



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

RECEIVED

2015 DEC 18 A 11:29

CITY CLERK  
FALL RIVER, MA

**DECEMBER 18, 2015**  
**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

**ALISON M. BOUCHARD**  
CITY CLERK

**TUESDAY, DECEMBER 22, 2015**

**INÊS LEITE**  
ASSISTANT CITY CLERK

**6:30 P.M. COMMITTEE ON FINANCE**

1. Transfers and appropriations (see #2 below)

**AGENDA**

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

**PRIORITY MATTERS**

1. \*Mayor and loan order re: Various Outdoor Recreational Facility Improvements
2. \*Transfers and appropriations (see #1 Finance)

**PRIORITY COMMUNICATIONS**

3. Traffic Commission recommending amendments to the traffic ordinances
4. Board of Election Commissioners re: official results of Municipal Election held on November 3, 2015
5. Planning Board recommending acceptance of Heritage Court and Commonwealth Avenue
6. \*Purchasing Agent re: surplus property

**COMMITTEE REPORTS**

Committee on Real Estate recommending:

Grant leave to withdraw:

7. Communication – Residents to purchase city-owned property on Mariano Bishop Boulevard and Whitefield Street

Committee on Public Works and Transportation recommending:

Grant leave to withdraw:

8. Communication from Mayor regarding Water Main Improvement Projects – Phases 3-12

Committee on Finance recommending:

Grant leave to withdraw:

9. Communication – Fall River Contributory Retirement Board – 2015 Budget
10. Resolution – Government Center switchboard
11. Resolution – Traffic Commission discuss downtown traffic patterns
12. Communication – Community Choice Aggregation
13. Communication – Asst. Corporation Counsel re: Workers' Compensation Claims
14. Resolution – Administration provide update on Dominion Energy

Committee on Regulations recommending:

Grant leave to withdraw:

15. Resolution – Discuss conditions at South Coast Towing on Aberdeen Street

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

One Government Center • Fall River, MA 02722

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

**ORDINANCES** – none

**RESOLUTIONS**

16. \*Committee on Ordinances and Legislation convene to discuss placement of medical marijuana growth facilities and dispensaries
17. \*Administration consider purchasing land on Highland Avenue and Driftwood Street known as the former St. Vincent's Home Farm
18. \*Committee on Ordinances and Legislation convene to discuss ambiguity in the current zoning ordinance regarding the [A-2] Apartment District

**CITATIONS**

19. Raymond E. Hague, Director of Veterans' Services – Attaining State Certification

**ORDERS – HEARINGS FOR TONIGHT**

Curb removal:

20. Paulo Camara, 122 Huard Street – Removal of 12 feet of curbing for a total of 33.5 feet of curbing at 122 Huard Street
21. Mario Medeiros, 483 Stafford Road – Removal of 16 feet of curbing for a total of 32 feet of curbing at 483 Stafford Road (removal on Duncan Street)

Street acceptance:

22. Gaudette Drive from Dickinson Street to Spencer Street
23. Kingsley Street from New Boston Road to dead end
24. Swan Street from Line Road to Lake Avenue
25. North Underwood Street from Crescent Street to Danis Street and from Langley Street to Hood Street

**ORDERS – HEARINGS TO BE SCHEDULED** – none

**ORDERS – NO HEARING REQUIRED** – none

**ORDERS – MISCELLANEOUS**

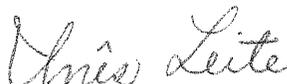
26. Police Chief's report on licenses
27. Auto Body Shop license renewals
28. Auto Repair Shop license renewals
29. \*Light order for pole #598 on the corner of Grinnell Street and Coggeshall Street
30. City Engineer prepare plans for the acceptance of Blueberry Lane from Rodman Street to Blueberry Lane

**COMMUNICATIONS – INVITATIONS – PETITIONS**

31. \*Claims
32. \*Planning Board Minutes – October 21, 2015
33. \*PERAC re: Fall River Retirement Board appropriation for fiscal year 2017
34. \*Attorney Matthew Aspden re: notice of injury at the Greene School

**BULLETINS – NEWSLETTERS – NOTICES**

35. Notice of Casualty and Loss at 181 South Main Street
36. Notice of Casualty and Loss at 114 Savoie Street
37. Final Report – Gaudette Drive from Dickinson Street to Spencer Street
38. Final Report – Kingsley Street from New Boston Road to dead end
39. Final Report – Swan Street from Line Road to Lake Avenue
40. Final Report – North Underwood Street from Crescent Street to Danis Street and from Langley Street to Hood Street

  
**Assistant City Clerk**

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



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

RECEIVED

2015 DEC 17 P 1:52

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

**C. SAMUEL SUTTER**  
*Mayor*

December 17, 2015

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

Dear Members of the City Council:

It is respectfully requested that the City Council approve the Various Outdoor Recreational Facility Improvements project loan order.

The City has been awarded a Parkland Acquisitions and Renovations for Communities grant in the amount of \$257,243 to make improvements to three city parks – Abbott Court, Kennedy Park, and Maplewood Park, which will include installation of new fencing at ball fields in each of these parks.

The state funding source, Massachusetts Executive Office of Energy and Environmental Affairs Division of Conservation Services, requests a certified copy of the Council's vote to raise, borrow, or appropriate an amount equal to the total project cost of \$367,490, by the end of the calendar year. Your expeditious approval is appreciated.

Respectfully Submitted,

C. Samuel Sutter  
Mayor



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

**C. SAMUEL SUTTER**  
*Mayor*

**KENNETH C. PACHECO**  
**Director**

December 17, 2015

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

RECEIVED  
2015 DEC 18 A 9:55  
CITY CLERK  
FALL RIVER, MA

Dear Mayor Sutter:

Your approval is hereby requested to ask the City Council for the appropriation of \$367,490.00 for renovations to baseball field fencing located at Kennedy, Abbott Court and Maplewood Parks. The \$367,490.00 amount represents the total design and construction phases. The City will be reimbursed through a grant from the Executive Office of Energy and Environmental Affairs as part of the Parkland Acquisitions and Renovations for Community Assistance program, which is a 70/30 percent grant opportunity. The EOEEA will reimburse the City \$257,243.00 and the City match will be provided by the Community Development Agency in the amount of \$110,247.00. This project will consist of two phases, design work from January 1, 2016 to June 30, 2016 and construction from July 1, 2016 to June 30, 2017. I have attached the letter from the Community Development Agency for verification of the funding.

Sincerely,

Kenneth C. Pacheco  
Director of Community Maintenance



**C. SAMUEL SUTTER**  
*Mayor*

**City of Fall River**  
**Massachusetts**  
Community Development Agency



**buyfallrivenow**

**MICHAEL P. DION**  
*Executive Director / CFO*

December 14, 2015

Kenneth Pacheco, Director,  
City of Fall River  
Office of Community Maintenance  
One Government Center  
Fall River, MA 02722

RECEIVED  
2015 DEC 17 P 1:52  
CITY CLERK  
FALL RIVER, MA

RE: Matching Funds for Parkland Acquisitions and Renovations for Communities Grant Program

Dear Mr. Pacheco:

I am writing to express my full support of the City of Fall River's Parkland Acquisitions and Renovation for Communities (PARC) Grant to make improvements to Abbott Court. The Community Development Agency will provide matching funds through the Community Development Block Grant Program (CDBG) beginning July 1, 2016 in the amount of \$110,247.00. Abbott Court is located in low-income census tract and is eligible for CDBG funding. The matching funds will be used for fencing and other related park and playground improvements.

For the past 41 years, CDA has provided Community Development Block Grant (CDBG) funding to the City of Fall River for parks and playground improvements. CDA and the City have partnered successfully to provide safe and beautiful parks, and the CDA is dedicated to working with the City to see these park projects through to completion and to increasing and improving recreational opportunities in Fall River.

Please contact me with any questions you may have.

Sincerely,

  
Michael P. Dion  
Executive Director/CFO

# City of Fall River, *In City Council*

## **LOAN ORDER Various Outdoor Recreational Facility Improvements**

ORDERED: That the City hereby appropriates Three Hundred and Sixty Seven Thousand Four Hundred and Ninety Dollars (\$367,490) to pay costs of various improvements to Abbott Court Playground, Kennedy Park, and Maplewood Park, and for the payment of all other costs incidental and related thereto. To meet this appropriation, the City Treasurer, with the approval of the Mayor, is authorized to borrow said sum under and pursuant to M.G.L. Chapter 44, Section 7(25) or pursuant to any other enabling authority, and to issue bonds or notes of the City therefor; that the Mayor is authorized to contract for and expend any federal or state aid available for the project, provided that the amount of the authorized borrowing shall be reduced by the amount of such aid received prior to the issuance of bonds or notes under this order; and that the Mayor is authorized to take any other action necessary to carry out this project.

FURTHER ORDERED: That the Treasurer is authorized to file an application with the appropriate officials of The Commonwealth of Massachusetts (the "Commonwealth") to qualify under Chapter 44A of the General Laws any and all bonds of the City to be issued pursuant to this Order, and to provide such information and execute such documents as such officials of the Commonwealth may require.



2

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

RECEIVED

2015 DEC 17 P 1:52

CITY CLERK  
FALL RIVER, MA

**C. SAMUEL SUTTER**  
*Mayor*

December 16, 2015

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

Dear Honorable Council Members:

In accordance with the provisions of Chapter 44, Section 32 of the Massachusetts General Laws, I recommend the following appropriations to your Honorable Body.

These appropriations are necessitated due to the regular periodic review of the operating budget. The following appropriations will assist the City in meeting its Fiscal Year 2016 obligations:

1. \$40,610 That the sum of \$40,610 be, and the same is, hereby appropriated for the EMS, CAPITAL EXPENDITURES from the EMS FY 15 RETAINED EARNINGS.

If you have any questions or concerns regarding this, please feel free to contact me.

Best,

C. Samuel Sutter  
Mayor



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

RECEIVED

2015 DEC 17 P 1:52

**C. SAMUEL SUTTER**  
*Mayor*

**ROBERT J. VIVEIROS**  
CITY CLERK *Fire Chief*  
FALL RIVER, MA

December 16, 2015

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

Dear Mayor Sutter:

I respectfully request that you present to the City Council the approval to transfer \$40,609.96 from EMS Retained Earnings to pay the remaining lease payment for Medical Rescue 5. This will enable us to save on interest payments and prepare to lease/purchase a new medical rescue.

