



City of Fall River Massachusetts  
Office of the City Clerk

2014 AUG -8 P 4: 00

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

ALISON M. BOUCHARD  
CITY CLERK

**AUGUST 8, 2014**  
**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

INÊS LEITE  
ASSISTANT CITY CLERK

**TUESDAY, AUGUST 12, 2014**

**5:30 P.M. COMMITTEE ON FINANCE \*\*PLEASE NOTE EARLIER TIME\*\***

1. Discussion with Redevelopment Authority appointments for confirmation (see #1 below):
  - Joseph Oliveira
  - Kara O'Connell
2. Discussion re: purchase & sales agreement for Maplewood Park Expansion (see #2 below)
3. Discussion re: 5 Year Capital Plan (see #3 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** – None

**PRIORITY COMMUNICATIONS**

1. \*Mayor requesting consideration of Redevelopment Authority appointments that were tabled on July 15, 2014 (see #1 Finance)
2. \*Mayor and purchase & sales agreement for Maplewood Park Expansion (see #2 Finance)
3. \*Mayor and 5 Year Capital Plan (see #3 Finance)
4. \*Asst. Corporation Counsel and order re: Quequechan River Rail Trail – Father Travassos Eminent Domain Taking
5. Traffic Commission recommending amendments to the traffic ordinances

**COMMITTEE REPORTS**

Committee on Ordinances and Legislation recommending:

First reading:

6. Traffic, miscellaneous

All readings with Emergency Preamble:

7. \*Proposed ordinance – Traffic, handicapped parking

**ORDINANCES** – None

**RESOLUTIONS**

8. \*Com. on Public Safety meet to discuss procedures and regulations regarding abandoned properties
9. \*Administration reconsider closing of switchboard area in Government Center
10. \*Enactment of Board of Health fees for waste haulers

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)

**CITATIONS**

11. Al Marques – retirement

**ORDERS – HEARINGS FOR TONIGHT**

Curb Removals:

12. Paul Faggioli – Removal of 20 feet of curbing (curb cuts on Cherry Street) for two new curb openings of 16 feet each at 275 High Street
13. New 180 Liberty Street, LLC – Removal of 20 feet of curbing (curb cut on South Beacon Street) for a new loading dock at 180 Liberty Street
14. Sherwood Companies, LLC – Removal of 54 feet of curbing for two curb openings of 24 feet and 30 feet for full access around building and handicapped parking at 263 Hamlet Street

Auto repair shop license:

15. Joshua Stephen Paiva, 72 Tower Street, Fall River, MA, d/b/a JP's Garage located at 703 Brayton Avenue

Underground conduit:

16. Plymouth Avenue

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

**ORDERS – NO HEARING REQUIRED** – None

**ORDERS – MISCELLANEOUS**

17. Police chief's report on licenses
18. City Engineer prepare plans for the acceptance of Waldron Road from Airport Road to dead end

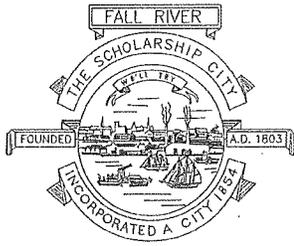
**COMMUNICATIONS – INVITATIONS – PETITIONS**

19. \*Claims
20. Planning Board Minutes – June 9, 2014
21. Zoning Board of Appeals Minutes – June 17, 2014
22. Thank you card from City Councilor Linda M. Pereria
23. \*Waste Zero – statement regarding Pay-As-You-Throw
24. \*Councilor Miozza re program for reduction in Pay-As-You-Throw bag fees
25. Structure Over Public Way – Band Stage – Flair Lounge, 32 Sixth Street

**BULLETINS – NEWSLETTERS – NOTICES**

26. Notice of Casualty/Loss to building at 415 Harvard Street
27. Notice of Casualty/Loss to building at 382 Stetson Street
28. Mass DOT re Rt. 79/I-195, Chapter 91 Waterways License Modification
29. Environmental Notification Form re Improvements to Battleship Cove
30. PARE Corporation re: Battleship Cove ENF – Summary of Alternatives

  
Assistant City Clerk



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

**WILLIAM A. FLANAGAN**  
*Mayor*

August 7, 2014

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

President Camara:

RE: Redevelopment Authority Appointments

At the last City Council meeting, two proposed appointments to the Redevelopment Authority were tabled to allow the City Council to communicate with the proposed appointees. I have requested Joseph Oliveira and Kara O'Connell to be in attendance at the City Council's Finance Committee meeting on August 12, 2014. I respectfully request that these appointments be placed on your Finance Agenda to facilitate discussion regarding their respective appointments.

The Redevelopment Authority is in need of these appointments to assure timely consideration of a number of initiatives currently before the Authority. Your approval of this request is respectfully requested.

Mayor William A. Flanagan

CITY CLERK  
FALL RIVER, MA

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

**WILLIAM A. FLANAGAN**  
*Mayor*

CITY CLERK  
FALL RIVER, MA  
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August 7, 2014

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

President Camara:

RE: Maplewood Park Expansion

The Diocese of Fall River has offered to sell parcels adjacent to Maplewood Park to the City of Fall River. A Purchase and Sales Agreement has been executed in the amount of \$435,000. The Purchase and Sales Agreement requires that the City Council pass a Resolution to purchase these parcels no later than August 15, 2014.

