



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 August 26, 2022, a DPW (#26) truck hit our entry gate. Please see attached police report #22-413-AC.

We had our gate vendor come out to assess if there were any damages internally. The service call cost \$210.00. Please see attached invoice (#276-102122-DPW) to be paid by Town of Bristol DPW.

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:

NORTH FARM HOMEOWNERS ASSOC.

SIGNATURE: Stella Munro for NFHOA

NAME: STELLA MUNRO

ADDRESS: 1359 Hope Street

TOWN: Bristol

BUSINESS TEL. NO. (401) 253-4218

RESIDENCE TEL. NO. N/A

TOWN COUNCIL
NOV 02 2022
MEETING

NORTH FARM HOME OWNERS ASSOCIATION
1359 HOPE STREET, BRISTOL, RI 02809
Telephone 401-253-4218 Fax 401-253-5820

INVOICE

Invoice #: 276-102122-DPW

Date: 10/21/2022

GL Code: 6531.000

Total Due: \$210.00

Gate Hit Repairs

To: North Farm Homeowners Association

From: Town of Bristol Dept. of Public Works

PLEASE SEND THE CHECK TO:

North Farm Homeowners Association

1359 Hope Street

Bristol RI 02809

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol				Report Number 22-413-AC		Crash Date 08/26/2022		Crash Time 0923		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>																		
City or Town Name BRISTOL				Street or Highway NORTH FARM DR		<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		# of Lanes 2		Posted Speed Limit <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unk																		
Nearest Intersection Street HOPE ST				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. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude +041.707809		Longitude -071.280579																				
Unit ID 1		Driver's Last Name First Name DUARTE GEORGE		M.I. D		DOB [REDACTED]		Unit ID		Last Name First Name		M.I. DOB																		
Address 30 VALLEY DR				City BRISTOL		Address				City																				
State RI		Zip 02809		Home Phone		Cell Phone		Work Phone		State		Zip																		
Driver's License # 6913495				<input type="checkbox"/> CDL		Lic. State RI		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 TOWN OF BRISTOL (DPW)		M.I.		Driver & Owner are Same <input type="checkbox"/>				Owner's Last Name First Name M.I.																		
Address 111 MT. HOPE AVE				City BRISTOL		Address				City																				
State RI		Zip 02809		Home Phone		Cell Phone		Work Phone		State		Zip																		
Insurance Company Name BRISTOL TOWN TRUST				<input type="checkbox"/> No Ins.		Insurance Policy Number N/A		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 # 5367		<input type="checkbox"/> Not Reg.		State RI		Yr Reg. 2023		VIN 1GB3KYCG3JZ309087		Registration #		<input type="checkbox"/> Not Reg.																		
Veh Yr. 2018		Make CHEVROLET		Model SILVERADO		Color WHITE		Plate Type TN		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 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 type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Person Type																														
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 2 Unit 2 3 (etc.) or N/A		M Male F Female U Unk		<table border="1" style="display: inline-table; border-collapse: collapse;"> <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 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		1 Complaints of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 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.																		
GEORGE D DUARTE				1		1		M		[REDACTED]		1																		
Non-Vehicle Property Damage <input type="checkbox"/> State Property <input type="checkbox"/> City/Town Property <input checked="" type="checkbox"/> Private Property																														
Owner NORTH FARM CONDOMINIUMS				Address 1359 HOPE ST BRISTOL RI																										
Home Phone		Cell Phone		Work Phone		Damage Description ENTRY GATE ARM DISLODGED																								
Reporting Officer Name Patrol Officer CHRISTOPHER RAIOLA						Reporting Officer Badge Number 034				Report Date 08/26/2022		Prohibit Public Release No																		

Report Number
22-413-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

- 5 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

- 1 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

- 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

- 14 Vehicle #1
1 Passenger Car 6 Motor Home 11 Motorcycle 17 Tow Truck
2 (Sport) Utility Vehicle 7 School Bus 12 Moped 18 Pedestrian
3 Passenger Van 8 Transit Bus 13 Low Speed Vehicle 19 Bicyclist
4 Cargo Van (10K lbs [4,536 kg] or Less) 9 Motor Coach 14 Other Light Trucks (10K lbs [4,536 kg] or Less) 20 Witness
5 Pickup 10 Other Bus 15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg]) 21 Other
16 Medium/Heavy Trucks (More than 10K lbs [4,536 kg])

