



**City of Fall River  
Massachusetts**

**Department of Community Services**  
PLANNING \* HEALTH & HUMAN SERVICES  
LIBRARY \* INSPECTIONAL SERVICES \* ELECTIONS

***Health & Human Services Division  
Tobacco Cessation and Prevention***

**C. SAMUEL SUTTER**  
*Mayor*

**HENRY VAILLANCOURT MD MPH**  
*Director Community Services*

**MARILYN EDGE**  
*Tobacco Control Coordinator*  
508-324-2423

To: City Clerk, Alison Bouchard

From: Marilyn Edge, Tobacco Control

Re: Vet's Cab

Date: August 7, 2015

On August 1, 2015 I witnessed a driver of Vet's Safety Cab, Isaac Morgan, smoking in his vehicle while driving on South Main and then East Main Sts. I contacted Russell Isabel, owner of Vet's Safety Cab, and he gave me Mr. Morgan's name and address for the citation.

This is not Mr. Morgan's first citation for smoking in one of Vet's Safety Cabs.

On August 7, 2015 I went to your office to obtain Mr. Isaac Morgan's date of birth from his City issued license to operate a taxi cab and was told that he did not have a 2015 license to operate a taxi. I asked your clerk to go back to 2014 and check that license as I need the date of birth for the citation. He did not have a 2014 license to operate a taxi.

My records indicate that he didn't have a license in 2013 - and that he had applied for a license in 2012, that was approved, but never issued because he never came back to pick it up.

I contacted Lt. Paul Bernier and asked that a citation be issued to Mr. Russell Isabel for violation of Sec 78-91 of the City Ordinance. Lt. Bernier turned the matter over to Officer Brandon Wixon as Officer Wixon is familiar with Mr. Isaac Morgan and Mr. Russell Isabel. Evidently, Mr. Morgan has a previous matter of hitting parked vehicles in a Vet's Safety Cab. When Officer Wixon went to the Talbot St. garage to speak to Mr. Isabel about the accident the mechanics were already fixing the cab - without reporting the accident. Officer Wixon has issued the citation to Mr. Isabel, see attached report.

6  
RECEIVED

2015 AUG 10 P 1:07

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

I would respectfully request that this matter be brought to the attention of the City Council, as the issuing authority of taxi cab operators licenses.

Thank you.

Attached: FRPD Incident Report #15-5091-OF

## Massachusetts Smoke-Free Workplace Law and Questions Concerning Taxi Cabs

The Smoke-Free Workplace Law, M.G.L. Ch. 270, §22, mandates that enclosed workplaces with one or more employees must be smoke-free. The state law's intent is to protect workers in enclosed workplaces from secondhand smoke exposure. The full text of the law and additional information (including DPH Regulation 105.CMR 661.000) are available at [www.mass.gov/dph/mtcp](http://www.mass.gov/dph/mtcp).

### Is smoking allowed in Taxis?

No. Not only are taxis a workplace but they are specifically mentioned within the law. Taxis are defined as a "Public Transportation Conveyance." As such "Smoking shall be prohibited.... upon any public transportation conveyance." (*The Smoke-Free Workplace Law, M.G.L. Ch. 270, §22*)

### Is smoking allowed when there are no passengers?

No. Smoking in taxis is specifically prohibited, regardless of whether the taxi is on or off duty or is carrying a passenger or not.

### Is smoking allowed when the windows are open?

No. Smoking is not permitted in taxis at any time regardless if windows are open.

### What kind of signage does the law require?

No smoking signs are required to be posted in any area where smoking is prohibited. A sign must be visible to both the passenger and driver. Therefore, a sticker should be placed both in the front and in the back of the cab so that both the driver and passenger knows that smoking is not permitted. No smoking signs are available at the local boards of health.

### What can I do if a passenger is smoking?

Smoking should be treated like any other banned activity within the cab such as drinking alcohol. You should request that the passenger extinguish the smoking material. If they refuse you may treat the situation as you would any situation in which the passenger is violating state law. Passengers may be fined up to \$100 by enforcement officers for violations.

### What is the complaint process?

If a passenger files a complaint alleging that a driver is smoking, both the board of public health in the town where the alleged violation occurred and the taxi owner will be notified. If the complaint is substantiated, a ticket will be issued. For more information on the process or the fines please contact your local board of health. Complaints and tickets may also be filed by enforcement officers who observe smoking inside of the taxi.

### Does the enforcement officer have to witness smoking to take enforcement action?

The enforcement officer does not have to witness the actual smoking, however, credible evidence (e.g. used ashtrays or cigarette butts on the floor) that smoking occurred must be provided.

### Who is responsible for paying the fine?

Whoever the ticket is made out to is responsible for paying the fine. Fines can be given to both owners and individual drivers.

For additional information contact the Massachusetts Department of Public Health 1-800-992-1895

TDD/TTY 617-624-5992 | [www.mass.gov/dph/mtcp](http://www.mass.gov/dph/mtcp)

Ref: 15-5091-OF

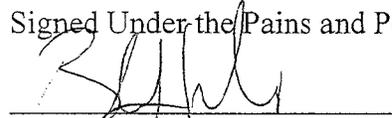
On Friday, August 7, 2015 at approximately 4:00pm I, Officer Brandon Wixon, spoke with Marilyn Edge the City of Fall River Tobacco Control Coordinator. Ms. Edge explained that she had encountered a Vet's Safety Cab driver earlier in the day who was smoking a cigarette in the taxi with a fare on board, in violation of city ordinance. When she later attempted to locate his city taxicab driver's license, she discovered he does not and has not had one in quite some time.

As a result of Ms. Edge's findings, I mailed the owner of the Vet's Safety Cab company, Russell Isabel, a citation for the offense of:

- *Sec. 78-91 - No owner or person having control of a taxicab shall employ or allow any person to drive the taxicab, and no person shall drive the taxicab, except a person licensed as provided in this division. (Rev. Ords. 1988, S20-51)*

I respectfully request this report be forwarded to the appropriate offices for enforcement.

Signed Under the Pains and Penalties of Perjury,

  
\_\_\_\_\_  
Officer Brandon Wixon  
Fall River Police Department

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# City of Fall River Massachusetts

Department of Administrative Services  
HUMAN RESOURCES • INFORMATION SYSTEMS • LAW • PURCHASING

*Purchasing Division*



**C. SAMUEL SUTTER**  
*Mayor*

**TIMOTHY MCCOY**  
PURCHASING AGENT

Dear President Camara and Councilors',

In accordance with City Ordinance Division 2, Purchasing Department Sec. 2-972 of the revised Ordinances of the City of Fall River, this reads in part as follows:

**Surplus property determined by the Purchasing Agent to be no longer useful for any municipal purpose shall be sold or disposed of under such terms and conditions as the City Council shall by order determine.**

Please find attached a description of the items, 1 used Dell desktop computer and 1 used Dell monitor, neither item possessing any value to the City of Fall River's Information, Investigation and Technology Unit, within our police department.

