

**City of Fall River Massachusetts**  
**Office of the City Clerk**

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2015 APR -2 P 2:48

APRIL 2, 2015

**ALISON M. BOUCHARD**  
CITY CLERK

**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

~~CITY CLERK - INES LEITE~~  
~~FALL RIVER, MA~~  
ASSISTANT CITY CLERK

MONDAY, APRIL 6, 2015

**5:15 P.M. COMMITTEE ON ORDINANCES AND LEGISLATION**

TUESDAY, APRIL 7, 2015

**5:30 P.M. COMMITTEE ON FINANCE**

1. Discussion with CDA officials and resolution authorizing submission of Five Year Consolidated Plan and Year One Annual Action Plan (see #2 below)
2. Discussion and submission of FY2016 enterprise accounts (see #1 below)

**AGENDA**

**7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL OR IMMEDIATELY FOLLOWING THE COMMITTEE ON FINANCE MEETING IF THAT MEETING RUNS PAST 7:00 P.M.**

**PRIORITY MATTERS**

1. \*Mayor and submission of FY2016 enterprise accounts (see #2 Finance)

**PRIORITY COMMUNICATIONS**

2. \*Mayor and resolution authorizing submission of Year Five Annual Action Plan (see #1 Finance)
3. \*Mayor and order re: gift from Precise Packaging, LLC chemical emergency response equipment for Fall River Fire Department
4. \*Communication from Mayor re: outdoor advertising displays project
5. Traffic Commission recommending amendments to the traffic ordinances

**COMMITTEE REPORTS**

Committee on Ordinances and Legislation recommending:

First reading:

6. Proposed ordinance – handicapped parking
7. Proposed ordinance – site plan review

Grant leave to withdraw:

8. Resolution – repairing utility trenches

**ORDINANCES** – None

**RESOLUTIONS**

9. \*Com. on Ordinances and Legislation meet to discuss fees charged by Traffic and Parking Division

**ADA Coordinator: Gary P. Howayeck, Esq. 508-324-2650**

One Government Center • Fall River, MA 02722

TEL 508-324-2220 • FAX 508-324-2211 • EMAIL [city\\_clerks@fallriverma.org](mailto:city_clerks@fallriverma.org)

10. \*Admin. consider purchasing equipment for Fire Department
11. \*Admin. review fee schedule with depts. to ensure fees are properly established
12. \*Invite Purchasing Agent to future Finance Com. meeting to discuss bids for renovations to Treasurer & Collector offices
13. \*Req. Mayor submit financial order transferring surplus funds for Treasurer/Collector office renovation project from city hall renovations capital project account to city building repairs inactive capital project account

**CITATIONS** – None

**ORDERS – HEARINGS FOR TONIGHT**

Curb removal:

14. Kristin Davidson – removal of 20 feet of curbing to improve access to off-street parking, for a total opening of 32 feet at 37 Oakland Street

Underground conduit:

15. Globe Street at intersection of Kilburn Street – 8 duct conduit bank and primary voltage cables to enhance outage restoration efficiency

Joint pole location:

16. 121/3 Central Street – One (1) joint pole location

**ORDERS – HEARINGS TO BE SCHEDULED** – None

**ORDERS – NO HEARING REQUIRED** – None

**ORDERS – MISCELLANEOUS**

17. Police Chief's report on licenses
18. Auto repair shop renewals
19. Transfer of auto repair shop license no. 228 from Steven & Joseph Fitzgerald d/b/a Fitzgerald Auto Sales & Repair to Robert Fouquette d/b/a Big Wheel Truck Sales, Inc.
20. Transfer of auto body shop license no. 116 from Steven & Joseph Fitzgerald d/b/a Fitzgerald Auto Sales & Repair to Robert Fouquette d/b/a Big Wheel Truck Sales, Inc.

**COMMUNICATIONS – INVITATIONS – PETITIONS**

21. \*Claims
22. Planning Board Minutes – February 26, 2015
23. Community Preservation Committee Minutes – March 2, 2015

**BULLETINS – NEWSLETTERS – NOTICES**

Notices of Casualty and Loss:

24. 1832 Robeson Street
25. 1248 Bay Street
26. 274 Underwood Street
27. 96 Arizona Street
28. Comm. from International Association of Fire Fighters offering condolences to the community and family of the late Adam C. Franco
29. Comm. from Law Offices of Beauregard, Burke & Franco re: req. for extension of applications for casino license in region C

  
City Clerk



**City of Fall River**  
**Massachusetts**  
Office of the Mayor

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2015 MAR 31 P 4:56

CITY CLERK  
FALL RIVER, MA

**C. SAMUEL SUTTER**  
*Mayor*

March 31, 2015

The Honorable City Council  
One Government Center  
Fall River, MA 02722

RE: Water and Sewer Division  
FY16 Enterprise Funds  
Proposed Budgets and Rates

Dear Councilors:

Please find attached the above referenced FY16 budget and rate proposals. This submission is to comply with Ordinance Sections 2-183 and 2-184 regarding submittal requirements. Health and pension costs are planned to be allocated as direct costs this coming fiscal year.

I understand that rate increases are difficult matters. However, we must address the proper financing of these enterprise funds and support maintenance and improvement of our infrastructure.

My staff and Mr. Sullivan are available as needed for any comments or questions that you may have.

Respectfully,

C. Samuel Sutter  
Mayor

/omc  
Attachment



**City of Fall River**  
**Massachusetts**  
Department of Community Utilities  
WATER • SEWER RECEIVED

2015 MAR 31 P 4: 58

**C. SAMUEL SUTTER**  
*Mayor*

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

**TERRANCE SULLIVAN**  
Administrator

March 27, 2015

The Honorable C. Samuel Sutter, Mayor  
One Government Center  
Fall River, MA 02722

RE: Water and Sewer Division  
FY16 Enterprise Funds  
Proposed Budgets and Rates

Dear Mayor Sutter:

Please find attached the above referenced FY16 budget and rate proposals. This submission is to comply with Ordinance Sections 2-183 and 2-184 regarding submittal requirements. The Water Board and Sewer Commission have approved.

It is respectfully requested that these FY16 Budgets and Rate Ordinances be submitted to the City Council for approval.

Respectfully,

Terrance J. Sullivan  
Admn. Of Community Utilities

TJS/omc  
Attachment

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CITY CLERK  
FALL RIVER, MA

SEWER

DIVISION

FY16 PROPOSED  
BUDGET AND RATES

FY 2016 PROPOSED COMMUNITY UTILITIES PROPOSED BUDGET SEWER DIVISION			FY14 Actuals	FY15 Budget	FY16 Proposed Budget
<b>REVENUE</b>					
64400000	414200	TAX LIENS REDEEMED	\$340,903.74	\$260,000.00	\$420,000.00
64400000	417300	INTEREST & PENALTY TAX LIENS	\$100,649.64	\$50,000.00	\$92,000.00
64400000	417420	INT & PEN ON SEWER	\$140,949.63	\$90,000.00	\$170,000.00
64400000	417600	INT & PEN ON UTILITY LIENS	\$27,956.83	\$35,000.00	\$13,000.00
64400000	417760	SEWER DEMANDS	\$2,748.67		\$47,000.00
64400000	417800	TREASURER OVER/SHORT	\$1.69		\$0.00
64400000	418000	SEWER OVER/SHORT	-\$27.74		\$0.00
64400000	421000	SEWER USAGE CHARGES	\$10,812,753.48	\$11,686,748.00	\$11,965,668.00
64400000	421500	STORMWATER FEE	\$4,656,364.76	\$4,660,000.00	\$5,453,000.00
64400000	422000	OTHER SEWER CHARGES (septage receiving)	\$186,945.89	\$190,000.00	\$186,000.00
64400000	422500	OTHER UTILITY NON USAGE	\$0.00	\$0.00	\$0.00
64400000	428000	UTILITY LIENS REDEEMED	\$23,182.53		\$1,500.00
64400000	428015	UTILITY LIENS REDEEMED	\$167,171.27		\$49,000.00
64400000	428016	UTILITY LIENS REDEEMED	\$1,513,165.33	\$1,301,955.00	\$1,100,000.00
64400000	439900	OTHER REVENUE	\$244,827.29	\$195,000.00	\$260,000.00
64400000	442900	PERMIT FEE-SEWER	\$34,050.00	\$100,000.00	\$50,000.00
64400000	499900	OTHER FINANCING SOURCES (retained earnings)		\$876,000.00	\$0.00
<b>TOTAL REVENUE</b>			\$18,251,643.01	\$19,444,703.00	\$19,807,168.00

Sewer Rate Per CCF	\$4.09	\$4.19	\$4.29
Storm Rate per ERU per Quarter	\$35.00	\$35.00	\$41.00

EXPENSES			FY14 Actuals	FY15 Budget	FY16 Proposed Budget
<b>SEWER-SALARIES</b>					
64407191	511000	SALARIES & WAGES - PERMANENT	\$490,470.13	\$519,217.00	\$524,097.00
64407191	511115	LONGEVITY	\$9,400.00	\$9,400.00	\$8,600.00
64407191	511300	SUMMER HOURS	\$9,407.38	\$9,471.00	\$7,931.00
64407191	513000	OVERTIME	\$1,599.67	\$3,000.00	\$3,000.00
64407191	516900	RETIREMENT BUYOUTS	\$37,713.50	\$22,401.00	\$0.00
64407191	517100	WORKMEN'S COMPENSATION	\$0.00	\$0.00	\$0.00
64407191	517900	MEDICARE MATCH	\$2,561.56	\$3,500.00	\$3,000.00
64407191	519300	UNIFORM ALLOWANCE	\$3,000.00	\$3,000.00	\$3,000.00
64407191	519400	OTHER STIPENDS	\$0.00	\$2,200.00	\$3,000.00
64407191	519700	AUTOMOBILE ALLOWANCE	\$6,240.00	\$6,240.00	\$4,680.00
64407191	519900	OTHER PERSONNEL COSTS	\$1,100.00	\$15,000.00	\$2,785.00
<b>TOTAL SEWER PLAN &amp; PROG SALARIES</b>			\$561,492.24	\$593,429.00	\$560,093.00

SEWER-EXPENSES			FY14 Actuals	FY15 Budget	FY16 Proposed Budget
64407192	525000	OFF EQUIP/FURN MAINTENACE	\$2,391.97	\$500.00	\$500.00
64407192	530100	MEDICAL AND DENTAL AND LEGAL	\$72.00	\$0.00	\$570.00
64407192	530600	ADVERTISING	\$1,113.60	\$1,000.00	\$1,200.00
64407192	531000	ENGINEERING/ARCHITECTURE	\$6,300.00	\$20,000.00	\$20,000.00
64407192	534100	TELEPHONE	\$14,144.03	\$16,100.00	\$16,000.00
64407192	538400	COMPUTER SERVICES	\$82.49	\$500.00	\$500.00
64407192	551100	EDUCATIONAL SUPPLIES	\$2,448.00	\$3,000.00	\$5,000.00
64407192	553800	METER PARTS/P.W. & UTILITIES S	\$88,769.21	\$100,000.00	\$50,000.00
64407192	558600	OTHER SUPPLIES	\$300.43	\$500.00	\$500.00
64407192	570100	WATER/SEWER CSO CHARGE	\$97,169.76	\$91,660.00	\$60,000.00
64407192	571000	IN STATE TRAVEL	\$363.10	\$500.00	\$500.00
64407192	573100	DUES & MEMBERSHIP	\$262.00	\$500.00	\$500.00
64407192	574100	PROPERTY INSURANCE	\$60,000.00	\$60,000.00	\$60,000.00
64407192	578100	CLAIMS & DAMAGES	\$0.00	\$5,000.00	\$5,000.00
<b>TOTAL EXPENSES 1</b>			\$273,416.59	\$299,260.00	\$220,270.00

			<i>FY14 Actuals</i>	<i>FY15 Budget</i>	<i>FY16 Proposed Budget</i>
64407202	521100	ELECTRICITY	\$1,460,069.03	\$1,336,546.00	\$1,328,409.00
64407202	521101	ELECTRICITY NMC UXBRIDGE RECEIVED	\$7,482.34	\$13,454.00	\$215,000.00
64407202	521500	NATURAL GAS FOR HEAT	\$376,650.15	\$550,000.00	\$450,000.00
64407202	528100	OTHER RENTALS & LEASES	\$4,227.15	\$4,400.00	\$4,400.00
64407202	531200	OTHER PROFESSIONAL SERVICES	\$5,420,898.52	\$5,450,159.00	\$5,616,637.00
64407202	534300	POSTAGE	\$15,655.03	\$22,000.00	\$28,000.00
64407202	538500	OTHER PURCHASED SERVICES	\$595,579.14	\$680,000.00	\$600,000.00
64407202	554200	CHEMICALS	\$434,624.19	\$457,576.00	\$430,000.00
64407202	573400	CONFERENCES	\$235.00	\$900.00	\$900.00
64407202	574400	MOTOR VEHICLE INSURANCE	\$16,428.00	\$14,667.00	\$17,000.00
TOTAL EXPENSES 2			\$8,331,848.55	\$8,529,702.00	\$8,690,346.00

<b>CAPITAL IMPROVEMENTS</b>			<i>FY14 Actuals</i>	<i>FY15 Budget</i>	<i>FY16 Proposed Budget</i>
Capital Improvements			\$1,098,018.76	\$350,000.00	\$345,000.00
TOTAL CAPITAL			\$1,098,018.76	\$350,000.00	\$345,000.00

<b>SEWER-ADMINISTRATIVE AND INDIRECT COSTS</b>			<i>FY14 Actuals</i>	<i>FY15 Budget</i>	<i>FY16 Proposed Budget</i>
64400005	596100	TRANSFERS TO GENERAL FUND	\$1,161,705.00	\$1,161,705.00	\$1,196,556.00
64400005	596700	TRANSFER TO OTHER-FEMA	\$140,000.00	\$50,000.00	\$0.00
64400005	596800	TRANSFER GF - HEALTH active employees	\$47,592.96	\$47,593.00	\$126,384.00
		TRANSFER GF - HEALTH retired employees			\$24,985.00
64400005	596900	TRANSFER GF PENSIONS	\$188,099.00	\$188,099.00	\$207,194.00
TOTAL-ADMINISTRATIVE AND INDIRECT COSTS			\$1,537,396.96	\$1,447,397.00	\$1,555,119.00

<b>DEBT</b>			<i>FY14 Actuals</i>	<i>FY15 Budget</i>	<i>FY16 Proposed Budget</i>
64409905	591000	MAT PRIN ON LONG TERM DEBT	\$4,771,935.44	\$5,120,715.00	\$5,110,007.00
64409905	591500	INTEREST ON LONG TERM DEBT	\$2,819,415.49	\$2,882,494.00	\$2,967,033.00
64409905	592500	INTEREST ON NOTES	\$23,407.46	\$52,000.00	\$181,676.00
64409905	594000	DEBT ADMINISTRATIVE COSTS	\$189,109.91	\$169,706.00	\$177,624.00
TOTAL DEBT SERVICE			\$7,803,868.30	\$8,224,915.00	\$8,436,340.00

			<i>FY14 Actuals</i>	<i>FY15 Budget</i>	<i>FY16 Proposed Budget</i>
<b>GRAND TOTAL -EXPENSES</b>			\$19,606,041.40	\$19,444,703.00	\$19,807,168.00
<b>GRAND TOTAL -REVENUE</b>			\$18,251,643.01	\$19,444,703.00	\$19,807,168.00

BE IT ORDAINED, by the City Council of the City of Fall River, as follows:

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That Section 74-134 of Appendix A-Fee Schedule of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which section relates to User Charges for Wastewater Collection, be amended as follows:

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Section 1.

CITY CLERK  
FALL RIVER, MA

By striking out in sub-section (1) of said section, "\$4.19", and inserting in place thereof, "\$4.29" and by striking out "July 1, 2014", and inserting in place thereof, "July 1, 2015".

Section 2.

By striking out in paragraph (a) of sub-section (2) of said section, "\$4.19", and inserting in place thereof, "\$4.29", and by striking out "July 1, 2014", and inserting in place thereof, "July 1, 2015".

Section 3.

By striking out in paragraph (b) of sub-section (2) of said section, "\$1.95", and inserting in place thereof, "\$2.00", and by striking out "July 1, 2014", and inserting in place thereof, "July 1, 2015".

Section 4.

By striking out in sub-section (4) of said section, all dollar values, and inserting in place thereof, the following:

\$ 137.00  
\$ 271.00  
\$ 410.00  
\$ 546.00  
\$ 682.00  
\$ 816.00  
\$ 952.00  
\$1,088.00  
\$1,225.00  
\$1,360.00

and, by striking out in said sub-section (4) "July 1, 2014", and inserting in place thereof, "July 1, 2015".

Section 5.

