



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:

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

2022 DEC 23 PM 1:50

My Boat was damaged at
Church St. Dock at my
assigned slip. (See attached
letter.) I'm looking for
compensation for repairs

TOWN COUNCIL
JAN 18 2023
MEETING

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:

Paul Lawrence

NAME:

Paul Lawrence

ADDRESS:

15 Bay St

TOWN:

Bristol, RI

BUSINESS TEL. NO.

RESIDENCE TEL. NO.

297-6798

Paul Lawrence
15 Bay Street
Bristol, RI 02809
(401)297-6798

To Whom It May Concern at Bristol Town Hall,

I am submitting this request for payment for damages that occurred to my boat that was tied to my slip at the Church Street Dock. On or about the 22nd of September, 2022 there were some strong winds that caused the boats to rock and roll, which then caused the post and cleat attached to the post to break away, causing my boat to break free from the float. This resulted in the boat banging and rubbing against the larger floating dock. When I returned the next morning, my boat was tied to another cleat, and I noticed damage to the bow. Thankfully, there was no other substantial damage to the stern of my boat or the adjacent boat. I feel the damage was due to the dock equipment and hardware. I also feel this is the responsibility of the marina and personnel to maintain in proper order. I am seeking compensation for this damage from the Town of Bristol, knowing this was no fault of my own. I've had a slip at Church Street Dock for around 10 years, and have never had an issue with my boat breaking loose. This damage is a direct result of the failure of dock hardware. The new docks that were installed are a great addition to the marina, which the town, with federal grants approved. I feel that some of that appropriation should have been used to repair and upgrade the existing docks and floats. I've enclosed pictures of the broken post and damage to the boat. I've also enclosed an estimate for the repairs that I will be having done over the winter. Please give this your thoughtful consideration.

Thankfully,

Paul Lawrence

Town Of Bristol
Harbor Master Office
10 Court Street
Bristol, RI 02809



VESSEL REGISTRATION #

ML 0985

OPERATOR BOATING INCIDENT REPORT

PAGE 1 of _

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")					
NAME AND ADDRESS OF OPERATOR			NAME AND ADDRESS OF OWNER <input type="checkbox"/> same as operator		
LAST: <u>Lawrence</u> STREET 1: <u>15 Bay St</u>			LAST: <u>Same</u> STREET 1:		
FIRST: <u>Paul</u> STREET 2:			FIRST: STREET 2:		
MI: <u>J</u> CITY: <u>Bristol</u>			MI: CITY:		
PHONE NO. <u>401-297-6798</u> STATE/ZIP: <u>RI 02809</u>			PHONE NO. STATE/ZIP:		
OPERATOR AGE AND DATE OF BIRTH yrs. <u>65</u>			RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PERSONS ON BOARD
OPERATOR'S EXPERIENCE			FORMAL INSTRUCTION IN BOATING SAFETY		
Under 20 <input type="checkbox"/> 20-100 <input type="checkbox"/> 100-500 <input checked="" type="checkbox"/> Over 500 <input type="checkbox"/> None <input type="checkbox"/>			<input type="checkbox"/> None <input checked="" type="checkbox"/> USCG Auxiliary		
THIS TYPE OF BOAT <input type="checkbox"/>			<input type="checkbox"/> State <input type="checkbox"/> American Red Cross		
OTHER BOAT OPERATING EXP <input type="checkbox"/>			<input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> Other		
BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.	
<u>ML 0985</u>	<u>Gracie</u>	<u>Cobia</u>	<u>Cobia 21' CC</u>		
TYPE OF BOAT	HULL MATERIAL	ENGINE	PROPULSION	CONSTRUCTION	STEERING
<input checked="" type="checkbox"/> Open Motorboat	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Outboard	No. of engines <u>1</u>	Length <u>21</u> ft	Width ft <input type="checkbox"/> Remote <input type="checkbox"/> Other
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Inboard	ENGINE 1	Year Built <u>2003</u>	Depth ft <input type="checkbox"/> Hand tiller
<input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> Steel	<input type="checkbox"/> Inboard-outdrive	Mfg. <u>VAM</u>	HAS BOAT HAD A SAFETY EXAMINATION?	
<input type="checkbox"/> Sail (only)	<input checked="" type="checkbox"/> Fiberglass	<input type="checkbox"/> Jet-drive	Horsepower <u>150</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Rowboat	<input type="checkbox"/> Rubber / Vinyl	<input type="checkbox"/> Air thrust	Serial No. _____	For Current Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Canoe	<input type="checkbox"/> Other	TYPE OF FUEL	ENGINE 2	Which Kind?	
<input type="checkbox"/> Personal Water Craft		<input type="checkbox"/> Gasoline <input type="checkbox"/> Other	Mfg. _____	<input type="checkbox"/> USPS / USCG Auxiliary Inspection	
<input type="checkbox"/> Airboat		<input type="checkbox"/> Diesel	Horsepower _____	<input type="checkbox"/> State/local Examination	
<input type="checkbox"/> Houseboat			Serial No. _____	<input type="checkbox"/> Other	
<input type="checkbox"/> Pontoon Boat					
<input type="checkbox"/> Other					
INCIDENT DATA					
DATE OF INCIDENT	DAY OF WEEK	TIME OF INCIDENT	NAME OF BODY OF WATER		LOCATION (give precisely)
<u>9/23-24</u>	<u>FRI</u>	<u>Brkaway</u>	<u>Bristol Harbor</u>		Lat: Long:
STATE	NEAREST CITY OR TOWN				
<u>RI</u>	<u>Bristol</u>				
WEATHER (check all applicable)	WATER CONDITIONS	TEMPERATURE	WIND	VISIBILITY	TIME OF DAY
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain	<input type="checkbox"/> Calm (less than 6")	Air ___ deg F	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Day
<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow	<input checked="" type="checkbox"/> Choppy (waves 6" to 2')	Water ___ deg F	<input type="checkbox"/> Light (0-6 mph)	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Night
<input type="checkbox"/> Fog <input type="checkbox"/> Hazy	<input type="checkbox"/> Rough (waves 2' to 6')	DEPTH	<input type="checkbox"/> Moderate (7-14 mph)	<input type="checkbox"/> Poor	
	<input type="checkbox"/> Very Rough (greater than 6')	<u>ft</u>	<input checked="" type="checkbox"/> Strong (15-25 mph)		
	<input type="checkbox"/> Strong Current		<input type="checkbox"/> Storm (over 25 mph)		
PERSONAL FLOTATION DEVICES (PFD'S)			IGNITION AND THROTTLE		FIRE EXTINGUISHERS
Was the boat adequately equipped with USCG APPROVED personal flotation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ignition key position		WERE THEY USED? (If yes, list Type(s) and number used.)
Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> On <input type="checkbox"/> Off		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Engine equipped with Kill Switch?		
What Type and How Many? <u>N/A</u>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Were PFDs properly:			Kill switch used?		Types:
Used? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Throttle position		
Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Forward <input type="checkbox"/> Neutral		
			<input type="checkbox"/> Reverse <input type="checkbox"/> Unknown		