Sincerely,

Robert J. Viveiros  
Fire Chief

cc Cathy Ann Viveiros, City Administrator

*City of Fall River, In City Council*

December 22, 2015

# 1

**ORDERED:**

**That the sum of \$40,610 be, and the same is, hereby appropriated for the  
EMS, CAPITAL EXPENDITURES from the EMS FY 15 RETAINED  
EARNINGS**



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

December 17, 2015

Members of the City Council  
One Government Center  
Fall River MA 02722

Dear Council President Camara and Councilors,

In accordance with the 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.**

I am submitting to you a departmental list, attached, describing items and equipment that has been deemed to no longer have value to the City of Fall River.

I would like to recommend at this time, that consideration be given to the disposition of all surplus items pursuant to the processes and procedures governing the disposition of surplus items as specified by Massachusetts General Law Chapter 30B, section 15.

Respectfully submitted,

Timothy McCoy  
Purchasing Agent

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2015 DEC 17 P 44  
CITY CLERK  
FALL RIVER, MA

**Surplus Property  
Water Maintenance Division  
1620 Bedford Street  
Fall River, Ma 02723  
October 29, 2015**

1. (2) Homeland Trash Pump Parts Only  
Estimated Value:  
No Good  
Location: Water Maintenance –Outside Garage
2. (1) Flail Mower  
Estimated Value - \$10  
Location: Water Maintenance –Outside Garage
3. (1) 8' Plow (from truck #7)  
Estimated Value - \$100  
Location: Water Maintenance –Outside Garage
4. Fire Tank with Hose  
Estimated Value - \$100  
Location: Water Maintenance –Outside Garage

5. 4 Cylinder Power head motor



Sewer

Number	Description	Approx. Age	\$ Value	Known Defects
1	Trailerable sewer rodding machine	31	\$100	Motor not operable/needs tires, new rods, etc.
1	Desktop Optiplex computer	10	\$5 scrap value	Not working
1	Chaus moisture analyzer	15	\$10	Unreliable/erroneous analytical results
1	40" construction trailer	20	\$100 scrap value	Damaged siding, flat tires, rotted wood, etc
1	Waukesha 6 cyl 115KW nat. gas generator	45	\$1,000	Operated before storing in 2009
1	1.5ton electric pallet lift	25	\$5 scrap value	Inoperable
1	100' overhead conveyor	30	\$150 scrap value	Inoperable

Comments	Location	Comments
Have registration but no title	Wastewater facility	Have registration but no title
	Wastewater facility	



Technonics	sb a26		hk5ea21831			\$100
			hj5ea21757			\$100
Microboards	DVDDPRM PRO 1016	DVD Duplicator		5067080000350		\$550.00
Astar	DVD-3100	DVD Player		505064291		\$50
Cameras						
Make	Model		serial			Value
JVC	GY-DV700w (body Only)			10650090		\$139.00
TV						
make	Model		serial			
Panasonic	CT2854w		mc41460178			100
Sony	KV13 FS100			4187217		\$100
	KV 13fs100			4194294		\$100



**FALL RIVER PUBLIC SCHOOLS**  
*Facilities & Operations*

**Meg Mayo- Brown**  
Superintendent of Schools

**Timothy McCloskey, Director**  
Engineering & Maintenance Services

October 8, 2015

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

Purchasing Division

Attn: Tim McCoy

RE: Surplus Property Inventory

Dear Mr. McCoy

Fall River Public Schools has one (1) item available to be classified at surplus.

GMC Savana Van 1997 VIN # 1GTEG15W6V1018198  
Van's worth is estimated at \$500  
Van is in poor condition  
Van is located at Durfee High School 360 Elsbree St. Field House Parking Lot.

Title and Registration attached

Thank you,

Timothy P. McCloskey  
Director, Engineering & Maintenance Services  
Fall River Public Schools.

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THE COMMONWEALTH OF MASSACHUSETTS  
REGISTRY OF MOTOR VEHICLES



CERTIFICATE OF REGISTRATION  
MUNICIPAL

PLATE TYPE MVN	REGISTRATION NUMBER M2555	EXPIRES LAST DAY OF MONTH YEAR 11 1996	EFFECTIVE DATE 11 1995
FEE:		TRANSACTION NUMBER 015331431001	
REGISTRATION \$ 00	TITLE \$ 00	NAME(S) OF OWNER(S) AND MAILING ADDRESS FALL RIVER CITY OF PUBLIC SCHOOLS 417 ROCK ST FALL RIVER, MA 02720-3344	
SPECIAL PLATES \$ 00	SALES TAX \$ 00		
TOTAL \$ 00	IF VEHICLE USED FOR TRANSPORTING GOODS, WARES, OR MERCHANDISE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 613		

RESIDENTIAL ADDRESS (IF DIFFERENT)		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.	
1997 YEAR	GMG MAKE	SAVANA MODEL NAME	GREEN COLOR
16713MAY10130 VEHICLE IDENTIFICATION NUMBER		444 BODY STYLE / TYPE	TITLE NUMBER
INSURANCE COMPANY SELF INSURED		NOT VALID UNTIL STAMPED WITH OFFICIAL SIGNATURE STAMP OR SIGNATURE OF THE REGISTRAR.	

D191715

# CERTIFICATE OF TITLE

## THE COMMONWEALTH OF MASSACHUSETTS

TITLE NUMBER <b>AP797797</b>		VEHICLE IDENTIFICATION NUMBER <b>1GTEG15W5V1018198</b>		DATE OF ISSUE <b>02/11/97</b>	
YR. MODEL YEAR <b>1997</b>	MAKE <b>GMC</b>	MODEL NAME <b>SAVANA</b>	MODEL NO. <b>1405</b>	VEHICLE STYLE TYPE <b>VAN</b>	NEW/USED <b>N</b>
CYL. PASS. DRS. <b>05</b>	BUYER'S PURCHASE DATE <b>02/04/97</b>	ODOMETER READING <b>113786</b>	REGISTRATION FEE NO. <b>10</b>	REG. FEE STATE	

### ACTUAL MILEAGE

NAME AND ADDRESS OF VEHICLE OWNER(S)

FALL RIVER CITY OF  
 217 ROCK ST  
 PUBLIC SCHOOLS  
 FALL RIVER, MA 02720-3342

FIRST LIENHOLDER

SECOND LIENHOLDER

### RELEASE OF LIEN

THE LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED

NAME	DATE RELEASED	AUTHORIZED SIGNATURE
------	---------------	----------------------

NAME	DATE RELEASED	AUTHORIZED SIGNATURE
------	---------------	----------------------

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, AND BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.

CONTROL NO. **D1191040**

(NOT THE TITLE NUMBER)



**JEROLD A. GNAZIO**  
REGISTRAR

### REGISTRY OF MOTOR VEHICLES

VOID IF ALTERED

VOID IF ALTERED



# City of Fall River Massachusetts

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

*Purchasing Division*

To: Purchasing  
C. SAMUEL SUTTER  
Fr: Department of Community Maintenance  
Mayor  
RE: Surplus Equipment

**TIMOTHY MCCOY**  
PURCHASING AGENT

- 1) Bombardier Track Plow, model JW 68, manufactured year is unknown. The approximate value is \$500 as the items runs, but needs significant maintenance. Item was purchased several years ago from the City of Quincy.

09/28/2015 Surplus Equipment Fire Department

Mec Shop

R-1 1) 1983 International (Box Truck) Vin # 1HTAA1728DHB17241 Gas Engine,  
Mileage 90,327 (\$ 1000.00)

Rescue 2 ✓ 2) 2000 Freightliner (FL50) Vin# IFV3EFAC9YHB56021 (Bad Engine) Mileage :  
92,166 (\$ 1,000.00)

Bus ✓ 3) 1995 Ford Bus Vin# 1FDKE30M8RHC05476 Mileage: 153,071 (\$ 500.00)

4) Shredder (Fellowes Power Shred)

5) 2- Portable Compressors (Electric) Not working

6) 4- Copiers





Massachusetts  
Registry of Motor Vehicles  
100 Nashua St., Boston, Mass. 02114

DEALER

APPLICATION FOR TITLE: .....

APPLICATION FOR REGISTRATION: .....

NEW  
 TRANSFER

1. TITLE NO.	2. DATE OF PURCHASE <b>7-19-83</b>	3. ODOMETER READING <b>13</b>	4. IF NEW, CERT. OF ORIGIN MUST BE SUBMITTED NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/>	
5. MFRS. MODEL YEAR <b>1983</b>	6. MAKE <b>International</b>	7. MODEL NAME	8. MODEL NO. <b>1724</b>	9. BODY STYLE/TYPE <b>Rescue Veh</b>
10. CYL. <b>8</b> PASS. <b>3</b> DOORS <b>2</b>	11. VEHICLE IDENTIFICATION NUMBER <b>1HTAA1728DHB17241</b>		12. PREVIOUS TITLE STATE AND NUMBER	
15. OWNER(S) FIRST MIDDLE LAST NAME(S) <b>City of Fall River - Fire Dept</b>			15. RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAIL ADDRESS ON LEFT)	
14. MAIL ADDRESS (NO. AND STREET) <b>755 Pine St</b> CITY OR TOWN, STATE, ZIP <b>Fall River, MA 02720</b>				

I/WE CERTIFY THAT ALL LIENS ON THIS VEHICLE ARE LISTED BELOW:

16. FIRST LIENHOLDER (IF NONE, WRITE NONE) <b>None</b>	17. DATE OF LIEN
18. ADDRESS (NO. AND STREET) CITY OR TOWN, STATE, ZIP	19. TYPE OF LIEN (CHATTEL MORTGAGE, ETC.)
20. SECOND LIENHOLDER <b>None</b>	21. DATE OF LIEN
22. ADDRESS (NO. AND STREET) CITY STATE	23. TYPE OF LIEN

I/WE THE APPLICANT(S) HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

24. SIGNATURE(S) OF OWNER(S) ALSO PRINT NAME IF DIFFERENT FROM BLOCK 13 <b>Louis A. Shea, Jr Chief</b>	LICENSE NUMBER DATE OF BIRTH
25. AUTHORIZED DEALER'S SIGNATURE	26. DEALER REG. NO.
27. SELLER'S NAME (PLEASE PRINT) <b>Ranger/American Modular</b>	
28. SELLER'S ADDRESS <b>18 Industrial Drive; Smithfield, RI 02917</b>	
29. EFFECTIVE DATE OF POLICY CHANGE	30. MANUAL CLASS RATE PREMIUM

INSURANCE CERTIFICATION

THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREBY NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREBY DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B.

