



PETITION TO THE TOWN COUNCIL

To the Honorable Town Council of the Town of Bristol:

The undersigned hereby respectfully request of your

Honorable Body that:

Melissa Cordeiro
Council Clerk

On March 8th my daughter was driving my vehicle east on Chestnut St and hit a big pothole and caused my right front tire to go flat. I'm looking for reimbursement for the damage.

PLEASE NOTE:

Petition must be returned by 12:00 noon on the Friday prior to the Town Council meeting to appear on the docket of the April 22nd 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 to the Council meeting.

DATE RECEIVED: _____

SIGNATURE: _____

NAME: _____

ADDRESS: _____

Gregory Toumasian
248 Main St. Apt 2

SAFEWAY AUTO CENTER



61 GOODING AVE
Bristol, RI. 02809
Phone: 401-253-3433 Fax: 401-253-3432
Celebrating 41 Years of Service

INVOICE

40951

Org. Est. # 038783
RI Station 625A
ASE Blue Seal Standard

INVOICE

Printed Date: 03/13/2026

Work Completed: 03/13/2026

Toumasian, Greg

2024 Kia - Forte GT Line - 2L, In-Line4 (122C1) VIN(D)

Lic # : ZO409

Odometer In : 12534

Cellular 401-486-9397

VIN # : 3KPF54AD6 RE799050

Part Description	Qty	Sale	Ext	Labor Description	Ext
RI Disposal	1.00	8.08	8.08	Tire/Slow leak	n/c
225/45R17 W 91 MAJESTY SOLUS KU50 BLK	1.00	152.80	152.80	Symptoms: Tire/Slow leak	
RI-Hard Disposal Surcharge	1.00	2.00	2.00	Dismount Mount and Balance One Tire	25.99
Shop Supplies			5.12	Clean Rim and Treat for Corrosion	
Hazardous Materials			7.01	Install New Wheel Weights	
				Install New Rubber Stem or TPMS Cap and Core	
				PLEASE NOTE YOUR WHEELS HAVE BEEN TORQUED TO FACTORY SPEC-IT IS ALWAYS RECOMMENDED TO RETIGHTEN AND RE TORQUE WHEELS AFTER 25 MILES	
				Rim Repair	300.00

[Payments -]

INFO@SAFEWAYAUTOSALES.COM

I authorize the repair work described above, including the furnishing of all necessary parts and materials, and grant permission to the shop and its employees to operate the vehicle described herein on public streets, highways, or elsewhere for purposes of testing and inspection.

An express mechanic's lien, as permitted under Rhode Island law, is hereby acknowledged on the above-described vehicle to secure payment of all charges related to said repairs.

Unless otherwise stated in writing, warranty coverage on parts and labor is two (2) years or 24,000 miles, whichever occurs first. Original Equipment (O.E.) parts are warranted for one (1) year on the part only. All warranty work must be performed at this facility and shall not exceed the original cost of the repair. Warranty service is limited to a twenty-five (25) mile radius from the above-listed address. For service outside of 25 miles, contact Warranty Administration at 1-800-831-5947 (8:00 AM-6:00 PM CST).

No over-the-counter returns are accepted on defective parts. Defective parts are exchange only.

Tire warranties must be initiated by the consumer and may not be facilitated at this location.

Customer acknowledges Above.

Vehicle Received: 3/13/2026

Customer Number : 8908

Visit us on the web: www.safewayautosales.com

Email Address: info@safewayautosales.com

Labor:	25.99
Parts:	166.00
Sublet:	300.00
Fee(s):	9.01
Sub:	501.00
Tax:	12.25
Total:	\$513.25
Bal Due:	\$513.25

