PETITION TO THE TOWN COUNCIL

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND
2026 JUL 31 AM 11:18 DATE RECEIVED

To the Honorable Town Council of the Town of Bristol:

The undersigned hereby respectfully request of your Honorable Body that:

Melissa Cordeiro
Council Clerk

Dear Town Council,

I am writing to respectfully request reimbursement of the $500 insurance deductible that I incurred after a town-owned tree fell on my vehicle.

On the day of the incident, May 30, 2026, my 2015 Hyundai Sonata Hybrid was legally parked on the street in front of 98 State Street in Bristol when a tree owned and maintaned by the Town of Bristol fell and struck my vehicle cauisng significant damage. A police report was filed: Report# 2-26-013237.

My insurance company, USAA, covered the cost of the repairs, which totaled approximately $6,441.89. However, I was responsible for paying my $500 deductible out-of-pocket. Total cost of repairs amounted to $6,941.89.

Because the damage resulted from a town-owned-tree, I respectfully ask the town of Bristol to reimburse me for the $500 deductible. I have enclosed copies of the repair estimate, proof of payment of deductible, and photographs of the damage.

I appreciate your time and consideration of my request. If you need additional information, please feel free to contact me. Thank you for your attention to this matter.

Sincerely,

John Gifford
98 State Street
Bristol, RI 02809

PLEASE NOTE:
Please ensure that your petition is submitted by 4:00 PM two (2) Wednesdays before the Town Council meeting scheduled for Please Confirm
In order to be included on the Town Council docket. According to Council policy, petitions cannot be addressed unless recommendations, if needed from the relevant departments are received before the Council meeting.

SIGNATURE: John Gifford
NAME: John Gifford
ADDRESS: 98 State St
TOWN: Bristol, RI 02809
☐ Email:
☑ Tel. Number:

USAA CASUALTY INSURANCE COMPANY

USAA 1009 - RI
Please Visit Us at USAA.COM
P.O. Box 33490
San Antonio, TX 78265
Phone: (800) 531-8722

Claim #: 009148728000000802001
Workfile ID: 2eab71bc

Estimate of Record

Written By: PAUL SANTOS, License Number: 3000869746, 6/4/2026 4:46:47 PM

Insured:	Lucille Clerkin	Owner Policy #:	009148728	Claim #:	009148728000000802001
Type of Loss:	Collision	Date of Loss:	05/30/2026 12:00 AM	Days to Repair:	18
Point of Impact:	18 Front & Rear	Deductible:	500.00		

Owner (Insured):
Lucille Clerkin
98 STATE ST
BRISTOL, RI 02809-2216
(857) 272-0274 Cellular
lclerkin@gmail.com

Inspection Location:
casales auto body
2741 hartford ave
johnston, RI 02919
Repair Facility
(401) 934-4444 Business

Appraiser Information:
Paul Santos - paul.santos@usaa.com
-Fax: 844) 580-5803
(401) 259-2404

Repair Facility:
casales auto body
2741 hartford ave
johnston, RI 02919
(401) 934-4444 Business
050473784 Federal ID

VEHICLE

2015 HYUN Sonata Hybrid 4D SED 4-2.4L Hybrid Sequential MPI Starlight Silver

VIN:	KMHEC4A4XFA135197	Production Date:	11/2014	Interior Color:	Gray
License:		Odometer:	124778	Exterior Color:	Starlight Silver
State:	RI	Condition:			

TRANSMISSION
Automatic Transmission
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
DECOR
Dual Mirrors
Tinted Glass
Console/Storage
Overhead Console
CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Backup Camera
RADIO
AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
Satellite Radio
SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System
Hands Free Device
SEATS
Cloth Seats
Bucket Seats
Heated Seats
WHEELS
Aluminum/Alloy Wheels
PAINT
Clear Coat Paint
OTHER
Fog Lamps
Traction Control
Stability Control
Signal Integrated Mirrors

Estimate of Record

2015 HYUN Sonata Hybrid 4D SED 4-2.4L Hybrid Sequential MPI Starlight Silver

Reviewed Payment? no
Reviewed Deductible? no
Reviewed Coverages? no
Reviewed Supplement Process? no
Labor Rate Verified with SOC? no
Estimate Provided to: no
Estimate Provided how: no
Follow Up Needed? no

Estimate Completed on Site: Y

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				1,185.66
Body Labor	47.8 hrs	@	$ 53.00 /hr	2,533.40
Paint Labor	19.4 hrs	@	$ 53.00 /hr	1,028.20
Paint Supplies	19.4 hrs	@	$ 30.00 /hr	582.00
Miscellaneous				1,409.80
Other Charges				5.00
Subtotal				6,744.06
Sales Tax	$ 2,826.21	@	7.0000 %	197.83
Total Cost of Repairs				**6,941.89**
Deductible				500.00
Total Adjustments				**500.00**
Net Cost of Repairs				**6,441.89**

AVOID DELAYS BY GETTING CLAIM AND PAYMENT INFORMATION IN JUST A FEW CLICKS!
VISIT: http://www.usaa.com/bodyshop
MEMBER NUMBER: Use Policy Number
LOSS NUMBER: Use digits 16, 17, & 18 of the claim number (Ex. 012345670000000[003]001)
LOSS DATE: Use Date of Loss

If you choose to repair your vehicle at a STARS facility, please visit the following link for information regarding the USAA STARS Limited Lifetime Warranty:

https://content.usaa.com/mcontent/static_assets/Media/usaa-stars-limited-lifetime-warranty.pdf

If you do not choose to repair your vehicle at a STARS facility, please note that USAA STARS Limited Lifetime Warranty will not apply to repairs to your vehicle.

Please Present A Copy Of This Estimate To A Repair Facility Of Your Choice

*USAA Subsidiaries include: United Services Automobile Association(USAA), USAA Casualty Insurance Company(CIC), USAA General Indemnity Company(GIC) USAA County Mutual Insurance(CMI) and Garrison Property Casualty Insurance Company. Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

JOB NAME _____

REPAIR ORDE

CASALE'S AUTO BODY
2741 Hartford Avenue (Rt. 6)
JOHNSTON, RHODE ISLAND 02919
(401) 934-3338
FAX (401) 934-3339
Lic.# 178

NAME John Gifford | DATE OF ORDER 6-12-2

ADDRESS

CITY, STATE, ZIP

HOME PHONE | BUS. PHONE | EXT. | DATE PROMISED

YEAR, MAKE AND MODEL 2015/Hyundai/Sonata | CUSTOMER'S ORDER NUMBER | ORDER WRITTEN BY | LICENSE NUMBER

SERIAL NUMBER | MOTOR NUMBER | ODOMETER

QTY.	PART NO. AND DESCRIPTION	AMOUNT		DESCRIPTION OF WORK	AMOUNT
				☐ LUBE ☐ CHG. OIL ☐ OIL FILTER ☐ TUNE UP ☐ TRANS. ☐ DIFF.	
	USAA			Repairs Completed	
	#009148728-802			"PAID IN FULL"	
				Plus Deductible	
				— $500 —	
				____ LITERS/GALS. OF GAS @	TOTAL LABOR
				____ LITERS/QTS. OF OIL @	TOTAL PARTS
(MAY BE CONTINUED ON OTHER SIDE)	TOTAL PARTS			____ kg/LBS. OF GREASE @	ACCESSORIES
	ACCESSORIES				GAS, OIL AND GREASE
					SUBLET REPAIRS
				I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond your control.	EPA / WASTE DISPOSAL
					TAX
	TOTAL ACCESSORIES			SIGNATURE	TOTAL $6,941

THANK YOU