped in Traffic
4 Overtaking/Passing	9 Entering Traffic Lane	14 Other
5 Turning Right	10 Slowing	15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



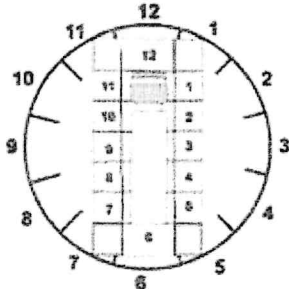
Initial Impact Area
Clock Diagram
or

- 13 Top (Roof)
14 Undercarriage
15 Non-Collision
16 Unknown

Most Damaged Area

**Passenger Car
W/Trailer**

Motorcycle



Tractor Trailer

Vehicle #

Initial Impact Area
Clock Diagram
or

- 13 Top (Roof)
14 Undercarriage
15 Non-Collision
16 Unknown

Most Damaged Area

5 _____
Vehicle #1

BUS

Vehicle #

Report Number
25-262-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #	1st
39	Non-Collision: 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped from Motor Veh. 7 Thrown or Falling Object 8 Other Non-Collision Collision with Person, Motor Veh., or Non-Fixed Object: 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 Object (Wall, Building, Tunnel, etc.)		
2nd				2nd
3rd				3rd
4th				4th
		40 Unknown - Sequence of Events		

1	Driver Vehicle #1	Driver Distracted	Driver Vehicle #
	1 Not Distracted 2 Electronic Communications 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 #
	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 Unknown	

1st	Non-Motorist Safety Equipment	1st
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	2nd

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

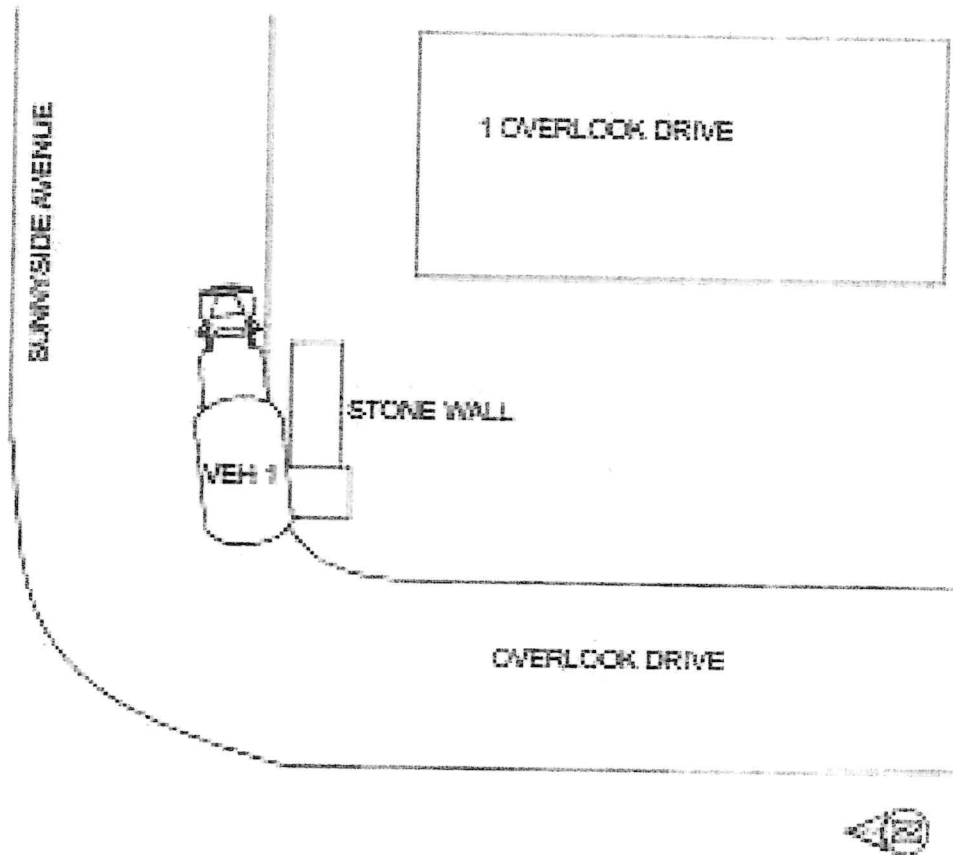
Report Number
25-262-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

(1) ****OFFICER INVESTIGATION--NON-INJURY COLLISION REPORT**** On 06/20/2025 at approximately 0900 hours, Veh #1 was turning eastbound from Overlook Drive onto Sunnyside Avenue. At this time Veh #1's rear passenger side tire collided with the stone wall on the northwest corner of 1 Overlook Drive's property. Veh #1 sustained minor damage to the rear passenger tire. Several stone slabs from the wall were dislodge as a result of the collision. Photographs were taken and attached to this report. No injuries were reported. Bristol Dept of Public Works supervisors were informed of the collision.

Report Number
25-262-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental











25, 10:43 AM





Staton's Landscaping, Inc.

48 Kinnicutt Ave.

Warren, RI 02885

Submitted to:

Carolyn Balinskas

1 Overlook Dr.

Bristol, RI 02809

Proposal

Proposal Date: 7/7/2025

Description

Repair stone wall that was damaged by a truck.

Labor & material \$2257.00

Thank you,
Charles Staton

Plants are guaranteed for one year based upon being watered three times per week for two months, then twice weekly until the first frost. Price is for complete job, including all materials, labor, taxes, hauling/dumping fees and clean up. Price is based on all prep work being completed before Staton's arrival. Any additional prep work needed will be invoiced according to the owner/developer.

PAYMENT TERMS 1/3 due with signed proposal, 1/3 due when work begins, balance due upon completion. Fertilization/Weed Control Programs must be paid in full to receive the 4% discount if paid by March 31st. or, 3% if paid by April 30th. We also have a 4 installment payment plan.

This will become your contract by printing, signing and returning with a deposit. Thank you

SIGNATURE _____

Date _____