That Section 74-140 of Appendix A-Fee Schedule of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which section relates to the Stormwater Fee, be amended as follows:

By striking out, "\$140 per/year, or \$35 per/quarter", and inserting in place thereof, "\$164 per/year, or \$41/quarter", and by striking out "July 1, 2008", and inserting in place thereof, "July 1, 2015".

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CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

WATER

DIVISION

FY16 PROPOSED  
BUDGET AND RATES

FY 2016 PROPOSED COMMUNITY UTILITIES PROPOSED BUDGET WATER DIVISION			FY14 Actuals	FY15 Budget	FY16 Proposed Budget
<b>REVENUE</b>					
64500000	414200	TAX LIENS REDEEMED	\$184,890.08	\$250,000.00	\$230,000.00
64500000	417300	INTEREST & PENALTY TAX LIEN	\$52,084.48	\$60,000.00	\$41,306.00
64500000	417310	INT & PEN ON UTILITY WATER	\$64,708.66	\$65,000.00	\$80,000.00
64500000	4176000	INT & PEN ON UTILITY LIENS	\$13,293.35	\$12,000.00	\$1,200.00
64500000	417761	WATER DEMANDS	\$910.00	\$0.00	\$35,000.00
64500000	418000	WATER OVER/SHORT	-\$37.43	\$0.00	\$0.00
64500000	421000	WATER USAGE CHARGES	\$7,069,694.35	\$8,104,410.00	\$8,442,000.00
64500000	422000	OTHER WATER CHARGES	\$175,960.22	\$180,000.00	\$185,000.00
64500000	422500	OTHER UTILITY NON-USAGE	\$0.00	\$0.00	\$0.00
64500000	427000	BASE METER FEE	\$849,586.25	\$1,042,000.00	\$1,415,480.00
64500000	427100	LUMBER REVENUE	\$2,525.00	\$2,600.00	\$5,000.00
64500000	427200	TOWER RENTAL	\$127,620.01	\$101,000.00	\$120,000.00
64500000	427300	BULK SALES	\$16,525.25	\$20,000.00	\$21,000.00
64500000	427400	APPLICATIONS AND TESTING	\$3,000.00	\$3,000.00	\$5,000.00
64500000	428013	UTILITY LIENS REDEEMED 2013	\$9,521.02		\$2,000.00
64500000	428014	UTILITY LIENS REDEEMED 2014	\$115,526.64		\$26,000.00
64500000	428015	UTILITY LIENS REDEEMED 2015	\$710,992.26	\$733,396.00	\$600,000.00
64500000	439900	OTHER REVENUE	\$8,382.66	\$30,000.00	\$7,000.00
64500000	499900	OTHER FINANCING SOU (retained earnings)		\$30,000.00	\$0.00
<b>TOTAL WATER REVENUE</b>			<b>\$9,405,182.80</b>	<b>\$10,633,406.00</b>	<b>\$11,215,986.00</b>

Water Rate Per CCF	\$2.25	\$2.55	\$2.68
Base Meter fee for 5/8" per quarter	\$12	\$12	\$16.00
Base Meter fee for 3/4" per quarter	\$12	\$12	\$16.00
Base Meter fee for 1" per quarter	\$16	\$16	\$16.00
Base Meter fee for 1.5" per quarter	\$30	\$30	\$30.00
Base Meter fee for 2" per quarter	\$50	\$50	\$50.00
Base Meter fee for 3" per quarter	\$100	\$100	\$120.00
Base Meter fee for 4" per quarter	\$120	\$120	\$160.00
Base Meter fee for 6" per quarter	\$200	\$200	\$240.00
Base Meter fee for 8" per quarter	\$240	\$240	\$300.00
Base Meter fee for 10" per quarter	\$300	\$300	\$360.00

64507241 WATER ADMINISTRATION SALARIES			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507241	511000	SALARIES & WAGES - PERMANENT	\$188,905.83	\$191,496.00	\$193,960.00
64507241	511115	LONGEVITY	\$2,200.00	\$2,500.00	\$2,500.00
64507241	511300	SUMMER HOURS	\$2,542.93	\$2,715.00	\$2,750.00
64507241	513000	OVERTIME	\$606.09	\$998.00	\$500.00
64507241	516900	RETIREMENT BUYOUTS	\$0.00	\$0.00	\$0.00
64507241	517100	WORKMEN'S COMPENSATION	\$0.00	\$0.00	\$0.00
64507241	517900	MEDICARE MATCH	\$2,067.06	\$2,200.00	\$2,200.00
64507241	519300	UNIFORM ALLOWANCE	\$1,200.00	\$1,200.00	\$1,200.00
64507241	519400	OTHER STIPENDS	\$1,000.00	\$1,000.00	\$1,000.00
64507241	519700	AUTOMOBILE ALLOWANCE	\$3,120.00	\$3,120.00	\$3,120.00
64507241	519900	OTHER PERSONNEL COSTS	\$0.00	\$0.00	\$0.00
<b>TOTAL WATER ADMINISTRATION SALARIES</b>			<b>\$201,641.91</b>	<b>\$205,229.00</b>	<b>\$207,230.00</b>

CLERK  
MILL RIVER, MA

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64507242 WATER ADMINISTRATION EXPENSES			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507242	525000	OFF EQUIP/FURN MAINTENANCE	\$446.46	\$500.00	\$500.00
64507242	525600	R & M METERS	\$879.91	\$30,000.00	\$20,000.00
64507242	528100	OTHER RENTALS & LEASES	\$424.78	\$500.00	\$500.00
64507242	530100	MEDICAL AND DENTAL	\$0.00	\$500.00	\$500.00
64507242	530600	ADVERTISING	\$7,525.93	\$10,000.00	\$10,000.00
64507242	531200	OTHER PROFESSIONAL SERVICES	\$9,110.89	\$5,000.00	\$5,000.00
64507242	534100	TELEPHONE	\$14,247.26	\$16,000.00	\$16,000.00
64507242	534300	POSTAGE	\$16,000.00	\$22,000.00	\$28,000.00
64507242	534400	OTHER COMMUNICATIONS	\$691.20	\$1,700.00	\$700.00
64507242	538400	COMPUTER SERVICES	\$1,422.30	\$1,500.00	\$1,000.00
64507242	538500	OTHER PURCHASED SERVICES	\$2,025.00	\$2,500.00	\$2,500.00
64507242	542500	OTHER OFFICE SUPPLIES	\$478.24	\$500.00	\$500.00
64507242	547300	OTHER GROUNDS KEEPING SUPPLIES	\$329.41	\$1,000.00	\$1,000.00
64507242	551100	EDUCATION SUPPLIES	\$805.19	\$3,000.00	\$1,000.00
64507242	553800	METER PARTS	\$749.55	\$30,000.00	\$20,000.00
64507242	570100	WATER/SEWER CSO CHARGE	\$17,368.21	\$22,000.00	\$22,000.00
64507242	574100	PROPERTY INSURANCE	\$10,518.00	\$10,518.00	\$10,518.00
<b>TOTAL WATER ADMINISTRATION EXPENSES</b>			<b>\$83,022.33</b>	<b>\$157,218.00</b>	<b>\$139,718.00</b>

64507244 WATER ADMINISTRATION CAPITAL			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507244	584900	OTHER IMPROVEMENTS	\$157,411.25	\$100,000.00	\$195,000.00

64507245 WATER ADMINISTRATIVE AND INDIRECT COSTS			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507245	596100	TRANSFERS TO GENERAL FUND	\$1,262,666.00	\$1,262,666.00	\$1,300,546.00
64507245	596800	TRANSFER GF - HEALTH active employees	\$553,653.96	\$553,654.00	\$454,082.00
		TRANSFER GF - HEALTH retired employees			\$256,157.00
64507245	596900	TRANSFER GF PENSIONS	\$688,124.00	\$688,124.00	\$758,000.00
<b>TOTAL WATER ADMINISTRATIVE AND INDIRECT COSTS</b>			<b>\$2,504,443.96</b>	<b>\$2,504,444.00</b>	<b>\$2,768,785.00</b>

64507251 WATER MAINT & DISTRIB SALARIES			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507251	511000	SALARIES & WAGES - PERMANENT	\$700,926.92	\$798,907.00	\$799,909.00
64507251	511115	LONGEVITY	\$4,400.00	\$4,100.00	\$4,700.00
64507251	513000	OVERTIME	\$72,113.09	\$85,000.00	\$85,000.00
64507251	516900	RETIREMENT BUYOUTS	\$6,732.64	\$0.00	\$18,371.00
64507251	517100	WORKMEN'S COMPENSATION	\$37,595.83	\$32,214.00	\$32,214.00
64507251	517300	UNEMPLOYMENT PAYMENTS	\$25,547.00		\$0.00
64507251	517900	MEDICARE MATCH	\$9,068.23	\$9,500.00	\$9,500.00
64507251	519300	UNIFORM ALLOWANCE	\$12,000.00	\$12,600.00	\$12,600.00
64507251	519400	OTHER STIPENDS	\$42,771.61	\$48,500.00	\$46,200.00
64507251	519700	AUTOMOBILE ALLOWANCE	\$1,840.00	\$1,560.00	\$1,560.00
64507251	519900	OTHER PERSONNEL COSTS	\$0.00	\$0.00	\$2,000.00
<b>TOTAL WATER MAINT &amp; DISTRIB SALARIES</b>			<b>\$912,995.32</b>	<b>\$992,381.00</b>	<b>\$1,012,054.00</b>

64507252 WATER MAINT & DISTRIB EXPENSES			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507252	521100	ELECTRICITY	\$8,538.48	\$7,000.00	\$7,000.00
64507252	521500	HEATING FUEL	\$21,330.38	\$17,000.00	\$20,000.00
64507252	524100	BUILDINGS & GROUNDS MAINTENANCE	\$6,320.98	\$3,000.00	\$3,000.00
64507252	524600	R & M VEHICLES	\$54,367.66	\$35,000.00	\$40,000.00
64507252	525000	R & M OFFICE EQUIPMENT	\$429.64	\$500.00	\$500.00
64507252	525800	OTHER REPAIRS & MAINTENANCE	\$5,184.22	\$5,000.00	\$5,000.00
64507252	525900	WATER PIPE REPLACE, REPAIR, RE	\$18,061.00	\$40,000.00	\$40,000.00
64507252	525900	MUNICIPAL STREET/SIDEWALK REPAIR	\$45,221.66	\$40,000.00	\$40,000.00
64507252	527400	CONSTRUCTION EQUIPMENT RENTAL	\$1,363.43	\$2,000.00	\$2,000.00
64507252	527800	COMMUNICATION LINES & EQUIP RE	\$0.00	\$500.00	\$500.00
64507252	529400	OTHER PROPERTY RELATED SERVICE	\$1,134.89	\$1,000.00	\$1,000.00

64507252	530100	MEDICAL & DENTAL SERVICES	\$1,532.00	\$500.00	\$500.00
64507252	538500	OTHER PURCHASED SERVICES	\$20,170.60	\$20,000.00	\$20,000.00
64507252	541100	GASOLINE	\$64,650.32	\$65,000.00	\$65,000.00
64507252	542100	PAPER	\$0.00	\$200.00	\$200.00
64507252	542800	R & M CONSTRUCTION EQUIPMENT	\$19,542.19	\$10,000.00	\$10,000.00
64507252	543900	BUILDING & MAINTENANCE SUPPLIES	\$1,110.84	\$1,500.00	\$1,500.00
64507252	545100	CLEANING SUPPLIES	\$1,657.28	\$2,000.00	\$2,000.00
64507252	546100	TOOLS	\$3,469.52	\$4,000.00	\$4,000.00
64507252	548100	MOTOR OIL AND LUBRICANTS	\$8,574.83	\$15,000.00	\$15,000.00
64507252	548500	PARTS AND ACCESSORIES	\$34,271.50	\$35,000.00	\$35,000.00
64507252	550100	MEDICAL SUPPLIES	\$0.00	\$200.00	\$200.00
64507252	551100	EDUCATIONAL SUPPLIES	\$4,335.00	\$3,000.00	\$5,000.00
64507252	553100	CONCRETE/CEMENT	\$25,637.50	\$65,410.00	\$50,000.00
64507252	553200	CORPS/STOPS/TUBING	\$2,804.00	\$6,000.00	\$6,000.00
64507252	553400	LUMBER	\$79.98	\$500.00	\$500.00
64507252	553600	SAND AND GRAVEL	\$0.00	\$1,500.00	\$1,500.00
64507252	553900	PIPE AND FITTINGS	\$30,252.24	\$30,000.00	\$30,000.00
64507252	554000	HYDRANTS/HYDRANT PARTS	\$7,620.53	\$30,000.00	\$30,000.00
64507252	554100	STOP BOXES	\$61.18	\$3,000.00	\$3,000.00
64507252	554400	ELECTRICAL SUPPLIES	\$305.43	\$500.00	\$500.00
64507252	558600	OTHER SUPPLIES	\$5,304.27	\$5,500.00	\$5,500.00
64507252	574400	MOTOR VEHICLE INSURANCE	\$24,971.00	\$23,000.00	\$27,000.00
64507252	578100	CLAIMS & DAMAGES	\$0.00	\$0.00	\$1,000.00
<b>TOTAL WATER MAINT &amp; DISTRIB EXPENSES</b>			<b>\$418,602.55</b>	<b>\$472,810.00</b>	<b>\$472,400.00</b>

64507261 WATER TREATMENT PLANT SALARIES			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507261	511000	SALARIES & WAGES - PERMANENT	\$719,518.72	\$751,923.00	\$750,374.00
64507261	511115	LONGEVITY	\$8,227.93	\$8,600.00	\$8,600.00
64507261	513000	OVERTIME	\$92,093.31	\$94,797.00	\$95,000.00
64507261	514300	SHIFT PREMIUM	\$8,772.00	\$9,000.00	\$8,770.00
64507261	516900	RETIREMENT BUYOUTS	\$22,620.51	\$20,000.00	\$0.00
64507261	517100	WORKMEN COMPENSATION	\$8,102.98	\$0.00	\$0.00
64507261	517900	MEDICARE MATCH	\$10,614.38	\$9,757.00	\$11,700.00
64507261	519300	UNIFORM ALLOWANCE	\$10,200.00	\$10,200.00	\$10,200.00
64507261	519400	OTHER STIPENDS	\$7,550.00	\$8,100.00	\$18,000.00
64507261	519700	AUTOMOBILE ALLOWANCE	\$3,250.00	\$3,120.00	\$4,680.00
64507261	519900	OTHER PERSONNEL COSTS	\$0.00	\$0.00	\$0.00
<b>TOTAL WATER TREATMENT PLANT SALARIES</b>			<b>\$890,949.83</b>	<b>\$915,497.00</b>	<b>\$907,324.00</b>

64507262 WATER TREATMENT PLANT EXPENSES			FY14 Actual	FY15 Budget	FY16 Proposed Budget
64507262	521100	ELECTRICITY	\$253,197.04	\$545,000.00	\$125,000.00
64507262	521101	ELECTRICITY NMC UXBRIDGE	\$106,608.08		\$420,000.00
64507262	521500	HEATING FUEL	\$62,986.44	\$55,000.00	\$55,000.00
64507262	524100	BUILDING & GROUNDS MAINT	\$14,125.87	\$15,000.00	\$15,000.00
64507262	524200	RESERVATION HQ O&M	\$10,456.11	\$20,000.00	\$20,000.00
64507262	524400	WATER PUMPING STATION MNT	\$19,016.54	\$10,000.00	\$10,000.00
64507262	524800	R & M CONSTRUCTION EQUIPMENT	\$3.25	\$500.00	\$500.00
64507262	525000	OFF EQUIP/FURN MAINTENANCE	\$240.39	\$500.00	\$500.00
64507262	525100	COMPUTER EQUIPMENT MAINTENANCE	\$7,165.00	\$15,000.00	\$15,000.00
64507262	527400	CONSTRUCTION EQUIPMENT RENTAL	\$388.76	\$500.00	\$500.00
64507262	529400	OTHER PROPERTY RELATED SERVICE	\$716.12	\$1,000.00	\$1,000.00
64507262	531200	OTHER PROFESSIONAL SERVICES	\$22,892.59	\$50,000.00	\$40,000.00
64507262	531300	LAB TESTING SERVICES	\$27,138.50	\$37,000.00	\$30,000.00
64507262	538500	OTHER PURCHASED SERVICES	\$3,945.59	\$5,000.00	\$5,000.00
64507262	545100	CLEANING SUPPLIES	\$1,029.81	\$2,000.00	\$2,000.00
64507262	546100	TOOLS	\$341.16	\$2,500.00	\$2,500.00
64507262	551100	EDUCATIONAL SUPPLIES	\$6,402.60	\$5,000.00	\$5,000.00
64507262	553100	CONCRETE/CEMENT	\$0.00	\$500.00	\$500.00
64507262	553400	LUMBER	\$224.40	\$500.00	\$500.00
64507262	554200	CHEMICALS	\$462,056.28	\$541,200.00	\$540,000.00
64507262	558600	OTHER SUPPLIES	\$427.97	\$500.00	\$500.00
64507262	560000	INTERGOVERNMENTAL	\$68,326.50	\$71,000.00	\$73,000.00
<b>TOTAL WATER TREATMENT PLANT EXPENSES</b>			<b>\$1,067,689.00</b>	<b>\$1,377,700.00</b>	<b>\$1,361,500.00</b>

64509905 WATER DEBT SERVICE			<i>FY14 Actual</i>	<i>FY15 Budget</i>	<i>FY16 Proposed Budget</i>
64509905	591000	MAT PRIN ON LONG TERM DEBT	\$2,291,569.26	\$2,628,796.00	\$2,821,030.00
64509905	591500	INTEREST ON LONG TERM DEBT	\$890,641.91	\$1,007,283.00	\$984,888.00
64509905	592500	INTEREST ON NOTES	\$28,412.67	\$217,000.00	\$300,478.00
64509905	594000	DEBT ADMINISTRATIVE COSTS	\$69,451.57	\$55,048.00	\$45,579.00
<b>TOTAL WATER DEBT SERVICE</b>			<b>\$3,280,075.41</b>	<b>\$3,908,127.00</b>	<b>\$4,151,975.00</b>

	<i>FY14 Actual</i>	<i>FY15 Budget</i>	<i>FY16 Proposed Budget</i>
<b>GRAND TOTAL -EXPENSES</b>	<b>\$9,516,831.56</b>	<b>\$10,633,406.00</b>	<b>\$11,215,986.00</b>
<b>GRAND TOTAL -REVENUE</b>	<b>\$9,405,182.80</b>	<b>\$10,633,406.00</b>	<b>\$11,215,986.00</b>

CITY CLERK  
FALL RIVER, MA

2015 MAR 31 P 4: 59

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BE IT ORDAINED, by the City Council of the City of Fall River, as follows:

That Chapter 74 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to utilities, be amended as follows:

Section 1.

