

TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

2025 OCT 31 PM

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: David P. Clegg

NAME: DAVID P. Clegg

ADDRESS: 7 HEARTHWOOD DR

TOWN: BARRINGTON, RI 02806

J & J AUTO SERVICE

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

Workfile ID:
 License Number:

39944eaa
 255

Preliminary Estimate**Customer: CLEGG, DAVID****Job Number:**

Written By: John Ruggiero

Insured: CLEGG, DAVID

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:

CLEGG, DAVID

Inspection Location:**Insurance Company:**

J & J AUTO SERVICE

429 Waterman Avenue

East Providence, RI 02914

Repair Facility

(401) 438-4093 Business

J & J AUTO SERVICE

429 Waterman Avenue

East Providence, RI 02914

(401) 438-4093 Business

**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

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color:

Mileage Out:

State: RI

Production Date:

Condition:

Job #:

TRANSMISSION

Automatic Transmission

CONVENIENCE

Air Conditioning

ROOF

Electric Glass Sunroof

4 Wheel Drive

Intermittent Wipers

SEATS

Reclining/Lounge Seats

POWER

Tilt Wheel

Premium Radio

Leather Seats

Power Steering

Cruise Control

Satellite Radio

Heated Seats

Power Brakes

Rear Defogger

SAFETY

Aluminum/Alloy Wheels

Power Windows

Keyless Entry

Drivers Side Air Bag

WHEELS

Power Locks

Steering Wheel Touch Controls

Passenger Air Bag

Clear Coat Paint

Power Mirrors

Rear Window Wiper

Anti-Lock Brakes (4)

PAINT

Heated Mirrors

Telescopic Wheel

4 Wheel Disc Brakes

Fog Lamps

Power Driver Seat

Climate Control

Traction Control

OTHER**DECOR**

Backup Camera

Stability Control

Rear Spoiler

Dual Mirrors

RADIO

Front Side Impact Air Bags

Signal Integrated Mirrors

Privacy Glass

AM Radio

Head/Curtain Air Bags

Console/Storage

FM Radio

Hands Free Device

Overhead Console

Stereo

Blind Spot Detection

Preliminary Estimate

Customer: CLEGG, DAVID
Job Number:

2016 MAZD CX-5 Grand Touring Automatic AWD 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
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
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
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	1	472.00 T
			Regulation 27-9.1-4		
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. Align.=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:	State:	RI	Mileage In:
Model:	CX-5 Grand Tourin...	Engine:	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:

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:	State:	RI	Mileage In:
Model:	CX-5 Grand Tourin...	Engine:	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:

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:	State:	RI	Mileage In:
Model:	CX-5 Grand Tourin...	Engine:	VIN:	JM3KE4DY9G0878397	Condition:



10/17/2025

Comments:



10/17/2025

Comments:



