

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

2025 OCT 31 PM 1:24

DATE RECEIVED

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 09/09/2025 my vehicle 2016 Mazda CX-5 was legally parked and unattended on State Street. I was notified by the Bristol Police that a DPW truck and trailer sideswiped the driver's side of my vehicle. Photos were taken at the time of the accident

PLEASE NOTE: 11/12/2025 7:00

Please ensure that your petition is submitted by 4:00 PM, two (2) Wednesdays before the Town Council meeting scheduled for

~~10/31/2025 7:00 PM~~
in order to be included on the docket. According to Council policy, petitions cannot be addressed unless recommendations, if needed, from the relevant departments are received before the Council meeting

SIGNATURE:

NAME:

ADDRESS:

TOWN:

David P. Clegg

DAVID P. Clegg

7 HEARTHWOOD DR

BARRINGTON, RI 02806

J & J AUTO SERVICE
429 Waterman Avenue, East Providence, RI 02914
Phone: (401) 438-4093
FAX: (401) 431-9008

Workfile ID: 39944eaa
License Number: 255

Preliminary Estimate

Customer: CLEGG, DAVID

Job Number:

Written By: John Ruggiero

Insured: CLEGG, DAVID
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
CLEGG, DAVID

Inspection Location:
J & J AUTO SERVICE
429 Waterman Avenue
East Providence, RI 02914
Repair Facility
(401) 438-4093 Business

Insurance Company:

VISIBLE
DAMAGE ONLY

VISIBLE
DAMAGE ONLY

VEHICLE

2016 MAZD CX-5 Grand Touring Automatic AWD 4D UTV 4-2.5L Gasoline Gasoline Direct Injection

VIN: JM3KE4DY9G0878397
License:
State: RI

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Backup Camera

RADIO

AM Radio
FM Radio
Stereo

Search/Seek

CD Player
Auxiliary Audio Connection
Premium Radio
Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device
Blind Spot Detection

ROOF

Electric Glass Sunroof

SEATS

Reclining/Lounge Seats
Leather Seats
Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Rear Spoiler
Signal Integrated Mirrors

Preliminary Estimate

Customer: CLEGG, DAVID

Job Number:

2016 MAZD CX-5 Grand Touring Automatic AWD 4D UTV 4-2.5L Gasoline Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR LAMPS					
2	R&I	LT Tail lamp assy				0.3	
3		REAR BUMPER					
4		O/H bumper assy				2.0	
5	R&I	R&I bumper cover				Incl.	
6	*	Rpr Bumper cover				2.5	2.6
7		Add for Clear Coat					1.0
8	*	R&I RT Splash shield				Incl.	
9	*	R&I LT Splash shield				Incl.	
10	Repl	RT Splash shield retainer	B45A56146A	2	4.22		
11	Repl	LT Splash shield retainer	B45A56146A	2	4.22		
12		QUARTER PANEL					
13	*	Rpr LT Quarter panel				1.5	1.8
14		Add for Clear Coat					0.7
15	R&I	LT Splash shield				0.3	
16	Repl	LT Splash shield rivet	L33X13209	3	10.53		
17	Repl	LT Wheel opng mldg	KD5351W60C8N	1	103.97	0.6	
18	R&I	LT Qtr glass Mazda w/o dark tint				1.4	
19	R&I	LT Qtr trim panel				0.5	
20		REAR DOOR					
21	*	Rpr LT Door shell (HSS)				1.0	2.1
22		Overlap Major Adj. Panel					-0.4
23		Add for Clear Coat					0.3
24	R&I	LT W'strip on body				0.3	
25	R&I	LT Window molding				0.2	
26	R&I	LT Belt molding				0.3	
27	Repl	LT Lower molding	KD5351RD0B	1	55.75	0.4	
28	R&I	LT Handle, outside aluminum				0.4	
29	R&I	LT R&I trim panel				0.5	
30		FRONT DOOR					
31	*	Rpr LT Door shell (HSS)				1.0	2.0
32		Overlap Major Adj. Panel					-0.4
33		Add for Clear Coat					0.3
34	R&I	LT W'strip on body				0.3	
35	R&I	LT Belt molding				0.3	
36	Repl	LT Lower molding	KD5351RB0C	1	56.60	0.4	
37	R&I	LT R&I mirror				0.5	
38	*	Rpr LT Mirror assy w/o blind spot monitor w/o heat				1.0	1.0
39	R&I	LT Handle, outside w/o advanced keyless entry aluminum				0.4	
40	R&I	LT R&I trim panel				0.5	
41		ROOF					

