

# City of Fall River Massachusetts

## Office of the City Clerk

**ALISON M. BOUCHARD**  
CITY CLERK

**INÊS LEITE**  
ASSISTANT CITY CLERK

**AUGUST 2, 2013**  
**MEETINGS SCHEDULED FOR NEXT WEEK**  
**TUESDAY, AUGUST 6, 2013**

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

**6:00 P.M. COMMITTEE ON FINANCE**

1. Discussion re: Mayor's request for the acceptance of a deed in lieu of foreclosure – 708 North Main Street

**AGENDA**

**7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL**

**PRIORITY MATTERS**

1. \*Mayor and order requesting acceptance of a deed in lieu of foreclosure – 708 North Main Street  
(see Finance #1)

**PRIORITY COMMUNICATIONS**

2. \*Comm. from Roman Catholic Bishop and order requesting approval of expansion of Notre Dame Cemetery
3. Traffic Commission recommending amendments to the traffic ordinances

**COMMITTEE REPORTS** – None

**ORDINANCES**

Second reading and enrollment:

4. \*Proposed ordinance – Salary adjustments
5. \*Proposed ordinance – Traffic, miscellaneous
6. \*Proposed ordinance – Water leak abatement policy

Second reading and enrollment, as amended:

7. \*Proposed ordinance – Base meter fee
8. \*Proposed ordinance – Reorganization of municipal government

**RESOLUTIONS**

9. \*City engineer and administration attend Committee on Finance meeting to discuss funding strategies for deteriorating city streets
10. \*Committee on Ordinances and Legislation meet to discuss confinement of animals in motor vehicles during summer months

**CITATIONS** – None

**ORDERS – HEARINGS FOR TONIGHT**

Curb removal:

11. Ana and Steve Laroche – 14 feet at 225 Quincy Street

Pole location:

12. MA Electric – Four (4) pole locations – Lawrence and Lewiston Streets

Second hand article store:

13. Keith A. Schwartz, d/b/a Trade N Play located at 103 Morgan Street

Storage of combustible liquids:

14. MTY Trust, to store 40,000 gallons of gasoline underground at 566 Rodman Street

15. Revocation of permits for the storage of inflammables for:

- Crosson Oil Company – 162 Durfee Street
- Stecom Associates, LLC – 168 Stevens Street
- Weaver's Cove Energy, LLC – One New Street

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

**ORDERS – NO HEARING REQUIRED** – None

**ORDERS – MISCELLANEOUS**

16. Police chief's report on licenses
17. \*Light orders
18. Transfer auto repair license no. 162 from Mihold, Inc., d/b/a Midas Auto Repair to Joseph Medeiros, 4J Auto d/b/a Midas Auto Service located at 1439 Plymouth Avenue
19. Revocation of license no. 755 for the storage of inflammables at 372 Stevens Street at request of owner

**COMMUNICATIONS – INVITATIONS – PETITIONS**

20. \*Claims
21. \*Action of tort
22. Zoning Board of Appeals Minutes – May 16 and June 20, 2013

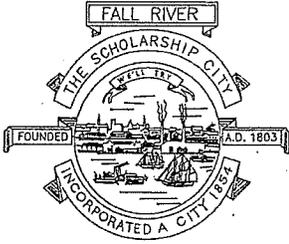
**BULLETINS – NEWSLETTERS – NOTICES**

23. Environmental notification form for Quequechan River Trail – Phases 2 and 3 – Comments due 8/27/13

**WEDNESDAY, AUGUST 7, 2013**

**5:15 P.M. COMMITTEE ON REAL ESTATE**

  
City Clerk



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

RECEIVED

2013 JUL 31 A 10:48

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

**WILLIAM A. FLANAGAN**  
*Mayor*

July 31, 2013

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

Honorable Members of the Council:

I am placing before you for your consideration and approval the following item:

1. Acceptation of Parcel ID#011-0011 – 708 North Main Street

Please accept this parcel of land via Deed in Lieu of Foreclosure, as attached paperwork suggests.

Should you have any questions or concerns in regard to this matter, please do not hesitate to contact me.

Sincerely,

William A. Flanagan  
Mayor

# City of Fall River, *In City Council*

ORDERED, that the City Council of the City of Fall River hereby authorizes the City of Fall River to acquire from Heang Nim & Rem But, via a deed in lieu of foreclosure, a certain parcel of land with the buildings thereon, bounded and described as Fall River Assessor's Parcel ID# O11-0011, 708 North Main Street, Fall River, Massachusetts.

RECEIVED

2013 JUL 31 A 11:45

CITY CLERK ~~DEED IN LIEU OF FORECLOSURE~~  
FALL RIVER, MA

708 NORTH MAIN STREET  
FALL RIVER, MA

Heang Nim & Rem But, husband and wife, 49 Cottage Street, Fall River, Massachusetts, for consideration given and in full consideration of the forgiveness of the present outstanding real estate tax liability on the herein conveyed property

grant to the CITY OF FALL RIVER, One Government Center, Fall River, Massachusetts

with *Quitclaim Covenants*

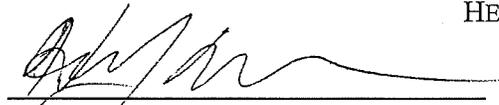
the land in Fall River, Bristol County, Massachusetts, with the buildings thereon, bounded and described as follows:

FALL RIVER ASSESSORS PARCEL ID# O11-0011  
708 NORTH MAIN STREET

FOR GRANTOR'S TITLE see deed of Maria Medeiros, et al, dated July 30, 2007 and recorded with the Bristol County (Fall River) Registry of Deeds in Book 6724, Page 222.

WITNESS my hand and seal this 18<sup>th</sup> day of March, 2013.

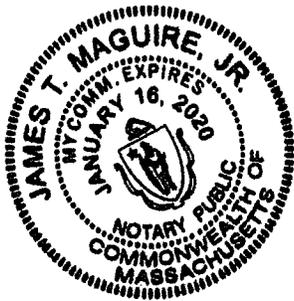
  
HEANG NIM

  
WITNESS TO BOTH

  
BUT REM

Commonwealth of Massachusetts

On this <sup>th</sup> 18 day of March, 2013, before me, the undersigned notary public, personally appeared HEANG NIM & REM BUT, whose identities were proved to me through MASS DRIVERS LICENSERS to be the persons whose names are signed on the preceding or attached document, and acknowledged to me that the respective signatories signed it voluntarily



*James T. Maguire, Jr.*  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: 1/16/20

Acceptance By Fall River City Council

The foregoing parcel is conveyed to the City of Fall River pursuant to Chapter 60 Section 77C of the General Laws of the Commonwealth of Massachusetts and said conveyance has been accepted by City of Fall River acting through its City Council on \_\_\_\_\_. Please see Agenda Item # \_\_\_\_\_ of said Meeting of the Fall River City Council.

**GAY & GAY, P.C.**  
73 Washington Street  
P.O. Box 988  
Taunton, Massachusetts 02780

2

David T. Gay  
Thomas P. Gay  
John L. Holgerson  
Matthew J. Costa  
Leo M. Spano

Peter B. Gay  
1915-2010  
Tel. (508) 822-2071  
Fax (508) 880-2602

August 1, 2013

*Sent Via Fax & Regular Mail*

Alison M. Bouchard  
City Clerk  
City of Fall River  
One Government Center  
Room 227  
Fall River, MA 02722

CITY CLERK  
FALL RIVER, MA

2013 AUG - 2 A 10: 24

RECEIVED

**RE: Notre Dame Cemetery Expansion**

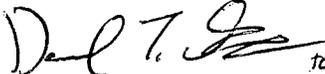
Dear Ms. Bouchard:

Our client, The Roman Catholic Bishop of Fall River, a Corporation Sole respectfully requests that the Council adopt the order authorizing the expansion of the existing Notre Dame Cemetery into the parcels located at 190 Newhall Street, Fall River.

Enclosed is a copy of the City of Fall River Board of Health's approval of the request. The Council should adopt the order pursuant to M.G.L. c. 114 sec 34. I have also enclosed a copy of the original request to the Board of Health and the plans. Please review and advise as to where and when the council will hear this matter.

Very truly yours,

**GAY & GAY, P.C.**

  
David T. Gay, Legal Counsel  
Diocese of Fall River

Enclosures

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

2

ORDERED, that the City Council of the City of Fall River hereby grants permission, pursuant to Massachusetts General Laws c. 114, § 34, to the Roman Catholic Bishop of Fall River to incorporate the parcel of land at 190 Newhall Street, Fall River, Massachusetts (indicated on Assessors Map D-14 Lot 12) into the existing Notre Dame Cemetery. This permission is granted subsequent to the Council having been satisfied that written approval has been given to the Roman Catholic Bishop for the incorporation of such land into the existing Notre Dame Cemetery by the Board of Health after a public hearing.



City of Fall River  
Massachusetts

2

BOARD OF HEALTH

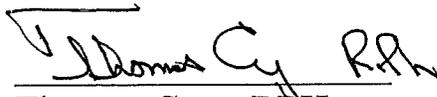
WILLIAM A. FLANAGAN  
*Mayor*

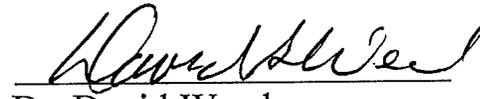
THOMAS CORY RPH  
*Chairman*  
David Weed PhD  
Daniel Sousa MD

HENRY R. VAILLANCOURT MD, MPH  
*Director of Health & Human Services*

The Fall River Board of Health, at a public hearing, held on July 30, 2013, has voted to grant permission to the Roman Catholic Bishop of Fall River, a Corporation Sole, to incorporate the parcel of land at 190 Newhall (indicated on Assessors Map D-14 –Lot 12) into the existing Notre Dame Cemetery. This incorporation of this land into the existing cemetery is for the sole purpose of expanding said cemetery.

**PER MEMBERS OF THE BOARD OF HEALTH**

  
Thomas Cory, RPH  
Chairman

  
Dr. David Weed  
Member

\_\_\_\_\_  
Dr. Daniel Sousa  
Member

ISSUED THIS 30<sup>TH</sup> DAY OF JULY, 2013

2

GAY & GAY, P.C.

73 Washington Street

P.O. Box 988

Taunton, Massachusetts 02780

David T. Gay  
Thomas P. Gay  
John L. Holgerson  
Matthew J. Costa  
Leo M. Spano

Peter B. Gay  
1915-2010  
Tel. (508) 822-2071  
Fax (508) 880-2602

May 21, 2013

Elizabeth Sousa  
Corporation Counsel  
City of Fall River  
One Government Center  
Room 627  
Fall River, MA 02722

RE: Expansion of Notre Dame Cemetery; Purchase of 190 Newhall Street

Dear Attorney Sousa:

As you know this office represents The Roman Catholic Bishop of Fall River, a Corporation Sole ("Diocese") of 450 Highland Avenue, Fall River. The Diocese has entered into a Purchase and Sale Agreement for the parcels located at 190 Newhall Street, Fall River for the sole purpose of expanding the Notre Dame Cemetery.