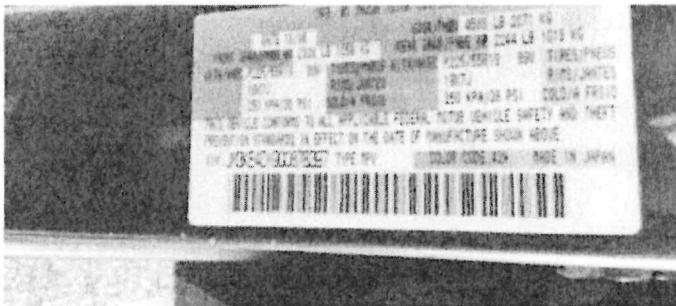
10/17/2025

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	Exit # 2	# of Lanes 25	Posted Speed Limit 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	Feet <input type="checkbox"/>	Miles 41.67146	Latitude -71.27137						
Unit ID 1	Driver's Last Name GREY		First Name MARK	M.I. T	DOB 1960-01-01	Unit ID 2	Driver's Last Name GREY		First Name MARK	M.I. T	DOB 1960-01-01			
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	Cell Phone	Work Phone					
Driver's License # <input type="checkbox"/> CDL			Lic. State RI		Driver's License # 8570378			<input type="checkbox"/> CDL		Lic. State RI				
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) NFN		First Name TOWN OF BRISTOL (DPW) NFN	M.I. TOWN OF BRISTOL (DPW) NFN			
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	Cell Phone	Work Phone					
Insurance Company Name PROGRESSIVE			<input type="checkbox"/> No Ins.		Insurance Policy Number 946662211		Insurance Company Name THE TRUST			<input type="checkbox"/> No Ins.		Insurance Policy Number N/A		
Hit And Run						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						<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		Not Reg. <input type="checkbox"/>	State RI	Yr Reg. 2027	VIN JM3KE4DY9G0878397	Registration# unknown	Not Reg. <input checked="" type="checkbox"/>	State	Yr Reg.	VIN 0300138612				
Veh Yr. 2016	Make MAZDA	Model CX-5	Color GRAY	Plate Type PC	Veh Yr.	Make	Model	Color	Plate Type					
Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound					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					<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 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.)		8 Occupant of Motor Veh. not in Transport (Parked, etc.)		9 Occupant of Non-Motor Veh Transportation Device						
2 Passenger		5 Other Cyclist		6 Witness		10 Unknown Type of Non-Motorist								
3 Pedestrian						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	18 Sleeper		1 N/A	1 No	1 N/A	7 Child - Forw. Facing	1 Complains of Pain				
2 Unit 2	F Female	14 Unk. Row	19 Other Enclosed Area	20 Other Unenclosed Area		2 N/A	2 Partially	2 None Used	8 Child - Rear Facing	2 Non-Incapacitating				
3 (etc.) or N/A	U Unk.	15 Other Seat	21 Towed Unit	22 Unknown		3 No	3 Totally	3 Shoulder & Lap	9 Booster Seat	3 Incapacitating				
		16 Unk. Seat	4 Side			4 N/A	4 Shoulder Only	4 Child - Unk	4 Fatal					
						5 Unk.	5 Lap Only	11 Helmet Used	5 No Injury					
						6 Type Unknown	6 Type Unknown	12 Other	6 Unknown					
Name: Occupants - Witnesses - Pedestrians - Bicyclists					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			<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 Patrol Officer MICHAEL D KELLY						Reporting Officer Badge Number 024				Report Date 09/09/2025				

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

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

1**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	

Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?

Yes No N/A

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

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

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

Construction Workers Present?

Yes No

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

Contributing Circumstances Environment

- 1 None
- 2 Weather Conditions
- 3 Physical Obstructions
- 4 Glare
- 5 Animal(s) in Roadway
- 6 Other
- 7 Unknown

1st**1****2nd****1****3rd****1**

School Bus Related Crash?

(Directly Involved Indicates Contact was made)

Yes, Directly Involved No

Yes, Indirectly Involved

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**1****2nd****1****3rd****1****1** 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 [4,536kg])	21 Other
		16 Medium/Heavy Trucks (More than 10K lbs [4,536 kg])	

Vehicle #2

21

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

Vehicle #2

21

Vehicle #1

Special Function Vehicle

Vehicle #2

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

Report Number
25-416-ACSTATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

Vehicle #1 **Vehicle #2**
 Yes No Unk. ————— **Police, Ambulance or Fire Truck Responding to a Call?** ————— Yes No Unk.