**I respectfully recommend that consideration be given by our Council to the Fall River Police Department's request of donating/gifting the computer and monitor to the Fall River Historical Society.**

Respectfully Submitted,

Timothy McCoy  
Purchasing Agent

**RECEIVED**  
2015 AUG -4 P 4: 11  
CITY CLERK  
FALL RIVER, MA

# *City of Fall River, In City Council*

ORDERED, that under the provisions of Section 2-972 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, the Mayor be, and is hereby authorized to gift a Dell Desktop Computer Optiplex GX620 (Used), Serial # BF41WF1, and a Dell Monitor (Used), Serial # GH72122346J, to the Fall River Historical Society.

FALL RIVER POLICE DEPARTMENT  
OFFICER'S REPORT

NATURE OF INCIDENT Donation of Computer Equipment DIVISION IIT  
LOCATION Fall River Police Department DATE 7/29/2015  
COMPLAINANT Detective Matthew Silvia  
TO: Sergeant K. Medeiros / Deputy A. Dupere

SIR:

It has come to my attention that the Fall River Historical Society could benefit from some upgraded computer equipment. I have learned that some of their equipment is potentially 10 years old. By today's standards this limits their ability to research and further their technological capabilities. It is my professional opinion as a member of the Information Investigation and Technology Unit, that some of our surplus equipment would augment and greater benefit the Historical Society. While this surplus equipment is not new, it has been currently replaced by some of our newer equipment. This surplus computer equipment is not capable of fulfilling the demands of the Fall River Police Department's needs, but would vastly improve the abilities of the Historical Society.

I respectfully request that consideration be made in regards to surplus computer equipment be designated and donated to the Fall River Historical Preservation Society.

Attached is a list of equipment that I have found to be surplus and recommend that it be considered for donation.

RESPECTFULLY SUBMITTED,

Matthew Silvia

*Rec'd & Forwarded Out Chief Albert Dupere*

*7-29-15*



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# CITY OF FALL RIVER, MASSACHUSETTS

BOARD OF ELECTION COMMISSIONERS

ONE GOVERNMENT CENTER

TEL. 508-324-2630

RECEIVED

2015 JUL 15 A 11: 22

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

## COMMISSIONERS

- ELIZABETH A. CAMARA, CHAIRPERSON
- ALFREDO P. ALVES
- GREGORY A. BRILHANTE
- DARYL GONYON

July 15, 2015

Honorable City Council  
 One Government Center  
 Fall River MA 02722

Dear City Councillors:

A Charter Revision or Adoption Petition has been filed with the Board of Elections. The Board of Election Commissioners received and certified a total of 340 sheets containing signatures of registered voters. The petition must contain the signatures of 15% of the number of registered voters in the City of Fall River at the time of the last state election held on November 4, 2014. There were 49,965 voters in the City of Fall River and the number of registered voters' signatures to be certified is 7,495.

The following is a breakdown of the results:

90 petitions received 5/29/14	2,700 signatures certified
28 petitions received 3/26/15	900 signatures certified
33 petitions received 5/7/15	915 signatures certified
33 petitions received 5/22/15	283 signatures certified
26 petitions received 5/26/15	784 signatures certified
30 petitions received 6/1/15	770 signatures certified
23 petitions received 6/8/15	587 signatures certified
18 petitions received 6/12/15	432 signatures certified
34 petitions received 6/12/15	376 signatures certified
24 petitions received 6/30/15	283 signatures certified
<u>1</u> petition received 7/10/15	<u>7</u> signatures certified
340 Total Petitions	8,037 Total Certified

The petitioners notified the registrars in writing that their filing was complete on July 10, 2015. A copy of the letter is included with this report of the results.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth A. Camara". The signature is written in black ink and is positioned below the word "Sincerely,".

Elizabeth A. Camara, Chairperson  
Board of Election Commissioners

*City of Fall River, In City Council*

ORDERED, that the Board of Election Commissioners shall place on the official ballot for the Fall River election to be held on November 3, 2015 in the City of Fall River the following question:

Shall a commission be elected to revise the Charter of the City of Fall River?

Yes \_\_\_\_\_  
No \_\_\_\_\_

and, to cast their votes for the nomination of candidates for the office of:

CHARTER COMMISSION  
Vote for not more than nine



July 10, 2015

Elizabeth Camara  
Chairperson  
Fall River Board of Election Commissioners  
One Government Center, Room 636  
Fall River, MA 02722

Dear Mrs. Camara,

On behalf of the Board of Directors of the Fall River City Charter Review Group, I would like to submit this letter as our official declaration stating our group has ended the collection of signatures pertaining to the Charter Revision Petition that is currently pending at your office.

The group would like to thank you for all your guidance and patience throughout the entire process.

It has been a pleasure working with you.

Sincerely,

A handwritten signature in cursive script that reads "Kris Bartley".

Kris Bartley  
President  
Fall River City Charter Review Group  
508-951-9284

Board Members

Kris Bartley  
President

Kathy Medeiros  
Vice President

Sue Mathias  
Treasurer

Margie Charkowski

Joani Leger

Mike Miozza

Ron Thomas

RECEIVED  
2015 JUL 10 1 P 3: 21

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# CITY OF FALL RIVER, MASSACHUSETTS

BOARD OF ELECTION COMMISSIONERS

ONE GOVERNMENT CENTER

TEL. 508-324-2630

## COMMISSIONERS

ELIZABETH A. CAMARA, CHAIRPERSON

ALFREDO P. ALVES

GREGORY A. BRILHANTE

DARYL GONYON

August 11, 2015

Honorable City Council  
One Government Center  
Fall River MA

Dear City Councillors:

The Board of Election Commissioners is requesting the attached list of locations be designated as polling precincts for the upcoming City Preliminary being held on Tuesday, September 22, 2015 and the City Election being held on Tuesday, November 3, 2015.

The Preliminary Election is for the office of:

MAYOR  
CITY COUNCIL

The City Election is for the office of:

MAYOR  
CITY COUNCIL  
SCHOOL COMMITTEE

Also for any questions appearing on the ballot for the City Election.

The Board of Election Commissioners is requesting the attached copy of the warrant, being posted at each polling location for the City Preliminary for September 22, 2015, be signed by the City Council. The polls will open at 7:00 AM and close at 8:00 PM.

Sincerely,

Elizabeth A. Camara, Chairperson  
Board of Election Commissioners

# City of Fall River, *In City Council*

ORDERED, that the following places be and the same are hereby designated as polling places for the Preliminary Municipal Election to be held on Tuesday, September 22, 2015 and the Municipal Election to be held on Tuesday, November 3, 2015. The polls to be opened from 7:00 AM to 8:00 PM, and all polling places shall be used.

