

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

PETITION TO THE CITY COUNCIL

PERSONAL INJURY

TO THE HONORABLE TOWN COUNCIL OF THE CITY OF BRISTOL

The undersigned respectfully petitions your Honorable Body that Travis Jason Smart of 130 Wadsworth street Providence RI 02907 pursuant to R.I.G.L. §45-15-5, 45-15-8, and 45-15-9 hereby gives notice of a claim for personal injuries against the City of Bristol within the sixty (60) day requirement imposed by statute.

On March 15 2022, at approximately 4:45PM, Mr. Smart attempted to make a left hand turn into the Season's Corner market parking lot located on Metacom Ave when he was struck by a Bristol Ambulance driven by Brad Lema. Please see pictures attached. As a result of the accident, Mr. Smart sustained injuries.

Respectfully submitted,
By his attorney,



Robert J. Levine, Esq.
Rhode Island Bar No. 6128
Rob Levine & Associates
544 Douglas Avenue
Providence, RI 02908
Telephone (401) 621-7000
Facsimile (401) 621-7050

Date: 04/11/2022

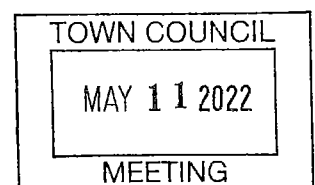
NAME: Travis Jason Smart

ADDRESS: 130 Wadsworth street Providence RI 02907

DATE OF ACCIDENT: March, 15 2022

HOSPITAL: N/A

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND
2022 APR 18 AM 9:29



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STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol		Report Number 22-113-AC		Crash Date 03/15/2022		Crash Time 16:54		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>	
City or Town Name Bristol		Street or Highway METACOM AVE		<input type="checkbox"/> On Ramp <input type="checkbox"/> Exit # <input type="checkbox"/> # of Lanes 4		Posted Speed Limit 40		<input type="checkbox"/> N/A <input type="checkbox"/> Unk			
Nearest Intersection Street GOODING AVE		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. 50 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 41.693783		Longitude -71.263581			
Unit ID Driver's Last Name 1 LEMA		First Name BRAD		M.I. D		Unit ID Driver's Last Name 2 SMART		First Name TRAVIS		M.I. J	
Address 431 HIGH ST		City WAKEFIELD		Address 17 OPECHEE DR		City BRISTOL					
State RI		Zip 02879		Home Phone 02809		Cell Phone 02809		Work Phone 02809			
Driver's License # 3432012		<input type="checkbox"/> CDL		Lic. State RI		Driver's License # 31-17-6		<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	
Driver/Owner Same <input type="checkbox"/>		Owner's Last Name JOHN OF BRISTOL FIRE		First Name NFN		Driver/Owner Same <input checked="" type="checkbox"/>		Owner's Last Name PROGRESSIVE INS CO		First Name 955234431	
Address 4 ANNAMSCUTT DR		City BRISTOL		Address PROGRESSIVE INS CO		City BRISTOL					
State RI		Zip 02809		Home Phone 02809		Cell Phone 02809		Work Phone 02809			
Insurance Company Name THE TRUST		<input type="checkbox"/> No Ins.		Insurance Policy Number 955234431		Insurance Company Name PROGRESSIVE INS CO		<input type="checkbox"/> No Ins.		Insurance Policy Number 955234431	
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 # 2017		State RI		Yr Reg. 1		VIN 1HTMNM8GH415847		Registration # 2022	
Veh Yr. 2016		Make INTERNATIONAL		Model RESCUE 1		Color RED		Plate Type FD		Veh Yr. 2019	
Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound	
Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Towing Company Name RESCUE 1		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 RESCUE 1		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 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		Sex		Seat Position		Other Location		Air Bag Deployed		Ejected	
1 Unit 1		M Male		13 Other Row (Bus)		17 N/A		1 N/A		1 No	
2 Unit 2		F Female		14 Unk. Row		18 Sleeper		2 No		2 Partially	
3 (etc.)		U Unk.		15 Other Seat		19 Other Enclosed Area		3 Front		3 Totally	
or N/A				16 Unk. Seat		20 Other Unenclosed Area		4 Side		4 N/A	
				21 Toward Unit		22 Unknown		5 Unk.		5 Unk.	
										6 Type Unknown	
										7 Child - Fwd. Facing	
										8 Child - Rear Facing	
										9 Booster Seat	
										10 Child - Unk	
										11 Helmet Used	
										12 Other	
										13 Unk.	
										14 Complains of Pain	
										15 Non-Incapacitating	
										16 Incapacitating	
										17 Fatal	
										18 No Injury	
										19 5 No Injury	
										20 6 Unknown	
										21 Trans by Rescue	
										22 Y <input checked="" type="checkbox"/> N	
										23 Y <input checked="" type="checkbox"/> N	
										24 Y <input checked="" type="checkbox"/> N	
Name: Occupants - Witnesses - Pedestrians - Bicyclists LEMA, BRAD D											
TAVAROZZI, PETER A											
LIMA, KAYDEN											
Non-Vehicle Property Damage <input type="checkbox"/> State Property <input type="checkbox"/> City/Town Property <input type="checkbox"/> Private Property											
Owner											
Home Phone Cell Phone Work Phone Damage Description											
Reporting Officer Name Patrol Officer BARRY S CARINHA											
Reporting Officer Badge Number 030											
Report Date 03/15/2022											