Vehicle #1

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

Vehicle #2**Vehicle #1**

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

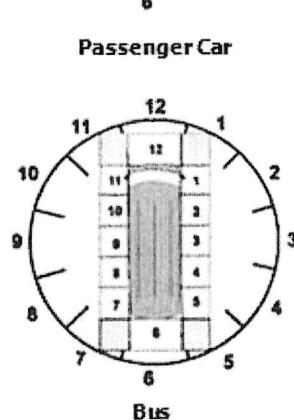
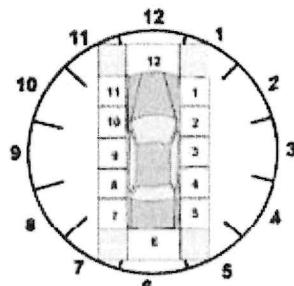
Vehicle #2**Vehicle #1****40** **Most Harmful Event****Vehicle #2**

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
2 Fire/Explosion	10 Pedalcycle	28 Tree (Standing)
3 Immersion	11 Railway Vehicle (Train, Engine)	29 Landscaping
4 Jackknife	12 Animal	30 Utility Pole (Elec/Tele)/Light Support
5 Cargo/Equip. Loss or Shift	13 Motor Vehicle in Transport	31 Highway Lighting/Light Standard
6 Fell/Jumped from Motor Veh.	14 Work Zone/Maintenance Equipment	32 Traffic Sign/Support
7 Thrown or Falling Object	15 Other Non-Fixed Object	33 Traffic Signal/Support
8 Other Non-Collision		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.)
		40 Unknown - Most Harmful Event

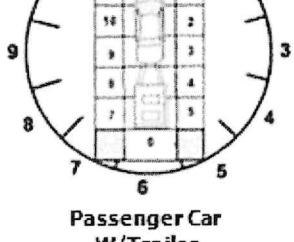
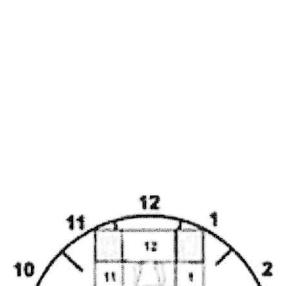
Vehicle #1

12 **Vehicle Action Prior** **Vehicle #2**

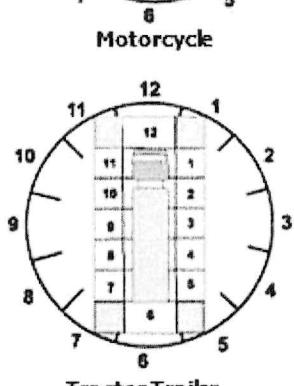
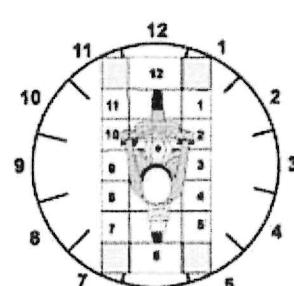
1 Movements Essentially Straight Ahead	6 Turning Left	11 Negotiating a Curve
2 Backing	7 Making U-Turn	12 Parked
3 Changing Lanes	8 Leaving Traffic Lane	13 Stopped in Traffic
4 Overtaking/Passing	9 Entering Traffic Lane	14 Other
5 Turning Right	10 Slowing	15 Unknown



Vehicle #1



Vehicle #2



Vehicle #2

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
CODING GUIDE

1st

Vehicle #1

40

2nd

3rd

4th

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

1st

Vehicle #2

2nd

3rd

4th

Sequence of Events

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
- 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.)

40 Unknown - Sequence of Events

Driver Vehicle #1

Driver Vehicle #2

1

- 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

Driver Vehicle #1

Driver Vehicle #2

1

- 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

2nd

1st

2nd

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

Driver Vehicle #1

Alcohol and/or Drug Testing

Driver Vehicle #2

Chemical Test		Alcohol		Drug	
Alcohol	Drug	Alcohol	Drug	Alcohol	Drug
<input type="checkbox"/>	<input type="checkbox"/>	None Given	<input checked="" type="checkbox"/>	<input checked="" 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"/>	

Driver Vehicle #1

Alcohol Test Result

<input type="checkbox"/>	BAC
<input type="checkbox"/>	Pending
<input type="checkbox"/>	Unknown

