

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:

10/31/23 To whom it may concern, 10/3/23 when I was retrieving grocuries from vehicle I tripped over a piece of metal that was probuding out of the sidewalk in front of 149 Bradford St. (enclosed photos) left from previous business sign reminants. I sustained facial injuries as well as injury to right arm and hand. I was not going to file petition, but Now that I'm having 1954es lifting right arm and pain in hand. Doctor Suggested I file a report and have medical paid. I'm only asking that The town please

pay any medical as I now have to see a specialist due to tear in my notator culf and muscle in my arm. I've included one of the bills for the MRI. I also have a forn bicep and NOW have Physical therapy beginning tomorrow.

PLEASE NOTE:

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

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:

ADDRESS

TOWN: Daugh BUSINES

NOV 1 5 2023

RESIDEN

MEETING

TOWN COUNCIL



Bristol Police Department

395 METACOM AVENUE S BRISTOL, RHODE ISLAND 02809 TELEPHONE (401) 253-6900

October 23, 2023

Margarida Chaves 341 High Street Bristol, RI 02809 2003 OCT 30 PM 3: 43

Dear Margarida Chaves,

Please find attached our response to your record request. Portions of this report have been reducted is accordance with RIGL 33-2-2(II)(D)(c) to protect against unwarranted invasion of personal privacy.

In accordance with RIGL 38-2-8, any person or entity denied copies of requested records or the abilit—to inspect records by the Bristol Police Department, may seek an administrative appeal in writing from—Chief of Police for review of the determinations. The Chief shall make a final determination whether—to allow public inspection within (10) ten business days. If the denial is confirmed, you are thereafter—file a complaint with the office of Attorney General, or you may institute proceedings in Superior Cou

Sincerely,

Steven St. Pierre Lieutenant

nes



Bristol Police Department



REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date:	10/19/23	Reques	t Number:	
Name: (optional)	- 1016	raperida (Laves	+
Address: (optional)	34	7 Hial	St.	
Telephone: (options	*			
Requested Records:	23-1	505-OF		
1	·	,		
E-Mail or FAX: if yo	ou wish to have record	s delivered electron	nically:	
	,	Office Use		,
Request taken by: Date: W19 23 Records to be available Records provided: Cost: DC	VICICS le by:	Request N Time: Mail: P Search & F	13:35	Fax
after review of your recommendation areas.	o records, they will be quest, the Department	available on determines that the len. Laws Section	ords Request Receipt at the front of requested records are expected at the strong and through the strong and the strong are expected at the strong at the st	~~~~ *
lote: If you chose to piname, etc.), please info name, etc.), please info nd requested records. I	rm the officer/clerk at	lid not include ider the front desk of th	ntifying information on the ne date you made the requ	is form lest
•		•	Form Revised 3/2	7/2019

Bristol Police Department Incident Report

Page: 1 10/23/2023

Incident #: 23-1505-OF Call #: 23-26441

Date/Time I	Reported:	10/19/2023	1310
		10/19/2023	

Occurred Between: 10/03/2023 1200-10/19/2023 1310

Status: Incident Closed

Reason Closed: No Further Investigation Needed

Reporting Officer: Patrol Officer JOSHUA ROZA Approving Officer: Sergeant BRETT ESTRELLA

Signature:

Signature:

L# OFFENSE(S)

LOCATION TYPE: Highway/Road/Alley/Street Zone: 12

149 BRADFORD ST BRISTOL RI 02809

1 PAST FALL WITH INJURY ON SIDEWALK

N

Not Applicable

OCCURRED: 10/03/2023 1200

副湯	PPRSON((S))	PERSON TY	PE	SeX.	RACE	AGE	SSN	PHONE
1	CHAVES, MARGARIDA R	REPORTING	PARTY	F	W	51	*****	******
	BRISTOL RI 02809 DOB: *********							

2	CHAVES, MARIA R	PARTICIPAN	iT.	F	W	82	*****	*******

BRISTOL RI 02809 DOB: *******

INJURIES: Apparent Minor Injury

Bristol Police Department

NARRATIVE FOR PATROL OFFICER JOSHUA J ROZA

Ref: 23-1505-OF

On 10/19/2023 at approximately 1310 hours, Margarida Chaves (heave of her mother, Maria Chaves (her mother, Maria Chaves (her mother)) to report a past trip and fall on the sidewalk area in front of 149 Bradford St.