After researching the legal issues and procedure surrounding the expansion of an existing cemetery and speaking with Henry Valliancourt we believe the procedure is as follows:

Under M.G.L ch. 114 sec. 34 "...no land, other than that already so used or appropriated, shall be used for burial, unless by permission of the town or of the mayor and aldermen of the city in which the same lies; but no such permission shall be given until the location of the lands intended for such use has been approved in writing by the board of health of the town where the lands are situated after notice to all persons interested and a hearing; and the board of health, upon approval of the use of any lands either for new cemeteries or for the extension of existing cemeteries, shall include in the records of the said board a description of such lands sufficient for their identification. ..."

Under the statute we believe that notice must be given to "all persons interested." It is unclear if this must be done via publication in the local newspaper or if it can be satisfied by the open meeting laws by notice on the Board of Health's Agenda. Would you please give us an opinion as to what notice will be sufficient so we can comply.

We believe the following procedure to be proper under the statute as the existing cemetery is expanding into a parcel that directly abuts the current cemetery borders. Since the land was not dedicated as cemetery land, first the City Board of Health and then Mayor must approve this

2

expansion in writing.

We would like to present this to the Board of Health for vote at the next scheduled hearing in June. If approved, we would request this be brought to the attention of the Mayor for his review and approval.

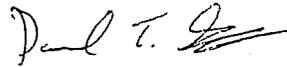
Once scheduled will you kindly inform our office of the date and location of the meeting and any and all documentation or plans you may require of us prior to or at the meeting. Furthermore, if legal notice in the paper must be given, please direct that to our attention so we can comply prior to the hearing in June. Under the statute it appears that notice per the open meeting laws agenda would suffice, but we would request your opinion on that issue.

Our office will be sending over plot plans shortly, if any other documentation or plans are required please advise.

Please review and advise.

Very truly yours,

GAY & GAY, P.C.



David T. Gay, Legal Counsel  
Diocese of Fall River

tpgr

cc: Henry R. Valliancourt, MD, MPH  
Agent of The Board of Health  
City of Fall River

Reverend Michael K. McManus  
Chancellor/ Moderator of the Curia

Dennis Raymondo  
Associates Realty, Inc.

2

**GAY & GAY, P.C.**

73 Washington Street

P.O. Box 988

Taunton, Massachusetts 02780

CITY OF FALL RIVER, MA  
LAW DEPT.

13 JUN 28 AM 11:02

David T. Gay  
Thomas P. Gay  
John L. Holgerson  
Matthew J. Costa  
Leo M. Spano

Peter B. Gay  
1915-2010  
Tel. (508) 822-2071  
Fax (508) 880-2602

May 21, 2013

Elizabeth Sousa  
Corporation Counsel  
City of Fall River  
One Government Center  
Room 627  
Fall River, MA 02722

**RE: Expansion of Notre Dame Cemetery; Purchase of 190 Newhall Street**

Dear Attorney Sousa:

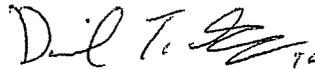
As you know this office represents The Roman Catholic Bishop of Fall River, a Corporation Sole ("Diocese") of 450 Highland Avenue, Fall River. As you know the Diocese has entered into a Purchase and Sale Agreement for the parcels located at 190 Newhall Street, Fall River for the sole purpose of expanding the Notre Dame Cemetery.

Enclosed are two copies of the site plan which shows the existing cemetery and the lots to be purchased / expanded into. It is my understanding that we are on the agenda for the hearing with the Board of Health on July 30<sup>th</sup>. I will send proof of advertisement in the paper as required once it is published.

Please review and advise if there are any questions.

Very truly yours,

**GAY & GAY, P.C.**



David T. Gay, Legal Counsel  
Diocese of Fall River

ENCLOSURE

cc: Henry R. Valliancourt, MD, MPH  
Agent of The Board of Health  
City of Fall River



# City of Fall River, *In City Council*

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

That Chapter 50 of the Revised Ordinances of the City Fall River, Massachusetts, 1999, which chapter relates to Personnel, be amended as follows:

Section 1

By striking out in Section 50-301, which section relates to Salary schedules generally, the salaries for the following titles and inserting in place thereof, the following:

Assistant city auditor/chief accountant:

7-1-2013	\$1,853.97	\$1,952.45	\$2,053.67	\$2,159.18	\$2,490.42
6-30-2014	\$1,872.51	\$1,971.97	\$2,074.21	\$2,180.77	\$2,515.33

City council secretary/secretary to the council:

7-1-2013	\$1,314.25	\$1,338.80	\$1,368.11	\$1,392.66	\$1,834.29
6-30-2014	\$1,327.39	\$1,352.19	\$1,381.79	\$1,406.59	\$1,852.63

Parking clerk/director of traffic and parking:

7-1-2013	\$2,298.85
6-30-2014	\$2,321.84

Section 2

By inserting in Section 50-301, which section relates to Salary schedules generally, in proper alphabetical order the following:

Mayor's Chief of Staff:

7-1-2013	\$2,988.51
6-30-2014	\$3,018.40

Section 3

By striking out in Section 50-309, which section relates to Salary schedules for executive officers and department heads, the salaries for the following titles and inserting in place thereof, the following:

Administrative assistant to board of assessors/administrator of assessing:

7-1-2013	\$3,448.28
6-30-2014	\$3,482.76

Assistant commissioner of cemeteries and trees/director of cemeteries and trees:

7-1-2013	\$1,699.22	\$1,789.18	\$1,883.46	\$1,980.57	\$2,298.85
6-30-2014	\$1,716.21	\$1,807.07	\$1,902.29	\$2,000.38	\$2,321.84

City auditor:

7-1-2013	\$2,616.36	\$2,755.60	\$2,897.66	\$3,048.16	\$3,256.70
6-30-2014	\$2,642.52	\$2,783.16	\$2,926.64	\$3,078.64	\$3,289.27

City engineer:

7-1-2013	\$3,256.70
6-30-2014	\$3,289.27

Director of health and human services:

7-1-2013	\$3,065.13
6-30-2014	\$3,095.78

Director of municipal buildings and code enforcement, inspector of buildings:

7-1-2013	\$3,409.96
6-30-2014	\$3,444.06

Section 4

By striking out in Section 50-310, which section relates to Salary schedules for water department and sewer commission supervisors, the salaries for the following titles and inserting in place thereof, the following:

Administrator of public utilities:

7-1-2013 \$3,846.15  
6-30-2014 \$3,884.61

Director of water treatment and resources:

7-1-2013 \$2,228.82 \$2,286.21 \$2,382.11 \$2,473.23 \$2,681.99  
6-30-2014 \$2,251.11 \$2,309.07 \$2,405.93 \$2,497.96 \$2,708.81

Section 5

By inserting in Section 50-310, which section relates to Salary schedules for water department and sewer commission supervisors, in proper alphabetical order the following:

Director of Administrative Services - Water:

7-1-2013 \$3,065.13  
6-30-2014 \$3,095.79

**CITY OF FALL RIVER  
IN CITY COUNCIL  
JUN 25 2013**

**CITY OF FALL RIVER  
IN CITY COUNCIL  
JUL - 9 2013**

*Referred to the Committee  
on Ordinances and Legislation*

*Passed through first  
reading, 5 years, 2 days  
(C.C. Barbara + Kirby voting  
in the negative)*

# City of Fall River, In City Council

5

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 striking out in Section 70-281, which section relates to one-way streets designated, in proper alphabetical order the following:

Cherry Street, from North Main Street to Rock Street in an easterly direction  
Pine Street, from Purchase Street to North Main Street in a westerly direction

## Section 2.

By striking out in Section 70-387, which section relates to handicapped parking the following:

County Street, north side, starting at a point 80 feet west of Eastern Avenue,  
for a distance of 20 feet west  
Last Street, north side, starting at a point 253 feet west of South Main Street,  
for a distance of 20 feet west  
Merchant Street, north side, starting at a point 46 feet west of Seventeenth Street,  
for a distance of 20 feet west  
Osborn Street, north side, starting at a point 352 feet east of Whipple Street,  
for a distance of 20 feet east  
Seabury Street, west side, starting at a point 104 feet south of Cherry Street,  
for a distance of 20 feet south  
Winter Street, west side, starting at a point 24 feet north of Pine Street,  
for a distance of 20 feet north

CITY OF FALL RIVER  
IN CITY COUNCIL

JUL - 9 2013

*Passed through  
first reading*

City of Fall River, *In City Council*

6

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

That Chapter 74 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which Chapter relates to Utilities be amended by inserting new sections to read as follows:

Section 1

**Sec. 74-143 Water Leak Abatement Policy**

A policy shall be implemented to allow for reduction of sewer bills on a one time basis for unforeseen leaks that are not caused by negligence of the property owner and that are repaired quickly by the property owner. Said policy shall be developed and implemented by the Watuppa Water Board.

Section 2

**Sec. 74-367 Water Leak Abatement Policy**

A policy shall be implemented to allow for reduction of water bills on a one time basis for unforeseen leaks that are not caused by negligence of the property owner and that are repaired quickly by the property owner. Said policy shall be developed and implemented by the Watuppa Water Board.

CITY OF FALL RIVER  
IN CITY COUNCIL  
JUN 11 2013

CITY OF FALL RIVER  
IN CITY COUNCIL

JUL -9 2013

*Referred to the  
Committee on Ordinances  
and Legislation*

On a motion made by Councilor Camara and seconded by Councilor Casey to pass through first reading, the motion carried, 6 yeas, 1 nay. On a further motion made by Councilor Camara and seconded by Councilor Poulin to reconsider, the motion carried. On yet a further motion made by Councilor Poulin and seconded by Councilor Mitchell to pass through first reading, the motion carried unanimously on a voice vote.

# City of Fall River, In City Council

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

That Section 74-366 of Appendix A-Fee Schedule of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which section relates to the Base Meter Fee, be deleted in its entirety and replaced thereof with the following:

Section 74-366 Base Meter Fee:

<u>Water Service Size</u>	<u>Fee Per Quarter</u>
5/8"	\$ 12.00
3/4"	\$ 12.00
1"	\$ 16.00
1-1/2"	\$ 30.00
2"	\$ 50.00
3"	\$100.00
4"	\$120.00
6"	\$200.00
8"	\$240.00
10"	\$300.00

**CITY OF FALL RIVER  
IN CITY COUNCIL  
JUL - 9 2013**

~~passed through first reading and amended,~~  
4 years, 3 days  
(C. Camara, Miozza and Mitchell voting in the negative)

# City of Fall River, *In City Council*

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

That Chapter 2 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Administration, be amended as follows:

Section 1

By inserting in section 2-205, which section pertains to generally, the following:

(10) Office of Elections

Section 2

By striking in section 2-207, sub-section (b), which section pertains to Department of community services, "elections division" and inserting in place thereof "child development division."

Section 3

By striking in section 2-210, sub-section (a), which section pertains to Department of administrative services, "director of administrative services" and inserting in place thereof "city administrator."