By striking out Sec. 74-353 in Appendix A-fee Schedule, which section relates to utilities, in its entirety, and inserting in place thereof, the following:

For water billed on or after July 1, 2015, per 100 cu. ft. \$ 2.68

Section 2.

By striking out Sec. 74-366 in Appendix A-Fee Schedule, which section relates to the Base Meter Fee, in its entirety, and inserting in place thereof, the following:

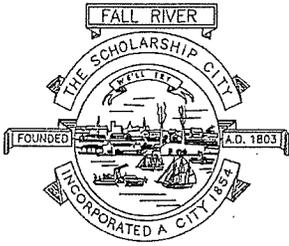
Section 74-366 Base Meter Fee

<u>Water Service Size</u>	<u>Fee Per Quarter</u>
5/8"	\$ 16.00
3/4"	\$ 16.00
1"	\$ 16.00
1-1/2"	\$ 30.00
2"	\$ 50.00
3"	\$120.00
4"	\$160.00
6"	\$240.00
8"	\$300.00
10"	\$360.00

CITY CLERK  
FALL RIVER, MA

2015 MAR 31 P 4: 59

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City of Fall River  
Massachusetts  
Office of the Mayor

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2015 APR -2 A 9: 28

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

C. SAMUEL SUTTER  
Mayor

March 31, 2015

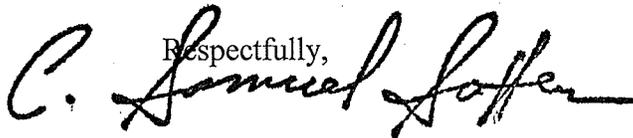
The Honorable City Council  
One Government Center  
Fall River, MA 02722

RE: Emergency Medical Services (EMS) Enterprise Fund  
FY 2016 Proposed Budget

Dear Mr. President and Honorable City Council:

Please find attached the above referenced FY 2016 budget in the amount of \$5,236,497. This submission is to comply with Ordinance Sections 2-183 regarding submittal requirements. Although health and pension costs are budgeted as transfer items to the General Fund in FY 2015, we are including these as direct (rather than indirect costs) for FY 2016. The EMS budget is fully self-supporting and will not rely on retained earnings in the new fiscal year.

My staff and Mr. Oliveira, the newly-appointed Director of Emergency Medical Services, are available as needed for any comments or questions that you may have.

Respectfully,  


C. Samuel Sutter  
Mayor

Attachment

PROPOSED FY 2016 EMERGENCY MEDICAL SERVICES BUDGET

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2015 APR - 2 A 9: 28

Line-item Category	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	Original FY 2015 Budget	Revised FY 2015 Budget	Proposed FY 2016 Budget
<b>Revenue</b>	<b>\$5,307,359</b>	<b>\$4,592,273</b>	<b>\$4,801,576</b>	<b>\$4,860,166</b>	<b>\$5,106,475</b>	<b>\$5,236,497</b>
Fees	\$5,229,359	\$4,581,407	\$4,758,497	\$4,800,000	\$4,800,000	\$5,236,497
Insurance Recovery	\$0	\$5,000	\$0	\$0	\$0	\$0
Transfer From EMS Stabilization Fund	\$78,000	\$0	\$39,929	\$60,166	\$0	\$0
Interest on Investments	\$0	\$5,866	\$3,150	\$0	\$0	\$0
OFS Prior Year Encumbrances				\$0	\$37,372	\$0
Retained Earnings Utilized				\$0	\$269,103	\$0

CITY CLERK  
FALL RIVER, MA

Line-item Category	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	Original FY 2015 Budget	Revised FY 2015 Budget	Proposed FY 2016 Budget
<b>Expenditures</b>	<b>\$4,244,685</b>	<b>\$4,998,255</b>	<b>\$4,691,884</b>	<b>\$4,860,166</b>	<b>\$5,106,160</b>	<b>\$5,236,497</b>
<b>Transfers</b>	<b>\$1,505,688</b>	<b>\$2,055,645</b>	<b>\$1,781,716</b>	<b>\$1,781,716</b>	<b>\$1,781,716</b>	<b>\$612,173</b>
Transfer to General Fund (Indirects)	\$180,030	\$729,987	\$594,343	\$594,343	\$594,343	\$612,173
Transfer to General Fund (EGIP)	\$487,281	\$487,281	\$384,164	\$384,164	\$384,164	\$0 Included as Direct Salary
Transfer to General Fund (Pensions)	\$838,377	\$838,377	\$803,209	\$803,209	\$803,209	\$0 Included as Direct Salary
<b>Salaries</b>	<b>\$2,148,742</b>	<b>\$2,405,910</b>	<b>\$2,492,425</b>	<b>\$2,527,204</b>	<b>\$2,632,204</b>	<b>\$3,941,871</b>
Salaries & Wages	\$1,541,391	\$1,780,166	\$1,807,951	\$1,935,602	\$1,801,357	\$1,942,280
Longevity	\$7,200	\$6,900	\$7,333	\$8,400	\$8,400	\$10,300
Professional Salaries	\$194,198	\$140,306	\$161,610	\$115,000	\$145,729	\$115,000
Salaries Overtime	\$163,807	\$142,800	\$149,331	\$126,250	\$285,153	\$126,250
Overtime Weather/Snow	\$0	\$0	\$0	\$0	\$14,319	\$0
Educational	\$11,550	\$11,900	\$11,900	\$12,250	\$12,250	\$12,250
Shift Premium	\$34,789	\$34,438	\$34,471	\$33,980	\$33,980	\$33,980
Holiday	\$103,500	\$139,984	\$144,625	\$167,517	\$167,517	\$167,325
Service Out of Rank	\$625	\$453	\$2,268	\$2,020	\$4,520	\$2,020
Retirement Buyouts	\$0	\$22,973	\$44,960	\$0	\$32,349	\$0
Workers Comp	\$19,338	\$46,105	\$60,162	\$60,000	\$60,000	\$60,000
Unemployment Compensation	\$0	\$11,436	\$800	\$0	\$445	\$0
Medicare Match	\$27,863	\$30,376	\$31,525	\$28,785	\$28,785	\$28,785
Other Personnel Serv	\$4,070	\$5,655	\$4,970	\$5,280	\$5,280	\$5,280
Uniform Allowance	\$23,200	\$27,200	\$26,400	\$28,000	\$28,000	\$28,000
Profession Develop	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Acting Director Stipend	\$13,090	\$836	\$0	\$0	\$0	\$0
Auto Allowance	\$3,120	\$3,380	\$3,120	\$3,120	\$3,120	\$3,120
Health Benefits						\$521,535
Pensions						\$884,746

PROPOSED FY 2016 EMERGENCY MEDICAL SERVICES BUDGET

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Line-item Category	FY 2012	FY 2013	FY 2014	Original	Revised	Proposed
	Actual	Actual	Actual	FY 2015 Budget	FY 2015 Budget	FY 2016 Budget
<u>Expenses</u>	<u>\$590,256</u>	<u>\$500,219</u>	<u>\$417,743</u>	<u>\$513,999</u>	<u>\$516,056</u>	<u>\$561,701</u>
Electricity	\$5,188	\$4,791	\$2,563	\$5,000	\$5,000	\$5,000
Natural Gas for Heat	\$6,677	\$7,202	\$5,022	\$6,000	\$6,000	\$6,000
Repairs/Main		\$630	\$230	\$1,000	\$1,000	\$1,000
Other Repairs/Main			\$850	\$1,000	\$1,000	\$1,000
Rentals and Leases	\$230,944	\$122,150	\$10,972	\$81,000	\$81,000	\$128,702
Medical and Dental		\$889	\$3,021	\$7,500	\$7,500	\$7,500
Data Processing	\$18,118	\$11,728	\$8,764	\$8,800	\$8,800	\$8,800
Telephone/Comm	\$1,251	\$2,089	\$2,918	\$3,000	\$3,000	\$3,000
Postage/Comm	\$2,259	\$1,930	\$1,502	\$2,000	\$2,000	\$2,000
Training Costs	\$31,711	\$22,248	\$22,299	\$23,000	\$23,000	\$23,000
Gasoline/Energy Supply	\$64,396	\$65,875	\$64,682	\$60,000	\$60,000	\$60,000
Office Supplies	\$1,955	\$1,855	\$1,489	\$2,500	\$2,500	\$2,500
Other Office Supplies	\$122	\$0	\$197	\$200	\$200	\$200
Printing Supplies			\$266	\$500	\$500	\$500
Other R & M Supplies		\$664	\$692	\$700	\$700	\$700
Cleaning Supplies	\$17	\$1,548		\$1,500	\$1,500	\$1,500
Motor Oil and Lubricants	\$11,182	\$4,902	\$4,514	\$5,019	\$5,019	\$5,019
Parts and Accessories	\$37,477	\$46,627	\$57,351	\$35,000	\$35,433	\$35,000
Medical Supplies	\$124,427	\$120,316	\$127,375	\$130,000	\$131,624	\$130,000
Educational Supplies			\$630	\$1,000	\$1,000	\$1,000
Books	\$544	\$234		\$500	\$500	\$500
Data Processing Supplies			\$900	\$1,000	\$1,000	\$1,000
Other Supplies	\$4,317	\$3,618	\$8,890	\$5,880	\$5,880	\$5,880
Other Intergovernmental	\$14,095	\$12,875	\$11,767	\$12,000	\$12,000	\$12,000
Water/Sewer	\$2,729	\$2,723	\$2,563	\$3,000	\$3,000	\$3,000
In-State Travel/Mileage	\$12	\$0	\$0	\$300	\$300	\$300
Subscriptions	\$105	\$411	\$0	\$100	\$100	\$100
Motor Vehicle Insurance	\$35,034	\$64,717	\$77,685	\$113,000	\$113,000	\$113,000
Claims & Damages	(\$2,306)	\$0	\$0	\$2,500	\$2,500	\$2,500
Staff Development	\$0	\$0	\$600	\$1,000	\$1,000	\$1,000
Other Equipment	\$0	\$197	\$0	\$0	\$0	\$0
<u>Capital</u>	<u>\$0</u>	<u>\$36,481</u>	<u>\$0</u>	<u>\$37,247</u>	<u>\$176,184</u>	<u>\$120,752</u>

CITY CLERK  
R. MA

2015 APR 2 A 9:28

CITY OF FALL RIVER

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FISCAL YEAR 2016 BUDGET  
SALARY SUMMARY WORKSHEET

2015 APR -2 A 9: 28

EMS

Chief Robert J Viveiros

Department

Department Head

CLERK  
FALL RIVER, MA

Org # 623100001

Object #	Description	FY 16 Budget Request
511000	Salaries & Wages	\$1,942,280.00
511115	Longevity	\$10,300.00
511200	Professional Salaries	\$115,000.00
513000	Salaries Overtime	\$126,250.00
514200	Educational	\$12,250.00
514300	Shift Premium	\$33,980.00
514500	Holiday	\$167,325.00
514600	Service Out of Rank	\$2,020.00
516900	Retirement Buyouts	\$0.00
517100	Workers Comp	\$60,000.00
517900	Medicare Match	\$28,785.00
519000	Other Personnel Serv	\$5,280.00
519300	Uniform Allowance	\$28,000.00
519600	Profession Develop	\$1,000.00
519700	Auto Allowance	\$3,120.00
596800	Health Benefits	\$521,535.00
596900	Pensions	\$884,746.00

\$3,941,871.00

NOTES:

- 511000 Refer to Salary & Wages Sheet
- 511115 Refer to Salary & Wages Sheet
- 511200 For the costs associated with hiring per diems
- 513000 For the costs associated with shift strength
- 514200 refer to salary and wages sheet
- 514300 refer to salary and wages sheet
- 514500 refer to salary and wages sheet
- 514600 for the costs associated with assuming the duties of higher rank
- 516900 for the costs associated with severance payments
- 517100 for the costs associated with personnel injured in the performances of their duties
- 517900 medicare match
- 519000 for the costs associated with carrying a cell phone and on call
- 519300 refer to salary and wages sheet
- 519600 for the associated with the Safety Officer stipend
- 519700 for the costs associated with the use of personal vehicles for fire business
- 596800 Health Insurance (Employer Costs)
- 596900 Pensions

EMS Enterprise Fund  
Employee Group Insurance Detail

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Annual No. of Total  
Prem./Rate Enrollees per Plan  
2015 APR -2 A 9:28

Health Insurance

Employee

Blue Care Elect Deductible	Individual	\$9,691.02	0	\$0.00
	Family	\$23,264.01	0	\$0.00
Network Blue NE Options	Individual	\$6,111.09	12	\$73,333.08
	Family	\$16,377.75	17	\$278,421.75

Retiree

Medex II w/PDP		\$2,831.94	9	\$25,487.46
Blue Care Elect Deductible	Individual	\$9,691.02	1	\$9,691.02
	Family	\$23,264.01	3	\$69,792.03
Network Blue NE Options	Individual	\$6,111.09	1	\$6,111.09
	Family	\$16,377.75	2	\$32,755.50

Dental Insurance

Employee

Base Option 1	Individual	\$114.90	3	\$344.70
	Family	\$287.88	4	\$1,151.52
Buy-up Option 2	Individual	\$114.90	6	\$689.40
	Family	\$287.88	9	\$2,590.92
Buy-up Option 3	Individual	\$114.90	4	\$459.60
	Family	\$287.88	5	\$1,439.40

Retiree

Base Option 1	Individual	\$114.90	2	\$229.80
	Family	\$287.88	2	\$575.76
Buy-up Option 2	Individual	\$114.90	2	\$229.80
	Family	\$287.88	2	\$575.76
Buy-up Option 3	Individual	\$114.90	3	\$344.70
	Family	\$287.88	1	\$287.88

Basic Life Insurance

Employee

\$5,000 Policy		\$71.16	35	\$2,490.60
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Retiree

\$5,000 Policy		\$71.16	10	\$711.60
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Total, Premium Costs: \$507,713.37

Other Non-Premium Costs:

GBS	\$706.00
Medicare Penalty & Supplementary	\$2,018.00
CanaRx Deferral (from FY 2015)	\$11,097.00

Total, EMS Enterprise Fund  
Employee Group Insurance Budget \$521,534.37

CITY CLERK  
FALL RIVER, MA

CITY OF FALL RIVER

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FISCAL YEAR 2016 BUDGET  
EXPENSE SUMMARY WORKSHEET

APR -2 A 9:28

EMS  
Department

Chief Robert Jr. Viveiros  
Department Head

Org # 62310002

Object #	Description	FY 16 Budget Request
521100	Electricity	\$5,000.00
521500	Natural Gas for Heat	\$6,000.00
525000	Repairs/Main	\$1,000.00
525800	Other Repairs/Main	\$1,000.00
527300	Rentals and Leases	\$128,702.00
530100	Medical and Dental	\$7,500.00
530800	Data Processing	\$8,800.00
534100	Telephone/Comm	\$3,000.00
534300	Postage/Comm	\$2,000.00
535000	Training Costs	\$23,000.00
541100	Gasoline/Energy Supply	\$60,000.00
542100	Office Supplies	\$2,500.00
542500	Other Office Supplies	\$200.00
542600	Printing Supplies	\$500.00
543900	Other R & M Supplies	\$700.00
545100	Cleaning Supplies	\$1,500.00
548100	Motor Oil and Lubricants	\$5,019.00
548500	Parts and Accessories	\$35,000.00
550100	Medical Supplies	\$130,000.00
551100	Educational Supplies	\$1,000.00
551200	Books	\$500.00
558300	Data Processing Supplies	\$1,000.00
558600	Other Supplies	\$5,880.00
569100	Other Intergovernmental	\$12,000.00
570100	Water/Sewer	\$3,000.00
571000	In-State Travel/Mileage	\$300.00
573200	Subscriptions	\$100.00
574400	Motor Vehicle Insurance	\$113,000.00
578100	Claims & Damages	\$2,500.00
578400	Staff Development	\$1,000.00