7/22/83	COMPANY
	AGENT
DATE ISSUED-INSURANCE COMPANY'S AUTHORIZED REPRESENTATIVE'S SIGNATURE	

REGISTRATION	SALES OR USE TAX
TITLE	
TOTAL \$	VALIDATION NUMBER
FIN. TR. NUMBER	PASSED BY

COLOR CODE (ENTER IN BLOCK 38)		
1. BLACK	4. RED	7. WHITE
2. BLUE	5. YELLOW	8. GRAY
3. BROWN	6. GREEN	9. PURPLE
REG. NO.	REG. FEE	
30. REGISTRATION DATE	31. REG. TAG NO.	
35. IF USED FOR TRANSPORTATION OF GOODS, WARES, OR MERCHANDISE.		
NO. AXLES	WEIGHT	
	MAX. LOAD OR HEAVIEST SEMI-TRAILER WITH LOAD	
	TOTAL GROSS WEIGHT	
36. TYPE OF REGISTRATION PASSENGER <input type="checkbox"/> BUS <input type="checkbox"/> TAXI <input type="checkbox"/> TRUCK <input type="checkbox"/> TRAILER <input type="checkbox"/> SEMI-TRAILER <input type="checkbox"/> AUTO HOME <input type="checkbox"/> HEAVY-DUTY PLATFORM TRAILER <input type="checkbox"/> TRACTOR PART OF SEMI-TRAILER <input type="checkbox"/> TRACTOR-NOT PART OF SEMI-TRAILER <input type="checkbox"/> OTHER- <b>Fire</b>		
37. CITY OR TOWN WHERE VEHICLE IS PRINCIPALLY GARAGED. <b>Fall River</b>		
38. COLOR (SEE CODE) MAJOR <b>Red</b> MINOR	39. EXPIRATION DATE LAST DAY OF: MONTH YEAR	
40. TRANSMISSION AUTOMATIC <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/>		
41. IF CARRYING PASSENGERS FOR HIRE, MAX. NO. PASS. THAT CAN BE SEATED TYPE: BUS ( ) TAXI ( ) LIVERY ( ) IF SCHOOL BUS, IS IT USED EXCLUSIVELY UNDER CONTRACT TO CITY, TOWN, OR SCHOOL DISTRICT? YES ( ) NO ( )		
42. MOTOR POWER - GASOLINE <input checked="" type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER <input type="checkbox"/>		
43. VEHICLE IN CUSTODY OF: NAME <b>Fire Chief L.A. Shea;</b> ADDRESS <b>755 Pine St; Fall River</b>		

SALES OR USE TAX SCHEDULE

A. SALE BY LICENSED MOTOR VEHICLE DEALER. SALES & USE TAX REGISTRATION NO. (MUST BE COMPLETED BY DEALER)

GROSS SALES PRICE \$ \_\_\_\_\_

LESS MANUFACTURER'S EXCISE (ON COMMERCIAL VEHICLE OVER 10,000 LBS. ONLY) \$ \_\_\_\_\_

NET SALES PRICE \$ \_\_\_\_\_

LESS TRADE-IN ALLOWANCE FOR:  
YR. \_\_\_\_\_ MAKE \_\_\_\_\_  
VIN. \_\_\_\_\_ \$ \_\_\_\_\_  
NO. \_\_\_\_\_ \$ \_\_\_\_\_

TAXABLE SALES PRICE \$ \_\_\_\_\_

5% SALES TAX → \$ \_\_\_\_\_

B. SALE BY OTHER THAN MOTOR VEHICLE DEALER.

GROSS SALES PRICE \$ \_\_\_\_\_

5% USE TAX → \$ \_\_\_\_\_ (BILL OF SALE MUST BE SHOWN)

CLAIM EXEMPTION FROM TAX

1. EXEMPT ORGANIZATION **EO46001387** CERTIFICATE NUMBER

2. TRANSFERRED FROM: HUSBAND  WIFE  SON  DAUGHTER  MOTHER  FATHER  BROTHER  SISTER

3. SALE OR USE TAX PAID IN ANOTHER STATE

EVIDENCE MUST BE SHOWN

4. OTHER

NOT VALID UNTIL STAMPED WITH OFFICIAL STAMP OR SIGNATURE OF THE REGISTRAR.



Massachusetts  
Registry of Motor Vehicles  
100 Nashua St., Boston, Mass. 02114

INSURANCE

APPLICATION FOR TITLE: .....

APPLICATION FOR REGISTRATION: .....

NEW  
 TRANSFER

COLOR CODE (ENTER IN BLOCK 38)

1. BLACK	4. RED	7. WHITE
2. BLUE	5. YELLOW	8. GRAY
3. BROWN	6. GREEN	9. PURPLE

REG NO. 7-19-83

33-REGISTRATION DATE

34-FEE FACTOR

35. IF USED FOR TRANSPORTATION OF GOODS, WARES, OR MERCHANDISE.

NO. AXLES \_\_\_\_\_ WEIGHT \_\_\_\_\_

MAX. LOAD OR HEAVIEST SEMI-TRAILER WITH LOAD \_\_\_\_\_

TOTAL GROSS WEIGHT \_\_\_\_\_

36. TYPE OF REGISTRATION  
PASSENGER  BUS  TAXI  TRUCK   
TRAILER  SEMI-TRAILER  AUTO HOME   
HEAVY-DUTY PLATFORM TRAILER   
TRACTOR PART OF SEMI-TRAILER   
TRACTOR NOT PART OF SEMI-TRAILER   
OTHER- **Fire**

37. CITY OR TOWN WHERE VEHICLE IS PRINCIPALLY GARAGED.  
**Fall River**

38. COLOR (SEE CODE)  
MAJOR MINOR **Red**

39. EXPIRATION DATE LAST DAY OF:  
MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

40. TRANSMISSION  
AUTOMATIC  MANUAL

41. IF CARRYING PASSENGERS FOR HIRE, MAX. NO. PASS. THAT CAN BE SEATED \_\_\_\_\_  
TYPE: BUS ( ) TAXI ( ) LIVERY ( )  
IF SCHOOL BUS, IS IT USED EXCLUSIVELY UNDER CONTRACT TO CITY, TOWN, OR SCHOOL DISTRICT?  
YES ( ) NO ( )

42. MOTOR POWER -  
GASOLINE  DIESEL  ELECTRIC  OTHER

43. VEHICLE IN CUSTODY OF:  
NAME **Fire Chief L.A. Shea;**  
ADDRESS **755 Pine St; Fall River**

1. TITLE NO.	2. DATE OF PURCHASE <b>7-19-83</b>	3. ODOMETER READING <b>13</b>	4. IF NEW, CERT. OF ORIGIN MUST BE SUBMITTED NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/>
5. MFRS. MODEL YEAR <b>1983</b>	6. MAKE <b>International</b>	7. MODEL NAME <b>1724</b>	8. MODEL NO. 9. BODY STYLE/TYPE <b>Rescue Veh</b>
10. CYL. PASS. DOORS <b>6 3 2</b>	11. VEHICLE IDENTIFICATION NUMBER <b>1HTAA1728DRB17241</b>		
13. OWNER(S) FIRST MIDDLE LAST NAME(S) <b>City of Fall River - Fire Dept</b>			15. RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAIL ADDRESS ON LEFT)
14. MAIL ADDRESS (NO. AND STREET) <b>755 Pine St</b> CITY OR TOWN, STATE, ZIP <b>Fall River, MA 02720</b>			

I/WE CERTIFY THAT ALL LIENS ON THIS VEHICLE ARE LISTED BELOW:

16. FIRST LIENHOLDER (IF NONE, WRITE NONE) <b>None</b>	17. DATE OF LIEN
18. ADDRESS (NO. AND STREET) CITY OR TOWN, STATE, ZIP	19. TYPE OF LIEN (CHATTEL MORTGAGE, ETC.)
20. SECOND LIENHOLDER <b>None</b>	21. DATE OF LIEN
22. ADDRESS (NO. AND STREET) CITY STATE	23. TYPE OF LIEN

I/WE THE APPLICANT(S) HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

24. SIGNATURE(S) OF OWNER(S) ALSO PRINT NAME IF DIFFERENT FROM BLOCK 13 <b>Louis A. Shea Jr</b> <b>Louis A. Shea, Jr Chief</b>	LICENSE NUMBER DATE OF BIRTH
25. AUTHORIZED DEALER'S SIGNATURE	26. DEALER REG. NO.
27. SELLER'S NAME (PLEASE PRINT) <b>Ranger/American Modular</b>	
28. SELLER'S ADDRESS <b>18 Industrial Drive; Smithfield, RI 02917</b>	
29. EFFECTIVE DATE OF: POLICY CHANGE	30. MANUAL CLASS RATE PREMIUM

SALES OR USE TAX SCHEDULE

A SALE BY LICENSED MOTOR VEHICLE DEALER, SALES & USE TAX REGISTRATION NO. (MUST BE COMPLETED BY DEALER)

GROSS SALES PRICE \$ \_\_\_\_\_

LESS MANUFACTURER'S EXCISE (ON COMMERCIAL VEHICLE OVER 10,000 LBS. ONLY) \$ \_\_\_\_\_

NET SALES PRICE \$ \_\_\_\_\_

LESS TRADE-IN ALLOWANCE FOR:  
YR. \_\_\_\_\_ MAKE \_\_\_\_\_  
VIN. \_\_\_\_\_ NO. \_\_\_\_\_ \$ \_\_\_\_\_

TAXABLE SALES PRICE \$ \_\_\_\_\_

5% SALES TAX -> \$ \_\_\_\_\_

B SALE BY OTHER THAN MOTOR VEHICLE DEALER.

GROSS SALES PRICE \$ \_\_\_\_\_

5% USE TAX -> \$ \_\_\_\_\_ (BILL OF SALE MUST BE SHOWN)

CLAIM EXEMPTION FROM TAX

1. EXEMPT ORGANIZATION CERTIFICATE NUMBER **EO46001387**

2. TRANSFERRED FROM: HUSBAND  WIFE  SON  DAUGHTER  MOTHER  FATHER  BROTHER  SISTER

3. SALE OR USE TAX PAID IN ANOTHER STATE

EVIDENCE MUST BE SHOWN

4. OTHER -

INSURANCE CERTIFICATION

THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREINBEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREINBEFORE DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B.