Section 4

By inserting in section 2-210, sub-section (b), which section pertains to Department of administrative services, "City Administration division" in proper alphabetical order.

Section 5

By striking in section 2-210, sub-section (b), which section pertains to Department of administrative services, "information services" and inserting in place thereof, "management information systems."

Section 6

By inserting a new section 2-215, as follows:

Office of Elections

There shall be an Office of Elections which shall be under the supervision of the Chairperson of the Board of Election Commission.

**CITY OF FALL RIVER  
IN CITY COUNCIL**

**JUL - 9 2013**

*Passed through first  
reading as amended  
(As Camera opposed)*

City of Fall River, *In City Council*

(Councilor Michael L. Miozza)

WHEREAS, the City Engineer provided members of the City Council with a comprehensive report outlining recommendations and repair strategies for deteriorating city streets, and

WHEREAS, the City Engineer has identified over \$6 million dollars of streets that require immediate attention, and

WHEREAS, Chapter 90 money is typically only \$2 million per year and that it would take three years to catch up, and

WHEREAS, the City Engineer has also identified approximately \$40 million in other city streets that are in poor condition, and

WHEREAS, the Fall River City Council supports street repair and wishes to see a specific commitment to such, now therefore

BE IT RESOLVED, that the City Engineer, Mr. Byron Holmes and representatives of the administration attend a future Finance Committee meeting to discuss funding strategies, so the city can reach a high level of roadway conditions in a timely manner.

City of Fall River, *In City Council*

(City Council President Linda M. Pereira)  
(Councilor Eric Poulin)  
(Councilor Michael L. Miozza)  
(Councilor Daniel M. Rego)  
(Councilor Patricia A. Casey)

WHEREAS, members of the City Council have been contacted by a constituent who has concerns regarding the confinement of animals in motor vehicles during the summer months, and

WHEREAS, Providence, Rhode Island has recently approved an ordinance regarding this matter, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation meet to discuss this matter further with all concerned parties

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

**The City Council hereby recommends that the Director of Public Works  
conduct a lighting survey at the following location:**

**In front of 702 Third Street**

**(Council President Linda M. Pereira)**

**Pole # 123**

*City of Fall River, In City Council*

The City Council hereby recommends that the Director of Public Works conduct a lighting survey at the following location:

In front of 184 Griffin Street

(Councilor Joseph D. Camara)

Pole # 186/5

20

cc



**ARBELLA**  
INSURANCE GROUP

Jacqueline Kierstead, Claim Manager

7/3/201

#13-6B

City of Fall River  
Office City Clerk  
Fall River, MA 02720

Claim Number: 033299102  
Company Name: Arbella Mutual Insurance Company  
Date of Loss: 12/10/2012  
Location: 6<sup>th</sup> St. & Pleasant St.  
Our Insured: MIGUEL ALBERGARIA  
Pedestrian: Marcienilde Beaudry

Dear Sirs:

This will follow up our letters of 1/8/13, 1/31/13 & 5/13/13 in which we advised of a claim pending against our insured on behalf of the above named claimant. The police report was faxed to you on 2/4/13. As indicated, our position is that your insured is also liable for the claimant's damages due to a poorly designed intersection for pedestrian crossings,

We are in receipt of a demand of settlement from Mrs. Beaudry's attorney. Please advise your position so that the matter may proceed.

Thank you. I look forward to discussing this matter with you.

Very truly yours,

Louise Burner  
Claim Service Specialist  
Bridgewater Claim Office  
508-217-0127 ext. 7343  
Fax 617-773-4760

*orig & copy Law*  
*1 DPW*  
*1 CC*  
*1 City Clerk*

RECEIVED  
2013 JUL - 9 AM 11:13  
CITY CLERK  
FALL RIVER, MA

CC

20

#13-103

RECEIVED

CLAIM FORM  
City of Fall River, Massachusetts

JUN 26 A 9:43

Name: Richard Bohun CITY CLERK  
Address: 698 South Main St. Apt. 2W FALL RIVER, MA  
Fall River MA  
Phone #: 774-488-6626

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: 6/5/13  
Time of Incident: 2:00 pm.  
Location of Incident: Radman Street.

Provide a detailed description of your claim (attach additional sheets if necessary):

On the afternoon of June 5<sup>th</sup>, 2013 I  
was traveling on Radman St. in Fall River, MA  
and couldn't avoid an extremely large  
pot hole that was located in my  
travel lane. The impact caused my right  
front tire to become unsafe and undrivable.  
I am hoping to be refunded for my  
damaged tire due to your unavoidable and  
under-functioning road conditions. I have  
already address this matter/concern with  
Perry Long and this is why I am  
completing this claim form. Thank you  
for your time and attention to my problem.  
I have attached my repair bill that was associated

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights with this issue.

ary + 2 copies Law

1 DPW

1 cc

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# Henry's Tire Service

714 Globe St., Fall River, MA 02724  
 Phone: 508-678-5362 Fax: 508-679-9755

Customer Information	Quote	Additional Information
Richard Bohun Fall River, MA P: 774-488-6626 Contact:	Date: 6/17/2013 Reference: Q-260083 Salesperson: Aaron Gauthier Route: Delivery Date: 6/17/2013	PO Number: Work Order#: Comment: Comment: Entered By: Aaron Gauthier

Qty	Description	Unit Price	Ext. Price
1.00	P225/4517 91H, Continental ContiProContact SSR	238.00	238.00
1.00	Tire Mount/Dismount A	10.00	10.00
1.00	Tire Balance A	12.00	12.00

MA Taxable

**Subtotal: 260.00**

MA Sales Tax: 14.88

Tire Disposal Pass/LT: 2.00

**Total: \$276.88**

Terms: Net 30th

Terms:	Due Date	Due Amount	Amt Remain
	7/30/2013	\$276.88	\$276.88



## "Thank You"

~ THE FOLLOWING SECURITY AGREEMENT AREA IS CUSTOMIZABLE BY USER ~ I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant [Company Name] permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. [Company Name] is not responsible for loss or damage to vehicles, or articles left in vehicles, in case of fire, theft or any other cause beyond it's control. A 1.5% (18% APR) service charge will be assessed on any amount which becomes delinquent beyond 30 days.

cc

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RECEIVED

CLAIM FORM  
City of Fall River, Massachusetts

2013 JUN 27 A 9 21

Name: VERONICA MARTINEZ

CITY CLERK 13-104  
FALL RIVER, MA

Address: 67 GARFIELD ST APT 2  
FALL RIVER MA 02721

Phone #: 774-930-7262

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: JUNE 6, 2013

Time of Incident: 10:00 PM

Location of Incident: \_\_\_\_\_

Provide a detailed description of your claim (attach additional sheets if necessary):

TAKING A LEFT TURN ONTO ROUTE 81 FROM  
STOP & SHOP AT NEWTON ST, MY VEHICLE HIT  
A POT HOLE, TIRE BLEW OUT AND I HIT THE  
CURB CAUSING MAJOR DAMAGE. THE RIM IS  
NO GOOD AND THE "SWING ARM" BROKE.  
I HAD TO HAVE TOWED FROM SCENE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

orig + 2 copies Jan  
DPW  
icc  
city clerk

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

RECEIVED

M&M Tire Company  
510 Belleville Avenue  
New Bedford, MA 02746

M & M TIRE COMPANY INC.  
510 BELLEVILLE AVE  
NEW BEDFORD, MA 02746

2013 JUN 27 A 9:21

06/17/2013 12:45PM UT

Merchant ID: 0005

Ref #: 0010-

CITY CLERK  
FALL RIVER, MA

000000#5421 CLERK01

Sale

TIRE 11 \$30.00  
MISC LABOR \$8.00  
MDSE ST \$38.00  
TAXT \$1.88

XXXXXXXXXXXX8165

VISA

Entry Method: Swiped

Total: \$ 39.88

ITEMS 20  
CASH \$39.88

06/17/13

13:33:20

Inv #: 000010

Appr Code: 163332

Transaction ID: 283168632004850

Apprvd: Online

Batch#: 000130

30 DAY GUARANTEE  
VISIT  
US AGAIN

Customer Copy

THANK YOU!

Flat Bed Service  
Junk Car Removal



FOGERTY'S TOWING & AUTO SALVAGE

Road Service • Lock-Out • Car Crushing  
New & Used Tires • Batteries  
Used & Aftermarket Parts

508-285-7440

97 Oak Street  
Norton, MA 02766

Randy Fogerty

date	6/18/13		No.	030509	
received from	VERONICA MARTINEZ			40-	
amount	Forty Dollars				
for payment of	98 IMPAZZA WHEEL				
	<input checked="" type="radio"/>	cash	<input type="radio"/>	money order	<input type="radio"/>
	<input type="radio"/>	credit card	<input type="radio"/>	check #	
amount due	40	-	from		to
amount paid	40	-	signature		
balance	0				

SC1152WS

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# Xtreme Paint & Collision

320 BELLEVILLE RD  
New Bedford, MA 02745  
(508) 992-3899  
(508) 992-3883

RECEIVED

2013 JUN 27 A 9:21

CITY CLERK  
FALL RIVER, MA

June 13, 2013

**Attention:**

For: 's 1993 Subaru Impreza

Claim #:

Report #: 2120

Dear ,

The following is the final bill for the repairs we performed on the car listed above.

Repair Order:	\$153.62
Supplement:	<u>\$0.00</u>
Total Amount:	\$153.62

Minus Payments:	\$0.00
Minus Deductible:	\$0.00
Minus Betterment:	<u>\$0.00</u>
<b>Current Balance:</b>	<b>\$153.62</b>

PAID  
*[Signature]*

Please issue prompt payment for the current amount due. If you have any questions, please feel free to call.