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol			Report Number 2026-005354			Crash Date 03/08/2026		Crash Time 00:47		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>																												
City or Town Name Bristol			Street or Highway CHESTNUT ST & JANE LN			<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		# of Lanes 25		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk																												
Nearest Intersection Street Leila Jean Dr			Direction From Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Inter. <input 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 41.68736		Longitude -71.26511																														
Unit ID 1		Driver's Last Name TOUMASIAN		First Name EMILY		M.I. J		DOB		Unit ID		Driver's Last Name		First Name		M.I.		DOB																						
Address 3 ERICSSON LN			City BRISTOL			Address			City			State			Zip			Home Phone			Cell Phone			Work Phone																
State RI			Zip 02809			Home Phone			Cell Phone			Work Phone			State			Zip			Home Phone			Cell Phone			Work Phone													
Driver's License # 40162839			<input type="checkbox"/> CDL			Lic. State RI			Driver's License #			<input type="checkbox"/> CDL			Lic. State			M/V Violation			M/V Violation			M/V Violation			M/V Violation													
Driver/Owner Same <input type="checkbox"/>			Owner's Last Name TOUMASIAN			First Name GREGORY			M.I. M			Driver/Owner Same <input type="checkbox"/>			Owner's Last Name			First Name			M.I.			Address 248 MAIN ST			City WARREN													
State RI			Zip 02885			Home Phone			Cell Phone			Work Phone			State			Zip			Home Phone			Cell Phone			Work Phone													
Insurance Company Name PROGRESSIVE CASUALTY INS			<input type="checkbox"/> No Ins.			Insurance Policy Number 976521138			Insurance Company Name			<input type="checkbox"/> No Ins.			Insurance Policy Number			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 # Z0409			<input type="checkbox"/> Not Reg.			State RI			Yr Reg.			VIN 3KPF54AD6RE799050			Registration # <input type="checkbox"/> Not Reg.			State			Yr Reg.			VIN																
Veh Yr. 2024			Make KIA			Model FORTE			Color GRY			Plate Type PC			Veh Yr.			Make			Model			Color			Plate Type													
Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk			<input type="checkbox"/> Northbound <input type="checkbox"/> Southbound			Vehicle Travel Direction <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk			<input type="checkbox"/> Northbound <input type="checkbox"/> Southbound			Vehicle Towed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Towing Company Name Safeway			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 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="font-size: small;"> <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 Unknown			1 N/A 2 None Used 3 Front 4 Side		5 Other 6 Comb 7 Unk.		1 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unknown			7 Child - Forw. Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk.			1 Complains of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 Unknown		
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																				
TOUMASIAN, EMILY J										1	1	F			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 KRETCHMAN, ZACHARY										Reporting Officer Badge Number 42					Report Date 03/08/2026																									

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 Continuous Left Turn Lane
- 3 Two-Way, Divided, Uprotected (painted >4 feet) Median
- 4 Two-Way, Divided, Positive Median Barrier
- 5 One-Way, Trafficway
- 6 Unknown

2 — 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

4 — Light Condition (Prevailing)

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

3 — 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

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
- 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

1 — 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 [4,5,36kg])
- 16 Medium/Heavy Trucks (More than 10K lbs [4,5,36 kg])

Vehicle

- 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? — Yes No

Vehicle #1

Yes No — Was this Vehicle in Tow? — Yes No

1 — 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

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #	1st
13	Non-Collision: 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment 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	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	Collision with Fixed Object: 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 Object (Wall, Building, Tunnel, etc.)	2nd
3rd				3rd
4th				4th

1	Driver Vehicle #1	Driver Distracted	Driver Vehicle #
	1 Not Distracted 2 Electronic Communications 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 #
	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 Unknown	

1st		Non-Motorist Safety Equipment		1st
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	2nd

Driver Vehicle #1		Driver Vehicle #	
Chemical Test			
Alcohol	Drug	Alcohol	Drug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None Given			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Refused			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serum			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver Vehicle #1		Driver Vehicle #	
Alcohol Test Result			
BAC			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pending			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown			

Driver Vehicle #1		Driver Vehicle #	
Drug Test Result			
Positive			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awaiting Test Result			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

Veh#1 (Toumasian) a grey Kia Forte bearing RI PC (ZO409) was traveling East Chestnut at Leila Jean Dr. Veh#1 then struck a large pothole in the middle of the Eastbound Lane with its front driver side tire. Veh#1 sustained a flat tire to its front driver side. No injuries were reported at the time of the accident. Images of the pothole, and damage to the vehicle have been uploaded to evidence.com.





