



# 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.

I am requesting that you pay for the damages to my grandmother's vehicle that I was driving due to hitting an unexpected sinkhole in Bristol. There was no sign up to block this, despite how deep it was. I also request you pay for the tow service considering I could not drive the car due to the damage. Thank you!

## 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: Abigail Moore

NAME: Abigail Moore

ADDRESS: 14 West St.

TOWN: Bristol, RI

BUSINESS TEL. NO. \_\_\_\_\_

RESIDENCE TEL. NO. 401-855-2298

TOWN COUNCIL

SEP 21 2022

MEETING

904

## STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name <b>Bristol</b>				Report Number <b>22-431-AC</b>		Crash Date <b>09/06/2022</b>		Crash Time <b>0724</b>		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>																				
City or Town Name <b>BRISTOL</b>				Street or Highway <b>BAY VIEW AVE</b>		<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # <b>2</b>		# of Lanes <b>25</b>		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk																				
Nearest Intersection Street <b>THOMPSON AVE</b>				Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West		Distance From Nearest Inter. <b>250</b>		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude <b>+041.677270</b>		Longitude <b>-071.271720</b>																				
Unit ID <b>1</b>		Driver's Last Name First Name <b>MOORE ABIGAIL</b>		M.I. <b>M</b>		DOB <b>[REDACTED]</b>		Unit ID		Last Name First Name		M.I. DOB																				
Address <b>261 MAIL COACH RD</b>				City <b>PORTSMOUTH</b>				Address				City																				
State <b>RI</b>		Zip <b>02871</b>		Home Phone		Cell Phone <b>401-855-2298</b>		Work Phone		State		Zip																				
Driver's License # <b>3530628</b>				<input type="checkbox"/> CDL		Lic. State <b>RI</b>		Driver's License #				<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																				
Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name First Name <b>OLIVEIRA FLORENCE</b>		M.I.		Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name First Name		M.I.																						
Address <b>375 MIDDLE RD</b>				City <b>PORTSMOUTH</b>				Address				City																				
State <b>RI</b>		Zip <b>02871</b>		Home Phone		Cell Phone		Work Phone		State		Zip																				
Insurance Company Name <b>USAA</b>				<input type="checkbox"/> No Ins.		Insurance Policy Number <b>0007220930</b>		Insurance Company Name				<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																												
Registration # <b>345788</b>		<input type="checkbox"/> Not Reg.		State <b>RI</b>		Yr Reg. <b>2023</b>		VIN <b>JHMGK5H54HS013113</b>		Registration #		<input type="checkbox"/> Not Reg.																				
Veh Yr. <b>2017</b>		Make <b>HONDA</b>		Model <b>FIT</b>		Color <b>BLACK</b>		Plate Type <b>PC</b>		Veh Yr.		Make																				
Veh Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Veh 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 Towed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Towing Company Name <b>BRISTOL AUTO BODY WORKS</b>		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																						
<b>Person Type</b>																																
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		Sex		Seat Position		Other Location		Air Bag Deployed		Ejected		Protection System		Injury																		
1 Unit 1 2 Unit 2 3 (etc.) or N/A		M Male F Female U Unk		<table border="1" style="display: inline-table; text-align: center;"> <tr><td>M</td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>		M			1	2	3	4	5	6	7	8	9	10	11	12	13 Other Row (Bus) 14 Unk Row 15 Other Seat 16 Unk Seat		17 N/A 18 Sleeper 19 Other Enclosed Area 20 Other Unenclosed Area 21 Towed Unit 22 Unk		1 N/A 5 Other 2 No 6 Comb 3 Front 7 Unk 4 Side		1 No 2 Partially 3 Totally 4 N/A 5 Unk		1 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unk		7 Child - Forw Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk	
M																																
1	2	3																														
4	5	6																														
7	8	9																														
10	11	12																														
Name: Occupants - Witnesses - Pedestrians - Bicyclists				Person Type		Unit ID		Sex		DOB		Seat Pos.		Air Bag Deployed		Ejected		Prot. System		Injury		Trans by Rescue										
ABIGAIL M MOORE				1		1		F		[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												
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 <b>Prob Patrol Officer STEFANIE M SALISBURY</b>								Reporting Officer Badge Number <b>043</b>				Report Date <b>09/06/2022</b>		Prohibit Public Release <b>No</b>																		