Preliminary Estimate

Customer: CLEGG, DAVID

Job Number:

2016 MAZD CX-5 Grand Touring Automatic AWD 4D UTV 4-2.5L Gasoline Gasoline Direct Injection

42		R&I	LT Roof molding					0.6	
43	WINDSHIELD								
44	*	Rpr	BACKMASK					0.5	
45	FENDER								
46	*	Rpr	LT Fender					1.5	1.8
47			Overlap Major Adj. Panel						-0.4
48			Add for Clear Coat						0.3
49		R&I	LT Fender liner					0.4	
50		Repl	LT Wheel opng mldg	KD5351W30C8N	1	162.97		0.6	
51		Repl	LT Fender liner rivet	L33X13209	4	14.04			
52	FRONT BUMPER & GRILLE								
53			O/H bumper assy					2.4	
54		R&I	R&I bumper cover					Incl.	
55	*	Rpr	Bumper cover					1.0	2.8
56			Add for Clear Coat						1.1
57		R&I	Grille assy					Incl.	
58	#		Clean to Pre-Loss Condition		1			1.0	
59	#		Cover Vehicle for Primer		1	5.00	X	0.2	
60	#		Color Sand & Buff (0.5/per)		1			3.0	
61	#		Cover Vehicle for Refinishing		1	5.00	X	0.2	
62	#	Subl	Four Wheel Alignment		1	99.95	T		
63	#		Hazardous Waste Removal (Liquid)		1	5.00	X	0.1	
64	#		Hazardous Waste Removal (Solid)		1	5.00	X	0.1	
65	#		Mask Jambs for Primer		1	5.00	X	0.2	
66	#		Mask Jambs for Refinishing		1	5.00	X	0.2	
67	#		Miscellaneous Clips & Fasteners		1	24.95	X		
68	#		Panel Gap Check / Verification		1			0.5	
69	#		Paint & Materials +25% per RI Regulation 27-9.1-4		1	472.00	T		
70	#		Seam Sealer Per 1/2 Tube		1	34.58	X	0.3	
71	#		Set Up & Measure Unibody		1			2.0	S
72	#		Tint to Blend Color Match		1				0.5
SUBTOTALS						1,073.78		31.4	17.1

Preliminary Estimate

Customer: CLEGG, DAVID

Job Number:

2016 MAZD CX-5 Grand Touring Automatic AWD 4D UTV 4-2.5L Gasoline Gasoline Direct Injection

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				412.30
Body Labor	29.4 hrs	@	\$ 52.00 /hr	1,528.80
Paint Labor	17.1 hrs	@	\$ 52.00 /hr	889.20
Structural Labor	2.0 hrs	@	\$ 52.00 /hr	104.00
Paint Supplies	17.1 hrs	@	\$ 26.00 /hr	444.60
Miscellaneous				661.48
Subtotal				4,040.38
Sales Tax	\$ 1,428.85	@	7.0000 %	100.02
Grand Total				4,140.40
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY				4,140.40

VISIBLE
DAMAGE ONLY

RI Bulletin 06-355 Aftermarket Parts

"R.I. Gen. Laws section 27-10.2-2 prohibits an insurer from requiring the use of after market parts when negotiating repairs with any repairer unless the repairer has written consent from the vehicle owner to install after market parts. This provision applies only to automobiles that are less than 30 months beyond the date of manufacture."

ALL ESTIMATES WRITTEN ARE BASED ON VISABLE DAMAGE ONLY. UPON DISMANTLE OF THE VEHICLE, ANY ADDITIONAL DAMAGE WILL RESULT IN A SUPPLEMENT.