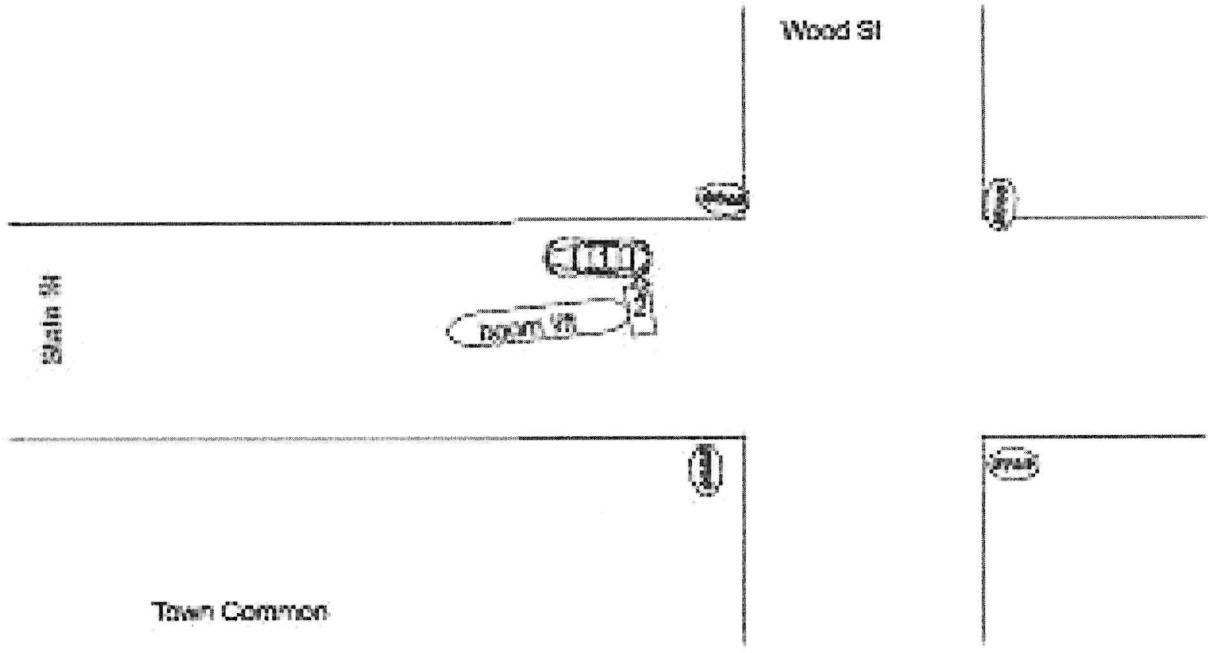
Driver Vehicle #1

Drug Test Result

<input type="checkbox"/>	Positive
<input type="checkbox"/>	Negative
<input type="checkbox"/>	Awaiting Test Result

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.



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>PELM</u> Badge #: <u>24</u>
<input checked="" type="checkbox"/> Vehicle Operator <u>Bristol Public Works</u>	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: <u>9/9/2025</u>	Time of Incident: <u>10:35</u>
Location / Address of Incident: <u>Wood St</u>	
Vehicle Registration: _____	State: <u>R.I.</u> Insurance Company: <u>Trust</u> Policy#: _____

STATEMENT OF PERSON FILING REPORT

Driver hit parked car that was parked
left moved right and side hit parked car
driv/side.

Signature Mark GreyDate Signed: 9/9/2025

If additional space is needed please use the reverse side

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>KELIN</u> Badge #: <u>24</u>	
<input type="checkbox"/> Vehicle Operator	POLICE USE ONLY	

Full Name: Aidan Clegg
Home Address: 7 Heartwood drt
City / Town: Banwington
State: RJ Zip Code: 02806
Driver's License #: 3613225 State: RJ

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>946662211</u> <u>9/4/25 - 9/4/26</u>

STATEMENT OF PERSON FILING REPORT

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

Signature

Aidan Clegg Date Signed: 9-9-25

If additional space is needed please use the reverse side