DATE ISSUED: **7/22/83** COMPANY \_\_\_\_\_ AGENT \_\_\_\_\_

REGISTRATION \$ \_\_\_\_\_ SALES OR USE TAX \$ \_\_\_\_\_

TITLE \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ VALIDATION NUMBER \_\_\_\_\_

FIN. TR. NUMBER \_\_\_\_\_ PASSED BY \_\_\_\_\_

NOT VALID UNTIL STAMPED WITH OFFICIAL STAMP OR SIGNATURE OF THE REGISTRAR.

# CERTIFICATE OF TITLE

## MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

TITLE NUMBER <b>BL429228</b>		VEHICLE IDENTIFICATION NUMBER <b>1FV3BFAC9YHB56021</b> <b>1FV3BFAC9YHB56021</b>			DATE OF ISSUE <b>07/13/2012</b>	
MFRS. MODEL YEAR <b>2000</b>	MAKE <b>FRHT</b>	MODEL NAME <b>MEDCON</b>	MODEL NO. <b>FL50</b>	BODY STYLE/TYPE <b>AMBUL</b>	NEW/USED <b>USED</b>	
CYL. PASS. DRS <b>06 05 4</b>	PURCHASE DATE <b>06/28/2012</b>	ODOMETER READING <b>41,625</b> <b>41,625</b> <b>ACTUAL MILEAGE</b>		PREV. TITLE NO. <b>AT838746</b>	PREV. TITLE STATE <b>MA</b>	

MAILING ADDRESS ONLY  
**FALL RIVER CITY OF  
 140 COMMERCE DRIVE  
 FIRE DEPT  
 FALL RIVER, MA 02722-0749**

OWNER(S) NAME AND ADDRESS:  
**FALL RIVER CITY OF  
 FIRE DEPT  
 140 COMMERCE DRIVE  
 FALL RIVER, MA 02722-0749**

TITLE TYPE AND BRANDS	
TITLE TYPE	
BRAND	
BRAND	
BRAND	
BRAND	
TITLE MESSAGE(S)	

FIRST LIENHOLDER

SECOND LIENHOLDER

<b>RELEASE OF FIRST LIEN</b>
THE FIRST LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED
NAME:
AUTHORIZED SIGNATURE:
<b>X</b>
DATE RELEASED:

<b>RELEASE OF SECOND LIEN</b>
THE SECOND LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED
NAME:
AUTHORIZED SIGNATURE:
<b>X</b>
DATE RELEASED:

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY. THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.



*Rachel Kaprielian*  
**Rachel Kaprielian**  
 Registrar

CONTROL NO. **F9706713**  
 NOT THE TITLE NUMBER

ALTERATION OR ERASURE VOIDS THIS TITLE

KEEP IN SAFE PLACE

HOLD TO LIGHT TO VIEW

VERIFY PRESENCE OF WATERMARK

VERIFY PRESENCE OF WATERMARK

# CERTIFICATE OF TITLE

Bus

## THE COMMONWEALTH OF MASSACHUSETTS

TITLE NUMBER AX198224		VEHICLE IDENTIFICATION NUMBER 1EDKE3DM8BHC05476			DATE OF ISSUE 04/05/2002	
YEAR/MODEL YEAR 1995	MAKE FORD	MODEL NAME CUTVAN	MODEL NO. E350	BODY STYLE/TYPE BUS	NEW/USED USED	
EXPIRES 08-08-2	PURCHASE DATE 01/04/2002	ODOMETER READING 148,534		PREV. TITLE NO. AM218647	PREV. TITLE STATE MA	
<small>IF PREVIOUS STATE WAS TITLE EXEMPT, REGISTRATION NUMBER IS DISPLAYED.</small>						

### TITLE TYPE AND BRANDS

TITLE TYPE

BRAND

BRAND

BRAND

BRAND

BRAND

TITLE MESSAGE(S)

#### MAILING ADDRESS ONLY

FALL RIVER CITY OF  
 BX 749  
 FIRE DEPT  
 FALL RIVER, MA 02722-0749

#### OWNER'S NAME AND ADDRESS

FALL RIVER CITY OF  
 FIRE DEPT  
 BX 749  
 FALL RIVER, MA 02722-0749

#### FIRST LIENHOLDER:

#### SECOND LIENHOLDER:

#### RELEASE OF FIRST LIEN:

THE FIRST LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.

NAME:

AUTHORIZED SIGNATURE:

X

DATE RELEASED:

#### RELEASE OF SECOND LIEN:

THE SECOND LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.

NAME:

AUTHORIZED SIGNATURE:

X

DATE RELEASED:

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.



*Kimberly Hinden*

Kimberly Hinden  
Acting Registrar

CONTROL NO. E4481785  
NOT THE TITLE NUMBER

ALTERATION OR ERASURE VOIDS THIS TITLE

KEEP IN SAFE PLACE

REGISTRY OF MOTOR VEHICLES

THIS TITLE CONTAINS A WATERMARK

THIS TITLE CONTAINS A WATERMARK

FRFD Head quarters

Item	Count	Age	\$ Value	Description	Location
Tower Computers	6	10+ years		0 Obsolete computers with no hard drive	Shop Ladies Room
Flat Screen Desktop Monitors	2	8+ years		0 Broken	Shop Ladies Room
Laptop computer	1	10+ years		0 obsolete computer with no hard drive	Shop Ladies Room
Digital Phone	1	10+ years		0 broken	Shop Ladies Room
laser Printer	1	10+ years		0 broken	Shop Ladies Room
Desktop monitor	1	15+ years		0 broken	Shop Ladies Room
Shredder	1	7+ years		0 broken	Shop Ladies Room
Multifunction Printer	2	7+ years		0 broken	Shop Ladies Room
Fax machine	1	7+ years		0 broken	Shop Ladies Room
Electric typewriter	1	20+ years		0 broken	HQ Electrical Room
Laser Printer	1	7+ years		0 broken	HQ Electrical Room
Desktop monitor	1	10+ years		0 broken	HQ Electrical Room
Assorted computer accessories	1 bag	?		0 broken	HQ Electrical Room

# Police Dept.

DO Title

**REBEL FLEET**

Active	Control	Gas Key	PD Number	Unit Designation	Make	Year	Model	Serial Number	Description	Reg No	Div Assig n	Radio ID	Mileage	DO P	lojack	Condition
NO	113	394	PD394	OLD CAR 14	Ford	2008	Crown Victoria	2FAFP71V58X110716	Black/white	POLICE 84E	Uniform Div		72,000			good SCRAP

**REBEL FLEET**

Active	Control	Gas Key	PD Number	Unit Designation	Make	Year	Model	Serial Number	Description	Reg No	Div Assig n	Radio ID	Mileage	DO P	lojack	Condition
NO	116	375	PD375	OLD CAR 17	Ford	2007	Crown Victoria	2FAFP71W17X122367	Black/white	POLICE 77E	Uniform Div		121,000			fair, hi miles SCRAP

**REBEL FLEET**

Active	Control	Gas Key	PD Number	Unit Designation	Make	Year	Model	Serial Number	Description	Reg No	Div Assig n	Radio ID	Mileage	DO P	lojack	Condition
NO	330	352	PD352	OLD CAR H-23	Ford	2005	Crown Victoria	2FAFP71W45X149169	Black/white	POLICE 619G	Special Operation		55,000			good SCRAP

**REBEL FLEET**

Active	Control	Gas Key	PD Number	Unit Designation	Make	Year	Model	Serial Number	Description	Reg No	Div Assig n	Radio ID	Mileage	DO P	lojack	Condition
NO	126	339	PD339	OLD CAR 21	Ford	2005	Crown Victoria	2FAFP71W45X107732	Black/white	POLICE 152G	Uniform Div		129,000			fair - poor, hi miles SCRAP

**REBEL FLEET**

Active	Control	Gas Key	PD Number	Unit Designation	Make	Year	Model	Serial Number	Description	Reg No	Div Assig n	Radio ID	Mileage	DO P	lojack	Condition
NO	135	379	PD379	OLD CAR 14	Ford	2007	Crown Victoria	2FAFP71WX7X122366	Black/white	POLICE 79E	Uniform Div	314	67,987			good SCRAP

**REBEL FLEET**

Active	Control	Gas Key	PD Number	Unit Designation	Make	Year	Model	Serial Number	Description	Reg No	Div Assig n	Radio ID	Mileage	DO P	lojack	Condition
NO		368	PD258	OLD CAR H-1	Ford	2000	Taurus	1FAFP53U9YG119627	Unmarked 4Dr gold/tan interior	7808-KZ	Special Operation		65,000			fair - poor, rust SCRAP

Reg.

**REBEL FLEET**

REBEL FLEET

Active	Control	Gas Key	PD Number	Unit Designation	Make	Year	Model	Serial Number	Description	Reg. No.	Div. Assignment	Radio ID	Mileage	DO P	Lojack	Condition
NO	717		PD25 7	OLD SBS	Ford	2000	Taurus	1FAPP53U5Y G119625	Unmarked 4Dr gray/gray- interior	8288K Z	SPECIAL OPERATIO NS		82,000			poor, rust SBS



THE COMMONWEALTH OF MASSACHUSETTS  
 REGISTRY OF MOTOR VEHICLES  
 P.O. BOX 55889 BOSTON, MA 02205-5889  
 www.mass.gov/rmv

PD-375  
 CAR-1

PLEASE KEEP THIS DOCUMENT  
 IN YOUR VEHICLE AT ALL TIMES

CERTIFICATE OF REGISTRATION  
 MUNICIPAL

PLATE TYPE	REGISTRATION NUMBER	EXPIRES LAST DAY OF	MONTH	YEAR
MVN	MP77E	NEX	PD	

FEES:

REGISTRATION	0.00
TITLE	0.00
SPECIAL PLATES	0.00
SALES TAX	0.00
<b>TOTAL</b>	<b>0.00</b>

NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 FALL RIVER CITY OF  
 DEPT OF POLICE  
 685 PLEASANT ST  
 FALL RIVER, MA 02722

EFFECTIVE DATE 12/20/06

TRANSACTION NUMBER  
 01635443170102

*Anne L. Collins*

REGISTRAR

RESIDENTIAL ADDRESS (IF DIFFERENT)

IF VEHICLE CARRYING  
 PASSENGERS FOR HIRE  
 MAXIMUM NUMBER OF  
 PASSENGERS THAT  
 CAN BE SEATED.

IF VEHICLE USED FOR  
 TRANSPORTING GOODS,  
 WARES, OR MERCHANDISE,  
 TOTAL REGISTERED WEIGHT.