**List of Wards, Precincts and Polling Places**

Ward	Prnct	Polling Place Name	Polling Place Address
1	A	ALFRED LETOURNEAU SCHOOL	323 ANTHONY ST
	B	EDWARD F. DOOLAN APTS	CORNER OF LAUREL & MITCHELL DR
	C	ALFRED LETOURNEAU SCHOOL	323 ANTHONY ST
2	A	BLESSED TRINITY CHURCH	1340 PLYMOUTH AVE (ENTRANCE ON WINTHROP ST)
	B	BLESSED TRINITY CHURCH	1340 PLYMOUTH AVE (ENTRANCE ON WINTHROP ST)
	C	CANDEIAS-NIAGARA FIRE STA	CORNER PLYMOUTH AVE & WARREN ST
3	A	MITCHELL APARTMENTS	2100 SOUTH MAIN ST
	B	CARLTON M VIVEIROS SCHOOL	200 LEWIS ST
	C	MATTHEW J KUSS MIDDLE SCH	ENTRANCE ON SHAW ST
4	A	FRANK B. OLIVEIRA APTS	170 WILLIAM ST
	B	JAMES A. O'BRIEN APTS	MORGAN & SECOND STS
	C	THE ATRIUM AT GOV'T CTR	ENTRANCE ON SULLIVAN DR
5	A	CANDEIAS-NIAGARA FIRE STA	CORNER PLYMOUTH AVE & WARREN ST
	B	CHOR BISHOP EID APTS	33 QUEQUECHAN ST
	B1	CHOR BISHOP EID APTS	33 QUEQUECHAN ST
	C	MARY L. FONSECA SCHOOL	160 WALL ST
6	A	FRANCIS J. BARRESI HTS	1863 PLEASANT ST
	B	GEORGE H. COTTELL HTS	1685 PLEASANT ST
	C	RENEY/EASTWOOD FIRE STA	400 EASTERN AVE
	C1	RENEY/EASTWOOD FIRE STA	400 EASTERN AVE
7	A	UNION UNITED METH CHURCH	600 HIGHLAND AVE
	B	THE ATRIUM AT GOV'T CTR	ENTRANCE ON SULLIVAN DR
	C	RAYMOND D. HOLMES APTS	ENTRANCE ON FULTON ST
8	A	MARY L. FONSECA SCHOOL	160 WALL ST
	B	CARDINAL MEDEIROS TOWERS	1197 ROBESON ST (ENTRANCE ON STANLEY ST)
	C	SPENCER BORDEN SCHOOL	ENTRANCE ON CHESTNUT ST
9	A	JAMES TANSEY SCHOOL	711 RAY ST
	B	CALVARY TEMPLE ASSEM OF G	4321 NORTH MAIN ST
	C	CALVARY TEMPLE ASSEM OF G	4321 NORTH MAIN ST

**Total Number of Polling Places: 29**  
**No. Pages of Printed: 1**

\*\*\* End of Report \*\*\*

# CITY OF FALL RIVER

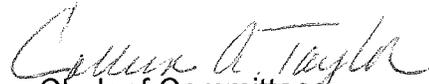
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To the City Council

Councillors:

The Committee on

Ordinances and Legislation, at a meeting held on July 28, 2015  
unanimously voted 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.

  
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:

Ballard Street, north side, starting at a point 78 feet west of North Court Street, for a distance of 20 feet westerly

Cherry Street, north side, starting at a point 20 feet west of Grove Street, for a distance of 20 feet westerly

Montaup Street, east side, starting at a point 395 feet north of Globe Street, for a distance of 20 feet northerly

Mulberry Street, east side, starting at a point 81 feet south of Hope Street, for a distance of 20 feet southerly

Peckham Street, south side, starting at a point 15 feet east of Vale Street, for a distance of 20 feet easterly

Riverview Street, north side, starting at a point 618 feet west of Bay Street, for a distance of 20 feet westerly

South Main Street, east side, starting at a point 35 feet south of South Street, for a distance of 20 feet southerly

Tecumseh Street, north side, starting at a point 325 feet west of Dover Street, for a distance of 20 feet westerly

Whipple Street, west side, starting at a point 182 feet south of Morgan Street, for a distance of 20 feet southerly

# CITY OF FALL RIVER

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To the City Council

Councillors:

The Committee on Ordinances and Legislation at a meeting held on July 13, 2015 voted 4 yeas, 1 nay to recommend the accompanying proposed ordinance be passed through second reading, as amended with Councilor Correia voting in the negative.

*Cecilia A. Taylor*  
Clerk of Committees

# City of Fall River, In City Council

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

That Chapter 62 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to solid waste be amended as follows:

Section 1.

By striking out in Section 62-1, which section relates to Definitions, "Authorized Private Receptacle" and its definition.

Section 2.

By inserting in Section 62-1, which section relates to Definitions, in proper alphabetical order, the following:

Director means the Director of Community Maintenance of the City.

Official City Bag means a trash bag authorized to be used by the City for the disposing of solid waste into a green cart.

Section 3.

By inserting in Section 62-2, which section relates to Collection and disposal generally, a new sub-section to read as follows:

(c) The city shall collect solid waste and recyclables from single family dwellings and multiple family residential buildings containing up to six dwelling units. Solid waste shall be collected only if placed in an official city bag and placed in a green cart. Recyclables shall not be placed in green carts and solid waste shall not be placed in blue or pink carts.

Section 4.

By inserting a new section to read as follows:

Section 62-9. Supervision.

The director shall have the supervision and control of the collection of solid waste and recycling. The director may promulgate procedures for the enforcement and administration of solid waste and recycling collection.

Section 5.

By striking out Section 62-48, which section relates to Enforcement, in its entirety and inserting in place thereof the following:

The director and his authorized agents, including, but not limited to litter enforcement officers, shall have the authority to enforce the provisions of ordinances as detailed in chapter 26, environment, chapter 62, solid waste, and sections 2-1021 through 2-1025, of chapter 2, administration, as said sections relate to chapters 26 and 62. Enforcement shall only be against the generator of the trash.

Section 6.

That Appendix A-Fee Schedule for the Revised Ordinances of the City of Fall River, Massachusetts, 1999, Chapter 62, which chapter relates to solid waste, be amended as follows:

By inserting a new section to read as follows:

§62-1	Official City Bag	
(1)	30 gallon	\$ 2.00
(2)	15 gallon	\$ 1.25
(3)	8 gallon	\$ .75

CITY OF FALL RIVER  
IN CITY COUNCIL

MAY 12 2015

*Passed through first reading per council 5 years, 4 days*

CITY OF FALL RIVER  
IN CITY COUNCIL

MAY 26 2015

*Tabled*

CITY OF FALL RIVER  
IN CITY COUNCIL

JUN 23 2015

*Referred to the Committee on Ordinances and Legislation, 9 years*

CITY OF FALL RIVER  
IN CITY COUNCIL

**CITY OF FALL RIVER**

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14

To the City Council

Councillors:

The Committee on Ordinances and Legislation at a meeting held on July 28, 2015  
voted unanimously that the accompanying resolution be submitted to the full  
Council for action.

*Colleen A. Taylor*  
Clerk of Committees

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

(Committee on Ordinances and Legislation)

WHEREAS, the household trash fee may be a financial burden for some residents, now therefore

BE IT RESOLVED, that the Administration consider this fee being billed on a bi-annual basis and submitting a proposed ordinance to the City Council for this amendment.

# 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:

Section 1.

By inserting in Section 70-373 (33), which section relates to fifteen minute parking during certain hours, 8:00 a.m. to 9:00 p.m., Everyday, in proper alphabetical order the following:

Oak Grove Avenue, west side, starting at a point 47 feet north of Locust Street,  
for a distance of 20 feet northerly

Section 2.