EMS, Expenses	\$561,701.00
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596100	TRANSFER TO GENERAL FUND Indirect Costs	\$612,173.00
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EXPENSES

NOTES:

RECEIVED

- 521100 Electricity for the department buildings and to power various electrical equipment in those buildings 2015 APR -2 A 9: 28
- 521500 Natural gas for heating department buildings
- 525000 Repair and maintenance of office machinery CITY CLERK \_\_\_\_\_
- 525800 Repair and maintenance of mobile and portable communication FALL RIVER, MA \_\_\_\_\_
- 527300 Yearly installment payment for medical rescue lease purchases
- 530100 Pre-employment medical exams
- 530800 Collection agency fees for delinquent medical rescue bills, fees for computer billing software, Rescue-Nehen insurance verification
- 534100 Cell Phones, Comcast-cable, DEG-phone system, license fee for radio communications
- 534300 Postage, rental of postage machine
- 535000 Medical Director Compensation, instructor compensations
- 541100 Gasoline and diesel fuel used in the department's fleet or apparatus and vehicles
- 542100 Routine Office supplies
- 542500 Ems-billing forms and specialty forms
- 542600 Various printing supplies
- 543900 For the purchase of hat and coat badges, uniform accessories
- 545100 Cleaning supplies for buildings
- 548100 For the purchase of various types of lubricating oils, grease, coolants and tires for the department vehicles
- 548500 For the purchase of vehicle parts and accessories for the department's heavy duty and general purpose vehicles
- 550100 For the purchase of EMS medical supplies used for the care of patients, purchase of drugs, oxygen and related equipment to provide care
- 551100 For the purchase of texts, protocol book and specialty book and various training supplies for the delivery of mandated EMS requirements
- 551200 For the purchase of EMS periodicals and coding books to keep pace with the innovations in the delivery of EMS services to the public
- 558300 For the purchase of ribbons, cartridges, toners, computer supplies
- 558600 For the repair of stretchers and various medical instruments
- 569100 For EMS certification fees, license fees, regional medical communication assessment and ambulance licenses fees
- 570100 For the costs associated with water and sewer fees
- 571000 For the reimbursement of expenses incurred while traveling to meetings, attendance at training seminars
- 573200 For the purchase of manuals, periodicals and journals
- 574400 Liability insurance for medical rescues and personnel
- 578100 For claims involving vehicular accidents which may occur with medical rescues
- 578400 For the responder training and certification which is mandated by law
- 586100 Batteries for Toughbooks laptop computers
- 596100 TRANSFER TO GENERAL FUND for Indirect Costs

CITY OF FALL RIVER

CAPITAL IMPROVEMENT PLAN - DEPARTMENT PROJECT SUMMARY PRIORITY LIST

DEPARTMENT:

Fire/EMS

DATE PREPARED:

1/20/15

DEPT HEAD APPROVAL:

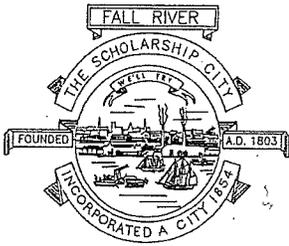
Fire Chief Robert J. Viveiros

PREPARED BY:

Department Priority	Project Title	Funding Source	Estimated Project Cost	\$ Approp. to Date	\$ Approp. FY 2016	\$ Approp. FY 17-20	\$ Approp. FY 21 and after	
FY 2016-1	Stryker Power Stretchers	Retained Earnings	\$82,015.76		\$82,015.76			
FY 2016-2	Panasonic Toughbook Comp.	Retained Earnings	\$3,586.50		\$3,586.50			
FY 2016-3	Zoll EKG monitor	Retained Earnings	\$35,149.21		\$35,149.21			
FY 2017-1								
FY 2017-2								
FY 2017-3								
FY 2018-1								
FY 2018-2								
FY 2018-3								
FY 2019-1								
FY 2019-2								
FY 2019-3								
FY 2020-1								
FY 2020-2								
FY 2020-3								
<b>TOTAL</b>							\$120,751.47	

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 2015 APR - 2 A 9:28  
 CITY CLERK  
 FALL RIVER, MA

2



City of Fall River  
Massachusetts  
Office of the Mayor

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2015 MAR 23 A 9:53

CITY CLERK  
FALL RIVER, MA

C. SAMUEL SUTTER  
Mayor

March 23, 2015

President Joseph Camara & City Councilors  
One Government Center  
Fall River, MA 02722

Dear President Camara & City Councilors:

I am pleased to forward to you the proposed resolution authorizing submission of the City of Fall River Five Year Consolidated Plan and Year One Annual Action Plan with the U.S. Department of Housing and Urban Development (HUD) for continued funding of the Community Development Block Grant CDBG), Emergency Solutions Grant (ESG) and Home Investment Partnerships (HOME) Programs. The Action Plan details activities to be undertaken during the July 1, 2015- June 30, 2016 program year.

The resolution and the Five Year Consolidated Plan and Year One Annual Action Plan are being submitted to you in order to provide review time prior to City Council consideration of the resolution at the April 7<sup>th</sup> Council meeting.

The proposed program of activities, which was advertised February 27<sup>th</sup> for public comment, was developed on the basis of testimony and proposals received at public hearings held January 7<sup>th</sup> and March 11<sup>th</sup>.

The timetable provides for submission of the Five Year Consolidated Plan and Year One Annual Action Plan no later than May 6, 2015.

Should you or any other Councilor have any questions or comments prior to April 7<sup>th</sup>, I urge that you immediately contact Michael P. Dion, Executive Director/CFO of the Community Development Agency. Mr. Dion will be present at the City Council meeting to respond to any questions.

Sincerely,

C. Samuel Sutter  
Mayor

Enclosure

*City of Fall River*, In City Council

Mayor C. Samuel Sutter

**RESOLUTION OF LOCAL GOVERNING BODY AUTHORIZING SUBMISSION OF THE CITY OF FALL RIVER FIVE YEAR CONSOLIDATED PLAN AND YEAR ONE ANNUAL ACTION PLAN WITH THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**WHEREAS**, the City of Fall River Five Year Consolidated Plan integrates and has simplified the planning, application and reporting requirements for the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG) and Home Investment Partnerships (HOME) Programs; and

**WHEREAS**, the overall goal of the Five Year Consolidated Plan programs and activities is the development of viable urban communities by providing decent housing and a suitable environment and expanding economic opportunities, principally for low and moderate-income persons; and

**WHEREAS**, it is anticipated that the U.S. Department of Housing and Urban Development (HUD) will notify the City of Fall River that entitlements will be \$2,600,477 under CDBG, \$233,759 under ESG and \$692,391 under HOME; and

**WHEREAS**, the Five Year Consolidated Plan and Year One Annual Action Plan provides the necessary assurances and /or certificates of compliance with applicable federal regulations and requirements of the CDBG, ESG and HOME Programs; and

**WHEREAS**, Mayor C. Samuel Sutter must be authorized to submit the Five Year Consolidated Plan and Year One Annual Action Plan to the Secretary of the U.S. Department of Housing and Urban Development and to accept and /or execute the Grant Agreements.

**NOW, THEREFORE, BE IT RESOLVED BY THE FALL RIVER CITY COUNCIL** that:

Mayor C. Samuel Sutter is authorized to submit the Five Year Consolidated Plan and Year One Annual Action Plan and applications for CDBG, ESG and HOME entitlement funds and to accept and /or execute the contract(s) with the United States of America and to do all things necessary to carry out the Programs, including the execution of contracts and the submission of such reports, certificates, and other materials as the U.S. Department of Housing and Urban Development shall require.



City of Fall River  
Massachusetts  
Office of the Mayor

2

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2015 MAR 19 A 10:19

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

C. SAMUEL SUTTER  
Mayor

March 18, 2015

President Joseph Camara & City Councilors  
One Government Center  
Fall River, MA 02722

Dear President Camara & City Councilors:

I am pleased to forward to you the City of Fall River Five Year Consolidated Plan and the Year One Annual Action Plan which I propose to file with the U.S. Department of Housing and Urban Development (HUD) for continued funding of the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG) and Home Investment Partnerships (Home) Programs. The Action Plan details activities to be undertaken during the July 1, 2015- June 30, 2016 program year.

Under a separate cover on March 23, 2015 I shall submit a proposed resolution for your consideration at your April 7<sup>th</sup> meeting. The resolution would authorize submission of the City of Fall River Five Year Consolidated Plan and Year One Annual Action Plan with the U.S. Department of Housing and Urban Development (HUD). The Five Year Consolidated Plan and the Year One Annual Action Plan is being submitted to you now in order to provide adequate review time prior to City Council consideration of the resolution at the April 7<sup>th</sup> meeting.

The proposed program of activities, which was advertised February 27<sup>th</sup> for public comment, was developed on the basis of testimony and proposals received at public hearings held January 7<sup>th</sup> and March 11<sup>th</sup>.

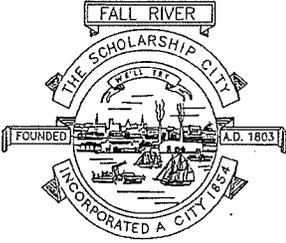
The timetable provides for submission of the Year One Annual Action Plan no later than May 6, 2015.

Should you or any other Councilor have questions or comments prior to April 7<sup>th</sup>, I urge you to immediately contact Michael P. Dion, Executive Director/ CFO of the Community Development Agency. Mr. Dion will also be present at the City Council meeting to respond to any questions.

Sincerely,

C. Samuel Sutter  
Mayor

Enclosure



City of Fall River  
Massachusetts  
Office of the Mayor

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2015 APR -1 P 4: 31

CITY CLERK  
FALL RIVER, MA

C. SAMUEL SUTTER  
*Mayor*

April 1, 2015

Honorable Members Fall River City Council  
One Government Center  
Fall River, Massachusetts 02722

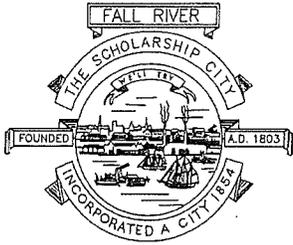
RE: Precise Packaging, LLC Gift

Mr. President and Members of the Honorable Council:

The Precise Packaging , LLC would like to donate the equipment listed in the Supplemental Environment Project (SEP) document. This project was undertaken in connection with the settlement of an enforcement action taken by the U.S. Environmental Protection Agency for violations of the Clean Air Act. The equipment will improve the Fall River Fire Department's ability to respond to chemical emergencies. This is an extremely generous donation that is much needed in the Fall River Fire Department.

Your acceptance of this gift is respectfully requested.

C. Samuel Sutter  
Mayor



**City of Fall River**  
**Massachusetts**  
**Fire Department Headquarters**  
**Office of the Fire Chief**

CITY OF FALL RIVER, MA  
FIRE DEPT.  
15 MAR 32 PM 3:08

**C. SAMUEL SUTTER**  
*Mayor*

**ROBERT J. VIVEIROS**  
*Fire Chief*

March 31, 2015

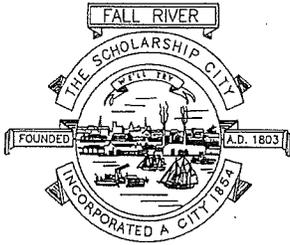
Mayor C. Samuel Sutter  
City of Fall River  
One Government Center  
Fall River, MA 02722

Dear Mayor Sutter:

Enclosed is the Precise Packaging, LLC Supplemental Environmental Project as a component of its settlement with EPA. This is regarded as a gift and must be approved by the City Council.

Sincerely,

  
Robert J. Viveiros  
Fire Chief



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**City of Fall River**  
**Massachusetts**  
Fire Department Headquarters  
Office of the Fire Chief

**C. SAMUEL SUTTER**  
*Mayor*

**ROBERT J. VIVEIROS**  
*Fire Chief*

March 31, 2015

Mayor C. Samuel Sutter  
City of Fall River  
One Government Center  
Fall River, MA 02722

Dear Mayor Sutter:

Enclosed is the Supplemental Environmental Project (SEP) document describing what Precise Packaging, LLC shall perform, as a component of its settlement, with the Environmental Protection Agency (EPA). This project was undertaken in connection with the settlement of an enforcement action taken by the U.S. Environmental Protection Agency for violations of the Clean Air Act.

Precise Packaging, LLC has chosen, as a component of its settlement, to purchase the equipment listed in the SEP document for the Fall River Fire Department to improve our ability to respond to chemical emergencies. Lieutenant Michael LePage of the Fall River Fire Department has worked closely with Precise Packaging, LLC and the EPA in developing a list of appropriate chemical emergency response equipment.

I would like to thank Precise Packaging, LLC for considering the needs of the Fall River Fire Department in these difficult economic times.

Sincerely,

  
Robert J. Viveiros  
Fire Chief

ATTACHMENT 2 – Supplemental Environmental Project  
Precise Packaging, LLC  
CAA-01-2015-0003

Precise Packaging, LLC shall perform this Supplemental Environmental Projects as a component of its settlement with EPA.

*BACKGROUND*

The City of Fall River is an industrial community on the banks of the Taunton River with a population of approximately 89,000. According to 2010 and 2013 census information,<sup>1</sup> the per capita income for the city is approximately \$21,000. About 23% of the population is below the poverty line, including 36% of those under age 18. The City has limited financial resources.

In addition to protecting a large population, Fall River’s emergency responders protect some sensitive natural resources. Those resources include two large lakes along with a large portion of protected woodlands on the eastern part of the city, with the Quequechan River draining out of the ponds and flowing 2.5 miles through the heart of the city, emptying out an estimated 26 million gallons a day into the deep Mount Hope Bay/ Taunton River estuary in the western part of the city.

Precise Packing LLC, located at 300 Riggenbach Rd. in Fall River, MA is in an industrial district along with the following four other RMP facilities: Blount Fine Foods, Inc, ISP Freetown Fine Chemicals, Inc. (in Freetown), Borden & Remington Corp, and the Fall River Water Filtration Plant. The district covering Precise Packaging also includes: Interstate 1-95, Route 24, Route 79, the Mass Coastal Railway, the Three Mile River, Quequechan River, Taunton River, North Watuppa Pond (drinking water), and Copicut Reservoir (reserve drinking water). Given the cluster of RMP facilities, transportation corridors, and sensitive waterways, this district has the most hazardous materials response challenges in Fall River. In sum, Fall River has limited financial resources and a high number of chemical facilities and sensitive areas, so improving the City’s ability to respond to chemical emergencies has a very strong nexus to this enforcement action.

*SCOPE OF WORK*

The SEP will provide Fall River’s emergency response personnel with appropriate emergency response equipment, as described below. Precise Packaging shall purchase and provide to the Fall River Fire Department the following specialized emergency response equipment within one year of the effective date of the CAFO. Precise Packaging shall also confirm that the equipment is operational and that personnel are trained to use the equipment.

<sup>1</sup> <http://quickfacts.census.gov/qfd/states/25/2523000.html>

*Precise Packaging Equipment Purchasing Summary Table*

<i>Category</i>	<i>Item #</i>	<i>Quantity and description of equipment</i>	<i>Cost</i>
<b>Decon equipment</b>	1	(2) Portable Decon Showers	\$5,660.00 Total (\$2,830.00 per unit plus shipping)
	2	1 Firefighter Turnout Gear Washing Machine	\$3,263.67
	3	1 Firefighter Turnout Gear Dryer	\$6,141.00
<b>Mobile command and associated emergency chemical response equipment</b>	4	(1) Notebook Computer (for emergency planning)	\$1,283.91 Total
	5	(2) Mobile Computers (for field command use)	\$21,106.76 Total (10,553.38 per unit)
	6	(4) computer tablets (for field command use)	\$12,717.52 Total (\$3,179.38 per unit)
	7	Command Vehicle – large SUV (Car 2) (including Emergency equipment and 2-way radios)	\$51,998.94
	8	“ER Equipment” to outfit Command Vehicle (Car 3)	\$8,118.94 Total
	<b>Chemical Emergency Response Gear</b>	9	(2) MultiRae Pro Meters
10		(2) ToxiRea Pro Meters - Ammonia	\$884.00 Total (\$442.00 per unit)
11		(2) ToxiRea Pro Meters-Chlorine	\$884.00 Total (\$442.00 per unit)
12		(1) 5-Year Meter Service & Training Contract	\$17,500.00 Total
13		(50) Tychem Suits XL	\$504.50 Total (\$10.09 per unit)
14		Firefighter Accountability System	\$2,067.00 Total
15		(1) I am Responding Software	\$3,300.00 Total
<b>Total Costs</b>			

### *Decontamination Equipment*

1. **2 Portable Decontamination Showers** – These single stall shows will be deployed in smaller hazardous materials incident situations. These allow the department to provide for decontamination of individuals and allow a faster set up than larger decontamination facilities which are not practical for a small response.