Report Number  
22-431-AC

## STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

<div>2</div>	<b>Type of Roadway</b> 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	<div>1</div>
<div>2</div>	<b>Road Surface Condition (Prevailing)</b> 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	
<div>1</div>	<b>Light Condition (Prevailing)</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Other 8 Unknown	
<div>4</div>	<b>Weather Condition (Prevailing)</b> 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	
<div>1</div>	<b>Manner of Impact</b> 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	
	<b>School Bus Related Crash?</b> (Directly Involved Indicates Contact was Made) <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No	
	<b>Traffic Controls</b> 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	
	<b>Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
	<b>Construction Zone Crash?</b> (Crash Occurs In or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>Construction Workers Present?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>Contributing Circumstances Environment</b> 1 None 2 Weather Conditions 3 Physical Obstructions 4 Glare 5 Animal(s) in Roadway 6 Other 7 Unknown	<div>1st</div> <div>3</div> <div>2nd</div> <div>3rd</div>
	<b>Contributing Circumstances Road</b> 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	<div>1st</div> <div>4</div> <div>2nd</div> <div>3rd</div>

<div>1</div>	<b>Vehicle #1</b>	<b>Unit Types</b>	<div></div>
	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		
	<b>Vehicle #1</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Vehicle #1</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Was this Vehicle in Tow?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div>1</div>	<b>Vehicle #1</b>	<b>Special Function Vehicle</b>	<div></div>
	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		

Report Number  
22-431-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 \_\_\_\_\_  
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)

22 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

12 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
22				
2nd				2nd
3rd				3rd
4th				4th

1st

22

Vehicle #1

2nd

3rd

4th

1st

2nd

3rd

4th

Sequence of Events

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	
	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	
	1 Apparently Normal	4 Fell Asleep, Fainted, Fatigued, etc.	
	2 Emotional (Depressed, Angry, Disturbed, etc.)	5 Under the Influence of Medications/Drugs/Alcohol	
	3 Ill (Sick)	6 Other	

1st	Vehicle #1	Non-Motorist Safety Equipment		1st
		1 None	5 Lighting	
2nd	Vehicle #1	2 Helmet	6 Other	2nd
		3 Protective Pads Used (Elbows, Knees, Shins, etc.)	7 N/A	
		4 Reflective Clothing (Jacket, Backpack, etc.)	8 Unknown	

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"/>	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"/>		Breath	

  

Driver Vehicle #1		Alcohol Test Result	
<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	BAC		<div style="border: 1px solid black; width: 50px; height: 20px; 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"/>

**STATE OF RHODE ISLAND UNIFORM CRASH REPORT**  
**Narrative/Diagram Supplemental**

*Please see the Narrative Supplemental*



Indicates North

Crash Diagram (NOT TO SCALE)

Bay View Ave

Sink Hole



Vehicle 1



Vehicle 1

85 Bay View Ave



NARRATIVE FOR PROB PATROL OFFICER STEFANIE M SALISBURY

Ref: 22-431-AC

Entered: 09/06/2022 @ 0919	Entry ID: SALS
Modified: 09/06/2022 @ 1132	Modified ID: SALS
Approved: 09/06/2022 @ 1305	Approval ID: MORB

## OFFICER INVESTIGATION-NO INJURIES REPORTED AT THE SCENE:

On 09/06/2022 at 0724 hrs vehicle #1 (Moore) was traveling west in the area of 85 Bay View Ave and it was at that time, the front of the vehicle came in contact with a large sink hole in the roadway. The sink hole is part of new construction in the area that involved an asphalt patch due to a sewer line going to 85 Bay View Ave (See attached photographs).

Veh # 1 sustained damage to the front bumper and underneath the front of the vehicle.