I respectfully request that this matter be placed on the City Council's Finance Committee Agenda on August 12, 2014 for discussion. A copy of the Purchase and Sales Agreement has been provided to all Councilors.

Thank you.

Mayor William A. Flanagan

FROM THE OFFICE OF:  
GAY & GAY, P.C.  
73 Washington Street  
P.O. Box 988  
Taunton, MA 02780  
(508) 822-2071

PURCHASE AND SALE AGREEMENT

This 4<sup>th</sup> day of August, 2014

1. PARTIES: The Roman Catholic Bishop of Fall River, a Corporation Sole of 450 Highland Avenue, Fall River, Massachusetts hereinafter called the SELLER, agrees to SELL; and The City of Fall River, a Municipal Corporation with principal place of business at City Hall, One Government Center, Fall River, Massachusetts 02722 hereinafter called the BUYER, or PURCHASER, agrees to BUY, upon the terms hereinafter set forth, the following described premises:
2. DESCRIPTION: The land in the City of Fall River, containing the following six (6) parcels:  
  
Lots 1, 2, 3, 4, 5 & 6 shown on the Form A subdivision plan which plan is on record at the Fall River Registry of Deeds at Plan Book 155, Page 60. Said plan being recorded on March 21, 2014.  
  
For reference purposes see Plan of Land attached hereto as Exhibit A.
3. BUILDINGS,  
STRUCTURES,  
IMPROVEMENTS,  
FIXTURES: Included in the sale as part of said premises:  
  
Vacant Land Only.
4. TITLE DEED: Said premises are to be conveyed by a good and sufficient Quitclaim Deed running to the BUYER, or to the nominee designated by the BUYER, by written notice to the SELLER at least seven (7) days before the deed is to be delivered as herein provided, and said deed shall convey a good and clear record and marketable title thereto, free from encumbrances, except:
  - (a) Provisions of existing zoning laws;
  - (b) Such taxes for the then current year as are not due and payable on the date of the delivery of such deed;
  - (c) Any liens for municipal betterments assessed after the date of this agreement; and
  - (d) Easements, restrictions and reservations of record, if any, so long as the same do not prohibit or materially interfere with the current or proposed use of said premises.
5. PLANS: If said Deed refers to a plan necessary for recording therewith, the SELLER shall deliver such plan with the Deed in form adequate for

recording or registration.

6. REGISTERED TITLE: In addition to the foregoing, if the title to said premises is registered, said deed shall be in form sufficient to entitle the BUYER to a Certificate of Title of said premises, and the SELLER shall deliver with said deed all instruments, if any, necessary to enable the BUYER to obtain such Certificate of Title.

7. PURCHASE PRICE: The agreed purchase price for said premises is as follows:

Purchase Price for Lots 1-6 is **Four Hundred Thirty-Five Thousand (\$435,000.00) Dollars** of which:

\$ 2,500.00	has been paid as a deposit this day, and
\$ 432,500.00	is to be paid at the delivery of the deed in cash, or by certified, cashier's treasurer's or bank check.

\$ 435,000.00 TOTAL

8. TIME FOR PERFORMANCE; DELIVERY OF DEED: Such deed is to be delivered at 11 o'clock on or before the **31<sup>st</sup> day of October 2014**, at the Bristol County (Fall River District) Registry of Deeds, unless otherwise agreed upon in writing. It is agreed that time is of the essence in this agreement.

9. POSSESSION and CONDITIONS of PREMISES: Full possession of said premises free of all tenants and occupants, except as herein provided, is to be delivered at the time of the delivery of the Deed, said premises to be then (a) in the same condition as they now are, reasonable use and wear thereof excepted, and (b) not in violation of said zoning laws, and (c) in compliance with provisions of any instrument referred to in Clause 4 hereof The BUYER shall be entitled to an inspection of said premises prior to the delivery of the deed in order to determine whether the condition thereof complies with the terms of this clause.

10. EXTENSION TO PERFECT TITLE OR MAKE PREMISES CONFORM: If the SELLER shall be unable to give title or to make conveyance, or possession of the premises, all as herein stipulated, or if at the time of delivery of the deed the premises do not conform with the provisions hereof, then the SELLER shall use reasonable efforts to remove any defects in title; or to deliver possession as provided herein, or to make the said premises conform to the provisions hereof, as the case may be, and thereupon, the time for performance hereof shall be extended for a period of SIXTY (60) days.

11. FAILURE TO PERFECT: TITLE TO MAKE PREMISES CONFORM: If at the expiration of the extended time the SELLER shall have failed so to remove any defects in title, deliver possession, or make the premises conform as the case may be, all as herein agreed, or if at any time during the period of this agreement or any extension thereof, the holder of a mortgage on said premises shall refuse to permit the insurance proceeds, if any, to be used for such purposes, then any payments made under this agreement shall be forthwith refunded and all other obligations of the parties hereto shall cease and this agreement shall be void and without recourse to the parties hereto.

12. BUYER'S ELECTION: The BUYER shall have the election, at either the original or any extended time for performance, to accept such title as the SELLER can deliver to the said premises in their then condition and to pay therefore the purchase price without deduction, in which case, the SELLER shall convey such title, except that in the event of such conveyance in accordance with the provisions of this clause, if the said premises shall have been damaged by fire or casualty insured against, then the SELLER shall, unless the SELLER has previously restored the premises to their former condition, either:

- (a) pay over or assign to the BUYER, on delivery of the deed, all amounts recovered or recoverable on account of such insurance, less any amounts reasonably expended by the SELLER for any partial restoration, or
- (b) if a holder of a mortgage on said premises shall not permit the insurance proceeds or a part thereof to be used to restore the said premises to their former condition or to be so paid over or assigned, give the BUYER a credit against the purchase price, on delivery of the deed, equal to said amounts so recovered or recoverable and retained by the holder of the said mortgage less any amounts reasonably expended by the SELLER for any partial restoration.

Notwithstanding the forgoing provisions, in the event of fire or natural disaster prior to purchase, the BUYER shall have the option of declaring this agreement null and void and all deposits shall be returned to BUYER.

13. ACCEPTANCE OF DEED: The acceptance of a deed by the BUYER or its nominee as the case may be, shall be deemed to be a full performance and discharge of every agreement and obligation herein contained or expressed, except such as are, by the terms hereof, to be performed after the delivery of the deed.

14. USE OF MONEY TO CLEAR TITLE: To enable the SELLER to make conveyance as herein provided, the SELLER may, at the time of delivery of the Deed, use the purchase money or any portion thereof to clear the title of any or all encumbrances or interests, provided that all instruments so procured are recorded simultaneously with the delivery of said Deed.

15. INSURANCE: Until the delivery of the deed, the SELLER shall maintain insurance on the said premises as follows: NONE - Vacant Land
16. ADJUSTMENTS: Collected rents and taxes for the then current fiscal year shall be apportioned as of the day of performance of this Agreement and the net amount thereof shall be added to or deducted from, as the case may be, the purchase price payable by the BUYER at the time of the delivery of the deed.
17. ADJUSTMENTS OF UNASSESSED AND ABATED TAXES: If the amount of said tax is not known at the time of delivery of the deed it shall be apportioned on the basis of the taxes assessed for the preceding year, with a reapportionment as soon as the new tax rate and valuation is ascertained; and, if the taxes which are to be apportioned shall thereafter be reduced by abatement, the amount of such abatement, less the reasonable cost of obtaining the same, shall be apportioned between the parties, provided that neither party shall be obligated to institute or prosecute proceedings for an abatement unless herein otherwise agreed.
18. BROKER'S FEE: The parties agree that there was no broker involved with the agreement.
19. BROKER(S) WARRANTY: No Broker.
20. DEPOSIT: All deposits made hereunder shall be held in escrow by **Attorney David T. Gay, GAY & GAY, P.C.** subject to the terms of this agreement and shall be duly accounted for at the time for performance of this agreement; provided however, that in the event of any disagreement, the escrow agent may retain said deposit pending instructions mutually given by the SELLER and the BUYER or an order from a court of competent jurisdiction authorizing release of said deposit. In the event this agreement terminates due to the Municipal Council's failure to bond the project as set forth in paragraph 30, the agreement will be terminated and the deposit shall be returned forthwith to the City of Fall River.
21. BUYER'S DEFAULT: DAMAGES: If the BUYER shall fail to fulfill the BUYER'S agreements herein, all deposits made hereunder by the BUYER shall be retained by the SELLER as liquidated damages, and this shall be the SELLER's sole remedy at law or in equity.
22. BROKER AS A PARTY: No Broker.
23. WARRANTIES AND REPRESENTATIONS: The BUYER acknowledges that the BUYER has not been influenced to enter into this transaction nor has it relied upon any warranties or representations not set forth or incorporated in this Agreement or previously made in writing. There are no warranties given with respect to the premises or this sale.





City of Fall River  
Massachusetts  
Office of the Mayor

WILLIAM A. FLANAGAN  
*Mayor*

August 7, 2014

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

President Camara:

RE: 5 Year Capital Plan

The Financial Team has submitted a 5 year Capital Plan to the City Council for their review and consideration. I respectfully request that this Capital Plan be placed on the City Council's Finance Committee Agenda on August 12, 2014. A presentation will be provided by Department Heads and representatives from the City's bond consultant First Southwest.

Thank you.

Mayor William A. Flanagan

CITY OF FALL RIVER  
FALL RIVER, MA

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**City of Fall River**  
*Office of the Corporation Counsel*

**WILLIAM A. FLANAGAN**  
Mayor

**ELIZABETH SOUSA**  
Corporation Counsel



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2014 AUG -7 P 1:31  
CITY CLERK  
FALL RIVER, MA  
**GARY P. HOWAYECK**  
Assistant Corporation Counsel  
**CHRISTY M. DIORIO**  
Assistant Corporation Counsel

August 7, 2014

Joseph Camara  
Council President  
City of Fall River  
One Government Center  
Fall River, MA 02722

Re: Quequechan River Rail Trail – Fr. Travassos Eminent Domain Taking

Dear Council President Camara:

Enclosed please find a proposed Order taking the fee interest in a private way known as Dean Street for improvements at Father Travassos Park for the Council's review and consideration on Tuesday, August 12, 2014.

The taking will provide a landscaped entryway into the soon to be enhanced park grounds. The public recreational improvements are part of the Quequechan River Rail Trail project, which, as you are already aware, is funded by the Commonwealth's Department of Energy and Environmental Affairs and the Department of Transportation. Upon council approval of the taking, the project will be immediately advertised for bid, thereby allowing construction to commence this year.

Your timely attention to this matter is sincerely appreciated.

Very truly yours,

Christy M. DiOrio

Enclosures (2)

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**ORDERED**, that the Corporation Counsel be, and is hereby requested to take all necessary steps to acquire the fee interest by eminent domain by a Taking pursuant to General Laws Chapters 79 and 82, respectively, for the public recreational purpose of the construction, maintenance, and operation of a public park in certain land in the City of Fall River, Massachusetts as more fully described below or take the fee interest pursuant to Chapter 79 or accept a deed in the fee interest for all municipal and other purposes reasonably related thereto in said land as more fully described below:

Fr. Travassos Park Parcel 1-C:

Paula Desmarais

The northerly portion of the parcel shown on the Fall River Assessors Maps as Parcel ID# J-27-0001 being the westerly half of the private way known as Dean Street, consisting of 6,173 square feet, more or less, as more fully shown as Parcel No. 1-C on the plan attached hereto entitled:

“Plan of Lands in the City of Fall River, MA, Bristol County (Fall River Registry District) Showing Location of Easements to Be Taken Between Alden Street and Interstate Highway (Route 195) By the City of Fall River” prepared for Fay, Spofford & Thorndike, LLC. By Surveying and Mapping Consultants, dated August 5, 2014 and recorded herewith.

## ORDER OF TAKING

RECEIVED

WHEREAS, the City of Fall River (hereinafter the "City") is a duly organized municipal corporation under the General Laws of the Commonwealth of Massachusetts, with offices at One Government Center, Fall River, Massachusetts; and

WHEREAS, the City has determined that it is a public purpose to acquire the fee interest in a certain parcel of land in the City consisting of the a portion of the westerly half of the private way known as Dean Street to enhance public access to the public park known as Fr. Travassos Park and for other municipal purposes reasonably related thereto, now therefore

BE IT ORDERED, that the City of Fall River, Massachusetts, under authority of Massachusetts General Laws Chapters 79 & 82 respectively, does hereby take the fee interest by eminent domain by a Taking pursuant to General Laws Chapters 79 and 82, respectively, for the public recreational purpose of the construction, maintenance, and operation of a public park in certain land in the City of Fall River, Massachusetts as more fully described below:

Fr. Travassos Park Parcel 1-C:

Paula Desmarais

The northerly portion of the parcel shown on the Fall River Assessors Maps as Parcel ID# J-27-0001 being the westerly half of the private way known as Dean Street, consisting of 6,173 square feet, more or less, as more fully shown as Parcel No. 1-C on the plan attached hereto entitled:

"Plan of Lands in the City of Fall River, MA, Bristol County (Fall River Registry District) Showing Location of Easements to Be Taken Between Alden Street and Interstate Highway (Route 195) By the City of Fall River" prepared for Fay, Spofford & Thorndike, LLC. by Surveying and Mapping Consultants, dated August 5, 2014 and recorded herewith.

Being a portion of the land now or formerly owned by Paula Desmarais f/k/a Paula Oliveira and described in a deed recorded in the Bristol County (Fall River District) Registry of Deeds in Book 2595, Page 100.

BE IT FURTHER ORDERED, that an award of damages for said taking is hereby made in the amount of Thirteen Thousand and 00/100 (\$13,000.00) Dollars for any damages sustained by the supposed owner, Paula Desmarais, and all other persons having an interest in said land who are entitled to damages for said taking.

BE IT FURTHER ORDERED, that this Order of Taking shall be filed with the Bristol County (Fall River District) Registry of Deeds in accordance with the provisions of Massachusetts General Laws Chapter 79, Section 3.



# CITY OF FALL RIVER

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To the City Council

Councillors:

The Committee on Ordinances and Legislation, at a meeting held on August 5, 2014 voted unanimously to recommend the accompanying proposed ordinance, accompanied by an emergency preamble, be passed through first reading, second reading, passed to be enrolled and passed to be ordained.

*Caitlin A. Taylor*  
Clerk of Committees

**City of Fall River, *In City Council***

**EMERGENCY PREAMBLE**

**WHEREAS, the immediate passage of the accompanying proposed ordinance is deemed necessary inasmuch as it vitally affects the health and safety of the public, now therefore**

**BE IT RESOLVED, that said ordinance is hereby deemed an emergency measure in accordance with the provisions of Chapter 43, Section 20 of the Massachusetts General Laws.**

# City of Fall River, *In City Council*

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

That Chapter 70 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to traffic be amended as follows:

By inserting in Section 70-387, which section relates to handicapped parking, in proper alphabetical order the following:

Alsop Street, north side, starting at a point 106 feet east of Roper Street,  
for a distance of 20 feet easterly

Slade Street, south side, starting at a point 27 feet west of Vale Street,  
for a distance of 20 feet westerly

Snell Street, north side, starting at a point 16 feet west of Manchester Street,  
for a distance of 20 feet westerly

**Ad:**

**Abutters:** \_\_\_\_\_

**Bldg. Insp. /Engineering:** \_\_\_\_\_

**Fire Chief:** \_\_\_\_\_

**Police Chief:** \_\_\_\_\_

**Collector:** \_\_\_\_\_

**Corp. Counsel:** req. who can *attached*

*City of Fall River, In City Council*

(Councilor Michael L. Miozza)

WHEREAS, there are a large number of decaying and abandoned properties in Fall River, and

WHEREAS, there was an intentional fire set to an abandoned property on Bay Street recently, and

WHEREAS, these properties are magnets for homeless and children, and

WHEREAS, these types of fires present a safety hazard to the abutting neighbors, now therefore

BE IT RESOLVED, that the Fall River City Council Committee on Public Safety convene to discuss procedures and regulations regarding abandoned properties.

City of Fall River, *In City Council*

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(Councilor Raymond A. Mitchell)

WHEREAS, the information center and switchboard in the Government Center lobby is scheduled to permanently close in August 2014, and

WHEREAS, most people entering Government Center visits this area for questions and guidance, and

WHEREAS, the cafeteria is closed and still vacant, and

WHEREAS, new restrooms in the lobby are almost completed and will be open to the public soon, and

WHEREAS, leaving the lobby of Government Center without a visible presence of any employee poses a public safety concern to all employees and visitors in the building, now therefore

BE IT RESOLVED, that the Administration reconsider the closing of the switchboard area in Government Center.

*City of Fall River, In City Council*

- (Councilor Raymond A. Mitchell)
- (Councilor Daniel M. Rego)
- (Councilor Michael L. Miozza)
- (Council President Joseph D. Camara)
- (Councilor Linda M. Pereira)

WHEREAS, the Fall River Board of Health enacted on August 5, 2014 certain regulations relating to waste haulers in the City of Fall River, and

WHEREAS, in conjunction with these regulations the Fall River Board of Health established fees relating to such regulations, and

WHEREAS, all fees authorized to be assessed in the City of Fall River are as stipulated in Appendix A of the Ordinances of the City of Fall River which has been duly approved by the Fall River City Council, now therefore

BE IT RESOLVED, that the Fall River Board of Health shall not implement the fees established under the Waste Hauler regulations on August 5, 2014.



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City of Fall River  
Notice of Claim

2014 JUL 10 P 3:55

1. Claimant's name: Janice Delisle CITY CLERK #14-234  
FALL RIVER, MA
2. Claimant's complete address: 80 Sodom Rd. Westport
3. Telephone number: Cell: 508-491-6633 Home: \_\_\_\_\_ Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Auto damage
5. Date and time of accident: 5/2/14 Amount of damages claimed: \$ 176.95
6. Exact location of the incident: (include as much detail as possible):  
Eastern Ave - North across from Watson School
7. Circumstances of the incident: (attach additional pages if necessary):  
Driving north on Eastern Ave. went into a large pothole, causing my left front tire to flatten. The tire had 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: 7-10-14 Claimant's signature: Janice Delisle

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 checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>7/10/14</u>

Council



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2014 JUL 11 A 11:12

City of Fall River  
Notice of Claim

CITY CLERK 14-235  
FALL RIVER, MA

1. Claimant's name: Richard Desrosiers
  2. Claimant's complete address: 526 HIGHLAND AVE Fall River
  3. Telephone number: Home: 508 679 2779 Work: N/A
  4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Blowout on New Boston Rd near Phillip St
  5. Date and time of accident: 6/11/14 11:30 AM Amount of damages claimed: \$
  6. Exact location of the incident: (include as much detail as possible):  
Hole in the road (New Boston) near (after) Phillip St
  7. Circumstances of the incident: (attach additional pages if necessary):  
DID not have ability to avoid multiple holes
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: July 11, 14

Claimant's signature: Richard Desrosiers

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:						Date: <u>JUL 11 2014</u>
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	



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2014 JUL 11 A 10:27

City of Fall River  
Notice of Claim

CITY CLERK #14-236  
FALL RIVER, MA

1. Claimant's name: Stephanie Teixeira
2. Claimant's complete address: 104 Norton Avenue, Unit 8, South Easton, MA
3. Telephone number: Home: 774-930-1816 Work: 02375
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
auto damage due to pot hole
5. Date and time of accident: 6/12/2014 Amount of damages claimed: \$ 132.80
6. Exact location of the incident: (include as much detail as possible):  
Intersection of President Avenue and North Main Street.
7. Circumstances of the incident: (attach additional pages if necessary):  
Driving south on North Main Street and hit a number of potholes around the intersection of President Avenue. One was so deep that it ruined the entire safety of my passenger side front
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 It blew completely.

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: 7/8/2014

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:  City Clerk  Law  City Council  City Administrator  DPW

Date: 7/11/14

Council

SAHADY ASSOCIATES, P.C.

Counsellors at Law

399 North Main Street  
Fall River, MA 02720

Tel. 508-674-9444 Fax 508-674-8430

RECEIVED

2014 JUL 11 P 3:23

CITY CLERK 14-237  
FALL RIVER, MA

Michael S. Sahady  
John M. Sahady  
Paul M. Sahady

July 8, 2014

City of Fall River  
Water Department  
1 Government Center  
Fall River, MA 02722

City of Fall River  
Engineering Department  
1 Government Center  
Fall River, MA 02722

Re: Adelino Sarmiento  
D.O.I.: 5/23/14

Gentlemen:

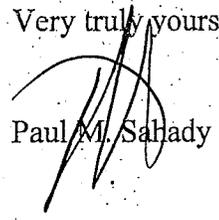
Please be advised that I represent Mr. Adelino Sarmiento, who on May 23, 2014, fell at 826 Plymouth Avenue, Fall River and received personal injuries from that fall.

Mr. Sarmiento's fall and injuries were a direct result of improperly maintained and improperly marked construction equipment. It is known that the construction equipment was being used by a contractor hired by the City of Fall River to perform water main service and repair at Snell Street. It is believed that the contractor working at the Snell Street location on that day and time was Biszko Contracting Corp. Biszko now denies that the Snell Street worksite was, in fact, its worksite.

At your earliest convenience, please provide me with written documentation as to which contractor was performing the service for the City at the corner of Plymouth Avenue and Snell Street on May 23, 2014.

Should you have any questions or concerns, please do not hesitate to let me know.

Very truly yours,

  
Paul M. Sahady

PMS/app

Cc: City of Fall River, Law Department

orig+1c - LAW  
1c- city Admin  
1c- city council  
1c- clerk  
1c- Water dept.



City of Fall River
Notice of Claim

RECEIVED

2014 JUL 14 A 11:39

CITY CLERK 14-238
FALL RIVER, MA

- 1. Claimant's name: Cheryl Pacheco
2. Claimant's complete address: 18 Howland Rd, Berkley, MA 02779
3. Telephone number: Home: (508) 828-1360 Work:
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): Damage from pothole
5. Date and time of accident: 6/16/14 2:30pm Amount of damages claimed: \$ 478.
6. Exact location of the incident: (include as much detail as possible): New Boston Road (near # 977)
7. Circumstances of the incident: (attach additional pages if necessary): Pothole is not seen till last minute as it is around a bend + a tree shades it. With two way traffic on New Boston Road, it is unavoidable. As you can see in the pictures, there are street markings. (see attached sheet)
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 [X] 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: 7/13/14 Claimant's signature: Cheryl Pacheco

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, 2nd 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: [X] City Clerk [X] Law [ ] City Council [ ] City Administrator [X] DPW Date: 7/14/14



City of Fall River  
Notice of Claim

RECEIVED

2014 JUL 16 P 3:00

- 1. Claimant's name: NEVIN MEDEIROS
- 2. Claimant's complete address: 27 GROVE ST FALL RIVER, MA 02720 CITY CLERK 14-239
- 3. Telephone number: Home: (508) 642 6584 Work: SAME
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
FRONT END / TIE ROD DAMAGE FROM POT HOLE
- 5. Date and time of accident: 7/16/14 AROUND 1:30PM Amount of damages claimed: \$ 500/+ AT LEAST
- 6. Exact location of the incident: (include as much detail as possible):  
GROVE ST / NORTH SEVENTH ST TRUCK DIDNT DRIVE ANYMORE BECAUSE IT BROKE
- 7. Circumstances of the incident: (attach additional pages if necessary):  
MY STEERING STABILIZER. I HAVE COMPLAINED ABOUT THE STREET MANY TIMES THAT ITS PUTTING A TOLL ON MY TRUCK. TODAY IT FINALLY BROKE AND BLEW MY TIRE OFF THE BEAD. I ~~NEED~~ MY TRUCK SO A QUICK RESPONSE WOULD HELP. DONT WORRY ABOUT THE TOW I HAVE AAA.
- 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 WILL AGAINST FALL RIVER IF NOT COMPENSATED

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: JULY 16, 2014 Claimant's signature: [Signature]

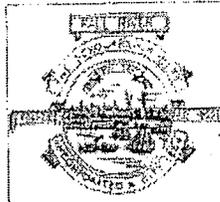
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**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 type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: <u>7/16/14</u>

RECEIVED



2014 JUL 17 A 9:31

CITY CLERK 14.240  
FALL RIVER, MA

City of Fall River  
Notice of Claim

1. Claimant's name: Kenneth + Dawn Sebastiao
2. Claimant's complete address: 500 Cypress St., Fall River, MA
3. Telephone number: Home: 508-676-8449 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Water Main Break causing damage to residence
5. Date and time of accident: 04/11/2014 Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
500 Cypress St., Fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):  
Failed water main caused damage to residence

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  
Union Mutual of Vermont - PO Box 158, Montpelier, VT 05601
- 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). Please refer to attached Subro Demand.

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

Date: \_\_\_\_\_ 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.

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"/> WATER	Date: <u>07/17/14</u>
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City of Fall River  
Notice of Claim

RECEIVED

2014 JUL 18 A 10:18

CITY CLERK 14-241  
FALL RIVER, MA

1. Claimant's name: Thomas Uveros
2. Claimant's complete address: 149 Ashley St. Fall River, MA 02720
3. Telephone number: Home: (508) 567-5275 Work: (508) 837-1493
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property Damage
5. Date and time of accident: April 21, 2014 12pm Amount of damages claimed: \$ 521.90
6. Exact location of the incident: (include as much detail as possible):  
149 Ashley St. Fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):  
Contractors dug up street and left as seen in picture I returned home and damaged my car suspension. I notified Steve Steer + City Engineer Dept. Byron notified me of Binder + to claim with city, if no answer from COMPANY.
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: 7-16-2014 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 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>7/18/14</u>



RECEIVED

2014 JUL 21 P 1:09

City of Fall River  
Notice of Claim

CITY CLERK 14-242  
FALL RIVER, MA

1. Claimant's name: Katherine Batista
2. Claimant's complete address: 57 Salisbury St, FR, MA.
3. Telephone number: Home: 508-618-4777 Work: -
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Auto
5. Date and time of accident: 7-16-14 Amount of damages claimed: \$ 90.-
6. Exact location of the incident: (include as much detail as possible):  
Backing up from home driveway onto street over
7. Circumstances of the incident: (attach additional pages if necessary):  
pothole.  
Due to other cars parked it was  
unavoidable going over the pothole in  
our street causing exhaust/muffler break  
in our 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: 7-21-14

Claimant's signature: Katherine Batista

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>7/21/14</u>

July 22, 2014

#14-243

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

RE:                    Insured: Scott M Simmons  
                          File #: JHYX68/CWJAV0  
                          Date of Loss: 7/10/2014  
                          Time: Unknown  
                          Location: North Main Street, Fall River, MA  
                          Type of Loss: Motor Vehicle  
                          Responsible Party: City of Fall River  
**Reimbursement Due: \$558.87**  
                          Property Damage: \$558.87  
                          PIP Medical/Wage: \$

CITY CLERK  
FALL RIVER, MA

2014 JUL 24 A 10:26

RECEIVED

Dear City Clerk:

Please accept this letter of presentment as required by M.G.L. c. 258 §4. Our investigation reveals that your driver Joshua Sokoll 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: Our insured was pulled over and your vehicle side swiped our 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 \$558.87 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.15259, or email me at the address below.

Thank you.

Sincerely,



RECEIVED

2014 JUL 28 A 9:15

City of Fall River  
Notice of Claim

CITY CLERK #14-244  
FALL RIVER, MA

1. Claimant's name: MEHMET HILMI IPLIKCIOGLU
  2. Claimant's complete address: 349 SUNSET AVE APT. 9 NORTH PROVIDENCE RI, 02904
  3. Telephone number: Home: 401-340-8844 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: 7/25/14 @ 11:40 Amount of damages claimed: \$ 4,450.88 +
  6. Exact location of the incident: (include as much detail as possible):  
Right after RI route 24 meets I-195.
  7. Circumstances of the incident: (attach additional pages if necessary):  
PLEASE SEE THE PAGES 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  
GEICO

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: 07/28/2014 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:	Coples 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>7/28/14</u>
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RECEIVED

2014 JUL 28 P 12:17

CITY CLERK Claim #14-245  
FALL RIVER, MA

**City of Fall River  
Notice of Claim**

1. Claimant's name: Pauline V. Sullivan
2. Claimant's complete address: 75 Conant St, Fall River, MA 02724
3. Telephone number: Home: 508-673-0985 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property damage
5. Date and time of accident: 7.9.14 @ 10:45 AM Amount of damages claimed: \$ 2500 -
6. Exact location of the incident: (include as much detail as possible):  
Near the top of Manton St 80
7. Circumstances of the incident: (attach additional pages if necessary):  
I was traveling up Manton St and couldn't get by because there was a man standing outside a truck & didn't move. I proceeded after inching over to the right a little (cars parked on both sides). As I proceeded I must have hit hole in middle of the road.
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: 7-11-14 Claimant's signature: Pauline V. Sullivan

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"/> DCM	Date: <u>7-28-14</u>



RECEIVED

2014 AUG -4 P 3: 20

City of Fall River  
Notice of Claim

CITY CLERK 14-246  
FALL RIVER, MA

1. Claimant's name: Edward Luz Jr.
2. Claimant's complete address: 117 LaPlante St., Fall River, Ma; 02724
3. Telephone number: Home: (508) 951-2061 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Damage my front suspension due to pot holes in my everyday travels.
5. Date and time of accident: 2:00 pm July 10, 2014 Amount of damages claimed: \$ 565.42
6. Exact location of the incident: (include as much detail as possible):  
The Light @ The Harbour Mall, I was coming from Hwy 24 exiting onto William S. Canning Blvd, and was making a legal left turn when I felt a Big Boom. I pulled over, and
7. Circumstances of the incident: (attach additional pages if necessary): took pictures of the hole in road. This is the location that caused the damage to my front end suspension. I am very careful + cautious on avoiding pot holes however this one I could not see @ all, and my girlfriend was in the vehicle w/ me, and also can testify my suspension was damaged due to hitting this hole in middle of turning lane.
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 OVER

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: 8-4-14

Claimant's signature: Edward Luz Jr.

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:	<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>8-4-14</u>
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RECEIVED

City of Fall River  
Notice of Claim

2014 AUG -6 A 10:40

CITY CLERK 14-247  
FALL RIVER, MA

1. Claimant's name: Candida Melo
2. Claimant's complete address: 114 Apple Creek Lane Fall River, MA 02720
3. Telephone number: Home: 508.673.6777 Work: 74-473-3340 (Preferred # to call)
4. Nature of claim: (e.g. auto accident, slip and fall on public way or property damage): Auto (Flat tire)
5. Date and time of accident: 8/1/14 @ 5pm Amount of damages claimed: \$ 57.00
6. Exact location of the incident: (include as much detail as possible): Corner of Davol and Water Street at the lights
7. Circumstances of the incident: (attach additional pages if necessary): At lights I got a massive flat almost lost control of vehicle, my tire was not fixable. Due to a huge "bolt & screw". Construction company need to do a better job in cleaning up the sites!
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: 8/4/14

Claimant's signature: Candida Melo

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 type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> Engineering	Date: <u>8/5/2014</u>



City of Fall River  
Notice of Claim

RECEIVED

2014 AUG -6 P 2:51

CITY CLERK 14-248  
FALL RIVER, MA

1. Claimant's name: Deborah Correia
2. Claimant's complete address: 276 HOMESTEAD ST
3. Telephone number: Home: 508 496 6267 Work: \_\_\_\_\_
4. Nature of claim: (e.g. auto accident) slip and fall on public way or property damage):  
\_\_\_\_\_
5. Date and time of accident: Aug 5-2014 Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
HOMESTEAD ST
7. Circumstances of the incident: (attach additional pages if necessary):  
City trash truck hit my car  
\_\_\_\_\_  
\_\_\_\_\_
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  
PREMIER INSURANCE Joann Andrade #508 946 6430  
CLAIM # HT49691  
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: 7-6-14

Claimant's signature: Deborah 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

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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>8/6/14</u>



RECEIVED

2014 AUG -7 P 12:39

City of Fall River  
Notice of Claim

CITY CLERK 14-249  
FALL RIVER, MA

- 1. Claimant's name: Mark DeMarco
- 2. Claimant's complete address: 84 Hall Street, Apt 1, Fall River, MA
- 3. Telephone number: <sup>cell</sup> Home: 774 488 1689 Work: 508-674 02724  
2427
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): 2427

5. Date and time of accident: 2/9/13 Amount of damages claimed: \$ 13,242.63 meds  
10:19 a.m. & pain + suffering

6. Exact location of the incident: (include as much detail as possible):  
Stafford Rd., Fall River, MA.

7. Circumstances of the incident: (attach additional pages if necessary):  
See attached police report

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  
Travelers Ins Co., PO Box 1450 Middleboro, MA 02344

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: 7/22/14 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 type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>8/7/2014</u>

Dear Council President Camara,

As you know, the Fall River City Council voted on June 26, 2014 to approve the Fiscal Year 2015 budget, which includes pay-as-you-throw as a revenue source. You have notified us of your concern that a June 27 post on the WasteZero blog took that vote out of context and implied that the Council supported pay-as-you-throw. As originally written, that sentence read as follows: "The City Council in Fall River, Mass., voted decisively last night to approve the mayor's fiscal year 2015 budget, which includes a pay-as-you-throw program that will begin on Aug. 4."

We regret that this sentence was misinterpreted and we apologize for the inference that the Council's budget vote represented support for the pay-as-you-throw program. As a sign of our continued commitment to being a flexible and helpful partner to all residents of the City of Fall River, we have changed that sentence to address your concern. The sentence now reads, "Fall River, Mass., is now set to implement the pay-as-you-throw program proposed by Mayor Will Flanagan. The program will kick off on Aug. 4."

We are grateful to you for your outreach, and we look forward to working with the City of Fall River.

With my best wishes,

Mark Dancy  
President, WasteZero

RECEIVED  
2014 JUL 28 P 2:35  
CITY OF FALL RIVER  
FALL RIVER, MA

City of Fall River  
Massachusetts  
City Council



**MICHAEL L. MIOZZA**  
*City Councilor*

August 5, 2014

Mayor William A. Flanagan  
One Government Center  
Fall River, MA 02722

Dear Mayor Flanagan:

While the City Council did not have a say or a vote on Pay-As-You-Throw, I am receiving many calls from struggling working families around the City asking about assistance with purchasing trash bags. The added expense is really pinching some of our residents.

Data from the U.S. Census Bureau from 2012 shows the median average income for Fall River as \$34,437.00. Fifteen percent of persons living in the city are 65 years and over, and nearly 20% of our families live below the poverty level.

As you are aware, there are many elderly, veterans, and others living on fixed incomes and in dire financial straits. Other PAYT communities across the United States, in Wellfleet, Massachusetts and as nearby as Tiverton, Rhode Island offer assistance to their seniors and veterans in need.

I understand that nothing likely can be done in this budget year. I respectfully ask that the administration consider developing a program that may offer reduced priced or free bags for qualified residents for fiscal year 2016. This program could be managed by a third party social service agency, such as Citizens for Citizens, Inc. Your consideration is appreciated.

Sincerely,

Councilor Michael L. Miozza

- cc: Council President Joseph D. Camara and City Council members
- Cathy Ann Viveiros, City Administrator
- Kenneth Pacheco, Director of Community Maintenance
- Raymond Hague, Director of Veterans Services
- Deb Fastino, Executive Director, Coalition for Social Justice
- City Council Committee on Human Services, Housing & Elder Affairs