(2) *Portable Decon Showers: \$5,660.00 Total (\$2,830.00 per unit)*

• *Single-Stall PVC Shower System: \$4,960.00 (\$2,480.00 per unit)*

• *Shipping: \$700.00 (\$350.00 per unit)*

2. **Firefighter turnout gear washing machine and dryer** – The washing machine and dryer will be deployed at one of the six fire stations (in the district with the most RMP facilities) to provide response personnel with capability to safely clean emergency response turnout gear. During response activities, turnout gear become impacted with hazardous materials and, even in regular fire response, with incidental exposure to hazardous materials as well as to hazardous by-products of combustion. These machines allow for the removal of these materials while extending the lifespan of the turnout gear. FRFD currently does not have any capability to clean gear and oftentimes firefighters wash contaminated gear in their home washing machines.

*1 Firefighter Turnout Gear Washing Machines (for decon): \$3,263.67*

*Washer: \$2,522.00*

*Fixed Elevation Base \$325.00*

*Shipping: \$116.67 Setup: \$300.00*

3. **1 Firefighter Turnout Gear Dryer (for decon): \$6,141.00**

*Turnout Gear Dryer \$5,841.00*

*Shipping: \$300.00*

### *Mobile command and associated emergency chemical response equipment*

4. **1 Notebook Computer for emergency planning** – This notebook will replace the department's currently outdated notebook computer used by the departments emergency planner. The current notebook computer will not use the most current version of CAMEO and the department is unable to review electronic Tier II information through the current notebook computer.

*(1) Notebook Computer (for emergency planning): \$1,283.91 Total*

*Computer: \$1,222.97*

*Tax: \$60.94*

5. **2 Mobile Computers** – These two mobile computers would be used in both Car 2 and Car 3 Command Vehicles. The computers enhance hazardous materials response capabilities and increase firefighter safety in hazardous materials response situations by allowing field access to hazardous materials information stored in the department's mainframe computer.

This information includes a chemical database, building information, facility information and pictures, fire inspection reports and history of past incidents at facilities.

*(2) Mobile Computers (for field command use): \$21,106.76 Total (10,553.38 per unit)*

*Perform Mobile System*

*(1) Fire & EMS Message Server 1-5 Users: \$1,250.00*

*(3) Mobile / Fire Field Based Reporting Clients: \$3,750.00 (\$1,250.00 per unit)*

*(1) Mobile Fire/EMS Train-the-Trainer Up to 12: \$1,200.00*

*Third Party Products and/or Services*

*(3) Pervasive Workgroup Licenses: \$195.00 (\$65.00 per unit)*

*5-Year Annual Maintenance Fee(s)*

*(1) Fire & EMS Message Server 1-5 Users: \$1,125.00 (\$225.00 per year)*

*(1) Mobile / Fire Field Based Reporting Clients: \$3,375.00 (\$675.00 per year)*

*Training*

*• (1) 2-Day Training Course: \$2,400.00*

*Hardware*

*• (2) Troughbook Computers: \$7,274.26 (\$3,637.13 per unit)*

*• (2) 3-Year Protection Plans: \$500.00 (\$250.00 per unit)*

*• Shipping: \$37.50 (\$18.75 per unit)*

6. **Four tablet computers for field command use** – These tablets would be used for the three command vehicles plus a fourth for the department's lieutenant who coordinates the departments emergency and hazardous materials response planning and responds to all hazardous materials incidents if the Chief is unavailable. The tablets will allow field access to numerous databases and programs critical to hazardous materials response including WISER (for the modeling of plumes from releases), CAMEO (a chemical database) and Google Maps (providing enhanced "birds eye" views of RMP facilities and areas surrounding hazardous materials incidents to allow for a more targeted incident response).

*(4) tablet computers (for field command use): \$12,717.52 Total (\$3,179.38 per unit)*

*Tablet computer 64gb: \$2,519.96 (\$629.99 per unit)*

*Life Proof Case: \$599.96 (\$149.99 per unit)*

*5-year Mobile Broadband 4G – 5 GB Allowance*

*(Soft Cap): \$9,597.60 (\$2,399.40 per unit)*

7. **Command Vehicle Car 2 for District 1** – The 2015 full size sport utility vehicle will serve as a command vehicle for the district encompassing the Precise Packaging facility, although it could also be used to respond in other areas. The vehicle will be a fully equipped emergency response vehicle to respond to hazardous materials incidents. The vehicle will replace an approximately 10 year old vehicle and will enhance the department's ability to respond to hazardous materials incidents, serving as a command center and equipped with hazardous response equipment including much of the equipment described here. The Fall River Fire Department command vehicles respond to all structure fires and hazardous material incidents throughout the City of Fall River. The current command vehicles are too small and are not adequately equipped to be used as a Mobile Incident Command Post at the scene of these emergencies. Also the age and mileage of

these vehicles are nearing the end of their useful life as reliable emergency response vehicles and break downs are occurring more frequently.

**Command Vehicle): \$51,998.94 Total**

- 2015 large SUV: \$36,127.00

**Additional Equipment**

- Front Center Console: \$400.00
- Emergency Equipment (Lights and Siren): \$6,175.00
- Command Cabinet: \$3,500.00
- Equipment Storage Cabinet: \$3,500.00
- Lettering and Striping: \$900.00
- Mobile 2-Way Radio (for center console): \$559.47
- Mobile 2-Way Radio (for command cabinet): \$559.47
- (2) Maglite with Chargers: \$278.00 (\$139.00 per unit)

8. **Hazardous Materials Response Equipment for Command Vehicle Car 3 (for District 2)** – Equipment would be purchased for a second command vehicle, equipping this vehicle for enhanced response to hazardous materials incidents. This equipment would include a command cabinet, an equipment storage cabinet and emergency mobile 2-way radio communication. This purchase would be contingent upon the department purchasing a new vehicle within one year. The district covered by this car includes Interstate 1-95, Taunton River, South Watuppa Pond, Cook Pond, and Sawdy Pond. Further, the potential impacts of a hazardous materials incident at Borden & Remington Corp. or the Water Treatment RMP facilities could extend into the district covered by Car 3. In addition, this vehicle would serve as a backup for Car 2.

*(1) Command Vehicle (Car 3) "Equipment Only": \$8,118.94 Total*

**Additional Equipment**

*Command Cabinet: \$3,500.00 Equipment Storage Cabinet: \$3,500.00*

**Manufacture Dealer**

- Mobile 2-Way Radio (for center console): \$559.47
- Mobile 2-Way Radio (for command cabinet): \$559.47

Given that Respondent's ability to purchase this equipment is entirely dependent on the City's ability to buy a new command vehicle for District 2, Respondent may "satisfactorily complete" its SEP obligations without expending the \$8,119 for this vehicle's emergency response equipment. If it is not possible to purchase this equipment, Respondent shall pay the amount attributable to this SEP item (\$8,119) to the U.S. Treasury as a stipulated penalty. See CAFO, paragraph 111.a.ii.

**Chemical Emergency Response Gear**

9. **2 MultiRae Pro Meters** – These meters would be in Car 2 and Car 3 command vehicles. These meters allow for field readings of air issues in the event of hazardous materials incidents, including O2/LEL/CO/H2S/Gamma/PID. This greatly enhances the department's hazardous materials response capabilities and allows the department to

further enhance the safety of department personnel and the public during an incident response by providing real time data on releases of hazardous materials.

(2) *MultiRae Pro Meters: \$12,200.00 Total (\$6,100.00 per unit)*  
*MultiRae Pro – 02/LEL/CO/H2S/Gamma/PID Meter*

10. **2 ToxiRea Pro Meters/Ammonia** – These meters would be in Car 2 and Car 3 command vehicles. These meters allow for field readings ammonia concentrations. Ammonia is in use in significant quantities at Borden & Remington Corp., an RMP facility. This greatly enhances the department's hazardous materials response capabilities and allows the department to further enhance the safety of department personnel and the public during an incident response by providing real time data on releases of hazardous materials.

*ToxiRea Pro Meters: \$884.00 Total (\$442.00 per unit)*  
*ToxiRea Pro Monitor (PGM-1860) – Ammonia Meter*

11. **2 ToxiRea Pro Meters/Chlorine** – These meters would be in

12. Car 2 and Car 3 command vehicles. These meters allow for field readings chlorine concentrations. Chlorine is in use in significant quantities at Borden & Remington Corp. and Fall River Water Filtration Plant, both RMP facilities. This greatly enhances the department's hazardous materials response capabilities and allows the department to further enhance the safety of department personnel and the public during an incident response by providing real time data on releases of hazardous materials.

(2) *ToxiRea Pro Meters: \$884.00 Total (\$442.00 per unit)*  
*ToxiRea Pro – Chlorine Meter*

13. **Service contract for items 9, 10 and 11**– The meters in items 9, 10 and 11 are being obtained from a local vendor. Accurate readings on these meters is essential to safe and effective hazardous materials response. A five year service contract is proposed by the vendor, including quarterly calibration, replacement of any broken parts and sensors as needed and on site training of department personnel on the use of the meters in hazardous materials situations.

(1) *5-Year Meter Service & Training Contract: \$17,500.00 Total*

14. **50 Tychem Suits** – These suits will be deployed with each first response vehicle. This allows those first responders who encounter hazardous materials to take protection against typical first response exposures to hazardous materials.

(50) *Tychem Suits XL: \$504.50 Total (\$10.09 per unit)*

15. **Firefighter accountability system** – The accountability system is a tagging system tied to status boards in the command vehicles allowing command personnel to track department personnel responding to hazardous material incidents, including a tracking of who is in what area of a response location.

(5) *Firefighter Accountability System: \$2,067.00 Total*  
*Custom Built Unit*

16. **"I am Responding" Software system** – This system will allow the department recall hazardous material emergency response personnel through an automated system that will

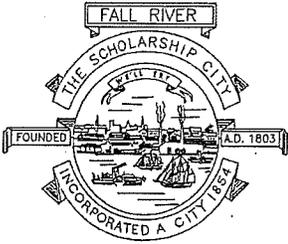
place the calls upon command from department leaders and track the responses of personnel. This will enhance the department's ability to respond to hazardous materials incidents quickly.

*(5) I am Responding Software (for recall of personnel): \$3,300.00 Total*

*5-Year Subscription: \$3,250.00 (\$650.00 per year)*

*Set-up Fee: \$50.00*

An added benefit of this Supplemental Environmental Project is that Respondent plans to purchase some of the above equipment from local vendors.



**City of Fall River  
Massachusetts  
Office of the Mayor**

RECEIVED

2015 APR -1 P 1:07

CITY CLERK  
FALL RIVER, MA

**C. SAMUEL SUTTER**  
*Mayor*

March 26, 2015

The Honorable City Council  
City of Fall River  
One Government Center  
Fall River, MA 02722

RE: Outdoor Advertising

Honorable Council Members:

Following is a Proposal the Administration has received to develop new revenue by selling advertising space on City owned real estate and municipal assets. I believe the Real Estate Committee may be well suited to assist the Administration in considering this proposal. Certainly we welcome your input and appreciate your assistance in determining the viability of this initiative.

The Administration would be pleased to attend Committee meetings or assist you in any way to facilitate this process. Thank you for your timely review of this opportunity.

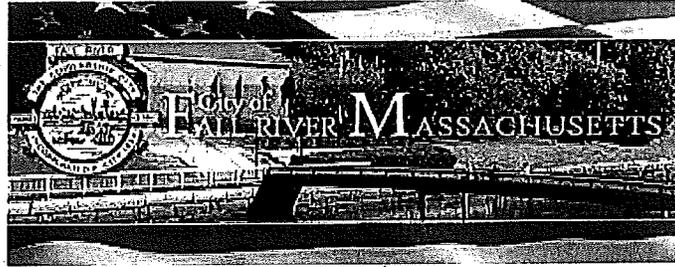
Best,

C. Samuel Sutter  
Mayor

RECEIVED

2015 APR -1 P 1:07

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA



**CITY OF FALL RIVER, MA**  
("City")

**OUTDOOR ADVERTISING DISPLAYS PROJECT**  
("OADP")

**SUBMITTED BY:**  
**TR ADVISORS, LLC ("TRA")**

**Proposed Scope of Work**

- Evaluate the identified City owned and/or leased sites for the potential outdoor advertising billboard sign opportunities, including digital, static and wallscape displays.
- Provide a complete analysis of all applicable regulatory requirements including Federal, State, City and other government authorities or jurisdictions.
- Assist the City with the all applicable permit entitlements.
- Develop a comparable matrix of other similar public/governmental entity outdoor advertising projects in the State of Massachusetts.
- Provide revenue projections for each of the identified sites to be included in the OADP.
- Upon finalization of the selected sites for the OADP subject to City approval, TRA with the City's assistance will draft and issue of a Invitation to Bid (ITB) for the selection process to select one or more outdoor advertising companies to develop, build, and sell advertising on the sign structures for the OADP sites.
- Assist the City in the negotiation of appropriate terms and conditions for the license agreement between the City and the selected outdoor advertising company(ies)
- Oversee the construction process of the ASP in coordination with the City's Public Works and Building Division
- Advise the City of the terms of the bus shelter agreement between Southeastern Regional Transit Authority (SRTA) and Promotional Advertising Associates.
- Assist the City with the development of additional bus shelters with advertising to increase ad revenues for the City.

## Proposed Terms:

- Three (3) Year Initial term
- Option to extend for two (2) years, as needed and mutually agreed upon by the City and TRA

## Proposed Fees:

- Flat Fee for the Scope of Work services will be \$25,000
- 20% contingency success fee\* for administering and negotiating one or more new billboard agreements on behalf of the City and the additional development of bus shelters with advertising.
- Contingency success fees will be based upon 20% of all net revenues paid to the City by the outdoor advertising company for rent, one-time payments, license fees, or mitigation fees. "Mitigation fees" are defined as any fee that the outdoor advertising company would pay to the City for the rights to construct a new sign display as part of the OADP development.
- The flat fee for the Scope of Work will be waived, if City approves one or more agreements with the outdoor advertising companies for the OADP development.

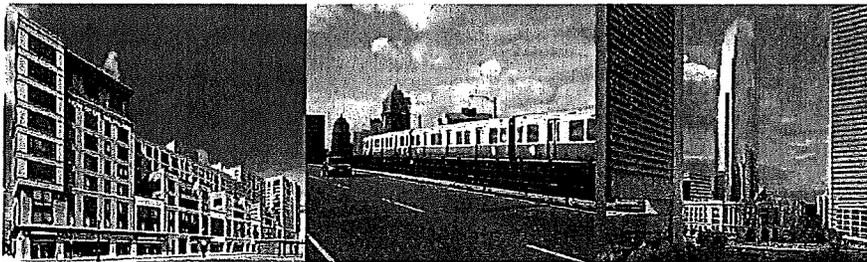
\*Please note, TRA would prefer to be contracted for our advertising consulting services on the contingency success fee basis. In the event, the City decides not to move forward with the OADP development after TRA has provided services for the scope of work, TRA would ask to be compensated per the flat fee.

The information provided in the unsolicited proposal is considered "**privileged and confidential**" and should not be distributed and shared with any person or party who is not an employee of the City.

## Our Mission

TRA is a boutique real estate asset management, brokerage, and consulting firm specializing in creating value from public and institutional real estate portfolios and transportation related real property. In a business where advice alone is often not enough, we identify and execute creative strategies designed to solve problems and generate new sources of revenue. TRA works both as a consultant on limited scope assignments and as an asset manager on a long term basis.

Where TRA differs – and adds value – is in the detailed implementation of ideas. By recommending comprehensive measures in a consulting assignment or managing the details of a particular initiative in an asset management role, TRA helps ensure the efficacy of our clients' real estate efforts. Our hands-on experience is a proven means for increasing our clients' potential to achieve and exceed their real estate goals.