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

PURSUANT TO RHODE ISLAND LAW, THE CONSUMER HAS THE RIGHT TO CHOOSE THE REPAIR FACILITY TO COMPLETE REPAIRS TO A MOTOR VEHICLE; AND AN INSURANCE COMPANY MAY NOT INTERFERE WITH THE CONSUMER'S CHOICE OF REPAIRER.

FOR ANY VEHICLE THAT IS LESS THAN FORTY-EIGHT (48) MONTHS BEYOND THE DATE OF MANUFACTURE, RHODE ISLAND LAW ENTITLES THE VEHICLE OWNER TO ORIGINAL EQUIPMENT MANUFACTURER (OEM) PARTS IN THE REPAIR OF A MOTOR VEHICLE PART. THIS ESTIMATE WILL INDICATE IF/WHEN AFTERMARKET BODY PARTS ARE SPECIFIED.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Preliminary Estimate

Customer: CLEGG, DAVID

Job Number:

2016 MAZD CX-5 Grand Touring Automatic AWD 4D UTV 4-2.5L Gasoline Gasoline Direct Injection

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARH5470, CCC Data Date 10/17/2025, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

J & J AUTO SERVICE

429 Waterman Avenue, East Providence, RI 02914

Phone: (401) 438-4093, Fax: (401) 431-9008

Image Report

Owner:	CLEGG, DAVID	Insurance:		Estimator:	John Ruggiero	Vehicle Out:
Job Number:		Claim Number:				
Year:	2016	Color:		License Plate:		Production Date:
Make:	MAZD	Body Style:	4D UTV	State:	RI	Mileage In:
Model:	CX-5 Grand Tourin...	Engine:	4-2.5L Gasoline ...	VIN:	JM3KE4DY9G0878397	Condition:



10/17/2025

Comments:



10/17/2025

Comments:



10/17/2025

Comments:



10/17/2025

Comments:



10/17/2025

Comments:



10/17/2025

Comments:

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Phone: (401) 438-4093, Fax: (401) 431-9008

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Owner:	CLEGG, DAVID	Insurance:		Estimator:	John Ruggiero	Vehicle Out:
Job Number:		Claim Number:				
Year:	2016	Color:		License Plate:		Production Date:
Make:	MAZD	Body Style:	4D UTV	State:	RI	Mileage In:
Model:	CX-5 Grand Tourin...	Engine:	4-2.5L Gasoline ...	VIN:	JM3KE4DY9G0878397	Condition:



10/17/2025

Comments:



10/17/2025

Comments:



10/17/2025

Comments:



10/17/2025

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10/17/2025

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10/17/2025

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J & J AUTO SERVICE

429 Waterman Avenue, East Providence, RI 02914

Phone: (401) 438-4093, Fax: (401) 431-9008

Image Report

Owner:	CLEGG, DAVID	Insurance:		Estimator:	John Ruggiero	Vehicle Out:
Job Number:		Claim Number:				
Year:	2016	Color:		License Plate:		Production Date:
Make:	MAZD	Body Style:	4D UTV	State:	RI	Mileage In:
Model:	CX-5 Grand Tourin...	Engine:	4-2.5L Gasoline ...	VIN:	JM3KE4DY9G0878397	Condition:



10/17/2025

Comments:



10/17/2025

Comments:



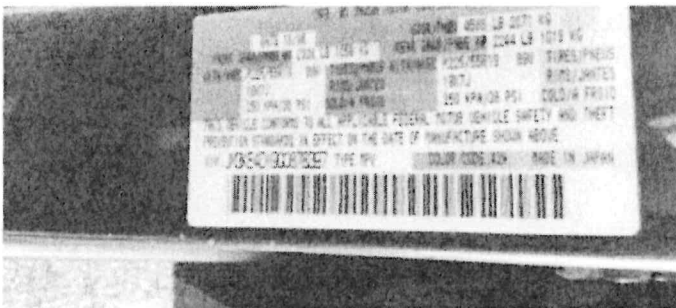
10/17/2025

Comments:



10/17/2025

Comments:



10/21/2025

Comments:











STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name Bristol				Report Number 25-416-AC				Crash Date 09/09/2025		Crash Time 10:17		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>					
City or Town Name Bristol				Street or Highway STATE ST				<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit # 2		Posted Speed Limit 25		<input type="checkbox"/> N/A <input type="checkbox"/> Unk					
Nearest Intersection Street WOOD ST				Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West				Distance From Nearest Inter. 15		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 41.67146		Longitude -71.27137					
Unit ID 1		Driver's Last Name GREY		First Name MARK		M.I. T		Unit ID 2		Driver's Last Name GREY		First Name MARK		M.I. T					
Address 608 WOOD ST				City BRISTOL				Address 608 WOOD ST				City BRISTOL							
State RI		Zip 02809		Home Phone		Cell Phone		Work Phone		State RI		Zip 02809		Home Phone					
Driver's License # 8570378		<input type="checkbox"/> CDL		Lic. State RI		Driver's License # 8570378		<input type="checkbox"/> CDL		Lic. State RI		Driver's License # 8570378		<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		M/V Violation					
Driver/Owner Same <input type="checkbox"/>		Owner's Last Name CLEGG		First Name DAVID		M.I. P		Driver/Owner Same <input type="checkbox"/>		Owner's Last Name TOWN OF BRISTOL (DPW)		First Name NFN		M.I.					
Address 7 HEARTHWOOD DR				City BARRINGTON				Address 111 MT. HOPE AVE				City BRISTOL							
State RI		Zip 02806		Home Phone		Cell Phone		Work Phone		State RI		Zip 02809		Home Phone					
Insurance Company Name PROGRESSIVE				<input type="checkbox"/> No Ins.				Insurance Policy Number 946662211				Insurance Company Name THE TRUST				<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				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# OP708		<input type="checkbox"/> Not Reg.		State RI		Yr Reg. 2027		VIN JM3KE4DY9G0878397		Registration# unknown		<input checked="" type="checkbox"/> Not Reg.		State RI		Yr Reg. 2027		VIN 0300138612	
Veh Yr. 2016		Make MAZDA		Model CX-5		Color GRAY		Plate Type PC		Veh Yr. 2016		Make MAZDA		Model CX-5		Color GRAY		Plate Type PC	
Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input checked="" type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input checked="" type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input checked="" type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input checked="" 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		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			

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	M Male	13 Other Row (Bus)	17 N/A	1 N/A	1 No	1 N/A	1 Complains of Pain
2 Unit 2	F Female	14 Unk. Row	18 Sleeper	2 No	2 Partially	2 None Used	2 Non-Incapacitating
3 (etc.)	U Unk.	15 Other Seat	19 Other Enclosed Area	3 Front	3 Totally	3 Shoulder & Lap	3 Incapacitating
or N/A		16 Unk. Seat	20 Other Unenclosed Area	4 Side	4 N/A	4 Shoulder Only	4 Fatal
			21 Towed Unit	5 Unk.	5 Unk.	5 Lap Only	5 No Injury
			22 Unknown			6 Type Unknown	6 Unknown
						7 Child - Forw. Facing	
						8 Child - Rear Facing	
						9 Booster Seat	
						10 Child - Unk	
						11 Helmet Used	
						12 Other	
						13 Unk.	

Name: Occupants - Witnesses - Pedestrians - Bicylists	Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue
GREY, MARK T	1	2	M		17	1	1	12	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 ☐ State Property ☐ City/Town Property ☐ Private Property

Owner _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ Damage Description _____

Reporting Officer Name Patrol Officer MICHAEL D KELLY	Reporting Officer Badge Number 024	Report Date 09/09/2025
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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, 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
- 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

1 — Light Condition (Prevailing)

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

1 — 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

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
- 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 [4,536 kg])
- 16 Medium/Heavy Trucks (More than 10K lbs [4,536 kg])

Vehicle #2

- 17 Tow Truck
- 18 Pedestrian
- 19 Bicyclist
- 20 Witness
- 21 Other

21

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

1 — Vehicle #1

- 1 No Special Function
- 2 Taxi
- 3 Vehicle Used as School Bus
- 4 Vehicle Used as Other Bus

Special Function Vehicle

- 5 Military
- 6 Police
- 7 Ambulance
- 8 Fire Truck

9 Unknown

Vehicle #2

Report Number
25-416-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.