USAA  
Claim # 000720830000000500/  
Car Owner LT Francis Oliveira

BRISTOL AUTO BODY WORKS, INC.

80 Gooding Avenue  
Bristol, Rhode Island 02809

INVOICE 1041 R.I.D.P.U. #MC-859  
(401) 253-6600 BODY SHOP LIC. #155

DATE: 6/12/88		TIME: 7:30 PM		VEHICLE TYPE: U Motorcycle		REQUESTED BY: W		VEHICLE TYPE: U Medium Duty Body - 15,000 lbs	
OWNER'S NAME: A Baggett Moore		ADDRESS: 401-3337		VIN: 345		MILEAGE: 345		MILEAGE: 345	
PICK-UP LOCATION: 401-3337		DELIVERY LOCATION: 401-3337		VEHICLE INFORMATION: VIN 345		MILEAGE: 345		MILEAGE: 345	
Make: Buick		Model: Wildcat		Registration: 345		State: RI		MILEAGE: 345	
Color: Black		Year: 1987		Condition: Good		MILEAGE: 345		MILEAGE: 345	
EXTRA MAN (MAN INCH)		At an Accident Scene or Recovery		MILEAGE: 345		MILEAGE: 345		MILEAGE: 345	
Time Start: 7:30 PM		Time End: 7:30 PM		Total Time: 7:30 PM		MILEAGE: 345		MILEAGE: 345	
RECOVERY / WAIT CHARGE - \$100 per hour		MILEAGE: 345		MILEAGE: 345		MILEAGE: 345		MILEAGE: 345	
STORAGE - BEGINNING DAY 2		MILEAGE: 345		MILEAGE: 345		MILEAGE: 345		MILEAGE: 345	
Time Released: 7:30 PM		Time Released: 7:30 PM		Total Time: 7:30 PM		MILEAGE: 345		MILEAGE: 345	
Total No. Days: 1		Total No. Days: 1		Total No. Days: 1		MILEAGE: 345		MILEAGE: 345	
Vehicles up to 20' - \$35.00/day		Vehicles up to 20' - \$35.00/day		Vehicles up to 20' - \$35.00/day		MILEAGE: 345		MILEAGE: 345	
Vehicles over 20' - \$45.00/day		Vehicles over 20' - \$45.00/day		Vehicles over 20' - \$45.00/day		MILEAGE: 345		MILEAGE: 345	
Toll Charges		Toll Charges		Toll Charges		MILEAGE: 345		MILEAGE: 345	
Credit Card Processing Fee		Credit Card Processing Fee		Credit Card Processing Fee		MILEAGE: 345		MILEAGE: 345	
TOTAL		TOTAL		TOTAL		MILEAGE: 345		MILEAGE: 345	

SEE CONSUMER INFORMATION ON BACK  
Options regarding this bill can be obtained by the New Company. Completion can be filed with the Rhode Island Division of Public Utilities and Consumer Protection, 69 Jackson Blvd., Warwick, RI 02886 • (401) 785-2154



Bristol Auto Body Works, Inc.  
 80 Gooding Avenue  
 Bristol, RI 02809  
 401-253-6600  
 Fax: 401-253-6602  
 License#155

# Invoice

Date	Repair #
9/14/2022	

Bill To:
Francis Oliveira 375 Middle Road Portsmouth, RI 02871

Claim#/Vehicle Information

Description	Quantity	Payments	Balance Due
Parts	1	451.14	451.14T
Body Labor	1	480.00	480.00
Refinish Labor	1	225.00	225.00
Mechanical Labor	1	145.60	145.60
Paint/Materials	1	126.00	126.00T
Miscellaneous Parts/Materials	1	250.00	250.00
Miscellaneous Parts/Materials	1	204.84	204.84T
		<b>Subtotal</b>	\$1,882.58
		<b>Sales Tax (7.0%)</b>	\$54.74
		<b>Total</b>	\$1,937.32
		<b>Payments/Credits</b>	\$0.00
		<b>Balance Due</b>	\$1,937.32

Signature _____
Date _____