## Our Clients

### Massachusetts Bay Transportation Authority, MA

- Full Outsourcing of Real Estate Functions

### Chicago Transit Authority, IL

- Outsourcing of Selected Real Estate Functions
- Station Typology Study for Transit Oriented Development (TOD)

### North Carolina DOT

- Asset Scan
- Evaluate P3 Potential
- Implement Telecommunications Leasing and Surplus Property Dispositions Programs

### MassDOT, MA

- Asset Management of Newly Acquired Rail Rights of Way
- Due Diligence for Closing of Acquisitions of Rail Rights of Way
- Advisory Services of Global Settlement Agreement with Railroad
- Telecommunications Leasing

- LandTracker GIS Real Property Database

### Greater Cleveland Regional Transit Authority, OH

- Development of TOD Guidelines and Best Practices Manuals and Education Program
- Dispositions Consulting (TOD)

### New York State Thruway and Canal Authorities, NY

- Dispositions Consulting
- Encroachment Analysis
- Utility Occupation Verification

### Town of Stratford, CT

- Transit Oriented Development (TOD)
- Feasibility Study

### Town of Norwalk, CT

- Transit Oriented Development (TOD) Master Plan Marketing and Financial Feasibility

### Town of Natick, MA

- Parking Garage Feasibility Studies

## Our Services

TRA's services are available individually or as part of a more comprehensive solution based upon your unique needs.

### Asset Management

- Asset Scans
- Full Service Asset Management
- Portfolio Enhancement and Analysis
- GIS Real Estate Data Management
- Property Accounting
- Lease and Tenant Administration
- Property Management
- Right of Way Management
- ROW abutter uses and encroachments

### Brokerage

- Property Dispositions
- Transit Oriented Development
- Site Acquisition
- Telecommunications/Utility Leasing/Licensing
- Outdoor Advertising and Sponsorships
- Industrial and Land Leasing
- Green Initiatives/Alternative Energy
- Transit Retail
- Deal Structure Analysis/Options
- Negotiations
- Public and Private Financing
- Value Enhancements/Leveraging

### Consulting

- Public Private Partnerships
- Eminent Domain - Acquisitions and Relocation
- Solicitation Management
- Development Advisory
- Appraisals and Valuations
- Market and Financial Feasibility
- Fiscal and Economic Impact Analyses
- GIS Analysis of Real Property Holdings
- Encroachment Analysis for Rights of Way
- Bike Paths/Rail Trails



TR Advisors, LLC  
77 Franklin Street | 9th Floor  
Boston, MA 02110 | 617.482.2525  
www.tradvisors.com

# Advertising

## Our Story

As a full service real estate asset management and consulting firm specializing in creating revenue opportunities for our clients, TRA has the specialized capabilities required for managing an advertising portfolio without the conflict many advertising and media consultants have. Our team of experienced professionals is prepared to help solve problems and create novel and inventive ways to maximize our clients' revenue from advertising sources using real estate, rolling stock, sponsorships and naming rights programs.



## Why TRA

TRA has handled a variety of "out of home" advertising projects including billboards, bus shelters/street furniture, "motion poster" tunnel advertising, website advertising, logo merchandising, naming rights/sponsorships, and traditional transit advertising. TRA has the know-how to get the job done right, and our results demonstrate the immediate financial benefits our clients have received from our management and development of advertising programs and creative solicitations. Let TRA help you select the best media and advertising firms to create the highest revenue opportunities.



## Results with TRA - MBTA Case Study

TRA has more than tripled revenues from the Massachusetts Bay Transit Authority's (MBTA) billboard assets and obtained clear title to the structures on behalf of the MBTA. TRA, in cooperation with Clear Channel Outdoor, Inc., generated an additional \$800,000 per year, and has plans to expand that revenue to nearly \$1.5 million by upgrading select billboards to digital. Our sponsorship wall-scape program on MBTA-owned structures yields more than \$1.2 million annually. TRA assisted the MBTA in preparing complex solicitation documents that resulted in approximately \$15 million in revenues from its transit advertising program. Our bus shelter program produced over 200 new shelters at no cost to the client, plus over \$300,000 in new annual revenues.

## Advertising Services

- Billboards
- Sponsorship "Wallscape"
- Bus Shelters
- Transit Advertising
- Building Sponsorship
- Naming Rights
- Website Advertising and Merchandising Programs

## Current Clients

- County of Alameda
- City of Anaheim
- MBTA

## Billboard Development, Consolidation, and Relocation Programs for Municipalities

Many of today's existing billboards were constructed between 1940 and 1970 along the major arterials before the completion of the Interstate Highway System. The affected neighborhoods have significantly changed since the completion of the interstate highway system and subsequent development of regional auxiliary highway connectors. Call us about a win-win-win program that can help reduce neighborhood visual blight, produce revenues, and satisfy the billboard industry.

For More Information Contact:  
 Steve Shinn | Managing Director  
 503 Redwood Avenue,  
 Corte Madera, CA 94925  
 415-309-0503 | sshinn@tradvisors.com

TR Advisors, LLC  
 77 Franklin Street | 9th Floor  
 Boston, MA 02110 | 617.482.2525

City of Fall River, *In City Council*

(Committee on Ordinances and Legislation)

WHEREAS, there has been discussion relative to the fees charged by the Traffic and Parking Division, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation meet to review all fees charged by this division and determine whether any fees need to be established in ordinance.

City of Fall River, *In City Council*

(Councilor Linda Pereira)

(Councilor Daniel Rego)

WHEREAS, in an effort to save money, fire engines have recently been taken out of service, and

WHEREAS, some of the trucks currently being utilized are mechanically deficient, and

WHEREAS, the recent fire on Irving Street brought to light the equipment needs of the Fall River Fire Department, now therefore

BE IT RESOLVED, that the Administration immediately consider purchasing equipment for that department.

City of Fall River, *In City Council*

(Councilor Linda M. Pereira)

WHEREAS, many municipal fees were amended in 2008, and

WHEREAS, a number of fees were inadvertently eliminated at that time, now therefore

BE IT RESOLVED, that the Administration review the Fee Schedule with departments to ensure that all fees are properly established through ordinance, and

BE IT FURTHER RESOLVED, that the Administration report its findings to the City Council.

City of Fall River, *In City Council*

(Councilor Daniel M. Rego)

WHEREAS, additional information was made available regarding the bids received by the Purchasing Agent for the renovations to the Treasurer's and Collector's Offices after the City Council voted to appropriate funding for such renovations, now therefore

BE IT RESOLVED, that the Purchasing Agent be invited to a future meeting of the Committee on Finance to review the bids that were received for these renovations, and

BE IT FURTHER RESOLVED, that a discussion take place with the Purchasing Agent regarding his ability to notify the City Council of future low bids, including any emergency bids received for any procurement.

City of Fall River, *In City Council*

(Councilor Raymond A. Mitchell)  
(Councilor Linda M. Pereira)

WHEREAS, the amount of the lowest bid received for the renovations to the Treasurer's and Collector's offices was \$188,700 with an alternate bid of \$10,000 for additional work, if necessary, for a total of \$198,700, now therefore

BE IT RESOLVED, that the Mayor submit to the City Council an order transferring \$21,300 from the city hall renovations capital project account to the city building repairs inactive capital project account.



City of Fall River  
Notice of Claim

RECEIVED

2015 MAR 20 A 10:14

1. Claimant's name: Lori Thomas CITY CLERK #15-80  
FALL RIVER, MA
2. Claimant's complete address: 16 Roberge St Somerset, MA 02726
3. Telephone number: Home: 508 951-1686 Work: 508 676-0980
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Hit a big pothole on Roberson St
5. Date and time of accident: 3-6-15 4:45 AM Amount of damages claimed: \$ 102.00
6. Exact location of the incident: (include as much detail as possible):  
Roberson St in front of New England Pizza.
7. Circumstances of the incident: (attach additional pages if necessary):  
Driving up Roberson St and it was dark and hit a very large pothole and blew out passenger front tire and back tire.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-20-15

Claimant's signature: Lori Thomas

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/20/15</u>



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 20 P 1:55

CITY CLERK #15-81  
FALL RIVER, MA

1. Claimant's name: Nancy Cohen
2. Claimant's complete address: 166 Sunset Hill
3. Telephone number: Home: 774-955-3238 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Fall on sidewalk on 701 Charles St Due to ICE
5. Date and time of accident: 3/2/15 Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
701 Charles St Fall River MA 02724
7. Circumstances of the incident: (attach additional pages if necessary):  
on my way home was walking on sidewalk to avoid getting hit by car on St when I went to sidewalk I slip on ice spread my feet which is black & blue went to hosp I have pictures
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/20/15

Claimant's signature: Nancy Cohen

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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Council

21

RECEIVED

Jacqueline Kierstead, Claim Manager 3/16/2015 2:40

03/16/2015

CITY CLERK 15-82  
FALL RIVER, MA

OFFICE OF THE CITY CLERK  
ONE GOVERNMENT CENTER  
ROOM 227  
FALL RIVER, MA 02722

Claim Number: 033558913  
Policy Number: HC204800  
Company Name: Arbella Mutual Insurance Company  
Date of Loss: 03/06/2015  
Place of Accident: Tucker Street  
Time of Loss: 12:00:00 AM EST

Notice of claim under Mass. General Laws, Chapter 84 (pothole or defect in public ways).

Legal notice is given under M.G.L. Chapt. 84, as Chief Executive Officer for the City Clerks Office of Fall River, Mass. Demand is made for compensation and notice of claim is given by our insured (RICHARD MEDEIROS, 374 ALBERT STREET, FALL RIVER, MA 02721), and this company's right by assignment to reimbursement in subrogation of payment made to our insured.

Cause of Action: Pothole or defect in public way.

Please direct this letter to the party you will designate to handle this matter for you. Please have this party acknowledge our claim in writing and contact the undersigned to discuss settlement of this matter.

Very truly yours,

Kiera Attonito  
Claim Service Specialist  
Bridgewater Claim Office  
800-272-3552 ext. 7382  
Fax 617-773-4760

Enclosures: multiple attachments

orig + 1 LAW  
1- COUNCIL  
1- CLERK  
1- DPW  
1- CITY ADMIN  
MAR 20 2015



RECEIVED

2015 MAR 20 P 2:40

CITY CLERK 15-83 FALL RIVER, MA

City of Fall River Notice of Claim

- 1. Claimant's name: Holly K. Marchand
- 2. Claimant's complete address: 528 Hanover St. Fall River MA 02722
- 3. Telephone number: Home: 774-526-1204 Work: 774-526-1204
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pothole
- 5. Date and time of accident: 3/14/15 approx. 3pm Amount of damages claimed: \$ 104.99
- 6. Exact location of the incident: (include as much detail as possible):  
Valentine street, off of Highland Avenue
- 7. Circumstances of the incident: (attach additional pages if necessary):  
The street is almost completely torn up w/ broken road and potholes, making it nearly impossible. There was another vehicle coming so I had no option other than to drive into the worst of it - My hubcaps popped off and broke.
- 8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

see pg. 2

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/17/15 Claimant's signature: Holly Marchand

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

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For official use only:						Date: <b>MAR 20 2015</b>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<u>DPW</u>	



Council  
21

RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 20 P. 2: 43

CITY CLERK 15-84  
FALL RIVER, MA

1. Claimant's name: Kristin Souza
2. Claimant's complete address: 73 Kent St. Fall River, ma. 02724
3. Telephone number: Home: 774-286-0313 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pot hole in the street
5. Date and time of accident: 3/10/15 10:00am Amount of damages claimed: \$ 456.27
6. Exact location of the incident: (include as much detail as possible):  
Dawol St. Fall River, ma (right before the light near Dunkin Donuts)
7. Circumstances of the incident: (attach additional pages if necessary):  
I was driving on dawol st. and hit a big pot hole in the lane I was in and it broke my wheel barrin, tire ~~rod~~, and axle, also gave me a flat tire. I had to replace all of it from hitting the pot hole. My boyfriend was with me so he is a witness, Tony Gomes,
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.  
Date: 3/19/15 Claimant's signature: Kristin Souza

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:						Date: <u>MAR 20 2015</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> <u>DPW</u>	



Council  
21

RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 20 P 2:54

CITY CLERK 15-85  
FALL RIVER, MA

- Claimant's name: SANDRA GOSSON
- Claimant's complete address: 243 BAIRD ST FALL RIVER, MA 02721
- Telephone number: Home: 508-675-4994 Work: \_\_\_\_\_
- Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
TIRE AND FRONT END DAMAGE ON CAR
- Date and time of accident: 3-15-15 Amount of damages claimed: \$316.18
- Exact location of the incident: (include as much detail as possible):  
TUCKER ST. FALL RIVER, MA
- Circumstances of the incident: (attach additional pages if necessary):  
HIT A POT HOLE ON TUCKER STREET  
8:15 PM SUNDAY NIGHT BLEW OUT RIGHT  
FRONT TIRE
- Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/15/15

Claimant's signature: Sandra Gosson

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:

Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW

Date: MAR 20 2015

council  
21



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 20 P 3: 12

1. Claimant's name: Eric King CITY CLERK 15-86
2. Claimant's complete address: 264 Tecumseh St. #2 FALL RIVER, MA
3. Telephone number: Home: 508-558-5702 Work: N/A
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): Damage to vehicle from pot hole (broken stabilizer mount, drivers side front)
5. Date and time of accident: 2/18/15 Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible): (Right in front of) 199 Nashua St. Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary): I was driving down Nashua St. in Fall River and hit a giant pot hole/sink, hole that I could not possibly have avoided due to oncoming traffic and could not swerve to avoid it
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No which they damaged in

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2/20/15 Claimant's signature: Eric King

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Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 23 A 10:58

CITY CLERK 15-87  
FALL RIVER, MA

1. Claimant's name: Ashley Villeras
2. Claimant's complete address: 314 American Legion Hwy Westport MA 02790
3. Telephone number: Home: 508840 3525 Work: SAME
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
2 blown out tires from potholes on N Davel St in Fall River
5. Date and time of accident: 12:00pm 3/8/15 Amount of damages claimed: \$404.50
6. Exact location of the incident: (include as much detail as possible):  
North Davel St right in front of "Davel Station" Pub + bar right before plaza with Dunkin Donuts + Almas Diner. (697 Davel St)
7. Circumstances of the incident: (attach additional pages if necessary):  
I was driving down davel street + when my fire hit a crack/pothole in the road the length of my car and blew out both of my drivers side tires. Went by on 3/22/15 hole is still not patched!
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.  
Date: 3/16/15 Claimant's signature: Ashley Villeras

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:	
Copies forwarded to: <input type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/23/15</u>



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 23 A 11:33

CITY CLERK 15-88  
FALL RIVER, MA

- 1. Claimant's name: Rossana Casale
- 2. Claimant's complete address: 70 Savoie St Fall River 02723
- 3. Telephone number: Home: 508-878-5222 Work: 617-424-6676
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
damaged two right tires on large pothole
- 5. Date and time of accident: March 16 9:20PM Amount of damages claimed: \$ 531
- 6. Exact location of the incident: (include as much detail as possible):  
Turning on to oak grove Ave from New Boston Road, right hand side
- 7. Circumstances of the incident: (attach additional pages if necessary):  
Traveling on Oak grove toward locust st. Pothole was right before the cemetery. I only noticed it when I came up to it because it was nighttime and there was another car on the other side so I couldn't swerve same side as cemetery
- 8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No  
I had damage on the same street to my wheel bearing →

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: March 19, 2015 Claimant's signature: Rossana Casale

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/23/15</u>



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 23 A 11:33

CITY CLERK 15-88  
FALL RIVER, MA

1. Claimant's name: Rossana Casale
2. Claimant's complete address: 70 Savoie St Fall River 02723
3. Telephone number: Home: 508-878-5222 Work: 617-424-6676
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
damaged two right tires on large pothole
5. Date and time of accident: March 16 9:20PM Amount of damages claimed: \$ 531
6. Exact location of the incident: (include as much detail as possible):  
Turning on to oak grove Ave from New Boston Road, right hand side
7. Circumstances of the incident: (attach additional pages if necessary):  
Traveling on oak grove toward locust st. Pothole was right before the cemetery. I only noticed it when I came up to it because it was nighttime and there was another car on the other side so I couldn't swerve same side as cemetery
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

I had damage on the same street to my wheel bearing →

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: March 19, 2015

Claimant's signature: Rossana Casale

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

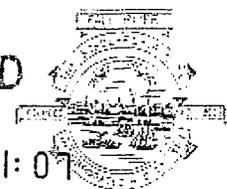
You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/23/15</u>

POT HOLE CLAIM

#15-89 21

RECEIVED



2015 MAR 23 P 1:07

CITY CLERK City of Fall River  
FALL RIVER, MA Notice of Claim

1. Claimant's name: Angela Angelina
2. Claimant's complete address: 95 Calaman Road Cranston RI 02910
3. Telephone number: Home: 401-230-6630 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Flat tire from pothole - punctured immediately
5. Date and time of accident: 2/26/15 AROUND 1pm Amount of damages claimed: \$ 219.20
6. Exact location of the incident: (include as much detail as possible):  
Traveling up Robertson St; Directly after stop light that intersects with Locust St.
7. Circumstances of the incident: (attach additional pages if necessary):  
See 6. & ATTACHED picture of pothole & bill from tire company  
Called Triple A for service
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/22/15 Claimant's signature: Angela Angelina

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/23/15</u>
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RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 23 P 1:24

#15-90

CITY CLERK  
FALL RIVER, MA

- 1. Claimant's name: Nancy Costa-DeAndrade
- 2. Claimant's complete address: 72 Vale St. Fall River, MA 02724
- 3. Telephone number: Home: 508 685-7743 Work: \_\_\_\_\_
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Hit a pot hole on Laurel St. Fall River had a tire blow out
- 5. Date and time of accident: 3-20-15 Amount of damages claimed: \$ 145.46
- 6. Exact location of the incident: (include as much detail as possible):  
Laurel St. Crigth side of Laurel before old Laurel School
- 7. Circumstances of the incident: (attach additional pages if necessary):  
The pot hole is between Laurel St & Tucker
- 8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-23-15

Claimant's signature: Nancy Costa DeAndrade

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: <u>3/23/15</u>
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#15-91 21

RECEIVE.