2007	FORD	CROVIC	SEDAN	WHITE	BLACK
<small>MFHS MODEL YEAR</small>	<small>MAKE</small>	<small>MODEL NAME</small>	<small>BODY STYLE/TYPE</small>	<small>COLOR</small>	

2FAFP71W17X122367 SELF INSURED

VEHICLE IDENTIFICATION NUMBER

INSURANCE COMPANY

TITLE NUMBER

NOT VALID UNTIL STAMPED WITH OFFICIAL SIGNATURE STAMP OR SIGNATURE OF THE REGISTRAR

# CERTIFICATE OF TITLE

## THE COMMONWEALTH OF MASSACHUSETTS

TITLE NUMBER <b>BE027544</b>		VEHICLE IDENTIFICATION NUMBER <b>2FAPF71W17X122367</b> <b>2FAPF71W17X122367</b>		DATE OF ISSUE <b>01/05/2007</b>	
YEAR <b>2007</b>	MAKE <b>FORD</b>	MODEL NAME <b>CROVIC</b>	MODEL NO. <b>P7E</b>	BODY STYLE <b>SEDAN</b>	NEW USE? <b>NEW</b>
EXPIRES <b>08-05-14</b>	PURCHASE DATE <b>11/14/2006</b>	ODOMETER READING <b>ACTUAL MILEAGE</b>	PREV. TITLE NO.	PREV. TITLE	IF PREVIOUS STATE WAS TITLE EXEMPT, REGISTRATION NUMBER IS RELEASED

MAILING ADDRESS ONLY  
FALL RIVER CITY OF  
685 PLEASANT ST  
DEPT OF POLICE  
FALL RIVER, MA 02722

OWNER(S) NAME AND ADDRESS  
FALL RIVER CITY OF  
DEPT OF POLICE  
685 PLEASANT ST  
FALL RIVER, MA 02722

### TITLE TYPE AND BRANDS

TITLE TYPE

BRAND  
BRAND  
BRAND  
BRAND

TITLE MESSAGE(S)

FIRST LIENHOLDER

SECOND LIENHOLDER

<b>RELEASE OF FIRST LIEN</b> THE FIRST LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED. NAME: AUTHORIZED SIGNATURE: <b>X</b> DATE RELEASED:
--

<b>RELEASE OF SECOND LIEN</b> THE SECOND LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED. NAME: AUTHORIZED SIGNATURE: <b>X</b> DATE RELEASED:
--

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS. BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.

*Anne L. Collins*  
**Anne L. Collins**  
Registrar

CONTROL NO. **F2722550**  
NOT THE TITLE NUMBER

ALTERATION OR ERASURE VOIDS THIS TITLE.

KEEP IN SAFE PLACE

REGISTRY OF MOTOR VEHICLES

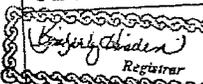


THE COMMONWEALTH OF MASSACHUSETTS  
 REGISTRY OF MOTOR VEHICLES  
 P.O. BOX 199100 BOSTON, MA 02119  
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PD 352  
 H23

PLEASE KEEP THIS DOCUMENT  
 IN YOUR VEHICLE AT ALL TIMES

CERTIFICATE OF REGISTRATION  
 MUNICIPAL

PLATE TYPE MVN	REGISTRATION NUMBER MP619G	EXPIRES LAST DAY OF → NEXPD	MONTH YEAR	EFFECTIVE DATE 06/08/05
FEES: REGISTRATION 0.00 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 0.00		NAME(S) OF OWNER(S) AND MAILING ADDRESS FALL RIVER CITY OF DEPT OF POLICE 685 PLEASANT ST FALL RIVER, MA 02722		TRANSACTION NUMBER 01515943080118  Registrar 648 REGISTRAR
RESIDENTIAL ADDRESS (IF DIFFERENT)			IF VEHICLE CARRYING PASSENGERS FOR HIRE MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.	IF VEHICLE USED FOR TRANSPORTING GOODS, WARES, OR MERCHANDISE: TOTAL REGISTERED WEIGHT.
2005 MFRS MODEL YEAR	FORD MAKE	CROVIC MODEL NAME	SEDAN BODY STYLE/TYPE	BLACK WHITE COLOR
2FAFP71W45X149169 VEHICLE IDENTIFICATION NUMBER		SELF INSURED INSURANCE COMPANY		TITLE NUMBER

NOT VALID UNTIL STAMPED WITH OFFICIAL SIGNATURE STAMP OR SIGNATURE OF THE REGISTRAR

# CERTIFICATE OF TITLE

## THE COMMONWEALTH OF MASSACHUSETTS

TITLE NUMBER BB950841		VEHICLE IDENTIFICATION NUMBER 2EATP71W45X149169 2EATP71W45X149169			DATE OF ISSUE 06/24/2005	
YEAR 2005	MAKE FORD	MODEL NAME CROVIC	MODEL NO. P71	BODY STYLE/TYPE SEDAN	NEW/USED NEW	
PLATE 08 05 4	PURCHASE DATE 05/26/2005	ODOMETER READING 10 10 ACTUAL MILEAGE		PREV. TITLE NO.	PREV. TITLE STATE	

MAILING ADDRESS ONLY  
PAUL RIVER, CITY OF  
685 PLEASANT ST  
DEPT OF POLICE  
PAUL RIVER, MA 02722

OWNER'S NAME AND ADDRESS  
PAUL RIVER, CITY OF  
DEPT OF POLICE  
685 PLEASANT ST  
PAUL RIVER, MA 02722

### TITLE TYPE AND BRANDS

TITLE TYPE
BRAND
BRAND
BRAND
BRAND

### TITLE MESSAGE(S)

FIRST LIEN HOLDER:

SECOND LIEN HOLDER:

RELEASE OF FIRST LIEN
THE FIRST LIEN HOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED
NAME
AUTHORIZED SIGNATURE X
DATE RELEASED

RELEASE OF SECOND LIEN
THE SECOND LIEN HOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED
NAME
AUTHORIZED SIGNATURE X
DATE RELEASED

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.

11-23  
PD 352

*Kimberly Hinden*  
Kimberly Hinden  
Registrar

CONTROL NO. E9352945  
NOT THE TITLE NUMBER

ALTERATION OR ERASURE VOIDS THIS TITLE.

KEEP IN SAFE PLACE

HOLD TO LIGHT TO VIEW EAGLE WATERMARK

THIS TITLE CONTAINS A WATERMARK



THE COMMONWEALTH OF MASSACHUSETTS  
 REGISTRY OF MOTOR VEHICLES  
 P.O. BOX 199100 BOSTON, MA 02119  
 www.mass.gov/rmv

CAR-8  
 PD 339

PLEASE KEEP THIS DOCUMENT  
 IN YOUR VEHICLE AT ALL TIMES

CERTIFICATE OF REGISTRATION  
 MUNICIPAL

PLATE TYPE MVN	REGISTRATION NUMBER MP152G	EXPIRES LAST DAY OF → NEXPD	MONTH NEXPD	YEAR	EFFECTIVE DATE 01/27/05		
FEES:		NAME(S) OF OWNER(S) AND MAILING ADDRESS					TRANSACTION NUMBER
REGISTRATION	0.00	FALL RIVER CITY OF			01502743030102		
TITLE	0.00	DEPT OF POLICE			 Registrar 635		
SPECIAL PLATES	0.00	685 PLEASANT ST					
SALES TAX	0.00	FALL RIVER, MA 02722					
TOTAL	0.00						
RESIDENTIAL ADDRESS (IF DIFFERENT)				IF VEHICLE CARRYING PASSENGERS FOR HIRE MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.		IF VEHICLE USED FOR TRANSPORTING GOODS, WARES, OR MERCHANDISE: TOTAL REGISTERED WEIGHT.	
2005	FORD	CROVIC	SEDAN	BLACK WHITE			
MFRS MODEL YEAR	MAKE	MODEL NAME	BODY STYLE/TYPE	COLOR			
2FAP71W45X107732		SELF INSURED		TITLE NUMBER			
VEHICLE IDENTIFICATION NUMBER		INSURANCE COMPANY		TITLE NUMBER			

NOT VALID UNTIL STAMPED WITH OFFICIAL SIGNATURE STAMP OR SIGNATURE OF THE REGISTRAR

# CERTIFICATE OF TITLE

## THE COMMONWEALTH OF MASSACHUSETTS

TITLE NUMBER BB404032		VEHICLE IDENTIFICATION NUMBER 2FAFP71W45X107732 2FAFP71W45X107732		DATE OF ISSUE 02/11/2005	
REG. MODEL YEAR 2005	MAKE FORD	MODEL NAME CROVIC	MODEL NO. POLINT	BODY STYLE/TITLE SEDAN	NEW/USED NEW
EXPIRES 08-05-1	PURCHASE DATE 01/07/2005	ODOMETER READING 12 12 ACTUAL MILEAGE	PREV. TITLE NO.	PREV. TITLE STATE	IF PREVIOUS STATE WAS TITLE EASY STATE, REGISTRATION NUMBER (S) IS/ARE

MAILING ADDRESS ONLY  
 FALL RIVER CITY OF  
 685 PLEASANT ST  
 DEPT. OF POLICE  
 FALL RIVER, MA 02722

OWNER(S) NAME AND ADDRESS  
 FALL RIVER CITY OF  
 DEPT. OF POLICE  
 685 PLEASANT ST  
 FALL RIVER, MA 02722

### TITLE TYPE AND BRANDS

TITLE TYPE

BRAND  
 BRAND  
 BRAND  
 BRAND

TITLE MESSAGE(S)

FIRST LIENHOLDER:

SECOND LIENHOLDER:

**RELEASE OF FIRST LIEN:**

THE FIRST LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.

NAME:

AUTHORIZED SIGNATURE:  
X

DATE RELEASED:

**RELEASE OF SECOND LIEN:**

THE SECOND LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.

NAME:

AUTHORIZED SIGNATURE:  
X

DATE RELEASED:

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.