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Report Number
22-113-ACSTATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

2 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, 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
- 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

1 Light Condition (Prevailing)

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted
- 5 Dark - Not Lighted
- 6 Unknown Lighting
- 7 Other
- 8 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

Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?

☐ Yes ☐ No ☒ N/A

Construction Zone Crash?

(Crash Occurs in or Related to Construction, Maintenance, or Zone. May Include Vehicles Slowed or Stopped because of Work.)

☐ Yes ☒ No

Construction Workers Present?

☐ Yes ☒ No

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1st

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Report Number
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CODING GUIDE

Vehicle #1 ☒ Yes ☐ No ☐ Unk. Police, Ambulance or Fire Truck Responding to a Call? Vehicle #2 ☐ Yes ☒ No ☐ Unk.

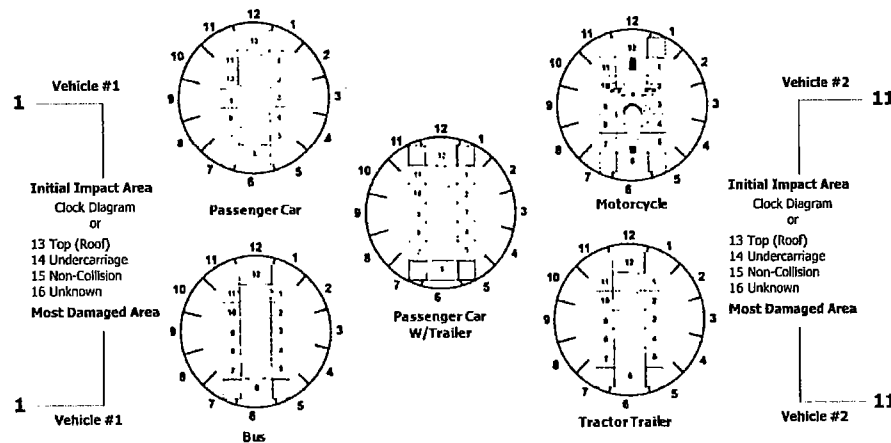
1 Vehicle #1 Motor Vehicle Position Vehicle #2 1
1 Motor Vehicle on Roadway 2 Motor Vehicle parked 3 Working Vehicle/Equipment

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

13 Vehicle #1 Most Harmful Event Vehicle #2 13

- | | | | | | | | | |
|-------------------------------|------------------------------------|------------------------------------|---|--|--|------------------------------|--|--|
| 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 | | | | | |

1 Vehicle #1 Vehicle Action Prior Vehicle #2 6
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



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Report Number
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CODING GUIDE

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

- | | | | | | | | | |
|---------------------------------|------------------------------------|------------------------------------|---|--|--|------------------------------|--|--|
| 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/Equipment Loss or Shift | 13 Motor Vehicle in Transport | 20 Culvert | 32 Traffic Sign/Support | | | | | |
| 6 Fell/Jumped from Motor Veh. | | 21 Curb | 33 Traffic Signal/Support | | | | | |
| 7 Thrown or Falling 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.) | | | | | |

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 Report Number
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STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

2 — 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, 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
- 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

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

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

6 — 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
- 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

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

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

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

Unit Types

- 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])

Vehicle #2

- 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 #2

- ☐ Yes ☒ No

Vehicle #1

- ☐ Yes ☒ No

Was this Vehicle in Tow?

Vehicle #2

- ☐ Yes ☒ No

7 — Vehicle #1

- 1 No Special Function
- 2 Taxi

Special Function Vehicle

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

- 5 Military
- 6 Police

- 7 Ambulance
- 8 Fire Truck

- 9 Unknown

Vehicle #2

- 1

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STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Vehicle #1

- ☒ Yes ☐ No ☐ Unk.

Police, Ambulance or Fire Truck Responding to a Call?

Vehicle #2

- ☐ Yes ☒ No ☐ Unk.