By inserting in Section 70-385 (14), which section relates to loading zones during certain hours, 6:00 a.m. to 5:00 p.m., Monday – Friday, in proper alphabetical order the following:

Locust Street, north side, starting at a point 109 feet east of High Street,  
for a distance of 33 feet easterly

CITY OF FALL RIVER  
IN CITY COUNCIL  
JUL 14 2015

*Passed through  
first reading*

*City of Fall River, In City Council*

17

(Councilor Raymond A. Mitchell)

WHEREAS, there are homeless shelters operating in the City of Fall River without the proper zoning approvals, and

WHEREAS, these properties are in violation of the zoning ordinances, and

WHEREAS, many people are being relocated here from other cities and towns causing a strain on city services, now therefore

BE IT RESOLVED, that the Committee on Human Services, Housing and Elder Affairs convene with the Director of Code Enforcement, Planning Director, City Engineer and Corporation Counsel to discuss homeless shelters and provide an update on proper locations.

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

18

(Councilor Raymond A. Mitchell)

WHEREAS, the City of Fall River has just been awarded another SAFER Grant to allow the Fire Department to reinstate a number of firefighters, and

WHEREAS, when the previous Safer Grant funding ended it caused a great number of layoffs, now therefore

BE IT RESOLVED, that the Administration establish a committee to investigate how the city can maintain the same level of staffing when the SAFER Grant funding ends.

*City of Fall River, In City Council*

19

(Councilor Leo O. Pelletier)

WHEREAS, State Representative Byron Rushing has filed House Bill No. 125 – An act ensuring equal access to services for all residents of the Commonwealth of Massachusetts, and

WHEREAS, this legislation would ensure illegal immigrants have access to state benefits, such as welfare, healthcare and driver's licenses thereby costing the Commonwealth millions of dollars, and

WHEREAS, making Massachusetts a sanctuary state for illegal immigrants would be devastating, now therefore

BE IT RESOLVED, that the Fall River City Council go on record opposing this legislation.

**HOUSE . . . . . No. 125**

The Commonwealth of Massachusetts

PRESENTED BY:

***Byron Rushing***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act An act ensuring equal access to services for all residents of the commonwealth.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Byron Rushing</i>	<i>9th Suffolk</i>
<i>Jay D. Livingstone</i>	<i>8th Suffolk</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Peter V. Kocot</i>	<i>1st Hampshire</i>
<i>Frank A. Moran</i>	<i>17th Essex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Marcos A. Devers</i>	<i>16th Essex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Timothy J. Toomey, Jr.</i>	<i>26th Middlesex</i>

**HOUSE . . . . . No. 125**

By Mr. Rushing of Boston, a petition (accompanied by bill, House, No. 125) of Byron Rushing and others for legislation to ensure equal access to services for certain residents of the Commonwealth, notwithstanding alienage or immigration status. Children, Families and Persons with Disabilities.

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court  
(2015-2016)

An Act An act ensuring equal access to services for all residents of the commonwealth.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 30 of the General Laws is hereby amended by adding after section  
2 65 the following new section:-

3 Section 66. (a) For the purposes of this section the following terms shall mean:

4 Program: any program, project or activity for the provision of services, financial aid, or  
5 other benefits to individuals. This shall include, but not be limited to, education or training,  
6 employment, health, welfare, rehabilitation, housing or other services, whether provided directly  
7 by the recipient of funds of the commonwealth or provided by others through contracts or other  
8 arrangements with the recipient.

9 Recipient: any political subdivision of the commonwealth or instrumentality thereof,  
10 including quasi-public commissions, or any public or private agency, institution or organization,  
11 or other entity, or any individual, in any political subdivision of the commonwealth to whom

12 funds of the commonwealth are extended, either directly or through another recipient, for any  
13 program.

14 Recipient shall include any successor, assignee, or transferee thereof. It shall not include  
15 any ultimate beneficiary under such program.

16 (b) It shall be the policy of the commonwealth to support and encourage any and all  
17 residents in their attempts to obtain lawful immigration status and, if they choose, citizenship.  
18 Nothing in this section shall prohibit an agency or employee of the commonwealth or recipient  
19 of commonwealth funds from requesting the voluntary provision of information or  
20 documentation regarding immigration status to the extent necessary to assist an individual in  
21 resolving his or her immigration question when such assistance is part of a program's activities  
22 and is consistent with this subsection.

23 (c)(1) No regulation, rule, or other requirement may be imposed by any agency or  
24 employee of the commonwealth nor by a recipient of funds from the commonwealth which  
25 denies any assistance, benefit, payment, service, or participation in any program or activity on  
26 the basis of alienage or immigration status, except as required by federal law, state statute or  
27 court decision.

28 (c)(2) No agency or employee of the commonwealth nor any recipient of commonwealth  
29 funds shall request information about, investigate, or assist in the investigation of the alienage or  
30 immigration status of any person unless such inquiry or investigation is required by federal law,  
31 state statute or court decision; nor shall any such individual or entity maintain or disseminate  
32 information regarding the citizenship or residency status of any person unless required to do so  
33 by federal law, state statute or court decision; nor shall any such individual or entity share

34 information about any person, including but not limited to information regarding a person's place  
35 of residence, with the federal Bureau of Immigration and Customs Enforcement unless required  
36 to do so by federal law or court decision; nor shall any such individual or entity condition the  
37 provision of any assistance, benefit, payment, service, or participation in any program or activity  
38 on the basis of alienage or immigration status, unless required to do so by federal law, state  
39 statute or court decision.

40 (d) Nothing in this section shall prohibit an agency or employee of the commonwealth or  
41 a recipient of commonwealth funds from requesting information or documentation regarding  
42 alienage or immigration status to the extent necessary to secure federal reimbursement for a  
43 specific program so long as the provision of such information is voluntary and participation in  
44 the program is not conditioned upon alienage or immigration status unless required by federal  
45 law, state statute or court decision.

*City of Fall River, In City Council*

20

(City Council)

WHEREAS, the German 210 mmm heavy mortar M 1916 cannon captured by US Forces in World War I was loaned to the City of Fall River as part of the war trophy plan to distribute "Victory Cannons" to communities across the USA, and

WHEREAS, the 7-ton cannon is currently located on the west side of Kennedy Park and in need of maintenance, and

WHEREAS, 2016 will mark the 100<sup>th</sup> Anniversary of the Great War and Battleship Cove is the official War Memorial for the Commonwealth of Massachusetts, now therefore

BE IT RESOLVED, that the Fall River City Council joins the Board of Park Commissioners in supporting the relocation of the cannon to an area just outside the entrance to Battleship Cove on public property where it shall be cared for and displayed in a more prominent place and shall be accessible to the public free of charge, and

BE IT FURTHER RESOLVED, that the US Army be notified of the City Council's support and availability to assist in procuring sponsorship for the move and reinstallation at Battleship Cove.