Sincerely,

Moses Lima  
Owner

20

# Xtreme Paint & Collision

## Estimate

6/20/2013

Registration #: 4395  
320 BELLEVILLE RD  
New Bedford, MA 02745  
Phone #: (508) 992-3899  
Fax #: (508) 992-3883

Customer No: 2120  
Report No: 2948  
Assign No:

RECEIVED

E-Mail: Xtremepaintandcollision@verizon.net

2013 JUN 27 A 9:21  
Accident Location

### Vehicle Information

1993 Subaru Impreza  
Style: 4D SED L  
Color:  
Color Code:  
Production Date: /0  
License: State: MA  
VIN: JF1GC244XP527319  
Miles In: 0  
Miles Out: 0  
Condition:  
Estimator:  
Date Assigned: 6/10/2013  
Options: Impreza, 1800 Engine Size (cubic Cm)

### Owner - Veronica Martinez

67 garfield st  
Fall River, MA 02721  
Home Phone: (508) -  
Work Phone: (508) -  
Fax #: (508) -  
Insured -  
Home Phone: (508) -  
Work Phone: (508) -  
Fax #: (508) -  
Date of Loss: 6/10/2013

### Accident Location

CITY CLERK  
FALL RIVER, MA  
Phone #1: -  
Phone #2: -  
Claimant -  
Home Phone: (508) -  
Work Phone: (508) -  
Fax #: (508) -  
Date of Inspection: 6/10/2013

Description of Work	Part Number	Price	Labor	Paint	Other
<b>FRONT BUMPER - BUMPER &amp; COMPONENTS</b>					
Replace Front Bumper cover +Clearcoat (1.1)	57720FA001	\$249.95	2.1 body	2.7 1.1	
<b>FRONT LAMPS - PARK &amp; SIDE MARKER LAMPS</b>					
Replace Aftermarket Left Front Side Marker Park lamp	84451FA0701	\$64.62 *	Included		
<b>FENDER - FENDER &amp; COMPONENTS</b>					
Replace Aftermarket Left Fender +Edging (0.5) +Clearcoat (0.7) -Body Overlap (0.4)	57110FA0301	\$90.77 *	2.0 body -0.4	2.8 1.2	
Replace Left Fender liner, rear	59110FA010	\$23.22	0.3 body		
Replace Left Fender liner, front	59110FA051	\$28.20	0.3 body		
<b>FENDER - EXTERIOR TRIM</b>					
R&I Left Body side mldg, black			0.3 body		
<b>FENDER - STRUCTURAL COMPONENTS &amp; RAILS</b>					
Repair Left Apron panel, rear -Adjacent (0.2) +Clearcoat (0.1)			4.0* body	0.5 -0.1	
<b>WHEELS - WHEELS</b>					
* Replace Aftermarket Remanufactured wheel 5 spoke 15"	28111FA4401	\$220.00 *	0.3 mech		
<b>FRONT SUSPENSION - SUSPENSION COMPONENTS</b>					
Replace Left Front Control arm, lock nut	20207AA000	\$3.87			
Replace Left Front Control arm, washer	20206AA000	\$5.77			
Replace Left Front Control arm, stopper, rear	20202AA011	\$7.07			
Replace Left Front Control arm, rear bushing	20201AA041	\$83.28			
Replace Left Control arm, stopper, front	20202AA001	\$3.02			
Replace Left Front Ball joint	20206AJ000	\$41.57			
Replace Left Front Control arm	20200AC210F	\$172.55	1.0 mech		
<b>FRONT SUSPENSION - STABILIZER BAR &amp; COMPONENTS</b>					
Replace Left Front Stabilizer link	20420AA004	\$57.22	0.4 mech		
<b>FRONT SUSPENSION - STRUTS &amp; COMPONENTS</b>					
Replace Left Front Strut, 1.8 liter	20311FA230	\$159.95	1.5 mech		
<b>STEERING GEAR &amp; LINKAGE - STEERING GEAR &amp; LINKAGE</b>					
Replace Left Outer tie rod, 2WD, sedan, wagon, w/o LS	31320GA200	\$54.95	0.5 mech		
<b>FRONT DOOR, SEDAN &amp; STATION WA - DOOR &amp; COMPONENTS</b>					
Repair Left Front Door shell -Adjacent (0.4) +Clearcoat (0.5)			2.5* body	3.0 0.1	

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# Xtreme Paint & Collision

## Estimate

6/20/2013

Registration #: 4395  
 320 BELLEVILLE RD  
 New Bedford, MA 02745  
 Phone #: (508) 992-3899  
 Fax #: (508) 992-3883

Customer No: 2120  
 Report No: 2948  
 Claim #:  
 Assign No:

RECEIVED

E-Mail: Xtremepaintandcollision@verizon.

Description of Work	Part Number	Price	2013	LABOR	Paint	Other
Hazardous Waste Disposal						\$5.00* taxed
Cover car for paint overspray						
Car cover for primer overspray						
Undercoating						\$12.00* taxed
Collision Access Time						
Misc. Clips & Hardware		\$20.00 *				
D&R Battery / Reset Electronics						
Repair Four Wheel Alignment		\$69.95 *				
<b>Sub Totals</b>		\$1,365.96		18.5	11.3	

CITY OF NEW BEDFORD  
 FALL RIVER, MA

This appraisal is prepared and sworn to under the penalties of perjury in compliance with Massachusetts General Law, Chapter 26 Section 8G.

Thank you for choosing Xtreme Paint & Collision Inc. We are committed to exceptional service and quality work. Please call us with all of your autobody needs.

Xtreme Paint & Collision Inc.

	Hours	Rate	Total
Body Labor	12.7hrs	\$40.00/hr	\$508.00
Paint Labor	11.3hrs	\$40.00/hr	\$452.00
Mech Labor	5.8hrs	\$40.00/hr	\$232.00
OEM Parts			\$990.57 T
Aftermarket Parts			\$375.39 T
Paint Supplies	11.3hrs	\$24.00/hr	\$271.20 T
Misc Taxed			\$17.00 T
Tax		\$1654.16 @ 6.2500%	\$103.39
<b>Grand Total</b>			<b>\$2,949.55</b>

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 (AEL7590). 1/13

\* Indicates Estimator's Judgment  
 T Indicates Taxed Item

1-Indicates aftermarket part taken from keystone pricing guide. Call (508) - to order.

RECEIVED

CLAIM FORM  
City of Fall River, Massachusetts

2013 JUL -2 A 10:16

CITY CLERK 13-105  
FALL RIVER, MA

Name: Angeline Pontes

Address: 10 1/2 Willard St.  
Fall River Mass.

Phone #: 508-679-3528 - 508-979-6220

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: June 8 2013

Time of Incident: approx 4 pm

Location of Incident: Boardwalk, Heritage State Park

Provide a detailed description of your claim (attach additional sheets if necessary):

Went for a walk with granddaughter.  
Was a beautiful day - After  
walking for several minutes  
I tripped and fell on an uneven  
part of the boardwalk - The area  
as you must know is very dangerous -  
The boards are uneven and even  
feel loose when you step on them.  
Result of my fall was a broken  
left shoulder - It is very painful and  
debilitating - The area to be in a sling  
for six weeks - It is healing well - A brace  
will be needed - If healing does not

left

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

Go well - Surgery will be needed.  
I am 72 years old and just lost my  
husband - This comes at a very bad  
time in my life - I have never fallen  
before, so this is caused by the pathway.

I was told that the boardwalk  
was suppose to be checked and fixed -  
apparently it wasn't done well  
or not at all -

I am contacting a lawyer for  
pain and suffering -

I thank you  
Angelnie Pontes

orig + 2 copies Law  
1 copy CC  
1 copy City Clerk

RECEIVED  
2013 JUL - 2 A 10: 16  
CITY CLERK  
FALL RIVER, MA



PtInst

Date: 06/08/13  
Account No: CZ55886568  
Unit No: CM0255798  
Patient: PONTES, ANGELINE  
Location: C-ERF  
Physician: Busby, Eric PA-C

**Patient Visit Information**

You were seen today for:

LEFT HUMERUS-NON-DISPLACED HEAD/NECK FRACTURE

**Staff**

Your caregivers today were:

Physician: Busby, Eric PA-C  
Nurse: KMA

**Patient Instructions Reviewed**

\*\* Tell Us About Your Visit \*\*  
\*\*\* Southcoast Information \*\*\*  
\*\*\* Southcoast Safety Info \*\*\*

received 06/08/13 - 1902

**Activity Restrictions or Additional Instructions**

COASTAL ORTHOPEDICS - DR MABIE'S OFFICE WILL CALL YOU FOR FOLLOW-UP  
ICE  
MEDS AS DIRECTED  
SLING

**Medication Dose and Instructions**

Docusate Sodium (Colace) 100 MILLIGRAM, BY MOUTH Two Times A Day, 14 Days  
oxyCODONE \*Immediate\* (Roxicodone) 5 MILLIGRAM, BY MOUTH EVERY 4-6 HOURS AS NEEDED,  
#30  
Instructions: FOR PAIN

**Follow-up**

RECEIVED  
2013 JUL -2 A 10:16  
CITY CLERK  
FALL RIVER, MA



**\*RETAIN WHITE COPY FOR CAPE MEDICAL SUPPLY - PINK COPY TO PATIENT\***

Phone: (800) 339-3322 Main Fax: (508) 888-9266 Web: [www.CapeMedical.com](http://www.CapeMedical.com) Email: [info@capemedical.net](mailto:info@capemedical.net)  
HQ Address: 28 Jan Sebastian Drive, Sandwich, MA 02563 Accredited by: The Joint Commission

**STOCK AND BILL EQUIPMENT DISPENSING ORDER**

For Bracing Products, Please Place Product Sticker Here  
OR  
If no sticker please write in product description & size

**CAPE MEDICAL SUPPLY USE ONLY**

St. Luke's Hospital      Southeast Surgical Center  
 Tobey Hospital      Other  
 Charbonnet Hospital

- Crutches
- Standard Walker
- Cane
- PD JR A T (Circle size)
- Walker w/wheels
- Bariatric Crutches

Check here for ALL Bracing and Orthopedic Products and Place Product Sticker in Indicated Box Above

Please Indicate Affected Side for Patient, if applicable:       LEFT       RIGHT

**Patient Responsibilities**

I agree to receive the above equipment and billing services from Cape Medical Supply (CMS). I have read and fully understand my rights and responsibilities as a customer of CMS. I hereby give permission for my insurance company to pay CMS directly. I further agree to pay any balance due, including those resulting from insurance deductibles, partial insurance payments, or denial of claims for any reason. I understand that my insurance allows this item once every five years and that I will be responsible for full payment if my insurer has paid for a same or similar item in the past five years. I understand and agree that all balances due for this equipment are solely my responsibility. Billing of my insurance company is a service provided by CMS, but in no way relieves me of my financial obligations to pay for services rendered. I consent to the review of my patient information, including medical records, by any federal, state or accrediting body or agency as required. I also consent to CMS obtaining and sharing with my insurance company any and all medical records that pertain to the proper billing of this equipment.

**PLEASE PLACE PATIENT STICKER HERE**  
PLEASE ENSURE PATIENT FACE SHEET ATTACHED

**PLEASE COMPLETE THE FOLLOWING:**

Date: 6/8/12

Patient Signature: [Signature]



19-202A-02  
HCPCS Code\* L3670

If patient is under 18 or unable to sign:

Patient representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**Physicians Order**

Please dispense the equipment named above. This patient cannot safely ambulate without this equipment and/or the equipment is essential to the patients healing and rehabilitative process.