Vehicle #1

- ☐ Yes ☒ No

Motor Vehicle Position

- 1 Motor Vehicle on Roadway
- 2 Motor Vehicle parked
- 3 Working Vehicle/Equipment

Vehicle #2

- 1

Vehicle #1

- ☐ Yes ☒ No

Extent of Damage

- 1 No Damage Observed
- 2 Minor Damage (<= \$1,000)
- 3 Functional Damage (> \$1,000)
- 4 Disabling Damage (> \$1,000)

Vehicle #2

- 4

Vehicle #1

- ☐ Yes ☒ No

Most Harmful Event

- 13 Non-Collision:
 - 1 Overtake/Rollover
 - 2 Fire/Explosion
 - 3 Immersion
 - 4 Jackknife
 - 5 Cargo/Equip. 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 Guardrail
 - 22 Guardrail End
 - 23 Tree (Standing)
 - 24 Landscaping
 - 25 Utility Pole (Elec/Tel)
 - 26 Highway Lighting
 - 27 Traffic Sign/Support
 - 28 Traffic Sign/Support
 - 29 Traffic Control Box
 - 30 Variable Message Board
 - 31 Other Post, Pole, or Support
 - 32 Other

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Report Number
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Narrative/Diagram Supplemental

BRISTOL POLICE DEPARTMENT Statement Form	
<input type="checkbox"/> Complainant <input type="checkbox"/> Witness <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Vehicle Operator	Case #: 22-113-AC Date: 3/15/22 Time: 1654 Officer ID: CARB Badge #: 30 POLICE USE ONLY
COMPLAINANT/WITNESS/OPERATOR INFORMATION	
Full Name: Brad Lema Home Address: 431 High Street City/Town: Wakefield State: RI Zip Code: 02879 Driver's License #: State: RI	Date of Birth: 02-10-1998 Home: [REDACTED] Cell: [REDACTED] Email: [REDACTED] SSN: [REDACTED]
INCIDENT INFORMATION	
Date of Incident: 3/15/22	Time of Incident: 1645
Location / Address of Incident: Intersection of Gooding + Metacom	
Vehicle Registration: 2017 State: RI Insurance Company: The Trust Policy#:	
STATEMENT OF PERSON FILING REPORT	
I WAS North bound on Gooding Metacom with turn 3 signals + secondary work, traffic in left turn lane was stopped and lanes of on moving traffic were clear. AS I WAS passing traffic on the left the other vehicle involved turned left in front of the truck. lights + sirens were in use at time of the accident.	
Signature: Date Signed: 3/15/22	
If additional space is needed please use the reverse side	

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Narrative/Diagram Supplemental

BRISTOL POLICE DEPARTMENT Statement Form	
<input type="checkbox"/> Complainant <input type="checkbox"/> Witness <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Vehicle Operator	Case #: 22-113-AC Date: 3/15/22 Time: 1654 Officer ID: CARB Badge #: 30 POLICE USE ONLY
COMPLAINANT/WITNESS/OPERATOR INFORMATION	
Full Name: Travis J Smart Home Address: 17 Ophee Drive City/Town: Bristol State: RI Zip Code: 02809 Driver's License #: State:	Date of Birth: 10/14/1990 Home: [REDACTED] Cell: [REDACTED] Email: [REDACTED] SSN: [REDACTED]

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begin my turn on a highway clipped the front
left of my vehicle coming on the oncoming lane
ground traffic at a high rate of speed

Signature

Date Signed:

3/15/22

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BPD_Witness_StatementRev20

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Report Number
22-113-ACSTATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

BRISTOL POLICE DEPARTMENT

Statement Form

☐ Complainant☒ Witness☐ Defendant☐ Vehicle Operator

Case #: 22-113-AC

Date: 3/15/22 Time: 1659

Officer ID: CARB Badge #: 30

POLICE USE ONLY

COMPLAINANT/WITNESS/OPERATOR INFORMATION

Full Name: Peter Lavarozzi

Date of Birth: 4/23/1981

Home Address: 85 Cranberry Terrace

Home

City/Town: Cranston

Cell

State: RI Zip Code: 02921

Email

Driver's License #:

State: RI

SSN:

INCIDENT INFORMATION

Date of Incident: 3/15/22

Time of Incident: 16:45

Location / Address of Incident: Metacom Ave @ Intersection with Narrows

Vehicle Registration: State: Insurance Company: Policy#:

STATEMENT OF PERSON FILING REPORT

At approximately 16:45 hours on the date indicated above, I was in the patient compartment of Rescue 1, performing a patient assessment on a male who was being transported to Hasbro Children's Hospital. As the Rescue approached the intersection of Metacom at Narrows traveling northbound, I could feel the Rescue slow its rate of speed and the Rescue's siren could be heard switching from wail to a pulsing siren indicating approach at an intersection. Suddenly the Rescue could be felt rocking to the left and there was a jolt as I felt the Rescue strike something. Both the patient and I were properly secured in the compartment and neither of us sustained any injuries, and the rescue came to a complete stop.

Signature

Date Signed:

3/15/22

If additional space is needed please use the reverse side

BPD_Witness_Stat

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