**City of Fall River  
Massachusetts**  
**Department of Community Maintenance**  
CEMETERIES • MUNICIPAL BUILDINGS • PARKS • SANITATION  
STREETS & HIGHWAYS • TRAFFIC & PARKING • VEHICLES

*Parks Division*

**C. SAMUEL SUTTER**  
*Mayor*

**KENNETH C. PACHECO**  
Director

**NANCY SMITH**  
Manager

August 10, 2015

Joseph D. Camara, President  
Fall River City Council  
One Government Center  
Fall River, Massachusetts 02722

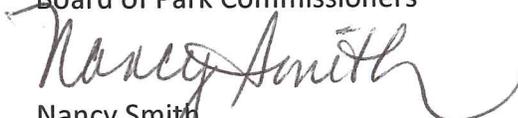
Dear Councilor Camara:

The Board of Park Commissioners received a copy of the letter that was sent to you dated July 21, 2015 from Brad King/Battleship Cove regarding the relocating of the so called "Victory Cannon". The Board of Park Commissioners has no objection with their request for permission to relocate the cannon which has been located in Kennedy Park for a number of years now, to an area just outside the entrance to Battleship Cove where it can be prominently displayed by individuals visiting the waterfront.

The Board's decision did however want to add an additional condition that this transfer would be subject to. The Board feels that the Cannon has been displayed in a location that is free of charge to all individuals looking to view it and would only agree to the transfer with stipulation that it remain in a place that it may be viewed, in the same manner, free of charge, for its duration.

If you need any further information from the Board, please do not hesitate to contact the Park Office.

Sincerely,  
Board of Park Commissioners

  
Nancy Smith  
Parks Manager

**RECEIVED**  
2015 AUG 12 A 10:32  
CITY CLERK  
FALL RIVER, MA



The Fleet that Touches Lives

5 Water Street  
P.O. Box 111  
Fall River, MA 02722-0111  
www.battleshipcove.org

July 21, 2015

Mr. Joseph D. Camara  
President, Fall River City Council  
860 Montgomery St.  
Fall River, MA 02720

Dear Sir,

**Re: Captured German 210 mm heavy mortar M 1916. Kennedy Park**

RECEIVED  
2015 AUG - 7 A 9:50  
CITY CLERK  
FALL RIVER, MA

You will be aware of the above war trophy which has been in the west side of Kennedy Park for many years near the council's maintenance machinery garage.

This particular German cannon was no doubt captured by US Forces in World War 1 and was loaned to the city in 1919 as part of the war trophy plan to distribute so called "Victory Cannons" to communities across the USA.

In House Resolution HR. 13759 of 1919, the House of Representatives approved a request (and thousands of others from various cities) from the then Congressman and former Mayor of Fall River, William S Greene.

To date no record of the arrival has been found in the Herald News, but one can assume the transfer to the city was made in the following 12-18 months.

Since that time the cannon has not received any maintenance and many parts are now missing. The 7-ton article has sunk into the ground to about 8 inches and there is deterioration to the wheels. The condition under the soil is unknown.

I am sure you will agree that the cannon is not in a very public place, is unloved, and in desperate need of attention.

As we are now in the period of the 100<sup>th</sup> Anniversary of the Great War, I am writing to request permission to relocate the cannon to the area just outside the entrance to Battleship Cove where it can be displayed properly in a more prominent place and seen by many more people visiting the waterfront. We would include interpretation and paint it or at least stabilize the structure.

Battleship Cove is more than appropriate as we are the official War Memorial for the Commonwealth.

This transfer would be subject to a couple of conditions:

1. That we can procure sponsorship for the move and reinstallation and
2. The US Army agrees.

It is a little known fact that the howitzer is still owned by the United States Army. I have spoken with the relevant department and they would need a letter of request from me and a letter of support from the City.

I hope that the council will agree to this request and I look forward to hearing from you. If you need any more information or have questions, then please do not hesitate to contact me.

Best Regards

A handwritten signature in black ink, appearing to read 'Raymond Hague', with a stylized flourish at the end.

cc: Mayor Sutter, Government Centre, Fall River  
Raymond Hague

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

25

ORDERED, that in accordance with the provisions of law, the City Clerk be and is hereby authorized and directed to cause notices to be given that meetings of the voters of the city qualified to vote at a Preliminary Municipal Election, to be held on Tuesday, September 22, 2015, in the several polling places designated by this Council, to cast their votes for the nomination of candidates for:

**Mayor  
City Council**

and at a Municipal Election to be held on Tuesday, November 3, 2015, in the several polling places designated by this Council, to cast their votes for the nomination of candidates for:

**Mayor  
City Council  
School Committee**

and any questions that may appear on the ballot, and

BE IT FURTHER ORDERED, that the Board of Election Commissioners be and the same are hereby authorized and empowered to cause all necessary rooms, fixtures, apparatus, and supplies for the holding of the municipal election to be prepared and furnished for the same, the cost of the same to be charged to the appropriation for elections.

The polls to be opened from seven o'clock A.M. to eight o'clock P.M. and all polling places to be used.

30

**Safety Insurance**  
 AUTO • HOME • BUSINESS  
 P.O. Box 55098  
 Boston, MA 02205-5098  
 1-617-951-0600

MAY 04, 2015

RECEIVED

2015 JUL 10 P 12:41

CITY CLERK 15-7/A  
FALL RIVER, MA

MOSER, ROBERT  
 PO BOX 181  
 FALL RIVER, MA 02722

**INSURED:** MOSER, ROBERT T  
**CLAIM #:** 2490105 02  
**CLAIMANT:** MOSER, ROBERT

Dear Sir or Madam,

We are currently unable to process Personal Injury Protection PIP and/or Medical Payments (MP) benefits for the bills itemized below on behalf of the above named claimant, which are being submitted as a result of the 3/14/2015 accident.

Service Dates	Provider	Description	\$ Amount	Reason Code *
4/04/2015 - 4/04/2015	PRIMA CARE, P.C.	OFFICE VISIT	318.00	08
3/26/2015 - 3/26/2015	PRIMA CARE PC	OFFICE VISIT	351.00	08
*See back of page for Reason Code Explanation				

If you have any questions, Please call me at 617-951-0600, extension 2084.

Sincerely,

Mandy Guevara  
 Claims Adjuster

Aug 7 2015



To Who this May Concern

here are ~~the~~ Pictures of my  
 Foot from falling on unshoveld  
 side walk I was walking  
 on Road But Traffic was coming  
 so I had to get back on side  
 walk to avoid getting hit  
 when I got to sidewalk  
 I slip on ice which was  
 cover in snow making my  
 leg go backwards ~~spring~~  
 spraining my foot I did  
 go to Hosp here is  
 documents I had help  
 getting up by a passerbyer  
 I was able to get help  
 going home.