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INCIDENT DATA CONTINUED

OPERATION AT TIME OF INCIDENT (Check all applicable)		TYPE OF INCIDENT (Number by order of occurrence)		WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Number by order of importance; primary-1, secondary-2, tertiary-3)	
<input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other	<input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input checked="" type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/ Swimming <input type="checkbox"/> Being Towed	<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (fuel) <input type="checkbox"/> Fire or Explosion (other than fuel) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Struck submerged object	<input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls overboard <input type="checkbox"/> Falls in Boat <input checked="" type="checkbox"/> Hit By Boat or Propeller <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Rules of the Road <input type="checkbox"/> Specify #(s) <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Force of Wake/Wave <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Ignition Spilled Fuel/Vapor <input type="checkbox"/> Missing/Inadequate ATONS <input type="checkbox"/> Unknown	<input type="checkbox"/> Drug use <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Congested Waters <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Standing/Sitting on Gunwales, bows, & transom <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Off Throttle Steering Loss <input type="checkbox"/> Careless/Reckless Operation <input type="checkbox"/> Improper/No Running Lights <input checked="" type="checkbox"/> Other
INSURANCE / PROPERTY DAMAGE					
IS VESSEL INSURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency Policy Number		3305388167 Dock Hardware Failure			
ESTIMATED AMOUNT OF DAMAGE This Boat \$ 1700 Other Property \$		DESCRIPTION OF DAMAGE TO THIS VESSEL Severe damage to Fiberglass + Gel coat on Bow of Hull			
DESCRIPTION OF OTHER PROPERTY DAMAGED Some Rub Rail on Port Side of Boat			NAME/ADDRESS OF OWNER PHONE # ()		

PASSENGERS

NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					

---CONTINUED NEXT PAGE---

OTHER VESSEL

Name of Operator	Address	Boat Number
Telephone Number ()		Boat Name
Name of Owner	Address	

OTHER WITNESSES

Name	Address	Telephone Number ()
Name	Address	Telephone Number ()
Name	Address	Telephone Number ()

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	Telephone Number ()
QUALIFICATION (Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE-----

VESSEL REGISTRATION # 111-222-333

OPERATOR BOATING INCIDENT REPORT

PAGE 5 of **DETAILED DESCRIPTION OF INCIDENT**

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NAME OF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED
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Horacio P. DeMelo

401-578-2696

Invoice

DATE 10-18-27 JOB NO. _____

JOB NAME COBIA 21'

JOB LOCATION _____

Thank You