Vehicle #1
☐ Yes ☒ No Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat? ☐ Yes ☐ No

Vehicle #1
☐ Yes ☒ No Was this Vehicle in Tow? ☐ Yes ☐ No

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

Report Number
22-413-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

1 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)

27 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

13 Vehicle #1 _____

Initial Impact Area Clock Diagram Or
13 Top (Roof)
14 Undercarriage
15 Non-Collision
16 Unknown
Most Damaged Area

16 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

**STATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE**

1st	Vehicle #1	Sequence of Events			1st
27					
2nd					2nd
3rd					3rd
4th					4th

1st

27

2nd

3rd

4th

Vehicle #1

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

40 Unknown - Sequence of Events

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.)

1st

2nd

3rd

4th

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

2nd

Vehicle #1

Non-Motorist Safety Equipment

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

1st

2nd

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"/>	<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"/>	<input type="checkbox"/>
Breath		<input type="checkbox"/>	

Driver Vehicle #1	
Alcohol Test Result	Drug Test Result
<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>
BAC	Positive
<input type="checkbox"/>	Negative
Pending	Awaiting Test Result
<input type="checkbox"/>	<input type="checkbox"/>
Unknown	
<input type="checkbox"/>	

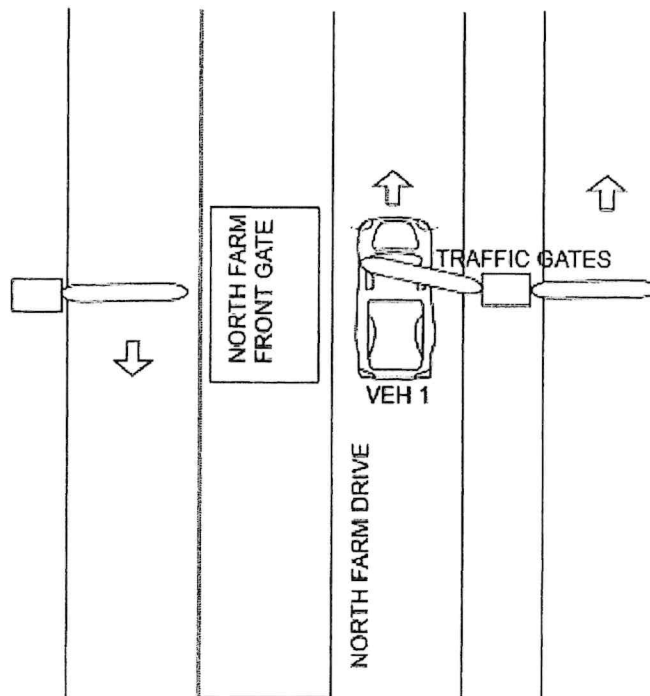
Report Number
22-413-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Please see the Narrative Supplemental

→ Indicates North

Crash Diagram (NOT TO SCALE)



HOPE STREET



NARRATIVE FOR PATROL OFFICER CHRISTOPHER RAIOLA

Ref: 22-413-AC

Entered: 08/26/2022 @ 1032	Entry ID: RAIC
Modified: 08/26/2022 @ 1049	Modified ID: RAIC
Approved: 08/27/2022 @ 1338	Approval ID: ESTB

****OFFICER INVESTIGATION -- NON-INJURY ACCIDENT REPORT****

On 08/26/2022 at approximately 0907 hours Veh #1 (Duarte) was westbound on North Farm Drive, passing through the traffic gates of North Farm Condominium located at 1359 Hope Street.

At this time, Veh #1 was unable to pass through the gate in time colliding with the arm to the gate. Veh #1's roof or an item in the bed of the vehicle struck the gate's arm causing the gate to become dislodged.

Upon arrival, I observed the gate's arm to be lying on the ground no longer connected to the electronic mechanism that operates the arm. North Farm Maintenance personnel responded and were able to re-attach the arm and get it fully operational. I did not observed any physical damage at this time and North Farm personnel reported no physical damage.