NANCY COHEN

774 955 3238

166 Sunset Hill  
Fall River Mass

02724

RECEIVED

2015 AUG -6 P 2:35

CITY CLERK / 5-81A  
FALL RIVER, MA

1 orig LAW

1 city clerk

1 city Council

1 city Admin



**SOUTHCOAST**  
HOSPITALS GROUP

St. Lukes's - Charlton - Tobey  
Hospitals

363 Highland Ave.  
Fall River, MA 02720  
Billing Office: (508)973-3500  
or 1-800-298-9342

WE ACCEPT MASTERCARD & VISA

AMOUNT ENCLOSED	TYPE
\$	FINAL

PATIENT NAME	PATIENT ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
HIGSON, DEBRA J.	CZ63054654	03/18/15	03/18/15	04/06/15
GUARANTOR	INSURANCE COVERAGE	POL/SSN/HIC/ID NO.		
HIGSON, DEBRA J.	MEDICARE PART A	031505086A		
457 LOCUST STREET APT 1 FRONT	MEDICAID	CROSS 100011552369		
FALL RIVER MA 02720	NATIONAL HERITAGE			

SERVICE DATE	DESCRIPTION	AMOUNT
03/18/15	*** CT TOMOGRAPHY *** 724000018 CT HEAD NO CONTRAST	1 853.00
03/18/15	724001412 CT CERVICAL SPINE NO CONTRAST	1 1083.00
03/18/15	724001511 CT FACIAL BONES NO CONTRAST	1 894.00
		----- 2830.00
03/18/15	*** EMERGENCY ROOM *** 678009084 ER ROOM LEVEL 4	1 853.00
		----- 853.00
03/18/15	*** E.R. PROFESSIONAL FEE *** 778050044 PA/NP PHYSICIAN-LEVEL 4	1 405.00
		----- 405.00
04/09/15	*** RECEIPTS, ADJUSTMENTS, ETC. *** MPHYINFO INFORMATIONAL; 0215083432520, 886265343, 0407	1 0
04/09/15	MPHYCOINS MEDICARE B COINSURANCE; 20.16	1 0
04/09/15	MPHY44 MEDICARE ALLOWANCE; 835MPHY ADJ	1 -305.82
04/09/15	MPHY01 MEDICARE PART "B" PAYMENT; 835MPHY RCP	1 -79.02
04/09/15	MCRINFO INFORMATIONAL; 21508300982007MAA, EFT0516362, 0407	1 0
04/09/15	MCRCOINS MEDICARE COINSURANCE; 155.35	1 0
04/09/15	MCR40 MEDICARE ALLOWANCE; 835MCR ADJ APC:2	1 -2918.73
04/09/15	MCR01 MEDICARE PAYMENT; 835MCR RCP	1 -608.92
05/05/15	WCR01 MCAD CROSSOVERS PAYMENT; 835MASSHEALTH RCP	1 -4.31
		----- -3916.80
	ESTIMATED INSURANCE DUE MEDICAID CROSSOVERS	171.20

RECEIVED

2015 AUG -3 P 3:54

Y CLERK 15-103A  
FALL RIVER, MA

8/4/15 Original #1 Law  
DPW  
City Administrator  
City Council City Clerk



St. Lukes's - Charlton - Tobey  
Hospitals

363 Highland Ave.  
Fall River, MA 02720  
Billing Office: (508)973-3500  
or 1-800-298-9342

CZ63054654	TOTAL	4088.00
	TOTAL CREDITS	-3916.80
	TOTAL DUE	171.20
	INSURANCE COVERAGE	171.20
	PATIENT BALANCE *	0.00

THIS ITEMIZED BILL SHOULD BE RETAINED FOR YOUR RECORDS. ANY  
AMOUNT LISTED IN THE PATIENT BALANCE SECTION IS PAYABLE  
WITHIN 30 DAYS

TEAR ON PERFORATION AND REMIT TOP PORTION OF BILL WITH PAYMENT

# Felix Auto Collision Center

Registration #: RS 4057  
 1201 Slade Street  
 Fall River, MA 02724  
 Phone #: (508) 678-5806

Customer No: 955  
 Report No: 962  
 Claim #:  
 Assign No:

## Estimate

5/19/2015

E-Mail: [bodyworks6@verizon.net](mailto:bodyworks6@verizon.net)

<b>Vehicle Information</b> 2012 Chevrolet Malibu LS Sedan Style: 4D SED LT2 Color: Silver Color Code: WA636R Production Date: / 0 License: 89JL60 State: MA VIN: 1G1ZD5EU3CF384449 Miles In: 0 Miles Out: 0 Condition: Good Estimator: Tommy Haines,#12201 Date Assigned: 5/18/2015 Options: ABS, TPMS, Usa Made, Aluminum Wheels, California Emissions, W/ Power Seats, W/ Auto Ac	<b>Owner - Jody Soares</b> 1028 Elsbree St Fall River, MA 02720 Home Phone: (508) 493-1640 Work Phone: (508) - Fax #: (508) -  <b>Insured -</b>  Home Phone: (508) -- Work Phone: (508) - Fax #: (508) - Date of Loss: 5/19/2015	<b>Accident Location</b>  Phone #1: - Phone #2: -  <b>Claimant -</b>  Home Phone: (508) - Work Phone: (508) - Fax #: (508) - Date of Inspection: 5/18/2015
--	--	--

Description of Work	Part Number	Price	Labor	Paint	Other
<b>FRONT BUMPER &amp; GRILLE - BUMPER &amp; COMPONENTS</b>					
Repair Front Bumper cover			4.0* body	3.4	
+Clearcoat (1.4)				1.4	
R&I Front License bracket			0.2 body		
R&I Front Bumper cover			1.2 body		
<b>FRONT BUMPER &amp; GRILLE - GRILLE &amp; COMPONENTS</b>					
R&I Front Lower grille, chrome			0.2 body		
R&I Front Grille surround, upper grille			0.5 body		
<b>DEFAULT CHARGES</b>					
* Hazardous Waste Disposal					\$5.00* taxed
* Normal Charge Group					
* liquid mask		\$25.00 *	0.3* body		
<b>Sub Totals</b>		\$25.00	6.4	4.8	

The above estimate is based on our initial inspection and does not cover any additional parts and labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

THANK YOU FOR LETTING US SERVE YOU

	Hours	Rate	Total
<b>Body Labor</b>	6.4hrs	\$40.00/hr	\$256.00
<b>Paint Labor</b>	3.4hrs	\$40.00/hr	\$136.00
<b>Clearcoat Labor</b>	1.4hrs	\$40.00/hr	\$56.00
<b>OEM Parts</b>			\$25.00
<b>Paint Supplies</b>	3.4hrs	\$16.00/hr	\$54.40 T
<b>Clearcoat</b>	1.4hrs	\$16.00/hr	\$22.40 T
<b>Misc Taxed</b>			\$5.00 T
<b>Tax</b>	\$81.80 @ 6.2575%		\$5.12
<b>Grand Total</b>			<b>\$559.92</b>

RECEIVED  
 2015 JUL 16 PM 11  
 CITY CLERK  
 FALL RIVER, MA  
 15-1414

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Guide used is (DR1CP08). 3/15

\* Indicates Estimator's Judgment  
 T Indicates Taxed Item

KNIGHT'S QUALITY SERVICE  
STATION, INC

260 LINDEN ST  
FALL RIVER, MA 02720

#15-190A

**Invoice**

**RECEIVED**

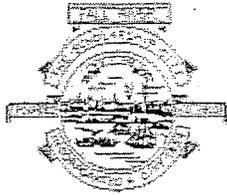
Date	Invoice #
7/9/2015	81257

2015 JUL 10 P 1:21

<b>Bill To</b>	<b>VEHICLE INFO</b>
ANGELA FURTADO 120 ALMY ST FALL RIVER, MA 02720	CITY CLERK FALL RIVER, MA

ITEM	DISCRIPTION	QTY	Amount
WRECKER SERVICE	ACCIDENT		90.00
GATE FEE			65.00
STORAGE CHARGE	35.00 PER DAY EFFECTIVE 6/15/15 / 25 DAYS --- AS OF 7/9/15	25	875.00T
<b>Sales Tax</b>			\$0.00
<b>Total</b>			\$1,030.00
<b>Payments/Credits</b>			\$0.00
<b>Balance Due</b>			\$1,030.00
<b>Customer Total Balance</b>			\$1,030.00