According to Margarida, on 10/03/2023 her mother had retrieved groceries from a vehicle. She then tripped and fell over a piece of metal that was protruding out of the sidewalk area in front of 149 Bradford St. Her mother reportedly sustained facial injuries as well as an injury to her right arm and hand. Police and Rescue were never contacted and the incident was not documented. Margarida advised that the incident was reported to the Bristol Town Hall and the sidewalk issue has since been addressed. Margarida stated that she was advised to file a report with Police to document the incident.

Margarida completed a written statement that is attached to this report. She also provided images of her mother injuries and the specific area that the incident occurred. Follow up photos of the area were taken by Police and attached to this report.

Contact was not made with Maria at the time of this report. Report was completed for documentation purposes.

** Portions of this report have been redacted **

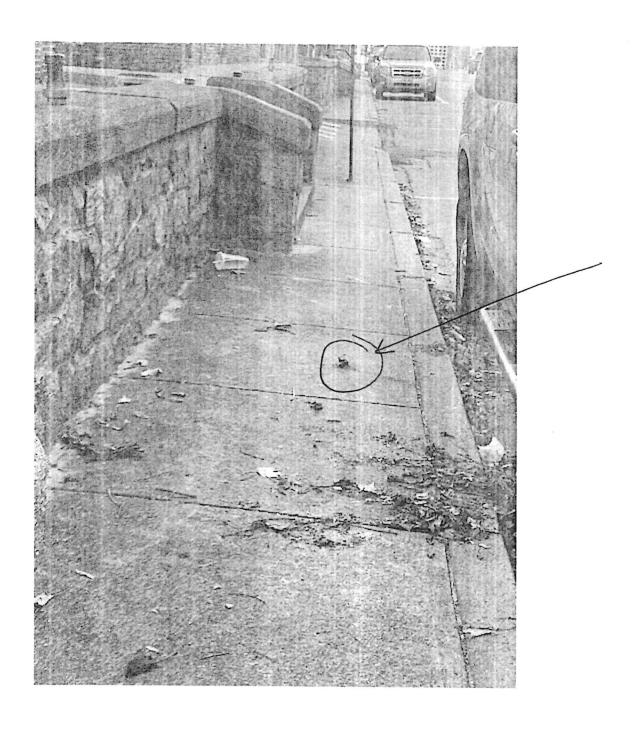
Page: 1

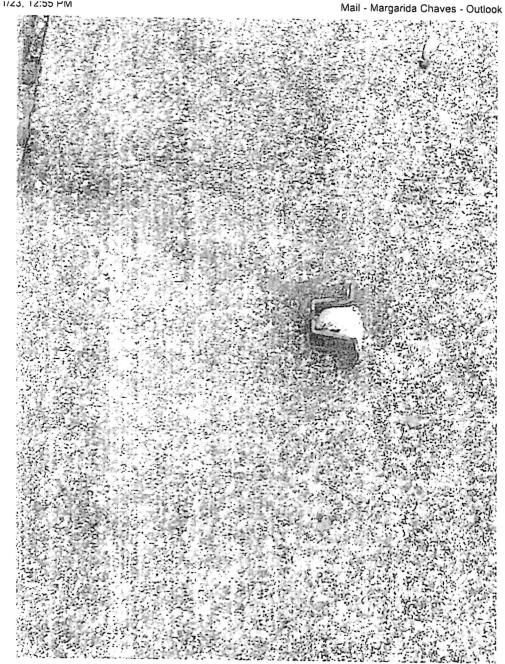
Bradford street post not cut down correctly: in front of old sams pizza 147-149 Bradford