Diagnosis / Treatment: \_\_\_\_\_

MD Printed Name: \_\_\_\_\_ MD Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Length of Need: (99 = Lifetime): \_\_\_\_\_

RECEIVED  
2012 JUL -2 A 10:17  
CITY CLERK  
FALL RIVER, MA

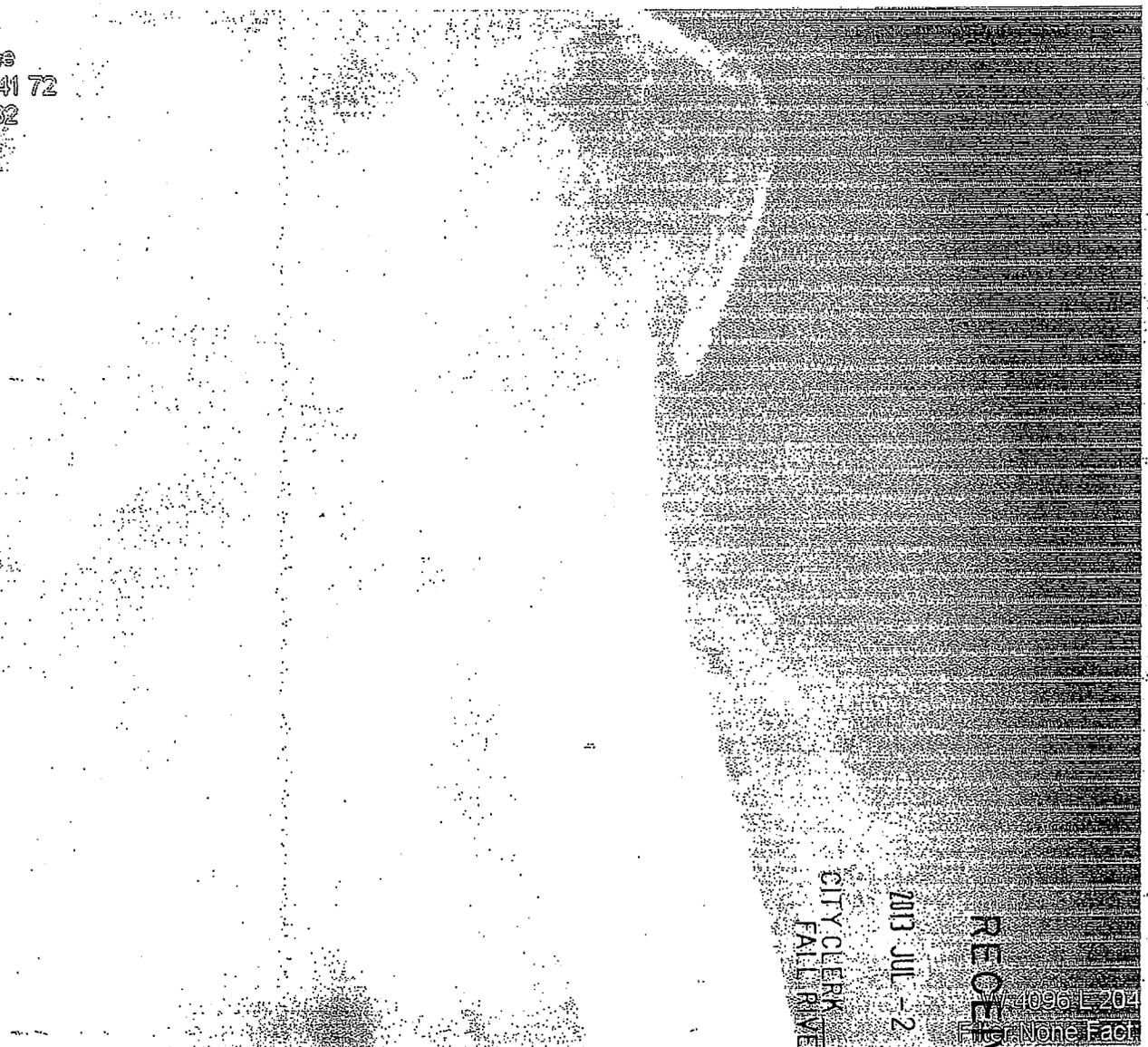
*Mission:* Cape Medical Supply is dedicated to improving the lives of those we serve through the superior delivery of home medical equipment and respiratory care. We work in collaboration with the communities we serve to ensure positive outcomes for individuals

Pontes, Angeline

CM0255798

08 Jun, 2013 6:32:51 PM

CHARLTON  
Pontes, Angeline  
DOB: 15-May-1941 72  
08-Jun-2013 18:32  
ID: CM0255798



CITY CLERK  
FALL RIVER, MA

2013 JUL -2 A 10:17

RECEIVED

74096 1-204  
None Fact

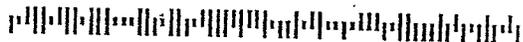
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Cape Medical Supply  
Returned Mail Only - No Correspondence  
PO Box 13150  
Overland Park, KS 66282



Send Payments to:

Cape Medical Supply  
28 Jan Sebastian Dr.  
Sandwich, MA 02563-2361



10144-7077



ANGELINE PONTES  
107 MILLARD ST  
FALL RIVER, MA 02720-1642

011480

Account Number  
53047  
Patient Name  
ANGELINE PONTES

Pay Online:  
[www.capemedical.com](http://www.capemedical.com)

**BILLING QUESTIONS**

(800) 339-3322

Monday - Friday  
8:30 am - 5:00 pm

**IMPORTANT MESSAGES**

- Any insurance provided has been applied, please reference your EOB.
- The balance shown is your responsibility.
- A service charge may apply if payments are late.

**INSURANCE ON FILE**  
MEDICARE - ALL REGIONS

INVOICE 427142

SERVICE DATE	DESCRIPTION	AMOUNT
06/08/2013	1.000 - Shoulder Orthosis Soft w/ waist strap S	\$19.17

CITY CLERK  
FALL RIVER, MA  
2013 JUL - 2 A 10:17  
RECEIVED

PATIENT OWES THIS AMOUNT

**DUE: 07/08/2013**  
\$19.17

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Pay Online: [www.capemedical.com](http://www.capemedical.com)

PLEASE PAY THIS AMOUNT: **\$19.17**

AMOUNT ENCLOSED: \_\_\_\_\_

LATE AFTER: **07/08/2013**

VISA     M/C     DISCOVER

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 CCV/CVN SECURITY CODE \_\_\_\_\_ BILLING ZIP \_\_\_\_\_  
 CARDHOLDER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Patient: ANGELINE PONTES  
Account: 53047  
Invoice: 427142-06/08/2013

**Mail Payment to:**

Cape Medical Supply  
28 Jan Sebastian Dr.  
Sandwich, MA 02563-2361





CC

Claims Processing - Amica Scan Center  
PO Box 9690  
Providence, RI 02940-9690

Toll Free: 1-800-59-AMICA  
(1-800-592-6422)  
Fax: 1-888-818-4618

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#13-106

June 26, 2013

City Clerk Office  
1 Government Center  
Fall River, MA 02720

File Number: 60001534688  
Date of Loss: 06/02/2013  
Owner/ Insured: Jason J. Froment  
Street: 18 Lapham St.  
Town: Fall River  
Type of Loss: Other

CITY CLERK  
FALL RIVER, MA

2013 JUN 27 A 11:17

RECEIVED

To Whom This May Concern:

Please be advised that we insure the above named individual(s). A claim has been made for Damage to Real Property and as the insurer; we are presently in the process of adjusting the loss.

We are mandated to comply with Massachusetts General Laws, Chapter 139 and as such, if there are any present liens on the above property, please notify us within 10 days of receipt of this letter. If we do not hear from you, we will be under no obligation to pay you any portion of this claim.

Sincerely,

*William R. Jarvie*

William R. Jarvie CPCU, AIM, AIC  
Claims Department  
800-592-6422 x21802  
WJARVIE@AMICA.COM

*Christopher Murray - 8005926422  
x 21836*

*argy & copperslaw  
17th St  
1 CC  
1 City Clerk*



cc

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CLAIM FORM  
City of Fall River, Massachusetts

RECEIVED

Name: Brittney Alves

2013 JUL 11 A 10:46

Address: 87 Carl St  
Fall River MA 02721

CITY CLERK 13-107  
FALL RIVER, MA

Phone #: (508) 905-7121

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: July 3, 2013

Time of Incident: 9:05 PM

Location of Incident: Davor St east going north

Provide a detailed description of your claim (attach additional sheets if necessary):

On Wednesday July 3, 2013 @ 9:05pm.  
While taking the Davor St east while traveling  
NOAH from route 79 the road was littered  
with what appeared to be pit hole or  
road construction debris to the point where  
it was unavoidable. After striking the debris  
with my tire it bounced up or ricocheted  
off of the curb and struck my rear passenger  
door. My Insurance is covering the damages  
though I am seeking compensation for  
the deductible of \$300.

orig v 2 copies to Lan  
IDPW  
ccc  
city clerk

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

LC

More Than Just Insurance.

**Plymouth Rock**  
assurance<sup>SM</sup>

July 29, 2013

#13-108

City of Fall River  
Office of the City Clerk  
1 Government Center Room 227  
Fall River, MA 02722  
Attn: Alison M Bouchard, City Clerk

Your Insured: City of Fall River  
Address: 10 Lewiston Street Fall River, MA 02722-7700  
Operator: Stephen Borden  
Your Claim Number: police report attached

Date of Loss: 07/12/2013  
Loss Location: FALL RIVER, MA  
Our Insured: Kelly Drigo  
Our Claim Number: 154600955446

CITY CLERK  
FALL RIVER, MA

2013 JUL 29 A 10: 03

RECEIVED

Dear Ms. Bouchard:

After conducting a thorough investigation of this loss, all facts indicate that liability rests with your insured. We request reimbursement under the subrogation clause assigning us the rights of recovery for a loss to the extent that payment is made.

PHYSICAL DAMAGES	\$2124.02
LOSS OF USE	\$
TOTAL LOSS:	
ACTUAL CASH VALUE	\$
TOW/STORAGE	\$
SALVAGE	\$
TOTAL PHYSICAL DAMAGES	\$2124.02
BAILMENT	

We trust that this matter will be handled immediately and look forward to receiving payment within fourteen days. Please note claim number with your payment.

Thank you,

Jennifer Sava  
Claim Service Representative  
Phone: 617-951-1613  
Fax: 617-526-7982

*any a 2 Copies Law  
IDP  
ICS  
City Clerk*

*Plymouth Rock Assurance is a member of the Paperless Subrogation program*

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**Crash Diagram:**

Direction:  1 = Vehicle 1  2 = Vehicle 2

ie: →  1 →  2 →

County St.

385 County

North

**If Crash Did Not Occur on a Public Way:**

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

**Crash Narrative:**

Operator of vehicle #1 stated he was pulling to the curb to pick up an item and sideswiped parked vehicle #2, Minor damage to vehicle #2. No injuries were reported. Operator of vehicle #1 issued citation # R2868869 for failure to use care.