I spoke with North Farm Assistant Property Manager, Avery R. Jesdale (DOB: [REDACTED]). Jesdale informed me that she reviewed the surveillance footage at the front gate and observed a Bristol Department of Public Works vehicle pass through the gate after another vehicle. Because two vehicles passed through the gate at the same time, Veh #1 was unable to make it through before the gate closing. Jesdale stated that there was no damage observed at this time however they would have a technician respond to conduct a check of the gate mechanism. Jesdale provided me with the property insurance information at this time (Philadelphia account#78834227). Jesdale provided a hand written statement.

Veh #1 Operator responded to police headquarters and provided a hand written statement. Veh #1 Operator did not report damage or injuries at this time. Veh #1 Operator stated that the "gate began to lower and hit the top of my truck."

Bristol Department of Public Works foreman was notified of the incident.

Photographs were taken and attached.

Bristol Police Department
Image Associated With Case Number 22-413-AC
Image Description: DUARTE STATEMENT



BRISTOL POLICE DEPARTMENT

Statement Form



- ☐ Complainant
☐ Witness
☐ Defendant
☐ Vehicle Operator

Case #: 22-413-AC
Date: 8/26/22 Time: 0907
Officer ID: RAC Badge #: 31

POLICE USE ONLY

COMPLAINANT/WITNESS/OPERATOR INFORMATION

Full Name: GEORGE DUARTE
Home Address: 30 VALLEY DR
City / Town: BRISTOL
State: RI Zip Code: 02809
Driver's License #: _____ State: RI

Date of Birth: _____
Home Phone Number: () _____
Cell Phone Number: _____
Email: _____
SSN#: _____

INCIDENT INFORMATION

Date of Incident: 8/26/22

Time of Incident: 9:15 AM

Location / Address of Incident: NORTH FARM

Vehicle Registration: _____ State: RI Insurance Company: TRUST Policy#: _____

STATEMENT OF PERSON FILING REPORT

AS I WAS DRIVING THROUGH GATE LEADING TO NORTH
FARM THE GATE BEGAN TO LOWER AND HIT THE
TOP OF MY TRUCK AND I TOOK IT DOWN

Signature

George Duarte

Date Signed: 8/26/22

If additional space is needed please use the reverse side

Bristol Police Department
Image Associated With Case Number 22-413-AC
Image Description: JESDALE STATEMENT



BRISTOL POLICE DEPARTMENT

Statement Form



<input type="checkbox"/> Complainant	Case #: <u>22-413-AC</u>
<input checked="" type="checkbox"/> Witness	Date: <u>8/26/22</u> Time: <u>0907</u>
<input type="checkbox"/> Defendant	Officer ID: <u>RTIC</u> Badge #: <u>34</u>
<input type="checkbox"/> Vehicle Operator	POLICE USE ONLY

COMPLAINANT/WITNESS/OPERATOR INFORMATION

Full Name: Avery Rose Jesdale
Home Address: 1026 W Main Rd
City / Town: Portsmouth
State: RI Zip Code: 02871
Driver's License #: [REDACTED] State: RI

Date of Birth: [REDACTED]
Home Phone Number: ()
Cell Phone Number: [REDACTED]
Email: [REDACTED]
SSN#: [REDACTED]

INCIDENT INFORMATION

Date of Incident: 8/26/22 Time of Incident: 9:07
Location / Address of Incident: 1355 Hope Street
Vehicle Registration: _____ State: _____ Insurance Company: _____ Policy#: _____

STATEMENT OF PERSON FILING REPORT

9:10am received call from unit owner notifying me the gate had been hit by DPW truck 2 min ago I then checked our footage to see that truck #26 piggy-backed another car who had entered the gate properly with a code. No one from DPW notified me after they hit our gate. As of now, no true damage to the gate as they are built to break off when hit. I will call my gate company to check for damage & charge DPW for repairs.

Signature Avery Jesdale Date Signed: 8/26/22
If additional space is needed please use the reverse side

1 30 NOV 30 904207545