*Kimberly Hinden*

Kimberly Hinden  
 Registrar

CONTROL NO. EB79E851  
 NOT THE TITLE NUMBER

ALTERATION OR ERASURE VOIDS THIS TITLE

KEEP IN SAFE PLACE

REGISTRY OF MOTOR VEHICLES

HOLD TO LIGHT TO VIEW EAGLE WATERMARK

THIS TITLE CONTAINS A WATERMARK

# CERTIFICATE OF TITLE

## THE COMMONWEALTH OF MASSACHUSETTS

TITLE NUMBER <b>BE016073</b>		VEHICLE REGISTRATION NUMBER <b>2TAPF71WX7X122366</b>		DATE OF ISSUE <b>01/05/2007</b>
YEARS, MODEL YEAR <b>2007</b>	MAKE <b>FORD</b>	MODEL NAME <b>CROVIC</b>	MODELS <b>FALL</b>	BODY STYLE <b>SEDAN</b>
EXPIRES <b>08 05 4</b>	PURCHASE DATE <b>11/14/2006</b>	ODOMETER READING <b>11</b>	PREVIOUS REG. <b>11</b>	PREVIOUS TITLE STATE <b>NEW</b>
MAILING ADDRESS ONLY FALL RIVER CITY OF 685 PLEASANT ST DEPT OF POLICE FALL RIVER, MA 02722		ACTUAL MESSAGE		

### TITLE TYPE AND BRANDS

TITLE TYPE	
BRAND	
BRAND	
BRAND	
BRAND	
TITLE MESSAGE(S)	

OWNER(S) NAME AND ADDRESS  
FALL RIVER CITY OF  
DEPT OF POLICE  
685 PLEASANT ST  
FALL RIVER, MA 02722

FIRST LIENHOLDER:

SECOND LIENHOLDER:

**RELEASE OF FIRST LIEN:**  
THE FIRST LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.

NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE RELEASED: \_\_\_\_\_

**RELEASE OF SECOND LIEN:**  
THE SECOND LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.

NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE RELEASED: \_\_\_\_\_

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY. THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.

*Anne L. Collins*  
**Anne L. Collins**  
Registrar

CONTROL NO. **12722651**  
NOTICE TITLE NUMBER

ALTERATION OR ERASURE VOIDS THIS TITLE.

KEEP IN SAFE PLACE

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW



# CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate.

**RMV Division**

PLATE TYPE PAN	REGISTRATION NUMBER 7808KZ	REGISTRATION TYPE PASSENGER	EFFECTIVE DATE 09/01/11	EXPIRES LAST DAY OF → 08 13	MONTH	YEAR	TRANSACTION NUMBER 02123143090104										
APRS MODEL YEAR 2000	MAKE FORD	MODEL TAURUS	BODY STYLE/TYPE SEDAN	COLOR YELLOW	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.										
VEHICLE IDENTIFICATION NUMBER 1FAPF53U9YG119627		INSURANCE COMPANY SELF INSURED	TITLE NUMBER AT843265		REGISTRAR <i>Rachel Kaprielian</i>		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.										
RESIDENTIAL ADDRESS (IF DIFFERENT)																	
NAMES(S) OF OWNER(S) AND MAILING ADDRESS FALL RIVER CITY OF 685 PLEASANT ST FALL RIVER, MA 02722					<b>FEES</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>REGISTRATION</td><td style="text-align: right;">0.00</td></tr> <tr><td>TITLE</td><td style="text-align: right;">0.00</td></tr> <tr><td>SPECIAL-PLATES</td><td style="text-align: right;">0.00</td></tr> <tr><td>SALES TAX</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>TOTAL</b></td><td style="text-align: right; border-top: 1px solid black;"><b>0.00</b></td></tr> </table>			REGISTRATION	0.00	TITLE	0.00	SPECIAL-PLATES	0.00	SALES TAX	0.00	<b>TOTAL</b>	<b>0.00</b>
REGISTRATION	0.00																
TITLE	0.00																
SPECIAL-PLATES	0.00																
SALES TAX	0.00																
<b>TOTAL</b>	<b>0.00</b>																
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.																	

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS _____ _____ CITY, STATE, ZIP CODE
---	--

### Important Information for Vehicle Owners

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.</li> <li>• By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: <a href="http://www.mass.gov/rmv">www.mass.gov/rmv</a> or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.</li> </ul> | <ul style="list-style-type: none"> <li>• Return the registration plates to the RMV immediately if:             <ul style="list-style-type: none"> <li>- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the <i>Bill of Sale, Title, and completed Reassignment of Title</i> for your records to document the transfer.</li> <li>- You move to another state and you register the vehicle in that state.</li> <li>- The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.</li> </ul> </li> </ul> |
|---|---|

**Transferring Your Plates:** Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer **valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer** while you obtain insurance and a new registration. **All** of the following must be met: **1.** You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; **2.** You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); **3.** The newly acquired vehicle is of the **same vehicle type** (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the **same registration type** (passenger to passenger, commercial to commercial); and has the **same number of wheels**; and, **4.** The **seller and buyer** properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If **all** of the above are met, you may operate the newly acquired vehicle with the transferred plates **up to 5:00 pm of the 7th calendar day** following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you **must** carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle **and this Registration Certificate** when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**No Insurance Card Required:** Massachusetts's law does **not** require an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's office.

**BE FIRST IN LINE BY GOING ONLINE AT [WWW.MASS.GOV/RMV](http://WWW.MASS.GOV/RMV)**

<ul style="list-style-type: none"> <li>Schedule a Road Test</li> <li>Renew Your Driver's License</li> <li>Renew Your Registration</li> <li>Pay Citations/Court Hearing Fee</li> <li>Replace Your Driver's License</li> </ul>	<ul style="list-style-type: none"> <li>Request a Duplicate Title</li> <li>Request a Duplicate Registration</li> <li>Change Your Address</li> <li>Cancel My Plate/Registration</li> <li>Order a Special Plate</li> </ul>
--	---

**NEED TO VISIT AN RMV OFFICE?**  
SAVE TIME  
Complete Your Application Online!

**VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS**



4-

**THE COMMONWEALTH OF MASSACHUSETTS  
 REGISTRY OF MOTOR VEHICLES  
 P.O. BOX 55889 BOSTON, MA 02205-5889  
 www.mass.gov/rmv**

mc06  
PD257

PLEASE KEEP THIS DOCUMENT  
IN YOUR VEHICLE AT ALL TIMES

**CERTIFICATE OF REGISTRATION  
PASSENGER**

PLATE TYPE	REGISTRATION NUMBER	EXPIRES LAST DAY OF →	MONTH	YEAR
PAN	8288KZ	08	09	

FEES:	
REGISTRATION	0.00
TITLE	0.00
SPECIAL PLATES	0.00
SALES TAX	0.00
<b>TOTAL</b>	<b>0.00</b>

NAME(S) OF OWNER(S) AND MAILING ADDRESS  
 FALL RIVER CITY OF  
 685 PLEASANT ST  
 DEPT OF POLICE  
 FALL RIVER, MA 02722

EFFECTIVE DATE 09/01/07  
 TRANSACTION NUMBER  
 02721443010121  
*Anne L. Collins*  
 REGISTRAR

RESIDENTIAL ADDRESS (IF DIFFERENT)

2000 MFRS MODEL YEAR	FORD MAKE	TAURUS MODEL NAME	SEDAN BODY STYLE/TYPE	GRAY COLOR
1FAPP53U5YG119625		SELF INSURED		AT847158
VEHICLE IDENTIFICATION NUMBER		INSURANCE COMPANY		TITLE NUMBER

IF VEHICLE CARRYING  
PASSENGERS FOR HIRE  
MAXIMUM NUMBER OF  
PASSENGERS THAT  
CAN BE SEATED.

IF VEHICLE USED FOR  
TRANSPORTING GOODS,  
WARES, OR MERCHANDISE:  
TOTAL REGISTERED WEIGHT.

NOT VALID UNTIL STAMPED WITH OFFICIAL SIGNATURE STAMP OR SIGNATURE OF THE REGISTRAR

# CERTIFICATE OF TITLE

## THE COMMONWEALTH OF MASSACHUSETTS

TITLE NUMBER AT847158		VEHICLE IDENTIFICATION NUMBER 1FAFP5305YG119625			DATE OF ISSUE 01/07/2000	
YEARS MODEL YEAR 2000	MAKE FORD	MODEL NAME TAURUS	MODEL NO. P53	BODY STYLE TYPE SEDAN	NEW/USED NEW	
COLEMAN PASSENGERS 06 05 4	PURCHASE DATE 12/13/1999	ODOMETER READING 20 <b>ACTUAL MILEAGE</b>		PREV. TITLE NO.	PREV. TITLE STATE	
				IF PREVIOUS STATE WAS TITLE EXEMPT REGISTRATION NUMBER IS DISPLAYED		

### TITLE TYPE AND BRANDS

TITLE TYPE  
 BRAND  
 BRAND  
 BRAND  
 BRAND

TITLE MESSAGE(S):

MAILING ADDRESS ONLY  
 FARM RIVER CITY OF  
 158 BEDFORD ST  
 FARM RIVER MA 02720-3010

OWNER'S NAME AND ADDRESS  
 FARM RIVER CITY OF  
 158 BEDFORD ST  
 FARM RIVER MA 02720-3010

FIRST LIENHOLDER:

SECOND LIENHOLDER:

RELEASE OF FIRST LIEN THE FIRST LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.
NAME:
AUTHORIZED SIGNATURE: X
DATE RELEASED:

RELEASE OF SECOND LIEN THE SECOND LIENHOLDER'S INTEREST IN THE VEHICLE DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED.
NAME:
AUTHORIZED SIGNATURE: X
DATE RELEASED:

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.



*Daniel A. Grabauskas*  
 Daniel A. Grabauskas  
 Registrar of Motor Vehicles

CONTROL NO. E 1086198  
 NOT THE TITLE NUMBER

ALTERATION OR ERASURE VOIDS THIS TITLE

KEEP IN SAFE PLACE

THIS TITLE CONTAINS A WATERMARK

THIS TITLE CONTAINS A WATERMARK

16  
**City of Fall River, *In City Council***

(Councilor Linda M. Pereira)

WHEREAS, medical marijuana growth facilities and dispensaries are now in the process of locating in the area, and

WHEREAS, many cities and towns are discussing zoning ordinances regarding the placement of these facilities, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation convene with the Planning Director and Corporation Counsel to discuss the placement of such facilities.

17

City of Fall River, *In City Council*

(Councilor Raymond A. Mitchell)

WHEREAS, property owned by St. Vincent's Home Corporation formerly known as the St. Vincent's Home Farm located on Driftwood Street and Highland Avenue is for sale, and

WHEREAS, this property could possibly contain 35 to 40 house lots, and

WHEREAS, a brook known as Steep Brook runs through this property and a development would have a negative impact on this brook, and

WHEREAS, this number of homes could negatively impact this neighborhood and exacerbate overburdened aging infrastructure, now therefore

BE IT RESOLVED, that the Administration consider partnering with other groups or organizations, such as Community Development, applying for available grants or Community Preservation Act funds to assist in purchasing this land to maintain open space in the City of Fall River.