RECEIVED  
 2013 JUL 29 10:03  
 CITY CLERK  
 FALL RIVER, MA

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate \_\_\_\_\_

Cargo Body Type Code \_\_\_\_\_ Gross Vehicle Weight \_\_\_\_\_

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

**Hazmat Information:**

Placard \_\_\_\_\_ Material 1 digit # \_\_\_\_\_ Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code \_\_\_\_\_

**Officer Brian Vale**      **A479**      **Fall River Police Department**      **07/12/2013**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Baracks      Date

20

**Motor Vehicle Crash Police Report**

Date of Crash: 07/12/2013 Time of Crash: 1417 City/Town: Fall River  
 Number Vehicles: 2 Number Injured: 0 Speed Limit: Lat: Lon: State Police Local Police MBTA Police Other:

**LOCATION** (AT INTERSECTION) vs NOT AT INTERSECTION

Route# 2013 JUL 29 A 10 03 Direction: At Name of Roadway/Street: CITY CLERK  
 Route# Direction Address# Name of Roadway/Street: 885 COUNTY ST  
 Feet N S E W of Mile Marker Expt Number  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped **13-1418-AC**

License # S21141452 St MA DOB/Age [redacted] Reg # M67489 Reg Type MU Reg State MA  
 Sex M Lic. Class [code] Lic. Restrictions [code] CDL Endorsement  
 Operator BORDEN, STEPHEN R. Veh Year 2003 Veh Make International Veh Config. 2  
 Address 10 LEWISTON ST Owner CITY OF FALL RIVER DEPARTMENT OF PUBLIC WORKS  
 City FALL RIVER State MA Zip 02720 City FALL RIVER State MA Zip 02723  
 Insurance Company SELF INSURED Vehicle Action Prior to Crash 97 Damaged Area Code: (Circle Up to Three)  
 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence [code] Most Harmful Event [code]  
 Citation # (If Issued) R2868869 Driver Contributing Code [code] Underwrite/Override [code] Towed 2

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Sw/Off	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above				1	4	4	0	0	5	1	

Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type Action Location Condition  Hit/Run  Moped

License # [redacted] St MA DOB/Age [redacted] Reg # 52HF02 Reg Type PC Reg State MA  
 Sex Lic. Class [code] Lic. Restrictions [code] CDL Endorsement  
 Operator Driverless M.V. Veh Year 1999 Veh Make Other (Not Listed) Veh Config. 1  
 Address 869 COUNTY ST APT 2 Owner DRIGO, KELLY  
 City FALL RIVER State MA Zip 02723 City FALL RIVER State MA Zip 02723  
 Insurance Company PLYMOUTH ROCK ASSU Vehicle Action Prior to Crash [code] Damaged Area Code: (Circle Up to Three)  
 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence [code] Most Harmful Event [code]  
 Citation # (If Issued) Driver Contributing Code [code] Underwrite/Override [code] Towed 2

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Sw/Off	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above											

RECEIVED

CLAIM FORM  
City of Fall River, Massachusetts

2013 JUL 29 A 10:41

CITY CLERK 13-109  
FALL RIVER, MA

Name: MICHAEL MARTIN

Address: 1208 SHAW RD APT 1-N  
FALL RIVER, MA 02721

Phone #: 904-657-1678

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: July 3, 13

Time of Incident: 1:05 P.M.

Location of Incident: Quaker St. (NEAR NEW WAY MART)

Provide a detailed description of your claim (attach additional sheets if necessary):

HIT A LARGE POT HOLE AND DAMAGED FRONT RIGHT TIRE  
& ALUMINUM RIM AND DAMAGE TO TRANSMISSION  
ALSO OCCURRED. PROBLEMS WITH TRANSMISSION  
STRAND AFTER THIS INCIDENT, WENT TO FALL RIVER  
POLICE STATION NEXT DAY TO MAKE A POLICE  
REPORT. SPOKE TO OFFICER WILLIAM NASSER.

any 2 cop Law  
1 cop  
ICC  
city clerk

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

20

RECEIVED

2013 JUL 29 A 10:42

CITY CLERK  
FALL RIVER, MA

<b>RECEIPT</b>		No. 455845	
DATE	7/29/13		
FROM	M. Martin	\$	500
Five Hundred & no/100			DOLLARS
<input type="radio"/> FOR RENT	13-4196 CF		
<input checked="" type="radio"/> FOR			
ACCT.		<input checked="" type="radio"/> CASH	
PAID		<input type="radio"/> CHECK	FROM <i>F.M.M.</i> TO
DUE		<input type="radio"/> MONEY ORDER	BY <i>UM</i>
		<input type="radio"/> CREDIT CARD	A-1152 T-4161

On 07/02/123 at 1747 hrs. Mr. Michael Martin entered the Fall River Police Department to report he was driving on Quequechan Street northbound past the new Walmart on 07/01/13 at 2215 hrs. when he struck a pothole that he did not see bending the rim beyond repair on the right front tire of his 2001 Ford Windstar.

Officer Rory Mccoomb was dispatched to the area and reported back to me that there was infact a large trench in the roadway and there was a construction barrel in front of it.

Mr. Martin's vehicle a 2001 Ford Windstar Massachusetts Registration 256VX9 is insured with Commerce Insurance Co.

Officer William M. Nasser A158

RECEIVED  
2013 JUL 29 A 10:12  
CITY CLERK  
FALL RIVER, MA

CITY OF FALL RIVER  
POLICE DEPARTMENT



Fall River Police Department  
Incident Report

Page: 1  
07/29/2013

20

Incident #: 13-4196-OF  
Call #: 13-43637

Date/Time Reported: 07/02/2013 1747  
Report Date/Time: 07/02/2013 1831  
Occurred Between: 07/01/2013 2215-07/02/2013 1747  
Status: No Crime Involved  
Reporting Officer: Officer William Nasser

Signature: \_\_\_\_\_

# EVENTS (S)

LOCATION TYPE: Highway/Road/Alley/Street Zone: Zone 078, Sec 8  
CLEAN HOLDINGS LLC  
537 QUEQUECHAN ST  
FALL RIVER MA

1 Defective Street - No Injury POT HOLE

# PERSON (S) PERSON TYPE SEX RACE AGE SSN PHONE

1 MARTIN, MICHAEL J REPORTING PARTY M W 52 [REDACTED] [REDACTED]  
1208 ROBESON ST Apt. #416  
FALL RIVER MA  
DOB: 12/18/1960  
CONTACT INFORMATION:  
Home Phone (Primary) [REDACTED]  
Home Phone [REDACTED]

# OTHER PROPERTIES PROPERTY # STATUS

1 RIGHT FRONT TIRE/RIM Destroyed/Damaged/Vandalized  
QUANTITY: 1 VALUE: \$200.00  
SERIAL #: NOT AVAIL  
DATE: 07/02/2013  
OWNER: MARTIN, MICHAEL J

INFORMATION HAS BEEN REDACTED

CITY OF FALL RIVER  
POLICE DEPARTMENT

RECEIVED  
2013 JUL 29 10:11 AM  
CITY CLERK  
FALL RIVER, MA

QUOTE  
1801140  
07/29/2013

FIRESTONE COMPLETE AUTO CARE  
748 PLEASANT ST  
FALL RIVER, MA. 02723-1002

SERVICE ADVISOR:  
01 MANNY  
508.678.5654

20

MARTIN, MICHAEL  
1208 STAFFPRD RD APT 1N  
FALL RIVER, MA 02721  
904.657.1678

2001 FORD WINDSTAR [RED]  
LIC # 256VX9 MA VIN # 2FMDA52411BA63924  
IN 01/01/70 12:00AM EST. MILEAGE 0

Store # 000647

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
<b>WHEELS</b>			01				432.37
7017868 ALLOUY WHEEL	7017868		1	432.37		432.37	
<b>FIRESTONE TIRE PACKAGE</b>							115.98
117785 AFFINITY TOURING BL 215/65R16 98T 70,000	117785		1	81.74		81.74	
Mile Limited Warranty							
Promotional pricing, original selling price is \$108.99 you saved \$27.25 per tire							
NEW TIRE WHEEL BALANCE PARTS	7018708		1	3.99		3.99	
NEW TIRE WHEEL BALANCE LABOR	7018716		1		8.00	8.00	
RUBBER VALVE STEM	7015040		1	3.99		3.99	
7097782 ROAD HAZARD PROTECTION	7097782		1	15.26		15.26	
SCRAP TIRE RECYCLING CHARGE (1)	7075078		1		3.00	3.00	
TIRE INSTALLATION	7015016		1		N/C	N/C	
<b>ALIGNMENT SERVICE</b>							84.99
Symptom:-							
ALIGNMENT SERVICE	7004578		1		84.99	84.99	
<b>COURTESY CHECK</b>							0.00
COURTESY CHECK	7046930		1		N/C	N/C	

Prices valid for 30 days.

RECEIVED  
 2013 JUL 29 AM 10:47  
 CITY CLERK  
 FALL RIVER, MA

Summary	
Parts	537.35
Labor	95.99
Shop Supplies	5.58
Sub.	638.92
Tax	34.12
Total	673.04

**THIS IS NOT AN INVOICE DO NOT PAY**

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss.

SUPERIOR COURT DEPT. OF THE TRIAL COURT

CIVIL ACTION

No. BRCV2013-00594 B



[SEAL]

Elvira Sousa and Manuel Sousa, Plaintiff(s)

v.

City of Fall River, Defendant(s)

(TO PLAINTIFF'S ATTORNEY : PLEASE INDICATE TYPE OF ACTION INVOLVED : TORT - MOTOR VEHICLE TORT - CONTRACT - EQUITABLE RELIEF - OTHER.)

CITY CLERK FALL RIVER, MA

2013 JUL 16 P 1:14

RECEIVED

SUMMONS

TO THE ABOVE-NAMED DEFENDANT:

You are hereby summoned and required to serve upon Francis J. Lynch, III Lynch & Lynch plaintiff's attorney, whose address is 45 Bristol Drive, So. Easton, MA 02375;

an answer to the complaint which is herewith served upon you, within (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You are also required to file your answer to the complaint in the office of the Clerk of this Court at Taunton either before service upon plaintiff's attorney or within a reasonable time thereafter.

Unless otherwise provided by Rule 13 (a), your answer must state as a counterclaim any claim which you may have against the plaintiff which arises out of the transaction or occurrence that is the subject matter of the plaintiff's claim or you will thereafter be barred from making such claim in any other action.

Witness, Hon. Barbara J. Rouse, Adm. Justice of the Superior Court Dept. of the Trial Court, at Taunton, the ninth day of July, in the year of our Lord two thousand and thirteen

A TRUE ATTESTED COPY

Handwritten signature of Magistrate and date 7/16/13

BRISTOL COUNTY DEPUTY SHERIFF

NOTES.

- 1. This summons is issued pursuant to Rule 4 of the Massachusetts Rules of Civil Procedure.
2. When more than one defendant is involved, the names of all defendants should appear in the caption. If a separate summons is used for each defendant, each should be addressed to the particular defendant.
3. If the Commonwealth or an officer of agency thereof is a defendant, the time to be inserted is 60 days.

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, SS.

SUPERIOR COURT DEPARTMENT  
NO.

ELVIRA SOUSA  
AND MANUEL SOUSA,  
Plaintiffs,

VS

CITY OF FALL RIVER,  
Defendant.

)  
)  
)  
) COMPLAINT  
)  
)  
)  
)

THE PARTIES

- 1. The Plaintiff, Elvira Sousa, is a resident of Fall River, in Bristol County, Massachusetts.
- 2. The Plaintiff, Manuel Sousa, is a resident of Fall River, in Bristol County, Massachusetts.
- 3. The Defendant, City of Fall River, maintains its public offices at One Government Center, Fall River, in Bristol, County, Massachusetts.

THE FACTS

- 4. The Plaintiff, Elvira Sousa repeats and re-alleges paragraphs 1-3 as if set forth fully herein.
- 5. On or about March 25, 2011, the City of Fall River, via the City of Fall River Fire Department, was called to render aid to a resident of the third floor of 36 St. Mary Street, in Fall River.
- 6. On or about March 25, 2011, the City of Fall River, its agents, servants and employees, arrived at 36 St. Mary Street and located the third floor resident, Lydia Bouchard and began to render services to Mrs. Bouchard.

- 7. On or about March 25, 2011, the City of Fall River, its agents, servants and employees, determined that Mrs. Bouchard would need to be transported to a medical facility and they began transporting her down the three flights of stairs to exit the apartment building.
- 8. On or about March 25, 2011, at approximately the same time as the service call to the third floor, the Plaintiff, Elvira Sousa exited her apartment on the 2<sup>nd</sup> floor of 36 St. Mary Street, in Fall River, in efforts to leave her building.
- 9. On or about March 25, 2011, the City of Fall River, its agents, servants and/or employees were negligent in their failure to control a medical equipment bag, so as to allow it to cause injury to the Plaintiff, Elvira Sousa's right leg.
- 10. As a direct and proximate result of the negligence and carelessness of the Defendant, City of Fall River, its agents, servants and employees, the Plaintiff, Elvira Sousa was caused to sustain personal injuries, to suffer physically and mentally, to incur significant medical expenses and to incur other damages and loss.

**COUNT I**  
**ELVIRA SOUSA VS. CITY OF FALL RIVER**

- 11. The Plaintiff repeats and re-alleges paragraphs 1-10 as if set forth fully herein.
- 12. It was the duty of the Defendant, City of Fall River, its agents, servants and employees, to render aid to patrons in a reasonably safe and suitable manner so as to not endanger those persons in the immediate vicinity, and in disregard of this duty, Defendant, City of Fall River, its agents, servants and employees, were negligent in their failure to control a medical equipment bag, so as to allow it to cause severe injuries to the Plaintiff, Elvira Sousa's right leg.

- 13. As a result of the negligence of the Defendant, City of Fall River, the Plaintiff, Elvira Sousa was caused to sustain severe personal injuries.
- 14. As a result of the injuries sustained, as aforesaid, the Plaintiff, Elvira Sousa, has suffered and will suffer great pain of body and anguish of mind. This plaintiff has been and will be caused to expend large sums of money for medical care and attention and has suffered other compensable damages.
- 15. The Defendant, City of Fall River, was served with a presentment letter pursuant to Mass. Gen. L. Ch. 258 on or about August 22, 2012. More than 180 days has passed since the time of service of the letter of presentment and the parties have not reached final settlement of the claim and thus there has been a final denial of this claim.

WHEREFORE, the Plaintiff, Elvira Sousa, prays Judgment against the Defendant, City of Fall River, for her damages together with interest, costs and whatever other relief the Court deems just.

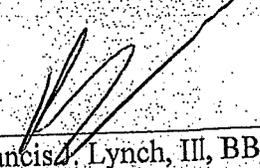
**COUNT II – LOSS OF CONSORTIUM**

- 16. The Plaintiff, Manuel Sousa repeats and re-alleges paragraph 1-15 as set forth fully herein.
- 17. As a direct and proximate result of the Defendant, City of Fall River's negligence, Manuel Sousa has been deprived of the companionship, care, comfort, consortium and society of his wife.

WHEREFORE, the Plaintiff, Manuel Sousa, demands judgment against the Defendant, City of Fall River, for his damages together with interest, costs and whatever other relief the Court deems just.

JURY DEMAND

THE PLAINTIFFS DEMAND A TRIAL BY JURY OF ALL THE ISSUES RAISED IN THE  
PLAINTIFFS' COMPLAINT.

  
\_\_\_\_\_  
Francis J. Lynch, III, BBO # 308.740  
Peter E. Heppner, BBO# 559504  
Lynch & Lynch  
45 Bristol Drive  
South Easton, MA 02375  
(508) 230-2500

<b>CIVIL ACTION COVER SHEET</b>	TRIAL COURT OF MASSACHUSETTS SUPERIOR COURT DEPARTMENT	DOCKET NO. _____
	COUNTY <u>Bristol</u> OF _____	

<b>PLAINTIFF(S)</b> Elvira Sousa and Manuel Sousa	<b>DEFENDANT(S)</b> City of Fall River
--	---

Type Plaintiff's Attorney name, Address, City/State/Zip Phone Number and BBO#      Type Defendant's Attorney Name, Address, City/State/Zip Phone Number (If Known)

Francis J. Lynch, III BBO #308740 Peter E. Heppner BBO. #559504 Lynch & Lynch 45 Britsol Drive South Easton, MA 02375	
---	--

<b>CODE NO.</b>	<b>TYPE OF ACTION AND TRACK DESIGNATION (See reverse side)</b>	<b>IS THIS A JURY CASE?</b>
E03	CLAIMS AGAINST MUNICIPALITY A	<input checked="" type="radio"/> Yes <input type="radio"/> No

The following is a full, itemized and detailed statement of the facts on which plaintiff relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.

**TORT CLAIMS**

(Attach additional sheets as necessary)

- |   |                    |
|---|--------------------|
| A. Documented medical expenses to date:                       |                    |
| 1. Total hospital expenses                                    | \$ 51,772.43       |
| 2. Total doctor expenses                                      | \$ will supplement |
| 3. Total chiropractic expenses                                | \$                 |
| 4. Total physical therapy expenses                            | \$ 3,888.00        |
| 5. Total other expenses (describe) - Steward Home Care        | \$                 |
|   | Subtotal           |
| B. Documented lost wages and compensation to date             | \$                 |
| C. Documented property damages to date                        | \$                 |
| D. Reasonably anticipated future medical expenses             | \$ uncertain       |
| E. Reasonably anticipated lost wages and compensation to date | \$                 |
| F. Other documented items of damages (describe)               | \$                 |

G. Brief description of plaintiff's injury, including nature and extent of injury (describe)

On or about March 25, 2011 Plaintiff sustained severe injury to the right leg, which required surgical intervention and extended hospital stay. Plaintiff's husband is asserting loss of consortium claim.

In excess of  
Total \$ 100,000.00

**CONTRACT CLAIMS**

(Attach additional sheets as necessary)

Provide a detailed description of claim(s):

TOTAL \$.....

PLEASE IDENTIFY, BY CASE NUMBER, NAME AND COUNTY, ANY RELATED ACTION PENDING IN THE SUPERIOR COURT DEPARTMENT

"I hereby certify that I have complied with the requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods."

Signature of Attorney of Record *[Signature]*      Date: 6/20/13

A.O.S.C. 3-2007

Commonwealth of Massachusetts  
 County of Bristol  
 The Superior Court

*C201312*  
*diaried* 21

CIVIL DOCKET # BRCV2013-00594-B  
 Courtroom CtRm B (New Bedford)

RE: **Sousa et al v Fall River**

TO: Francis J. Lynch, III, Esquire  
 Lynch & Lynch  
 45 Bristol Drive  
 South Easton, MA 02375

RECEIVED JUN 27 2013

**SCHEDULING ORDER FOR A TRACK**

You are hereby notified that this case is on the track referenced above as per Superior Court Standing Order 1-88. The order requires that the various stages of litigation described below must be completed not later than the deadlines indicated, and case shall be resolved and judgment shall issue by **06/08/2016**

**STAGES OF LITIGATION**

**DEADLINES**

	SERVED BY	FILED BY	HEARD BY
Service of process made and return filed with the Court	09/22/2013	09/22/2013	
Response to the complaint filed (also see MRCP 12)		10/22/2013	
All motions under MRCP 12, 19, and 20	10/22/2013	11/21/2013	12/21/2013
All motions under MRCP 15	08/18/2014	09/17/2014	09/17/2014
All discovery requests and depositions served and non-expert depositions completed	06/14/2015		
All motions under MRCP 56	07/14/2015	08/13/2015	
Final pre-trial conference held and/or firm trial date set			12/11/2015
Case shall be resolved and judgment shall issue by <b>06/08/2016</b>			06/08/2016

- The final pre-trial deadline is not the scheduled date of the conference.
- You will be notified of that date at a later time.
- Counsel for plaintiff must serve this tracking order on defendant before the deadline for filing return of service.

Dated: 06/25/2013

Marc J. Santos, Esq.  
 Clerk of the Court

Telephone: (508) 996-2051

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, SS.

SUPERIOR COURT DEPARTMENT  
NO. BRCV2013-00594 B

ELVIRA SOUSA	)
AND MANUEL SOUSA,	)
Plaintiffs,	)
	)
VS	)
	)
CITY OF FALL RIVER,	)
Defendant.	)

**PLAINTIFF, ELVIRA SOUSA'S INTERROGATORIES TO DEFENDANT,**  
**CITY OF FALL RIVER**

DEFINITIONS

- A. The terms "you" or "defendant" as used herein refers to the above-names defendant(s), and includes any and all past and present agents, servants, and/or any individual acting or purporting to act on behalf of said defendant.
- B. The terms "document," "documents," "statement," or "statements," as used herein shall mean any written, printed, typed photographic and recorded material however produced or reproduced, in your possession or control or known by you to exist, including, without limitation, the diaries, calendars, desk pads, correspondence, communications telegrams, teletypes, memoranda, notes, studies, reports, drawings, graphs, charts, magnetic and electronic records, sound recordings, lists, minutes and entries in books of account relating or referring in any way to the subject matter of these Interrogatories.
- C. The term "accident" as used herein shall refer to the incident alleged in plaintiff's complaint.
- D. The term "premises" as used herein shall refer to the building and apartments located at 36 St. Mary Street, Fall River, as referred to in plaintiffs' complaint.
- E. These interrogatories are continuing and require supplemental answers if you obtain further information between the time your answers are served and the time of final judgment.

**INTERROGATORY NO. 1**

Please identify the person answering these interrogatories by stating said person's full name, residence, business address and occupation, and if the defendant is a corporation or municipality, please state the office you hold with the defendant.

INTERROGATORY NO. 2

If the defendant is incorporated, please identify the defendant corporation fully, stating:

- a. full and correct name of corporation;
- b. state of incorporation;
- c. date of incorporation;
- d. principal place of business; and
- e. whether the corporation is licensed to do business in the Commonwealth of Massachusetts.

INTERROGATORY NO. 3

Please provide the names, addresses and job descriptions of each of the City of Fall River or City of Fall River Fire Department, agents, servants or employees, who had any responsibilities or duties with regard to the emergency service call(s) dispatched to any persons at 36 St. Mary Street, Fall River, Massachusetts on or about March 25, 2011

INTERROGATORY NO. 4

Please state any and all specific protocols with regard to service calls, from the point that they are initiated to the City of Fall River and City of Fall River Fire Department to the point that they are completed.

INTERROGATORY NO. 5

Please describe in detail the medical equipment bag which would be carried by an emergency service technician employed by the defendant, including a detailed description of the contents of the bag, along with the weight of the bag.

INTERROGATORY NO. 6

Please list and identify completely each and every person whom the defendant expects to call as an expert witness at trial, stating as to each such expert witness:

- a. the subject matter or area on which such person is to testify;
- b. the substance of the facts and opinions;
- c. a summary of the grounds for each opinion.

INTERROGATORY NO. 7

Please state whether there exists any policy of liability insurance coverage and excess liability insurance coverage insuring the defendant for personal injury damages arising from the circumstances alleged in plaintiff's complaint. If so, please state:

- a. the name and address of the insurance company issuing said policy;
- b. the number of said policy;
- c. the effective date and expiration date thereof;
- d. the limits of liability insurance coverage afforded by said policy for injuries sustained in any one occurrence by more than one person; and
- e. the limits of total liability insurance coverage afforded by said policy for injuries sustained in any occurrence by more than one person, and
- f. the name, address and company position of the employee who has supervisory responsibility of the disposition of the plaintiffs claim.

INTERROGATORY NO. 8

Please state whether any claim relating to similar circumstances as those alleged in plaintiffs' complaint has ever been made against the defendant for injuries sustained by a person as a result of the conduct of the City of Fall River Fire Department. If so, for each such claim, please state:

- a. the name(s) and address(es) of the claimant(s) in said claim or suit;
- b. the date said claim or suit was filed, the Court in which said claim or suit was filed and the docket number;
- c. the present status or ultimate disposition of said claim or suit;
- d. the basis of said claim or suit.

INTERROGATORY NO. 9

Please state the names and addresses of all persons who have knowledge of the plaintiff, Elvira Sousa's accident and/or her injuries.

INTERROGATORY NO. 10

If the defendant has any statements of any witnesses to the occurrence of the plaintiff, Elvira Sousa's accident, please state:

- a. the name and current address of the person giving the statement;
- b. the name and address of the person taking the statement;
- c. whether said statement is written, oral or recorded;
- d. the date of the statement
- e. the substance or content of any such statement

INTERROGATORY NO. 11

Please provide the names, addresses and job descriptions of each of the City of Fall River or City of Fall River Fire Department, agents, servants or employees, who were working on March 25, 2011.

INTERROGATORY NO. 12

Please describe in detail any investigations conducted by the defendant or its representatives to determine how the plaintiff, Elvira Sousa's accident occurred.

INTERROGATORY NO. 13

Please describe any changes or modifications made to any protocols, policies or procedures after the plaintiff's accident and the reasons for each change or modification.

INTERROGATORY NO. 14

Please state any and all conversations which occurred regarding the plaintiff's accident and/or injuries, including:

- a. date, place and time of conversations;
- b. identify all the speakers; and

c. substance of each conversation.

INTERROGATORY NO. 15

Please provide the names, address and job description of each of the City of Fall River or City of Fall River Fire Department, agents, servants or employees, who were working on March 25, 2011 and were dispatched to 36 St. Mary Street, Fall River, Massachusetts, to render assistance to anyone, whether a patient or a City of Fall River or City of Fall River Fire Department agent, servant or employee.

INTERROGATORY NO. 16

Please state what efforts were made to maintain a safe environment in the area where the plaintiff sustained her injuries either before and/or after her accident

INTERROGATORY NO. 17

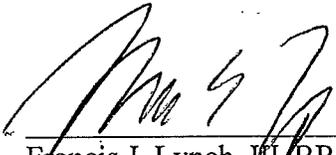
Please state the names, addresses and job descriptions of all persons who have knowledge of the service rendered to Lydia Bouchard at 36 St. Mary Street, Fall River, on or about March 25, 2011, including in this answer all those who rendered aid in any way to Lydia Bouchard.

INTERROGATORY NO. 18

Please provide the names, addresses and job descriptions of each of the City of Fall River or City of Fall River Fire Department, agents, servants or employees, who had any responsibilities or duties with regard to the emergency service call(s) dispatched during the month of March of 2011.

INTERROGATORY NO. 19

Please describe any disciplinary or corrective action taken by the defendant as a result of the plaintiff's accident.



Francis J. Lynch, III BBO 308 740  
Jeanne E. Flynn, BBO 558 604  
Attorney for Plaintiff  
Lynch & Lynch  
45 Bristol Drive  
South Easton, MA 02375  
(508) 230-2500

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, SS.

SUPERIOR COURT DEPARTMENT  
NO. BRCV2013-00594 B

ELVIRA SOUSA	)
AND MANUEL SOUSA,	)
Plaintiffs,	)
	)
VS	)
	)
CITY OF FALL RIVER,	)
Defendant.	)

**PLAINTIFF, ELVIRA SOUSA'S REQUEST FOR PRODUCTION OF DOCUMENTS TO  
DEFENDANT, CITY OF FALL RIVER**

Pursuant to Rule 34 of the Massachusetts Rules of Civil Procedure, the plaintiff hereby requests that the defendant produce for inspection and copying the documents indicated below which are in his/her/its possession, custody, or control, or in the possession, custody or control of any one or more of his/her/its representatives, agents or employees at the office of Lynch and Lynch, 45 Bristol Drive, South Easton, Massachusetts 02375 on or before 30 days from the date of this request.

**DEFINITION AND INSTRUCTIONS**

1. The term "document" shall have the same meaning as the term "document" as that term is used in Massachusetts Rules of Civil Procedure, Rule 34, and shall include, without limitation, any and all correspondence, letters, telegrams, cables, telex messages, memoranda, notes and notations, electronic mail, computerized notes, data stored on a computer, note papers, interoffice and interdepartmental communications, transcripts, books, pamphlets, periodicals, articles, press clippings, samples of any kind, promotional materials, advertising materials, requisitions, resolutions, certifications, certificates, opinions, reports, studies, analysis, evaluations, applications, approvals, petitions, contracts, licenses, assignments, agreements, ledgers, checks, check stubs, books and records of account, statistical records, desk calendars, diaries, list tabulations, summaries, charts, graphs, photographs, computer tapes and printouts, magnetic tapes, microfilm, punch cards, and all other written or graphic matter; and the original and each non-identical copy or duplicate of any of the foregoing, whether such copy or duplicate is non-identical by reason of handwritten notation or otherwise.

2. If the defendant contends that any request of document is privileged or otherwise not subject to discovery, or if any requested document is withheld for any other reason, please state as to each such document:
  - a. its date;
  - b. each author or addresser of the document;
  - c. each recipient or addressee of the document;
  - d. the substance of the document;
  - e. as to each original, duplicate original, or reproduction thereof, its last known location and the identity of the person in whose possession, custody, or control it then was; and
  - f. the specific grounds or reasons asserted for withholding the document.
  
3. This request is to include all after-acquired documents of the type made reference to in this request. The defendant is therefore requested to update the production of documents by forwarding copies to the plaintiffs or by putting the plaintiffs on notice as to any newly acquired documents.
  
4. The term "accident" as used herein shall refer to the incident alleged in plaintiff's complaint.
  
5. The term "premises" as used herein shall refer to the building and apartments located at 36 St. Mary Street, Fall River, as referred to in plaintiffs' complaint.

**DOCUMENT REQUEST**

**REQUEST NO. 1**

All service call logs and documents for the City of Fall River Fire Department for the month of March of 2011.

**REQUEST NO. 2**

Copies of all statements, written or otherwise, taken by or on behalf of the defendant or any other person, from either of the plaintiffs which concern the complained of incident.

**REQUEST NO. 3**

A full and complete copy of any and all policies of Liability Insurance which provides coverage or may provide coverage for the claims set forth by the plaintiffs, whether said policies are primary, excess or contingent, including all endorsements, declaration pages and policy forms.

**REQUEST NO. 4**

Any and all written communications and/or correspondence between the defendant, its agents, servants and/or employees and the plaintiffs or their agents/servants pertaining in any way to the accident.

**REQUEST NO. 5**

Any and all applications, notices, proof of loss, reports, letters or correspondence sent or submitted by the defendant to any insurance company, agent, broker, adjuster or investigator dealing with any issue arising out of the alleged accident.

**REQUEST NO. 6**

Any and all written or other documentary evidence which relates to the issue of liability and which the defendant intends to offer into evidence at the trial of this action.

**REQUEST NO. 7**

Copies of any and all statements whether written or recorded, taken by or on behalf of the defendant from witnesses to the above-complained-of incident, including, but not limited to statements taken from witnesses who were agents, servants, employees or clients of the defendant at the time and date of the incident complained of. If any privilege is claimed, a log identifying the witness, witness address and date of statement is requested.

**REQUEST NO. 8**

Any and all written communications and/or correspondence between the defendant, its agents, servants and/or employees and Lydia Bouchard pertaining in any way to the accident or any service calls at this address on or about March 25, 2011.

**REQUEST NO. 9**

Any and all written communications and/or correspondence between the defendant, its agents, servants and/or employees and the resident(s) of any apartments at 36 St. Mary Street, Fall River, Massachusetts pertaining in any way to the accident or any service calls at this address on or about March 25, 2011.

**REQUEST NO. 10**

Copies of any and all statements or accident reports made by the defendant's agents, servants, employees or clients concerning any and all of the facts surrounding said incident. If any privilege is claimed, a log identifying the individual making the statement or report and date of statement or report is requested.

**REQUEST NO. 11**

Copies of all investigative reports made by or on behalf of the defendant concerning the circumstances surrounding the incident alleged in the plaintiffs' complaint.

**REQUEST NO. 12**

Each and every document and investigative report which relates or pertains in any way to the events alleged in the plaintiffs' complaint which was prepared by any agency, bureau, or commission of the federal government or of any state, local, or municipal government.

**REQUEST NO. 13**

Any and all minutes, notes, messages or memoranda from any meeting any employees, servants or agents of this defendant were present for, which addresses in any way the incident alleged in the plaintiffs' complaint.

**REQUEST NO. 14**

Please provide each and every document and tangible item which you or your attorney will introduce into evidence or refer a witness to during trial.

**REQUEST NO. 15**

Please provide all photographs, sketches, diagrams, blueprints and/or videotapes of the subject area, where plaintiff, Elvira Sousa's alleged incident occurred.

**REQUEST NO. 16**

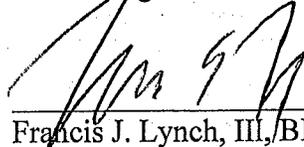
All photographs, sketches, diagrams, blueprints and/or videotapes which the defendant intends to offer into evidence.

**REQUEST NO. 17**

All schedules and/or logs for the City of Fall River Fire Department confirming who worked during the entire month of March 2011.

REQUEST NO. 18

Any and all applications, notices, proof of loss, reports, letters or correspondence sent or prepared by the defendant dealing with any issue arising out of the alleged accident.



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