2 Vehicle #1 Motor Vehicle Position Vehicle #2
1 Motor Vehicle on Roadway 2 Motor Vehicle parked 3 Working Vehicle/Equipment

3 Vehicle #1 Extent of Damage Vehicle #2
1 No Damage Observed 2 Minor Damage (<= \$1,000) 3 Functional Damage (> \$1,000) 4 Disabling Damage (> \$1,000)

40 Vehicle #1 Most Harmful Event Vehicle #2

Non-Collision:		Collision with Person, Motor Veh., or Non-Fixed Object:	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 Object (Wall, Building, Tunnel, etc.)
			40 Unknown - Most Harmful Event

12 Vehicle #1 Vehicle Action Prior Vehicle #2

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

7 Vehicle #1 Initial Impact Area Clock Diagram or Most Damaged Area

Vehicle #1

Passenger Car

Motorcycle

Passenger Car W/Trailer

Tractor Trailer

Bus

Vehicle #2 Initial Impact Area Clock Diagram or Most Damaged Area

Vehicle #2

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #2	1st
40	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	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				2nd
3rd				3rd
4th				4th
		40 Unknown - Sequence of Events		

Driver Vehicle #1	Driver Distracted	Driver Vehicle #2
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 #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 Unknown	1

1st	Non-Motorist Safety Equipment	1st
	1 None 2 Helmet 3 Protective Pads Used (Elbows, Knees, Shins, etc.) 4 Reflective Clothing (Jacket, Backpack, etc.)	
2nd	5 Lighting 6 Other 7 N/A 8 Unknown	2nd

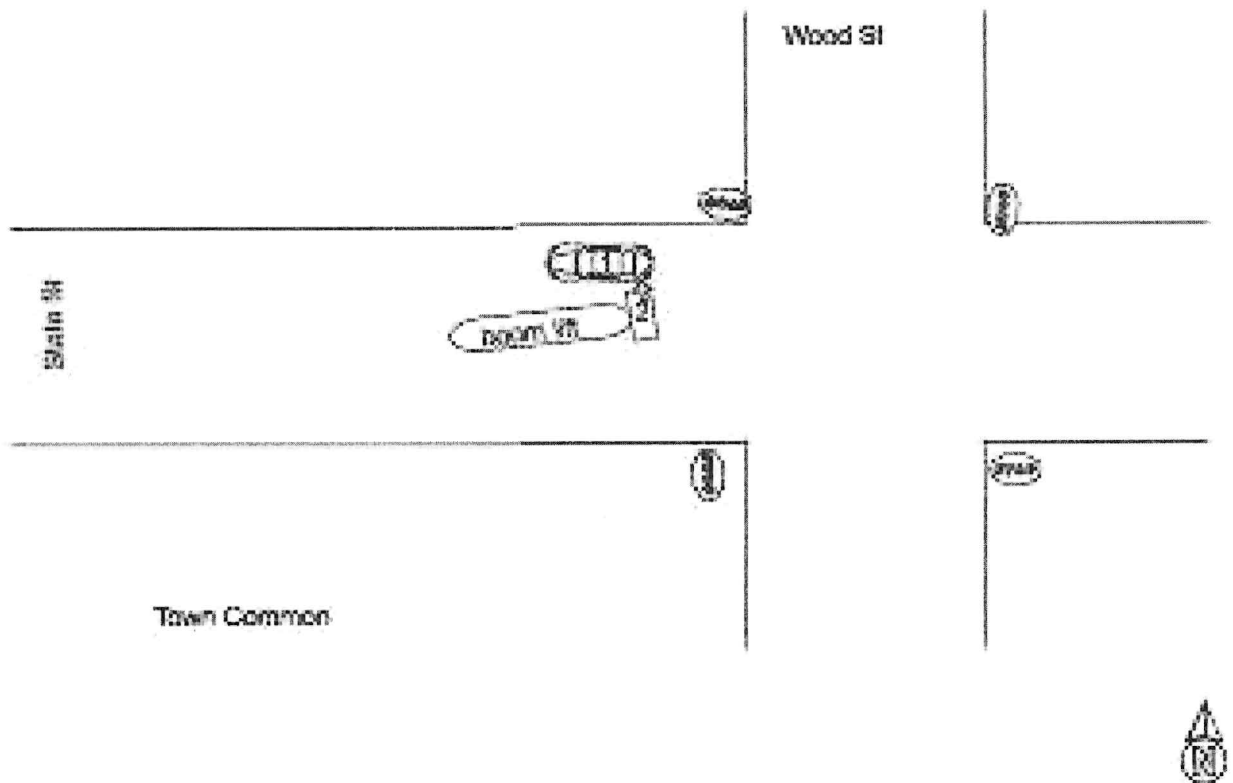
Alcohol and/or Drug Testing			
Driver Vehicle #1	Chemical Test	Driver Vehicle #2	
Alcohol <input type="checkbox"/> None Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown if Tested <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Other <input type="checkbox"/> Breath	Drug <input checked="" type="checkbox"/> None Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown if Tested <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Other <input type="checkbox"/> Breath	Alcohol <input checked="" type="checkbox"/> None Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown if Tested <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Other <input type="checkbox"/> Breath	Drug <input checked="" type="checkbox"/> None Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown if Tested <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Other <input type="checkbox"/> Breath
Driver Vehicle #1	Alcohol Test Result	Driver Vehicle #2	
	<input type="checkbox"/> BAC <input type="checkbox"/> Pending <input type="checkbox"/> Unknown		
Driver Vehicle #1	Drug Test Result	Driver Vehicle #2	
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Awaiting Test Result		