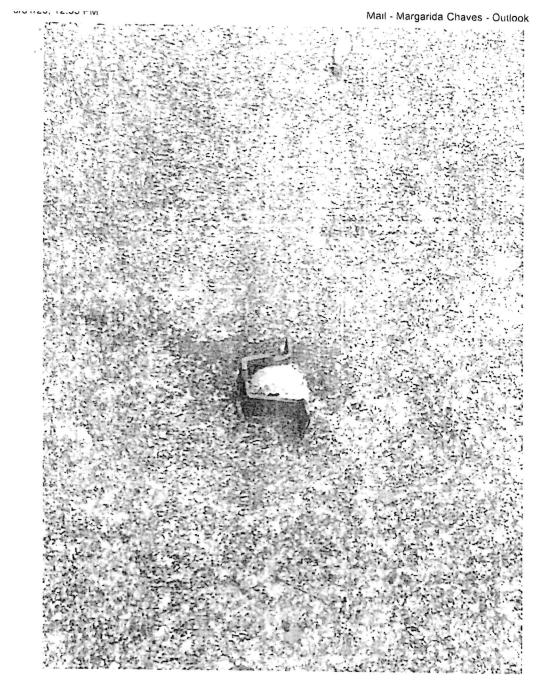
Margarida Chaves <peg1972@hotmail.com>

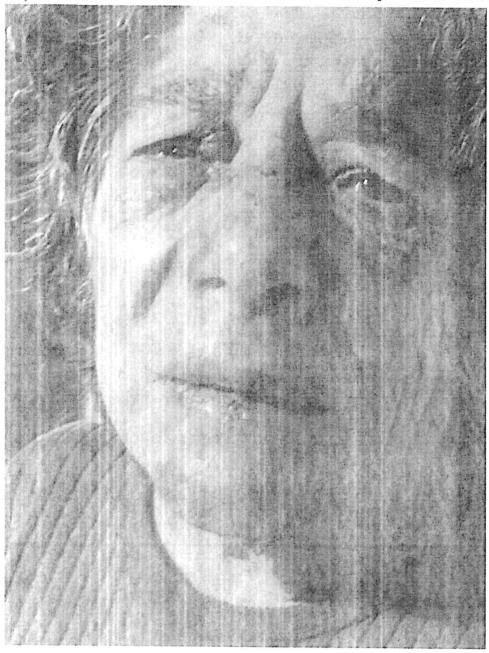
Wed 10/4/2023 12:40 PM

To:edickervitz@bristolri.gov <edickervitz@bristolri.gov>











Sent from my iPhone

RHODE ISLAND MEDICAL IMAGING

RIMI Billing Department Phone Number: 401-432-2500

PATIENT RECEIPT

Patient:

MARIA R CHAVES

Account:

54254

Accession:

12019521

Appt Reason:

MRI SHOULDER RIGHT W/O

Date of Service:

10/27/23

THANK YOU

Payment Details

Date/Time: Oct 27 2023 1:09PM

Transaction Type: CASH

Transaction Total Amount: \$100.00

Cash Amount: \$100.00 Collected By: NMANCHESTE

Thank you for having your service(s) with Rhode Island Medical Imaging. If a deductible payment was collected today, please note that this is a PARTIAL PAYMENT and should not be considered as payment in full.

UNIVERSITY ORTHOPEDICS, INC. please send payments to: UNIVERSITY ORTHOPEDICS INC PO BOX 17937

BELFAST, ME 04915-4074 billing phone: (401) 457-1575

department of service: Kettle Point 3rd Sports & Shoulder 1 Kettle Point Ave EAST PROVIDENCE, RI 02914-

printed 10/31/2023 08:32 AM

dept phone: (401) 443-4240

GUARANTOR NAME AND ADDRESS

MARIA RIBEIRO CHAVES 147 BRADFORD STREET BRISTOL, RI 02809

PATIENT # PATIENT NAME

MARIA RIBEIRO **CHAVES**

PROVIDER DATE ANDREW GREEN, MD 10/31/2023 Kettle Point 3rd

DEPARTMENT

Sports & Shoulder

DOB.

429135

TELEPHONE CURRENT INSURANCE

5375

CERTIFICATE# AUTH#

09/01/1941 (401) 523-4327 UNITED HEALTHCARE

(MEDICARE

*****2642

REPLACEMENT/ADVANTAGE -

HMO)

PAYMENTS ON 10/31/2023

Post Date of Diagnosis Procedure Original Supervising Reason For Method of Amount **Date** Service Codes Code Insurance Plan Provider **Payment Payment** 10/31/2023 *SELF PAY* [0] Copay CASH. \$30.00

Total Payment Amount

\$30.00