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

(Councilor Michael L. Miozza)

WHEREAS, the current zoning ordinance regarding the [A-2] Apartment District lacks the specificity of the previous ordinance, and

WHEREAS, Section 86-35 Table of Dimensional Regulations, regarding apartment zones, is unclear on how to make the transition between 6 or less units to 20 or greater units, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation consider amending the ordinance to include more specificity and eliminate the ambiguity.

*City of Fall River, In City Council*

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

Corner of Grinnell Street and Coggeshall Street  
Pole # 598

(Councilor Leo O. Pelletier)

31

15-223C

**MetLife Auto & Home**<sup>®</sup>  
Subrogation - Warwick  
Mail Processing Center  
PO Box 2204  
Charlotte, NC 28241-2204  
800-634-9740

RECEIVED  
2015 NOV 10 10 05  
**MetLife**  
CITY CLERK  
FALL RIVER, MA

11/23/2015

City Of Fall River  
Attn: Alison M. Bouchard  
One Government Center Room 227  
Fall River, MA 02722

Our Customer: Eric Durham  
Our Claim Number: ALH91692  
Date of Accident: 07/16/2015  
Your Customer: City Of Fall River  
Your Claim Number: 15-3085 : Driver Neil Rodrigues

Dear City Of Fall River ,

**FINAL NOTICE PRIOR TO LITIGATION**

- ( ) Enclosed is the documentation you requested.
- ( ) Please call the undersigned upon receipt of this letter.
- (X) Please provide a status on our subrogation claim.
- ( ) Please fill out the enclosed statement form as completely as possible.

Sincerely,

Skylar Paris  
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY  
SUBROGATION ADJUSTER, Ext: 6041  
Fax: 866-260-1662

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

Orig + copy LAW  
copy Police  
copy City Adm  
copy City Council  
copy City Clerk

NOV 30 2015



RECEIVED

City of Fall River  
Notice of Claim

2015 NOV 12 P 4:38

CITY CLERK 15-236  
FALL RIVER, MA

1. Claimant's name: Sandra Fernandes
2. Claimant's complete address: 133 Nelson St.
3. Telephone number: Home: 774 3019039 Work: 246 3757711
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
auto
5. Date and time of accident: 25 OCT. 15 Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
brayton avenue top of hill near BOOST mobile store
7. Circumstances of the incident: (attach additional pages if necessary):  
While traveling south on brayton avenue I hit a huge pothole that damaged my tire & balance. I had balance completed (myself) and I was notified that tire was non repairable and must be replaced. I am from MD and your roads are horrible. first two times I fixed myself. This one must be reimbursed by your city. This is unacceptable. Thank you in advance.
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  
Just car dealer only

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: 11-12-15 Claimant's signature: Sandra 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

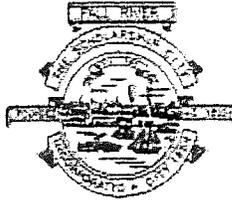
You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	Date: <u>NOV 12 2015</u>
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DCM</u>	

RECEIVED

2015 NOV 16 P 2:00

CITY CLERK 15-237  
FALL RIVER, MA



City of Fall River  
Notice of Claim

1. Claimant's name: MELINA SHEEDY
2. Claimant's complete address: 700 SHORE DR #505 FALL RIVER 02721
3. Telephone number: Home: 617-224-6248 Work: 617-224-6248
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
POTHOLE DAMAGE
5. Date and time of accident: 10/17/15 1:00pm Amount of damages claimed: \$ 134.88
6. Exact location of the incident: (include as much detail as possible):  
In front of 203 Middle St. Fall River
7. Circumstances of the incident: (attach additional pages if necessary):  
Coming from Club St. took a right onto Bay St and left onto Middle St. Car was coming down the street and cars parked on the right side, was unable to avoid huge pothole resulting in a flat tire. As of 10/31/15, pothole has not been filled and there is an orange traffic cone in it.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 11/2/15

Claimant's signature: Melina Sheedy

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: NOV 16 2015

Council

November 16, 2015

Olga M. Pacheco

57 Lester St

Fall River, Ma. 02724

RECEIVED

2015 NOV 20 A 10:02

CITY CLERK 15-238  
FALL RIVER, MA

To whom it may concern,

On Friday October 24, 2015 at 6:30pm at the intersection of Suffolk and Fulton streets, I experienced an automobile accident which resulted from a failure of the City of Fall River, Ma evidenced by a missing stop sign with missing pole which failed to notify me to stop at that intersection.

This unfortunate neglect of our City was evident by the failure to provide safe driving conditions and put me and others who drive that route at risk. The people involved had extensive damage to our vehicles and additionally caused all involved to be seen by physicians via ambulance at St. Anne's Hospital. The damage to my automobile has resulted in an estimate of greater than \$2,500.00 which I am holding the City of Fall River, Ma, responsible do to the fact that clearly, this accident would have been avoided if the City of Fall River, Ma, had followed up on this matter.

To further assist you with your investigation, please note that not only a police report, but also photographs and a witness who came forth stating that she had notified the City of Fall River, Ma, approximately three weeks prior of this missing pole and sign in fears that it would put others at risk.

There was no indication of any need to stop at the above said intersection on the day that I was involved in this accident. If you have any questions, feel free to contact me, Olga M. Pacheco at 508-558-5218.

Sincerely,

*Olga M. Pacheco*

Olga M. Pacheco, concerned citizen of this City.

11-17-2015

*Sheryll Ann Rodrigues*

NOV 20 2015

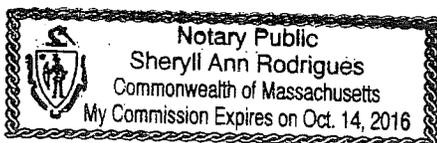
LAW - ORIG +1

CITY ADMIN - 1

CLERK - 1

COUNCIL - 1

TRAFFIC - 1







RECEIVED

City of Fall River  
Notice of Claim

2015 NOV 23 P 3:58

CITY CLERK 15-240  
FALL RIVER, MA

1. Claimant's name: LEO J. RACINE
2. Claimant's complete address: 50 Dudley Street, Fall River, MA 02720
3. Telephone number: Home: 774-365-7185 Work: 774-357-2448
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: JANUARY 2013 AM Amount of damages claimed: \$ 990.21
6. Exact location of the incident: (include as much detail as possible):  
North side of WALNUT ST. Corb. Administration Building of Fall River School Department 417 Rock Street
7. Circumstances of the incident: (attach additional pages if necessary):  
Passenger side of pickup truck (cab) was struck by a snow blower during removal operation. Vehicle was parked on the ~~side~~ north side of Walnut Street. Property manager reported to me that snow was heavy + he was required to clear snow from full width of side walk.
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: 11/13/15

Claimant's signature: [Signature]

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

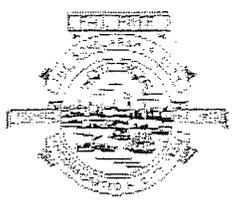
Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

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

For official use only:

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

Date: NOV 24 2015



RECEIVED

RECEIVED

City of Fall River  
Notice of Claim

2015 NOV 25 A 11:24

2015 NOV 25 P 1:09

1. Claimant's name: Nancy R. Pavao  
CITY CLERK FALL RIVER, MA 15-241

2. Claimant's complete address: 7408 Locust St. Swansea MA 02777

3. Telephone number: Home: 508 679 4649 Work: 508 324 2643

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Ch. 84 pothole

5. Date and time of accident: 10/29/15 Amount of damages claimed: \$ 95.00

6. Exact location of the incident: (include as much detail as possible):  
4 Hartwell St @ entrance to driveway

7. Circumstances of the incident: (attach additional pages if necessary):  
Stopped @ stop sign @ corner of Hartwell + Third St. I thought the other driver signaled me to proceed but all of a sudden he was along side of me facing me to jerk the wheel to the right, hitting the potholes

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: 11/24/15

Claimant's signature: Nancy R Pavao

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 type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input type="checkbox"/> DCM	Date: <b>NOV 25 2015</b>
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Law Offices

# Sabra Aspden

A Professional Association

RECEIVED

STEVEN P. SABRA  
ssabra@sabraandaspden.com

MATTHEW M. ASPDEN\*  
maspden@sabraandaspden.com

2015 NOV 30 P 3: 05  
1026 COUNTY STREET  
SOMERSET, MA 02726  
Tel (508) 674-0890  
Fax (508) 679-5998  
CITY CLERK 15-242  
FALL RIVER, MA

November 25, 2015

CERTIFIED MAIL NO. 7013 1090 0001 3693 4487

Alison M. Bouchard, City Clerk  
City of Fall River  
1 Government Center  
Fall River, MA 02722

Re: Notice of Injury to  
Olivia L. Robinson-Mattos ppa JoAnn Hancock  
on or about September 21, 2015  
at the Green School  
Fall River, MA

Dear Clerk Bouchard:

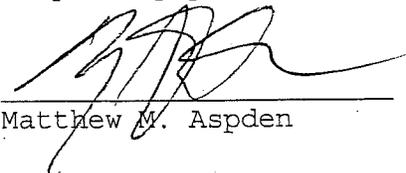
Please be advised that I represent the above named, JoAnn Hancock, Guardian and Next Friend of Olivia L. Robinson-Mattos, with regard to injuries sustained on or about September 21, 2015 at the pre-K program at Green School in Fall River, Massachusetts.

My client alleges, through counsel, that on the above date, the Fall River Public Schools, its agents, servants and/or employees were negligent and careless in their supervision, care and custody of Olivia thereby allowing her to injure her left arm. Olivia did suffer personal injuries which required and continue to require medical care and treatment.

This notice is given pursuant to the provisions of M.G.L. c. 258.

The giving of the above notice is solely to protect my client's rights under said General Laws and does not constitute and is not to be considered an election of remedies or waiver of other rights she may have against the City of Fall River.