City of Fall River  
Notice of Claim

2015 MAR 23 P 3: 15

1. Claimant's name: Andrea P Flor
2. Claimant's complete address: 15 Douglas Street CITY CLERK FALL RIVER, MA
3. Telephone number: Home: 5086751587 Work: 7745262614
4. Nature of claim: (e.g., auto accident, slip and fall on a public way or property damage):  
property damage Caused By pot holes
5. Date and time of accident: 3/1/15 Amount of damages claimed: \$ 94.12
6. Exact location of the incident: (include as much detail as possible):  
Colobe St across from Amaraal Market
7. Circumstances of the incident: (attach additional pages if necessary):  
night time so many pot holes and so deep could not avoid them and I got stuck in the huge one across Amaraal Market then I also have pictures and damaged my <sup>Bump</sup> and <sup>rim</sup> and <sup>tire</sup>
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files). Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/19/15

Claimant's signature: Andrea P Flor

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW				Date: <u>3/23/15</u>
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City of Fall River  
Notice of Claim

RECEIVED

2015 MAR 23 A 11:18

CITY CLERK 15-92  
FALL RIVER, MA

1. Claimant's name: DAVE SOUZA
2. Claimant's complete address: 3071 CLUB HOUSE DR DIGHTON MA 02715
3. Telephone number: Home: 508 496 7267 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
PROPERTY DAMAGE FROM POT HOLE
5. Date and time of accident: 3.9.15 6:15 PM Amount of damages claimed: \$ 736.96
6. Exact location of the incident: (include as much detail as possible):  
QUEQUECHAN ST AT PLEASANT ST
7. Circumstances of the incident: (attach additional pages if necessary):  
TOOK RIGHT TURN OFF PLEASANT ST ONTO QUEQUECHAN. RAN INTO POT HOLE WITH NO WAY TO AVOID IT. A CAR WAS AT THE STOP SIGN AND I WAS FORCED IN THE HOLE.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3.17.15

Claimant's signature: \_\_\_\_\_

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:		
Copies forwarded to:	<input type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>MAR 23 2015</u>



Law Offices Of  
**DUSSAULT & GOMES, P.C.**

March 20, 2015

THOMAS R. DUSSAULT, ESQ  
JEFF B. GOMES, ESQ  
ARTHUR J. CABRAL, J.D.

270 UNION STREET  
NEW BEDFORD, MA 02740  
TEL: 508-993-4600  
FAX: 508-993-4650

City Clerk's Office  
City of Fall River  
One Government Center  
Fall River MA 02722

RE: Client: Destini Luiz ppa Jaclyn Maskell  
Address: 130 Canal Street, #602, Fall River, Massachusetts  
Date of Injury: March 4, 2015

**THIS NOTICE CONSTITUTES PRESENTMENT OF A CLAIM  
PURSUANT TO M.G.L. CHAPTER 258 SECTION 4 AND CHAPTER 84 SECTION 18**

Dear Sir or Madam:

Please be advised that this office represents Destini Luiz ppa Jacklyn Maskell, in regards to personal injuries she sustained as a result of the negligence of the City of Fall River. On March 4, 2015, at approximately 2:00pm, my client was crossing Fountain Street at the intersection of Ferry Street near the Doran School. On said date and time and at said place, Destini (a minor) stepped in an uncovered hole in the street that was covered with snow/ice. Upon sinking into the hole, her whole right leg went into the hole and she required assistance to get out of it.

As an approximate result of my client falling through the hole, she sustained personal injuries, including but not limited to, a sprained right ankle along with bruising to the right lower extremity. The hole was left uncovered by the City of Fall River and there was no warning of such hazardous condition. Furthermore, the hole is located in a street near an elementary school, where small children are known to be in the area. The City of Fall River was negligent in failing to place a cap over the hole and thus is liable for my client's injuries.

**Kindly consider this as notice of a liability claim and have the appropriate person contact me as soon as possible.**

MAR 24 2015

*1 orig law  
1 City Clerk  
1 DPW  
1 CITY ADMIN  
1 COUNCIL*

CITY CLERK  
FALL RIVER, MA

2015 MAR 23 A 11:20

15-93

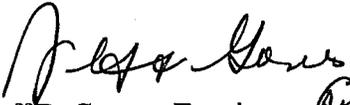
RECEIVED

Page 2  
Destini Luiz ppa Jaclyn Maskell

Thank you for your attention to this matter.

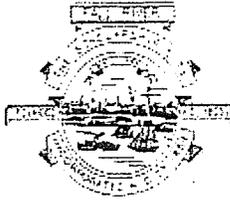
Sincerely,

DUSSAULT & GOMES, P.C.

  
Jeff B. Gomes, Esquire 

Encl: Photos

15-93



Council  
21

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**City of Fall River  
Notice of Claim**

2015 MAR 23 A 11:19

CITY CLERK 15-94  
FALL RIVER, MA

1. Claimant's name: Tat M Yuen
2. Claimant's complete address: 35 Staten Rd Braintree MA 02184
3. Telephone number: Home: 617-308-7951 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
AUTO ACCIDENT
5. Date and time of accident: Sept 22 2014 11:30 AM Amount of damages claimed: \$ \_\_\_\_\_ (rental car only)
6. Exact location of the incident: (include as much detail as possible):  
Intersection of North Main St & President's Ave.
7. Circumstances of the incident: (attach additional pages if necessary):  
SEE ATTACHED ACCIDENT REPORT FOR DETAILS. THIS CLAIM IS FOR RENTAL CAR EXPENSES INCURRED BY ME DUE TO THIS ACCIDENT CAUSED BY CITY SWEEPERS.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No  
(Only for repair work to vehicle) Arbella Ins. 1100 Crown Colony Dr Quincy CLAIM #33499177

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/12/15

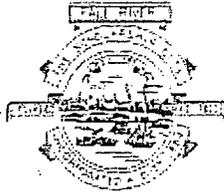
Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>MAR 24 2015</u>



City of Fall River  
Notice of Claim

RECEIVED

2015 MAR 23 A 11:18

CITY CLERK 15-95  
FALL RIVER, MA

1. Claimant's name: Bethany Souza
2. Claimant's complete address: 255 Mott Street, Fall River, MA 02721
3. Telephone number: Home: (401) 533-0989 Work: (508) 730-2600
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
auto accident
5. Date and time of accident: 03/11/15 8AM Amount of damages claimed: \$ 175.33
6. Exact location of the incident: (include as much detail as possible):  
131 Shove Street, Fall River, MA 02724
7. Circumstances of the incident: (attach additional pages if necessary):  
I was driving down shove street when my tire hit the pot hole. There was no way to avoid it ~~it~~ because there was a car parked on the side of it, ~~and~~ a car coming down the other side of the road, and a
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 03/12/15

Claimant's signature: Bethany Souza

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:

Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW

Date: MAR 24 2015

car behind me. Immediately after hitting it  
my low tire pressure light came on. I pulled over  
and saw my tire was flat. I then called AAA to  
come put the spare until I could get a new tire  
the next day.

21

RECEIVED

2015 MAR 23 A 11:19

CITY CLERK  
FALL RIVER, MA

15-95



council 21

City of Fall River  
Notice of Claim

RECEIVED  
2015 MAR 24 A. 9:12  
15-96  
CITY CLERK  
FALL RIVER, MA

1. Claimant's name: Matthew Bisio
2. Claimant's complete address: 755 Pine Street Fall River, MA 02720
3. Telephone number: Home: 774-294-3579 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property Damage to Automobile
5. Date and time of accident: 3/12/2015 6:45pm Amount of damages claimed: \$ 440.66
6. Exact location of the incident: (include as much detail as possible):  
495 Bedford St. @ 61 Twelfth St.
7. Circumstances of the incident: (attach additional pages if necessary):  
I was forced to speed up as another auto failed to yield at the yield sign they had. I turned onto Twelfth St from Bedford St. and hit two large potholes causing my car to bottom out damaging my ABS Module and ABS Relay for my Brake and STC system for my car. I have photos of everything if needed?
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 16 March 2015 Claimant's signature: Matthew Bisio

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input type="checkbox"/>	Date: <u>3/24/15</u>



21

RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 24 A 10:27

1. Claimant's name: Cristiano Gomes CITY CLERK 15-97
2. Claimant's complete address: 5 Kempton st FALL RIVER, MA Fall River MA 02724
3. Telephone number: Home: 508 851 0450 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pot hole damaged tire
5. Date and time of accident: 3/23/15 2 PM Amount of damages claimed: \$ 147.58
6. Exact location of the incident: (include as much detail as possible):  
Front Bay Coast Bank 335 Stafford Rd Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):  
was driving south bound on Stafford Rd when I drove over a massive deep pot hole and it blew my tire
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/24/15

Claimant's signature: Cristiano Gomes

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/24/15</u>



RECEIVED

**City of Fall River  
Notice of Claim**

2015 APR -1 A 9:12

1. Claimant's name: Cristiano Gomes CITY CLERK 15-97A\*
2. Claimant's complete address: 5 Kempton st Fall River MA 02724
3. Telephone number: Home: 508 851 0450 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pothole damaged Tire and tiered end and ball joint
5. Date and time of accident: 3/23/15 2PM Amount of damages claimed: \$ 167.79 \* Additional Damages
6. Exact location of the incident: (include as much detail as possible):  
Front of Bay Coast Bank 335 Stafford Rd.
7. Circumstances of the incident: (attach additional pages if necessary):  
was driving south bound on Stafford Rd when I drove over a pothole that destroyed my front driverside
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/31/15

Claimant's signature: Cristiano Gomes

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:

Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DCM Date: 4-1-15



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City of Fall River  
Notice of Claim

2015 MAR 24 A 11:19

CITY CLERK 15-98  
FALL RIVER, MA

- 1. Claimant's name: MARIA G DUBOIS
- 2. Claimant's complete address: 226 ALMOND ST FALL RIVER MASS 02721
- 3. Telephone number: Home: 774301 4106 Work: 508673 5893
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
HIT POT HOLE
- 5. Date and time of accident: 3-21-15 10:30 PM Amount of damages claimed: \$ 268.43
- 6. Exact location of the incident: (include as much detail as possible):  
LAUREL ST FALL RIVER BETWEEN STAR & DWELLY ST
- 7. Circumstances of the incident: (attach additional pages if necessary):  
I WAS DRIVING UP STAR ST COMING FROM LIBERAL CLUB TOOK A LEFT ONTO LAUREL STREET ON THE RIGHT SIDE OF ROAD WAS A MASSIVE POT HOLE THAT STREET IS VERY DARK BLEW OUT BOTH RIGHT SIDE TIRES.
- 8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

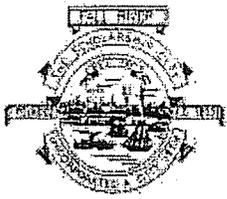
Date: 3/24/15 Claimant's signature: Maria Dubois

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:		
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>MAR 24 2015</u>



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 25 A 10:24

- 1. Claimant's name: Mary E. McKenna CITY CLERK 15-99
- 2. Claimant's complete address: 100 Istanton Ave, Portsmouth, RI 02871 FALL RIVER, MA
- 3. Telephone number: Home: 401 952-2266 Work: 401 845-3601
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
property damage to car from a pothole.
- 5. Date and time of accident: Tues, 3/10/15 Amount of damages claimed: \$ 313.94  
6:50 pm
- 6. Exact location of the incident: (include as much detail as possible):  
Wm. S. Canning blvd (Rte 81) northbound right hand lane, just before
- 7. Circumstances of the incident: (attach additional pages if necessary): McDonalds Restaurant.  
Travelling north on 81 just before turn into McDonald's  
driveway, my car hit a very large pothole that was  
full of water due to rain that night. This resulted in  
a damaged tire and a bent tire rim that needed to be  
replaced.
- 8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/10/2015 Claimant's signature: Mary E. McKenna

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/25/15</u>



RECEIVED

2015 MAR 25 P 2:31

City of Fall River  
Notice of Claim

CITY CLERK #15-100  
FALL RIVER, MA

- 1. Claimant's name: Kristal-Jean Watson
- 2. Claimant's complete address: 1171 Glebe St Taunton, MA 02780
- 3. Telephone number: Home: 774-277-7943 Work: \_\_\_\_\_
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pot Hole
- 5. Date and time of accident: 3/20/15 8:30AM Amount of damages claimed: \$ 181.73
- 6. Exact location of the incident: (include as much detail as possible):  
Davol St @ Bicentennial Park, Just after getting off Rte 29
- 7. Circumstances of the incident: (attach additional pages if necessary):  
While driving I Hit a massive Pot Hole popping my Passengers side Front tire
- 8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/22/15

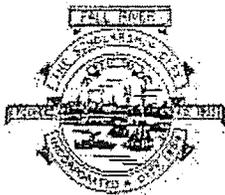
Claimant's signature: Kristal Watson

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/25/15</u>



RECEIVED

2015 MAR 25 P 2:30

City of Fall River  
Notice of Claim

CITY CLERK #15-101  
FALL RIVER, MA

1. Claimant's name: Kristin Correia
2. Claimant's complete address: 47 Central Ave Apt 1 Warren, RI 02885 \*\*
3. Telephone number: Home: (401) 580-2818 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Driving over a pot hole in the left lane on Davol St. causing tire to blow out and tires needed alignment in addition to new tire.
5. Date and time of accident: 03/16/14 @ 4:30pm Amount of damages claimed: \$ 274.41
6. Exact location of the incident: (include as much detail as possible):  
Left lane on Davol Street, near entrance to 1082 N Davol Street.
7. Circumstances of the incident: (attach additional pages if necessary):  
As I was driving past the entrance close to 1082 N Davol St. in the left lane, I drove over a pot hole. My husband and I heard a loud bang followed by my tire's air blowing out of it immediately after driving over the pot hole. Luckily, the light was turning red and I
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/17/15 Claimant's signature: Kristin Correia

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	Copies forwarded to:	Date:
	<input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	<u>3/25/15</u>

\*\* We are in the middle of moving. Permanent mailing address (mother's address):  
B10 Bristol Woods Dr.

#15-101

was able to pull over to the right breakdown lane on Davol St. The front passenger side tire was completely flat with a gash in it. The rim also had a scratch on it next to the gash. AAA was called to put on the spare tire. After AAA switched the tire to the spare, I drove my husband and I to Herb Chambers Honda of Seekonk to get my car fixed.

Witness: Husband -> Jeremy Correia  
(401) 523-1127

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2015 MAR 25 PM 2:30

017 YOLENK  
FALL RIVER, MA

March 23, 2015

#15-102

City of Fall River  
Attn: City Clerk  
1 Government Center Room 627  
Fall River MA 02722

CITY CLERK  
FALL RIVER, MA

2015 MAR 25 P 2:30

RECEIVED

RE: Insured: Paula M Medeiros  
File #: JYXA28/HRMYH5  
Date of Loss: 3/5/2015  
Time: 3:03 pm  
Location: 175 Morgan St, Fall River MA  
Type of Loss: Motor vehicle  
Responsible Party: City of Fall River – driver Joseph Krewko  
Reimbursement Due: **\$395.52**  
Property Damage: \$395.52  
PIP Medical/Wage: N/A

Dear City Clerk:

Please accept this letter of presentment as required by M.G.L. c. 258 §4. Our investigation reveals that your driver Joseph Krewko is responsible for damages sustained by our insured.

Attached are our supports for this loss. If you require additional documentation to investigate this claim pursuant to your statutory obligation, please contact us. If you are inclined to discuss settlement of this claim or deny this claim within the six (6) month statutory period, please forward the appropriate communication to my attention.

Loss description: Your driver collided with our insured's parked vehicle.

We have settled the loss with our insured and would appreciate your immediate payment of the amount listed above. Please make your check payable to The Commerce Insurance Company in the amount of \$395.52 and be sure to note our file number to ensure proper credit.

If you have any questions, please call me at 1-800-221-1605, ext. 15668, or email me at the address below.

Thank you.