Report Number
25-416-AC

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

(1) Veh#1(Clegg) was parked unattended on State St just west of Wood St. Veh#2 (construction boom lift) was traveling west on State St just west of Wood St, attempting to pull into the Town Common. At this point Veh#2's basket (right side) sideswiped Veh#1's driver's side rear quarter panel. Veh#1 sustained driver's side rear quarter panel damage. Veh#2 sustained minor damage to the right side of the basket. No injuries reported.

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental



STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental



BRISTOL POLICE DEPARTMENT

Statement Form



☐ Complainant

☐ Witness

☐ Defendant

☒ Vehicle Operator Bristol Public Works

Case #: 25-416-AC

Date: 9/9/25 Time: 1025

Officer ID: KEM Badge #: 24

POLICE USE ONLY

Full Name: Mark Grey
Home Address: 608 Wood St
City / Town: Bristol
State: R.I. Zip Code: 02809
Driver's License #: 8570378 State: R.I.



INCIDENT INFORMATION

Date of Incident: 9/9/2025

Time of Incident: 10:35

Location / Address of Incident: Wood & State

Vehicle Registration: State: R.I. Insurance Company: Trust Policy#:

STATEMENT OF PERSON FILING REPORT

Driver full tapped car that was parked
left moved right and side hit park car
driver's side.

Signature

[Handwritten Signature]

Date Signed: 9/9/2025

If additional space is needed please use the reverse side

BPD_Witness_Statement.rev20

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental



BRISTOL POLICE DEPARTMENT

Statement Form



<input type="checkbox"/> Complainant	Case #: <u>25-416-AC</u>
<input type="checkbox"/> Witness	Date: <u>9/9/25</u> Time: <u>1025</u>
<input type="checkbox"/> Defendant	Officer ID: <u>Kern</u> Badge #: <u>24</u>
<input type="checkbox"/> Vehicle Operator	POLICE USE ONLY

Full Name: Aidan Clegg
Home Address: 7 Heavenswood drive
City / Town: Barrington
State: R.I. Zip Code: 02806
Driver's License #: 3613225 State: R.I.



INCIDENT INFORMATION

Date of Incident: <u>9.9.25</u>	Time of Incident:
Location / Address of Incident: <u>State Street</u>	
Vehicle Registration: _____ State: _____	Insurance Company: <u>Progressive</u> Policy#: <u>9466221</u>

STATEMENT OF PERSON FILING REPORT

Car was parked on State Street unattended. was h. + ~~on~~ back side on driver side.

Signature

Aidan Clegg

Date Signed: 9.9.25

If additional space is needed please use the reverse side