<b>Phone #</b>
(508)676-9609



City of Fall River  
Notice of Claim

RECEIVED  
2015 JUL 14 P 12:45  
CITY CLERK #15-197  
FALL RIVER, MA

1. Claimant's name: Jodi Cabral
  2. Claimant's complete address: 92 Four Winds Dr.
  3. Telephone number: Home: 508678-0494 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: 7/14/15 Amount of damages claimed: \$ 165.00
  6. Exact location of the incident: (include as much detail as possible):  
Eastern Ave in front of Hayfalle Pool
  7. Circumstances of the incident: (attach additional pages if necessary):  
huge unavoidable pothole
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: 7/14/15 Claimant's signature: Jodi Cabral

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"/> <u>DPW</u>	Date: <u>7/14/15</u>
------------------------	--	---	--	--	--	----------------------



City of Fall River  
Notice of Claim

RECEIVED

2015 JUL 15 A 10:47

CITY CLERK 15-198  
FALL RIVER, MA

1. Claimant's name: Mary Souza
2. Claimant's complete address: 219 Orange St Apt #15
3. Telephone number: Home: 5086179822 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Hit pot hole and damaged my front end.
5. Date and time of accident: 4-19-15 Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
In front of 2 Orange St.
7. Circumstances of the incident: (attach additional pages if necessary):  
Conya I Mary Souza  
drove her car on Orange St  
her front end went into the  
pot hole the pothole is on the side of the road. The pothole
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: \_\_\_\_\_ Claimant's signature: \_\_\_\_\_

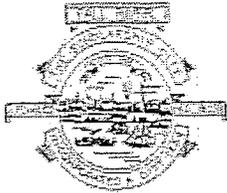
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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:						Date: <u>7/15/15</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"/> <u>DAO</u>	

Council



RECEIVED

2015 JUL 15 P 1:17

City of Fall River  
Notice of Claim

CITY CLERK 15-199  
FALL RIVER, MA

1. Claimant's name: Paul Gardella
2. Claimant's complete address: 62 Snell St Fall River MA 02721
3. Telephone number: Home: 401-692-3941 Cell Work: 774-627-8474
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property damage to car rims & tires
5. Date and time of accident: June 9<sup>th</sup> 2015 6:30 PM Amount of damages claimed: \$ 219.38
6. Exact location of the incident: (include as much detail as possible):  
Right in front of old Laura Lake School
7. Circumstances of the incident: (attach additional pages if necessary):  
Middle of road is spreading and pot holes are fairly deep and wide. Was changing lanes and hit the holes and damaged rims & tires. Didn't get an alignment nor fix the rims yet. Attached are photos & receipt
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: 7-15-15

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.

**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:

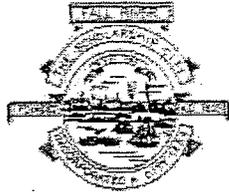
Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW

Date: JUL 15 2015

RECEIVED

2015 JUL 23 A 11: 21

CITY CLERK 15-200  
FALL RIVER, MA



City of Fall River  
Notice of Claim

1. Claimant's name: Andrea Cain
2. Claimant's complete address: 415 Linden St.
3. Telephone number: Home: 774 644-2694 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pot holes - damage to vehicle
5. Date and time of accident: 9 or 10 July Amount of damages claimed: \$ Not sure
6. Exact location of the incident: (include as much detail as possible):  
Rodman Street
7. Circumstances of the incident: (attach additional pages if necessary):  
Hit 2 Pot Holes - very deep after  
leaving DeVillers's Pharmacy
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.  
*I keep my car in very good check and just had big time up new tires etc... see my records*

Date: 7-23-15

Claimant's signature: Andrea Cain ↓

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  DCM Date: 7/23/15

*and I could not swerve any where to avoid them and I see them and claiming noice*



Council

RECEIVED

City of Fall River  
Notice of Claim

2015 JUL 23 P 12:09

CITY CLERK 15-201  
FALL RIVER, MA

1. Claimant's name: Mark / Stephanie Desbiens
2. Claimant's complete address: 248 Buffinton St
3. Telephone number: Home: 774 365 4901 Work: 508 415 6864
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pothole damage to car
5. Date and time of accident: July 11<sup>th</sup> 9:00<sup>pm</sup> Amount of damages claimed: \$ 721.69
6. Exact location of the incident: (include as much detail as possible):  
Eastern ave near opening to Lafayette Pool
7. Circumstances of the incident: (attach additional pages if necessary):  
I was driving home from B&M Durfee H.S. at 9pm on July 11<sup>th</sup>. Hit a pothole that I didn't see because it was dark. Damaged whole tire, rim, strut.
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: 7/23/15

Claimant's signature: Mark Desbiens

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: <b>JUL 23 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	<input type="checkbox"/> <u>DPW</u>	



RECEIVED

2015 JUL 27 A 11:46

City of Fall River  
Notice of Claim

CITY CLERK #15-202  
FALL RIVER, MA

1. Claimant's name: Ohio Mutual Insurance
2. Claimant's complete address: P.O. Box 111, Bucyrus, OH 44820
3. Telephone number: Home: \_\_\_\_\_ Work: 419-563-0870
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
City truck hit Insured Vehicle
5. Date and time of accident: 5/21/15-8:42 Amount of damages claimed: \$ \$3,441.79
6. Exact location of the incident: (include as much detail as possible):  
369 Plymouth Ave
7. Circumstances of the incident: (attach additional pages if necessary):  
Claim number 15-7801  
City truck Struck IV Causing damage.

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  
Ohio Mutual Insurance P.O. Box 111, Bucyrus, OH 44820

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: 7/20/15 Claimant's signature: Wendy Pusey For Jonathan Pelsanto

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>7/21/15</u>
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**ISG Insurance Subrogation Group**

#15-203

A division of Insurance Recovery Group, Inc.

Jul 23, 2015

**VIA USPS Certified Mail -9171999991703513883350**

City of Fall River  
City Clerk  
One Government Center, Rm 227  
Fall River, Massachusetts 02722

RECEIVED  
2015 JUL 27 A 11:49  
CITY CLERK  
FALL RIVER, MA

**RE: FORMAL NOTICE OF CLAIM PURSUANT TO M.G.L. c. 258, §4**

Claimant: Geico General Insurance Company as subrogee of Lenora Pike  
Claim #: 0418498150101022  
Date of Accident: May 06, 2015  
Location: Robeson St, Fall River, MA, United States, 02720  
Type of Claim: Negligent Operation of a Motor Vehicle  
Damages Alleged: Property Damage, Tow expense and Deductible totaling \$1944.93

Dear City Clerk:

Pursuant to M.G.L. c. 258 §4, Geico General Insurance Company as subrogee of Lenora Pike is hereby making a claim for damages due to a motor vehicle accident. Attached is a copy of the police report, damage appraisal with photos and tow expense. If you require additional documentation to investigate this claim pursuant to your statutory obligation please contact me. 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.

Geico General Insurance Company insured a 2001 Infiniti G20 owned by Lenora Pike, 39 Rolling Green Dr, Fall River, Massachusetts. On May 06, 2015, Charles Souza MA Reg#1968 negligently operated a City of Fall River vehicle at Robeson St, Fall River, MA, United States, 02720 and negligently backed Lenora Pike's vehicle, which was stopped in traffic. At the time of the collision, Charles Souza MA Reg#1968 was acting as an agent, servant, or employee of the City of Fall River. In accordance with the insurance policy, Geico General Insurance Company paid Lenora Pike, or on their behalf, \$1444.93 for property damage and rental expense. Lenora Pike also incurred a \$500 deductible. Geico General Insurance Company seeks recovery of all payments, including the insureds deductible totaling \$ 1944.93.

If we do not hear from you within six (6) months of your receipt of this Formal Notice of Claim, this office intends to commence litigation promptly in Superior Court on our client's behalf.



RECEIVED

City of Fall River  
Notice of Claim

2015 JUL 29 P 12: 25

1. Claimant's name: Gary K. Moniz CITY CLERK 15-204

2. Claimant's complete address: 124 Sevigny St. Fall River, MA

3. Telephone number: Home: (508) 269-2002 Work: (508) 269-2002

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
7/28 Flash Flood stalled car, water continued to rise above door, water damage

5. Date and time of accident: 7/28 4pm-6pm Amount of damages claimed: \$ 3,350.00

6. Exact location of the incident: (include as much detail as possible):  
Pearce Rd. (under rail road tracks)

7. Circumstances of the incident: (attach additional pages if necessary):  
Car stalled, water continued to rise, had to exit vehicle for safety, water inside vehicle up to dashboard. Car towed after 3 hrs by AAA. Water was up to my waist as I fled for safety.

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  
Tried, not covered - Safety Insurance (508) 678-1271

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: 7-29-15

Claimant's signature: Gary Moniz

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  Water + Sewer Date: 7/29/15



City of Fall River
Notice of Claim

RECEIVED

2015 AUG -3 P 3:54

CITY CLERK 15-205
FALL RIVER, MA

- 1. Claimant's name: Laurie P. Mullen, Esq.
2. Claimant's complete address: 161 Lindsey Street Fall River, MA 02720
3. Telephone number: Home: (508)493-4416 Work: (508)679-9811
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: 7/28/15 ~ 5:00pm Amount of damages claimed: \$ TBD (receipts to submitted)
6. Exact location of the incident: (include as much detail as possible): Interior first floor of 161 Lindsey Street Fall River, MA
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 [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: 7/29/2015

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, 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 [X] City Council [X] City Administrator

[X] DCM; Sewer

Date: 8/4/15

RECEIVED

2015 AUG -6 A 11: 21

July 31, 2015

CITY CLERK 15-206  
FALL RIVER, MA

Certified Mail Return Receipt No.  
Samuel Sutter, Mayor  
CITY OF FALL RIVER  
One Government Center  
Fall River, MA 02722

RE: Client : Paul Ferreira  
Date of Loss : July 17, 2015

**NOTICE PURSUANT TO M.G.L., CHAPTER 258, §4  
THE TORT CLAIMS ACT**

Dear Mr. Sutter:

Please be advised that I am the brother of Paul Ferreira and I am making a claim for his death resulting from an accident which occurred on July 17, 2015 on South Oxford Street in Fall River, Massachusetts at approximately 10:00p.m.. Mr. Ferreira was riding his bicycle and was caused to fall off his bicycle as a result of numerous potholes. I am attaching a copy of the Incident Report and the Death Certificate for your review.

As a result of the potholes, Mr. Ferreira was caused to fall off his bicycle resulting in his wrongful death.

Our investigations reveal that said incident was due to the negligence and carelessness in the maintenance of the city street, allowing potholes to exist causing a foreseeable dangerous condition.

As a result of this incident, my brother died.

Upon your receipt of this notice, and any necessary investigation on your part, kindly contact me.

Very truly yours,

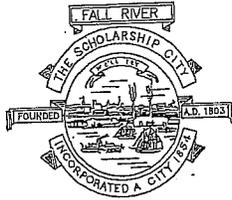
David Ferreira  
813-270-5739

cc: City Solicitor's Office, One Government Center, Fall River, MA  
Certified Mail Return Receipt No.

City Clerk's Office, City Hall, One Government Center, Fall River, MA  
Certified Mail Return Receipt No.

City Counsel, One Government Center, Fall River, Ma.  
Certified Mail Return Receipt No.

8/6/15 Original + 1 Law  
City Administrator  
DCM  
City Council ✓  
City Clerk



RECEIVED

City of Fall River  
Notice of Claim

2015 AUG -6 P 1:12

1. Claimant's name: Deena Fernandes / Leray Blake CITY CLERK #15-207  
FALL RIVER, MA

2. Claimant's complete address: 103 Boyden St. Apt 2

3. Telephone number: Home: 774.225.4926 Work: \_\_\_\_\_

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Police kicked in my door to my home, the door dont lock and they had

5. Date and time of accident: 3:30pm Amount of damages claimed: \$ \_\_\_\_\_ No warrant

6. Exact location of the incident: (include as much detail as possible):  
103 Boyden St. Apt 2, Home door.

7. Circumstances of the incident: (attach additional pages if necessary):  
See above number 4,  
Scared to have no home door that  
locks or stays shut.

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: 8/6/2015

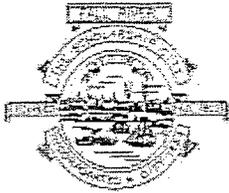
Claimant's signature: Deena Fernandes

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  Police Date: 8/6/15



RECEIVED

City of Fall River
Notice of Claim

2015 AUG -7 A 10:17

CITY CLERK #15-208
FALL RIVER, MA

- 1. Claimant's name: MARY I. SHEPARD
2. Claimant's complete address: 19 OAKLAND ST. TIVERTON, RI 02878
3. Telephone number: Home: 401 662-2413 Work:
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): FELL ONTO SIDEWALK DUE TO A VERY RAISED UP FROM GROUND CEMENT SLAB
5. Date and time of accident: 7/16/15 - 1:00 P.M. Amount of damages claimed: \$
6. Exact location of the incident: (include as much detail as possible): CORNER STAFFORD RD + CORAL ST. FALL RIVER, MASS.
7. Circumstances of the incident: (attach additional pages if necessary):

I was walking on sidewalk on Stafford Rd, turned right onto Coral St and my shoe got caught on a very raised cement slab on Coral St, which I did not see. I fell full force forward with no warning. Hurting my entire body, scraping

- 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 NOT YET

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 have 2 names + phone numbers of 2 witnesses -

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

Date: 7/18/15 Claimant's signature: Mary I. Shepard

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 [X] City Council [X] City Administrator [X] DPW Date: 8/7/15

and bleeding my legs, knees, elbows, hands, and hurting my neck - causing me to have headaches. Have a great deal of soreness on my

Having trouble with R. Arm and fingers