Sincerely,  
THE COMMERCE INSURANCE COMPANY

Copies: City Clerk, Legw, City Council, City Adm + DPW 3/25/15



council 21

City of Fall River  
Notice of Claim

RECEIVED  
2015 MAR 25 P 4:13  
CITY CLERK 15-103  
FALL RIVER, MA

1. Claimant's name: Debra J. Higson
2. Claimant's complete address: 457 Locust St 1F
3. Telephone number: Home: 774-488-7334 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Tripped & fell on public way
5. Date and time of accident: 3/18/15 Amount of damages claimed: \$ 5,000.
6. Exact location of the incident: (include as much detail as possible):  
Sidewalk immediately in front of 1200 E Main St. Fall River
7. Circumstances of the incident: (attach additional pages if necessary):  
I was walking on the sidewalk on East Main St when I tripped & fell as a result of broken & cracks in concrete that was in a state of disrepair (See attached photo graphs) Head, knee, nasal contusion & left knee injuries
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/25/15 Claimant's signature: Debra J. Higson

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:						
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: <b>MAR 25 2015</b>

*council*  
*21*

RECEIVED

March 21, 2015

2015 MAR 26 A 11:11

City of Fall River  
Attn: City Clerk  
1 Government Center Room 627  
Fall River MA 02722

CITY CLERK *15-104*  
FALL RIVER, MA

RE:                    Insured: Fermin A Oquendo  
                          File #: JTTY81/HMCHC1  
                          Date of Loss: 12/22/2014  
                          Time: 7:09 pm  
                          Location: N Eastern Ave & Locust St, Fall River MA  
                          Type of Loss: Motor vehicle  
                          Responsible Party: City of Fall River – driver Amanda Brown  
**Reimbursement Due: N/A**  
                          Property Damage: N/A  
                          PIP Medical/Wage: \$162.00

Dear City Clerk:

Please accept this letter of presentment as required by M.G.L. c. 258 §4. Our investigation reveals that your driver Amanda Brown is responsible for damages sustained by our insured.

Attached are our supports for this loss. If you require additional documentation to investigate this claim pursuant to your statutory obligation, please contact us. If you are inclined to discuss settlement of this claim or deny this claim within the six (6) month statutory period, please forward the appropriate communication to my attention.

Loss description: Your driver failed to proceed with caution from an traffic signal causing her to collide with our insured's vehicle.

We have settled the loss with our insured and would appreciate your immediate payment of the amount listed above. Please make your check payable to The Commerce Insurance Company in the amount of \$162.00 and be sure to note our file number to ensure proper credit.

If you have any questions, please call me at 1-800-221-1605, ext. 15645, or email me at the address below.

Thank you.

Sincerely,  
THE COMMERCE INSURANCE COMPANY

MAR 26 2015

*1 orig - LAW*  
*1 CITY ADMIN*  
*1 CITY COUNCIL*  
*1 CLERK*



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 27 A 10: 28

CITY CLERK 15-105  
FALL RIVER, MA

1. Claimant's name: Vanessa Raposa
2. Claimant's complete address: 101 Flint St. Apt 3 Fall River MA. 02723
3. Telephone number: Home: 774-644-1476 MY CELL ~~Work~~ OR TRY 774-301-2075
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Repair Auto Tire + Rim Due to pot hole
5. Date and time of accident: 3-21-2015 8:15PM Amount of damages claimed: \$ 106.25
6. Exact location of the incident: (include as much detail as possible):  
In front of 190 Jefferson St. Next to Joe's Collision Repair 170 Jefferson St.
7. Circumstances of the incident: (attach additional pages if necessary):  
Traveling down Jefferson St. forced into pot hole, I could not move to the left due to oncoming traffic in the other lane.  
- see photos attached -
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-26-2015 Claimant's signature: Vanessa Raposa

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/27/15</u>

Council  
21



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 27 P 2:04

CITY CLERK 15-106  
FALL RIVER, MA

1. Claimant's name: CHERYL GAGLIARDI
2. Claimant's complete address: 245 TOUHEY ST. FALL RIVER, MA 02724
3. Telephone number: Home: 508-675-8726 Work: 774-930-0128  
(cell)
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
2 FLAT TIRES DUE TO POT HOLE
5. Date and time of accident: 2/25/15 5:45 AM Amount of damages claimed: \$ 365.88
6. Exact location of the incident: (include as much detail as possible):  
BAY ST. - BETWEEN SPRAGUE & MIDDLE ST
7. Circumstances of the incident: (attach additional pages if necessary):  
HIT A POT HOLE THAT COULD NOT BE SEE IN THE DARK. BOTH FRONT & REAR TIRE HIT RESULTING IN 2 FLAT TIRES WITHIN A FEW MINUTES. AND IT WAS A 3 HR. WAIT FOR THE TOW TRUCK.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/23/15

Claimant's signature: Cheryl Gagliardi

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:

Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW

Date: MAR 27 2015

Civil  
21



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2015 MAR 27 P 2:04

**City of Fall River  
Notice of Claim**

CITY CLERK 15-107  
FALL RIVER, MA

1. Claimant's name: Brooke Baptiste (name was changed from Syvertsen to Baptiste)
2. Claimant's complete address: 71 Chaucery St., New Bedford, MA 02740
3. Telephone number: Home: 508-207-6726 Work: 508-748-0816
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
\_\_\_\_\_
5. Date and time of accident: 3/12/15 8:45pm Amount of damages claimed: \$ 423.13
6. Exact location of the incident: (include as much detail as possible):  
Near China Wok 338 Quarry St., Fall River, MA 02723
7. Circumstances of the incident: (attach additional pages if necessary):  
See attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/22/15 Claimant's signature: Brooke Baptiste

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:						Date: <b>MAR 27 2015</b>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	

On the evening of Thursday, March 12<sup>th</sup>, I was driving down Quarry St. and I could see that there was a pothole approaching but I could not see how deep the pothole was until I was much closer. I had slowed down and had tried to swerve into the other lane but there was a car coming from the other direction. The pothole was quite large and deep. I pulled over as soon as it was safe next to PriceRite where I saw that my front passenger tire was flat but I was unsure if the rim had been damaged.

I called AAA and my car was towed to Dartmouth Tire in New Bedford. They replaced my two front tires, though I am only claiming one for damage. I picked up my vehicle the following evening after work when the store closed and I could tell that something was still not right as there was a loud clanking every time I turned. I brought the car back and Dartmouth Tire confirmed that the ball joint had been badly damaged from hitting the pothole. You will see two separate charges from Dartmouth Tire to reflect this.

I am submitting a total claim of \$423.13 to reflect the damages upon my car from hitting this large pothole on Quarry St.

Sincerely,



Brooke Baptiste

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2015 MAR 27 P 2:04  
CITY OF FOK  
FALL RIVER, MA

council  
21



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2015 MAR 30 A 10:05

City of Fall River  
Notice of Claim

CITY CLERK 15-108  
FALL RIVER, MA

1. Claimant's name: Samuel Mendes
2. Claimant's complete address: 122 Whipple St Apt 2 Fall River MA 02721
3. Telephone number: Home: 508-679-3996 Work: N/A
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pothole damage
5. Date and time of accident: 3/26 3:45 PM Amount of damages claimed: \$ 950.00
6. Exact location of the incident: (include as much detail as possible):  
225 Orange St, Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):  
Strip of potholes across entire street, no way to get around them (pictures attached)
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/27/15

Claimant's signature: Samuel Mendes

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Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>MAR 30 2015</u>



21

**City of Fall River  
Notice of Claim**

RECEIVED

2015 MAR 30 A 10:53

1. Claimant's name: Cristina Dias CITY CLERK 15-109  
FALL RIVER, MA
  2. Claimant's complete address: 136 Hunter st Apt #3
  3. Telephone number: Home: (508) 617-8043 Work: \_\_\_\_\_
  4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pothole
  5. Date and time of accident: 3/19/15 4:30 AM Amount of damages claimed: \$ \_\_\_\_\_
  6. Exact location of the incident: (include as much detail as possible):  
Shover st, Fall River mass
  7. Circumstances of the incident: (attach additional pages if necessary):  
See attached
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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I swear that the facts stated above are true to the best of my knowledge.

Date: 3/30/15 Claimant's signature: Cristina Dias

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:						Date: <u>3/30/15</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	

21



**This incident has been reported to the  
Fall River Police Department  
and is pending approval**

Fall River Police Department  
685 Pleasant St.  
Fall River, MA 02721

2015 MAR 30 10:53  
508-676-8511

CITY CLERK 15-109  
FALL RIVER, MA

**General Information**

Incident Type Defective Street  
Tracking Number T15000151  
Report Date 03/19/2015 08:44 AM

**Reporting Person Information**

Name Dias, Cristina  
Home Address 136 Hunter St, 3, Fall River, MA 02721, US  
Home Phone 508-617-8043  
Mobile Phone 508-617-6943  
Email Cristinacarmo77@gmail.com  
Sex Female  
DOB 02/19/1977

**Incident Information**

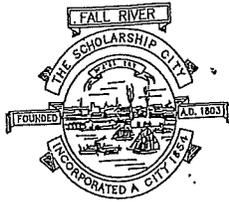
Incident Location Shover St, Fall River, MA

**Narrative**

Incident Description

I was driving my husband to work at 4:00 am and there was this big pothole in the street and it gave me a flat tired and also bent in my rim from my car so had to call my dad so he could pick me up because it was raining out side on tuesday so there was nothing we could at that time because it was dark and raining out at 9:00 that morning i called AAA and they can and switched my tire I then went to my mechanic and that's when he said that I need to get a new tire and a new rim for my car because the other one was no good because it was all dentide for the rim I had to pay \$400.00 dollars and i still have to bye a tire for my car and then i still have to pay for the service for my mechanic to do his job.I do have 3 pictures that I took of the potholes.

[Print This Report](#)



*council 21*

RECEIVED

**City of Fall River  
Notice of Claim**

2015 MAR 30 A 11:11

1. Claimant's name: JOYCE MARIE CAMPBELL 15-110
2. Claimant's complete address: 249 JENCKS STREET FALL RIVER, MA
3. Telephone number: Home: 5083247725 Work: ~
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
SLIP AND FALL ON PUBLIC WAY
5. Date and time of accident: 3-17-2015 10:06AM-10:30AM Amount of damages claimed: \$ ~
6. Exact location of the incident: (include as much detail as possible):  
PLEASANT AND QUARRY STREET, FALL RIVER, MASS 01923
7. Circumstances of the incident: (attach additional pages if necessary):  
I took a walk with my small shopping cart went down Pleasant street and at the corner of Pleasant and Quarry street it looked like a cone was tipped over, and a Blue Box was on top
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-27-2015 Claimant's signature: Joyce Marie Campbell

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722.**

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 Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW Date: MAR 30 2015

of the cone. so I tried to avoid it ~~and~~ I  
 could not. my back wheel slipped ~~and~~  
 went in the hole. I fell back and  
 hit my head very hard. I screamed  
 People came running over and call  
 the Rescue. A fire Engine came and  
 stop to help me and put a coat on  
 my lap. I kept <sup>going</sup> out and they kept  
 calling me. but I kept <sup>going</sup> persistent.  
 The Rescue took me to the ER at Charlton  
 Hospital. The Doctor's name at the ER  
 is Shawn A Howland M.D. they took a  
 cat scan to make sure there was no  
 Bleeding in side of my head. and  
 a xray of my left knee in the ER. they  
 gave me a hot pack to help the lump  
 in the back of my head. to go down I  
 would like to get a 10000 dollar for my  
 Pain and suffering. Medicare paid the  
 Bills. Thank You

Mrs Joyce Marie Campbell  
 249 Jencks Street apt 1FF  
 Fall River Mass 02723  
 Telephone number 508 3244725

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2015 MAR 30 P 12:09

City of Fall River  
Notice of Claim

pool  
Bill is attached w/  
pictures of  
damage

CITY CLERK 15-111  
FALL RIVER, MA

- 1. Claimant's name: Lori Hall
- 2. Claimant's complete address: 160 Rogers lane Middletown RI
- 3. Telephone number: Home: 508 324 5187 Work: 401-841-3692 2842
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 3-19-15 Amount of damages claimed: \$ 178.68

6. Exact location of the incident: (include as much detail as possible):  
310 Shore St. Fall River MA Before McGovers Restaurant

7. Circumstances of the incident: (attach additional pages if necessary):  
ON 3-19-15 I was meeting my son for lunch at McGovers Restaurant. I hit a pot hole (see picture) + it destroyed my tire + my rim (see picture) I had it fixed at Tow Fair Tire in Middletown picture

8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.  
Date: 23 MAR 15 Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:	
Copies forwarded to: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input type="checkbox"/>	Date: <u>3-30-15</u>



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City of Fall River  
Notice of Claim

2015 MAR 30 P 12:09

CITY CLERK 15-112  
FALL RIVER, MA

1. Claimant's name: Teresa Reynolds
2. Claimant's complete address: 507 Clarks Row, Bristol RI
3. Telephone number: Home: 401-662-1443 Work: 508-899-8504
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
POT HOLE ON ROBESON STREET IN FRONT OF CFCAPETS
5. Date and time of accident: 3-14-15 (6<sup>AM</sup>) Amount of damages claimed: \$ 165.45
6. Exact location of the incident: (include as much detail as possible):  
359 Robeson Street - Driving toward CMH - hit pot hole and
7. Circumstances of the incident: (attach additional pages if necessary): tire blew out  
Driving toward Charlton Memorial Hospital at 6 AM  
It was raining, many puddles; speed approx<sup>15</sup> 25 mi/hr  
pot hole was not visible due to puddle - tire hit hard; blew  
out tire - flat - called AAA - put on spare - then needed entire  
tire to be repaired
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/25/15

Claimant's signature: Teresa Reynolds

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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Date: 3-30-15



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City of Fall River  
Notice of Claim

2015 MAR 31 A 10: 58

CITY CLERK 15-113  
FALL RIVER, MA

1. Claimant's name: Jenili Vega
2. Claimant's complete address: 349 Sunset Hill Fall River MA 02724
3. Telephone number: Home: (508)844-8159 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
property damage (car)
5. Date and time of accident: 3-29-15 Amount of damages claimed: \$1,198.57.
6. Exact location of the incident: (include as much detail as possible):  
Bay St. by Duro Textile and mikes auto body
7. Circumstances of the incident: (attach additional pages if necessary):  
on my way home down bay st hit a big pothole in front of Duro Textile and mikes auto body and it damaged my right side of vehicle
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-31-15

Claimant's signature: Jenili Vega

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:

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Date: 3-31-15



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21

2015 APR -1 A 11: 23

CITY CLERK FALL RIVER, MA

#15-114

City of Fall River  
Notice of Claim

1. Claimant's name: Ruth Correia
2. Claimant's complete address: 9 Ivy Meadows Ln Westport, MA
3. Telephone number: Home: 774 627 5802 Work: Same 0279
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property damage done to my vehicle due to pothole
5. Date and time of accident: 3/6/15 7:55 AM Amount of damages claimed: \$ 500<sup>00</sup> (Insurance deductible)
6. Exact location of the incident: (include as much detail as possible):  
Robeson St. right after Dunkin Donuts (15 Robeson St)
7. Circumstances of the incident: (attach additional pages if necessary):  
Same side as Dunkin Street was snow covered and my car went over Donut a very large pot hole. Damage blew out 2 tires including alignment damage and damage to rims. I drove car to 1030 President Ave parking lot to await to
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No  
Safety Ins. PO Box 55098 Boston, MA 02205-5098

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained). witness Deborah Mota 328 Clearview Ave. Somerset, MA 02726

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-23-15

Claimant's signature: Ruth Correia

3411  
Phone 508642

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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Date: 4-1-15



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2015 APR -1 A 11: 22

CITY CLERK #15-115  
FALL RIVER, MA

City of Fall River  
Notice of Claim

1. Claimant's name: Brian Medeiros
2. Claimant's complete address: 366 Elm St #3 North Attleboro MA 02760
3. Telephone number: Home: (508) 243 5461 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Destroyed tire from a pot hole
5. Date and time of accident: 3/15/15 7pm Amount of damages claimed: \$ 117.32
6. Exact location of the incident: (include as much detail as possible):  
Route 79, around ~~exit~~ exit 8, off of Rt 24.
7. Circumstances of the incident: (attach additional pages if necessary):  
I destroyed a tire & needed to replace it. I hit a pot hole on Route 79 coming South from Route 24. I just bought the car 2012 Honda Civic. It was a ~~certified~~ certified used car from Silko Honda. ~~I have it~~
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/23/15

Claimant's signature: \_\_\_\_\_

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DCM

Date: 4-1-15

I have included a copy of my receipt from buying the car recently. I have also included a picture of the damaged tire, and the receipt for the new tire. The name is different (Manuel Raposo) because I needed my girlfriend's father to put the new tire on because of my work schedule.

Thank you,  
Brian Medeiros

RECEIVED

2015 APR - 1 A 11: 22

CITY CLERK  
FALL RIVER, MA