Very truly yours,



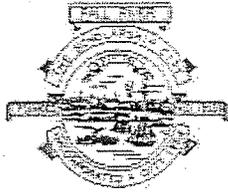
Matthew M. Aspden

MMA:mmt  
cc: JoAnn Hancock  
dic: 10/8

\*MEMBER OF MASSACHUSETTS AND RHODE ISLAND BARS  
Website: [www.sabraandaspden.com](http://www.sabraandaspden.com)

NOV 30 2015

orig + copy LAW  
copy city council  
copy city clerk



City of Fall River  
Notice of Claim

RECEIVED

2015 DEC -1 P 1:21

CITY CLERK 15243  
FALL RIVER, MA

1. Claimant's name: CATHERINE S CAMPOPIANO
2. Claimant's complete address: 1 MILL ST 1219, TIVERTON RI 02878
3. Telephone number: Home: (401) 556-7288 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
PROPERTY DAMAGE
5. Date and time of accident: 11/03/15 <sup>1008</sup> AM Amount of damages claimed: \$ 175.00
6. Exact location of the incident: (include as much detail as possible):  
729 ROBESON ST, FALL RIVER
7. Circumstances of the incident: (attach additional pages if necessary):  
CAR PARKED GARBAGE TRUCK TRIED TO SQUEEZE THROUGH BUSY STREET, SMASHED MIRROR
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: Dec 1, 15

Claimant's signature: Catherine S Campopiano

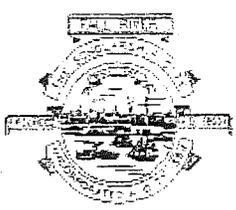
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>12/1/15</u>

*Council*



RECEIVED

**City of Fall River  
Notice of Claim**

2015 DEC -1 P 1:23

CITY CLERK 15-244  
FALL RIVER, MA

1. Claimant's name: Patricia J. Souza
2. Claimant's complete address: 28 Monique Drive Westport, MA 02790
3. Telephone number: Home: 5086368209 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
property damage to my car
5. Date and time of accident: 11/25/15/11:30<sup>AM</sup> Amount of damages claimed: \$ 352.06
6. Exact location of the incident: (include as much detail as possible):  
pothole located in front of 511 Buffington St.
7. Circumstances of the incident: (attach additional pages if necessary):  
I was traveling east on Buffington St. I encountered a pot hole. My front right tire hit the pothole and it was destroyed.  
See attached police report and pictures (3)
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: 12/1/15

Claimant's signature: Patricia J. Souza

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

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

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

For official use only:	
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW
Date:	DEC - 1 2015



Council

RECEIVED

City of Fall River  
Notice of Claim

2015 DEC -2 P 4: 32

CITY CLERK 15-245  
FALL RIVER, MA

1. Claimant's name: Guilherme Miranda
2. Claimant's complete address: 185 Smith Street Fall River, MA 02721
3. Telephone number: Home: 508-558-2105 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property damage - pot hole
5. Date and time of accident: 11/20/15 9pm Amount of damages claimed: \$ 119.50
6. Exact location of the incident: (include as much detail as possible):  
Buffington St. in Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):  
Driving down the road and hit a terrible pot hole!  
Instantly tore the Front/Passenger tire.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 11/20/15

Claimant's signature: Guilherme Miranda

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>DEC - 2 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 checked="" type="checkbox"/> DPW	



RECEIVED

City of Fall River  
Notice of Claim

2015 DEC -3 P 12:04

1. Claimant's name: Ashley Marie Gouveia CITY CLERK 15-246  
FALL RIVER, MA
2. Claimant's complete address: 94 EVERETT ST apt. 2
3. Telephone number: Home: 7743199848 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: 10/21/2015 Amount of damages claimed: \$ \_\_\_\_\_  
around 2pm
6. Exact location of the incident: (include as much detail as possible):  
Lynnwood ST, Fall River MA 02721
7. Circumstances of the incident: (attach additional pages if necessary):

I had filled over 25 complaints about the oversized pot holes on this st. I had to request a supervisor about this major problem. They were ~~every~~ all over the st inches apart & very unavoidable. They were recently filled about a week ago, finally.

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: 10/27/2015 Claimant's signature: Ashley Gouveia

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

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

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

For official use only:	Copies forwarded to: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>DEC - 3 2015</u>
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December 4, 2015

RECEIVED

City of Fall River  
Allison M Bouchard, City Clerk  
1 Government Center Room 627  
Fall River MA 02722

2015 DEC -9 A 11:13

CITY CLERK 15-247  
FALL RIVER, MA

Named Insured: John J Thornhill  
Claim Number: KWHX19/JMYXT0  
Date and Time of Loss: 11/3/2015 @ 11:30 PM  
Loss Location: Robeson St/ New Boston Rd, Fall River MA  
Type of Loss: Motor Vehicle  
Responsible Party: Fall River Police Department – Driver Erick Bettencourt  
Reimbursement Due: \$510.78

Dear Ms. Bouchard:

Please accept this letter of presentment as required by M.G.L. c. 258 §4. Our investigation reveals that your driver Erick Bettencourt is responsible for damages sustained by our insured, as the vehicle he was operating rear ended our insured's vehicle in traffic.

We have settled the loss with our insured and would appreciate your immediate payment of the amount listed above. Attached are our supports for this loss. If you require additional documentation to investigate this claim pursuant to your statutory obligation, please contact us. If you are inclined to discuss settlement of this claim or deny this claim within the six (6) month statutory period, please forward the appropriate communication to my attention. Please make your check payable to The Commerce Insurance Company in the amount of \$510.78 and be sure to note our file number to ensure proper credit.

If you have any questions, please call me at 1-800-221-1605, ext. 15466, or email me at the address below.

Thank you.

Sincerely,

THE COMMERCE INSURANCE COMPANY

  
Sheila Parsons

Claim Representative

[sparsons@mapfreusa.com](mailto:sparsons@mapfreusa.com)

MAIL: 11 Gore Rd, Webster, MA 01570

Enclosure(s)

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

- Police  
- City Clerk  
- LAW

RECEIVED

2015 DEC 16 P 2:35

City of Fall River  
Notice of Claim

15-248

- CITY CLERK FALL RIVER MA
1. Claimant's name: Jody Bercier
  2. Claimant's complete address: 37 Benton St Fall River MA 02721
  3. Telephone number: Home: 508558 3575 Work: 508 679 4159
  4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Damaged R front tire bend repair
  5. Date and time of accident: \_\_\_\_\_ Amount of damages claimed: \$ 112
  6. Exact location of the incident: (include as much detail as possible):  
\_\_\_\_\_
  7. Circumstances of the incident: (attach additional pages if necessary):  
large deep pot hole not visible filled with rain and dark. approximate location 511 Buffington St Fall River MA 02721
  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: 12/10/15

Claimant's signature: Jody Bercier

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>12-16-15</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>DEM</u>	

RECEIVED

City of Fall River  
Notice of Claim

2015 DEC 16 P 2:35

1. Claimant's name: Jody Bercier CITY CLERK 15-249  
 2. Claimant's complete address: 37 Benton st Fall River MA 02721  
 3. Telephone number: Home: 508-558-3575 Work: 508-679-4159  
 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Ⓡ front tire damaged on public street (curb)  
 5. Date and time of accident: 12/08/15 Amount of damages claimed: \$ 55<sup>00</sup>  
 6. Exact location of the incident: (include as much detail as possible):  
 \_\_\_\_\_  
 7. Circumstances of the incident: (attach additional pages if necessary):  
large deep pot hole not visible at night  
approximate location Buffington st @ Jackson  
crossing Fall River MA 02721  
 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: 12/10/15

Claimant's signature: Jody Bercier

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

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

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For official use only:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DCM	Date: <u>12-16-15</u>
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32

# City of Fall River Massachusetts



## Department of Community Services

PLANNING • HEALTH & HUMAN SERVICES  
LIBRARY • INSPECTIONAL SERVICES

2015 NOV 12 A 10:35

### Planning Division

CITY CLERK  
FALL RIVER, MA

**C. SAMUEL SUTTER**  
*Mayor*

**HENRY R. VAILLANCOURT MD, MPH**  
*Director*  
*Department of Community Services*

**WILLIAM G. KENNEY**  
*City Planner*

**TO:** Alison Bouchard  
City Clerk

**FROM:** Fall River Planning Board

**RE:** **PLANNING BOARD MINUTES**  
**October 21, 2015**

The Fall River Planning Board held a Public Meeting at 5:00 p.m. on Wednesday, October 21, 2015, in the Licensing Department, One Government Center, Fall River, MA for the purpose of considering the matters set forth in the attached notice.

Members present were as follows:

- Keith Paquette, Chairman
- Charles Moniz
- Mario Lucciola
- Alice Fagundo

Notice of the meeting was posted in the Government Center. Please contact this office with any questions you may have regarding this meeting or materials noted herein.

## FORM A PLANS

- a. 15-1334  
Agostinho Oliveira  
389 Tecumseh St  
I-24-2

Mr. Kenney stated that the petitioner received a variance to divide the property into three lots in order to build two new houses. He stated that the plans meet the requirements for approval not required and recommended endorsing the plan.

A motion was made by Mr. Lucciola and seconded by Ms. Fagundo to approve the Form A plan listed as item "a".

In a vote of 5-0 the Board voted to approve the Form A plan listed as item "a". Mr. Lucciola, Mr. Moniz, Ms. Fagundo and Mr. Paquette voted in favor of the motion and the plan was endorsed.

- b. 15-1335  
Dream Homes LLC  
286 Sprague St  
G-21-65

Mr. Kenney stated that the petitioner received a variance to divide the property in order to build single family dwellings. He stated that the plans meet the requirements for approval not required and recommended endorsing the plan.

A motion was made by Mr. Moniz and seconded by Ms. Fagundo to approve the Form A plan listed as item "b".

In a vote of 5-0 the Board voted to approve the Form A plan listed as item "b". Mr. Lucciola, Mr. Moniz, Ms. Fagundo and Mr. Paquette voted in favor of the motion and the plan was endorsed.

- c. 15-1336  
K.T.R. Realty Nominee Trust  
555 Emmett St  
E-20-27

Mr. Kenney stated that the petitioner received a variance to divide the property in order to build single family dwellings. He stated that the plans meet the requirements for approval not required and recommended endorsing the plan.

A motion was made by Ms. Fagundo and seconded by Mr. Lucciola to approve the Form A plan listed as item "c".

In a vote of 5-0 the Board voted to approve the Form A plan listed as item "c". Mr. Lucciola, Mr. Moniz, Ms. Fagundo and Mr. Paquette voted in favor of the motion and the plan was endorsed.

**OLD BUSINESS/NEW BUSINESS**

a. Minutes [September 9, 2015]

A motion was made by Ms. