



## 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:

On 12/8/22 per an officer of Bristol Police, a recycling truck hit my car, which was parked outside my home on 14 Foxhill Ave. This was at around 7 am.

TOWN CLERK'S OFFICE  
BRISTOL, RHODE ISLAND  
2022 DEC 16 AM 10:51

### 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: 

NAME: Joao Costa

ADDRESS: 14 Foxhill Ave

TOWN: Bristol

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

RESIDENCE TEL. NO. 603 660 9135

TOWN COUNCIL
JAN 18 2023
MEETING

4/05

## STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name <b>Bristol</b>				Report Number <b>22-648-AC</b>		Crash Date <b>12/08/2022</b>		Crash Time <b>0708</b>		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>			
City or Town Name <b>BRISTOL</b>				Street or Highway <b>FOX HILL 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>RICHMOND ST</b>				Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input checked="" 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 <b>+041.668450</b>		Longitude <b>-071.265190</b>					
Unit ID <b>1</b>		Driver's Last Name First Name <b>COSTA LOUIS</b>		M.I. <b>V</b>		DOB <b>[REDACTED]</b>		Unit ID <b>2</b>		Driver's Last Name First Name <b>COSTA JOAO</b>		M.I. <b>P</b>			
Address <b>20 BLIVEN AVE</b>				City <b>BRISTOL</b>		Address <b>14 FOX HILL AVE</b>				City <b>BRISTOL</b>					
State <b>RI</b>		Zip <b>02809</b>		Home Phone		Cell Phone		Work Phone		State <b>RI</b>		Zip <b>02809</b>			
Driver's License # <b>8370005</b>				<input type="checkbox"/> CDL		Lic. State <b>RI</b>		Driver's License # <b>948624341</b>				<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>TOWN OF BRISTOL</b>		M.I. <b></b>		Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name First Name <b>COSTA JOAO</b>		M.I. <b>P</b>					
Address <b>395 METACOM AVE</b>				City <b>BRISTOL</b>		Address <b>14 FOX HILL AVE</b>				City <b>BRISTOL</b>					
State <b>RI</b>		Zip <b>02809</b>		Home Phone		Cell Phone		Work Phone		State <b>RI</b>		Zip <b>02809</b>			
Insurance Company Name <b>THE TRUST</b>				<input type="checkbox"/> No Ins.		Insurance Policy Number <b>SI</b>		Insurance Company Name <b>PROGRESSIVE</b>				<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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk											
Registration # <b>5752</b>		<input type="checkbox"/> Not Reg.		State <b>RI</b>		Yr Reg. <b>2023</b>		VIN <b>1M2LR2AC0LM001035</b>		Registration # <b>1GF937</b>		<input type="checkbox"/> Not Reg.			
Veh Yr. <b>2020</b>		Make <b>MACK</b>		Model <b>RECYCLING TRUCK</b>		Color <b>WHITE</b>		Plate Type <b>TN</b>		Veh Yr. <b>2006</b>		Make <b>TOYOTA</b>			
Veh Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound		<input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk		Veh Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound		<input type="checkbox"/> Eastbound <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 checked="" type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" 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			
1 Unit 1		M Male		13 Other Row (Bus)		17 N/A		1 N/A		1 No		1 N/A			
2 Unit 2		F Female		14 Unk Row		18 Sleeper		2 No		2 Partially		2 None Used			
3 (etc.)		U Unk		15 Other Seat		19 Other Enclosed Area		3 Front		3 Totally		3 Shoulder & Lap			
or N/A				16 Unk Seat		20 Other Unenclosed Area		4 Side		4 N/A		4 Shoulder Only			
						21 Towed Unit				5 Unk		5 Lap Only			
						22 Unk						6 Type Unk			
												7 Child - Forw Facing			
												8 Child - Rear Facing			
												9 Booster Seat			
												10 Child - Unk			
												11 Helmet Used			
												12 Other			
												13 Unk			
												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			
LOUIS V COSTA		1		1		M		[REDACTED]		1		1			
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>Patrol Officer KEVIN MORAN</b>						Reporting Officer Badge Number <b>022</b>				Report Date <b>12/08/2022</b>		Prohibit Public Release <b>No</b>			



Report Number  
22-648-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

- 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

- 8 — **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 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 1  
2nd  
3rd

Vehicle #1	Unit Types	Vehicle #2
16		1
1 Passenger Car	6 Motor Home	11 Motorcycle
2 (Sport) Utility Vehicle	7 School Bus	12 Moped
3 Passenger Van	8 Transit Bus	13 Low Speed Vehicle
4 Cargo Van (10K lbs [4,536 kg] or Less)	9 Motor Coach	14 Other Light Trucks (10K lbs [4,536 kg] or Less)
5 Pickup	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])
		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

Vehicle #1	Special Function Vehicle	Vehicle #2
9		1
1 No Special Function	3 Vehicle Used as School Bus	5 Military
2 Taxi	4 Vehicle Used as Other Bus	6 Police
		7 Ambulance
		8 Fire Truck
		9 Unknown

Report Number  
22-648-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	Vehicle #2
		1 Motor Vehicle on Roadway 2 Motor Vehicle Parked 3 Working Vehicle/Equipment	2

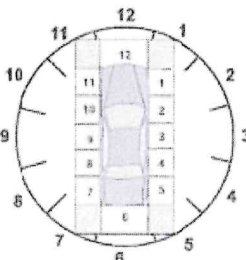
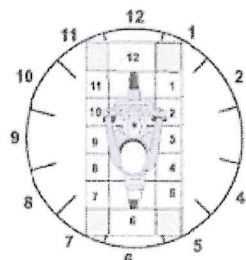
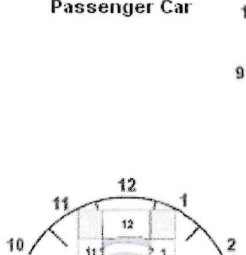
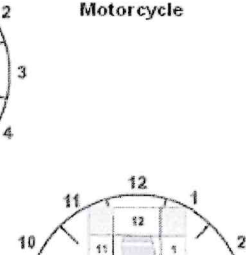
2	Vehicle #1	Extent of Damage	Vehicle #2
		1 No Damage Observed 2 Minor damage (less than or equal to \$1000) 3 Functional Damage (greater than \$1000) 4 Disabling Damage (greater than \$1000)	2

13	Vehicle #1	Most Harmful Event	Vehicle #2
	Non-Collision:	Collision with Person, Motor Veh, or Non-fixed Obj:	13

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

3	Vehicle #1	 Passenger Car	 Motorcycle	7	Vehicle #2
		Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area			Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area
3	Vehicle #1	 Passenger Car W/Trailer	 Tractor Trailer	7	Vehicle #2
		Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area			Initial Impact Area Clock Diagram Or 13 Top (Roof) 14 Undercarriage 15 Non-Collision 16 Unknown Most Damaged Area

Report Number  
22-648-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT  
CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #2	1st
13				13
2nd				2nd
3rd				3rd
4th				4th

**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	Driver Vehicle #2

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	Driver Vehicle #2

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	Vehicle #2	1st
2nd	Vehicle #1		Vehicle #2	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

Alcohol and/or Drug Testing			
Driver Vehicle #1		Driver Vehicle #2	
Alcohol	Drug	Alcohol	Drug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol Test Result	
Driver Vehicle #1	Driver Vehicle #2
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Drug Test Result	
Driver Vehicle #1	Driver Vehicle #2
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

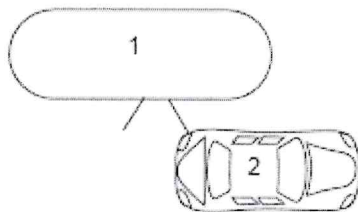
STATE OF RHODE ISLAND UNIFORM CRASH REPORT  
Narrative/Diagram Supplemental

*Please see the Narrative Supplemental*

← Indicates North

Crash Diagram (NOT TO SCALE)

Fox Hill Ave



14 Fox Hill Ave





## NARRATIVE FOR PATROL OFFICER KEVIN MORAN

Ref: 22-648-AC

Entered: 12/08/2022 @ 1042	Entry ID: MORK
Modified: 12/08/2022 @ 1047	Modified ID: MORK
Approved: 12/11/2022 @ 1027	Approval ID: ESTB

Officer Investigation - There were no reported injuries.

Veh#1 (L. Costa) was traveling South on Fox Hill Ave. Veh#2 (Costa) was parked unattended in front of 14 Fox Hill Rd. Operator of Veh#1 was operating a town recycling truck which has mechanical arms on the passengers side to pick of barrels. L. Costa stated that he did not realize the arms of his vehicle were sticking out. The side arm of Veh#1 then made contact of the rear drivers side quarter of Veh#2. Veh#1 sustained minor damage to one of the arms. Veh#2 sustained damage to the rear quarter and bumper.

**Bristol Police Department**  
Image Associated With Case Number 22-648-AC  
Image Description: COSTA STATEMENT



**BRISTOL POLICE DEPARTMENT**  
Statement Form



<input type="checkbox"/> Complainant <input type="checkbox"/> Witness <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Vehicle Operator	<b>Case #:</b> <u>22-648-AC</u> <b>Date:</b> <u>12/8/22</u> <b>Time:</b> <u>0708</u> <b>Officer ID:</b> <u>MORRIS</u> <b>Badge #:</b> <u>22</u> <div style="text-align: center; font-size: small;">POLICE USE ONLY</div>
--	---

COMPLAINANT/WITNESS/OPERATOR INFORMATION	
<b>Full Name:</b> <u>Louis V Costa</u> <b>Home Address:</b> <u>20 Swamp Lane</u> <b>City / Town:</b> <u>Bristol</u> <b>State:</b> <u>RI</u> <b>Zip Code:</b> <u>02803</u> <b>Driver's License #:</b> <u>[REDACTED]</u> <b>State:</b> <u>RI</u>	<b>Date of Birth:</b> <u>[REDACTED]</u> <b>Home Phone Number:</b> <u>[REDACTED]</u> <b>Cell Phone Number:</b> <u>[REDACTED]</u> <b>Email:</b> <u>[REDACTED]</u> <b>SSN#:</b> <u>[REDACTED]</u>

INCIDENT INFORMATION	
<b>Date of Incident:</b> <u>12/8/22</u>	<b>Time of Incident:</b> <u>7:05 - AM</u>
<b>Location / Address of Incident:</b> <u>Fix Hill Ave</u>	
<b>Vehicle Registration:</b> <u>8753</u> <b>State:</b> <u>RI</u> <b>Insurance Company:</b> <u>The Point</u> <b>Policy#:</b> <u>[REDACTED]</u>	

STATEMENT OF PERSON FILING REPORT	
<u>clip pushed car with side of truck.</u>	

**Signature** Louis V Costa **Date Signed:** 12/8/22

If additional space is needed please use the reverse side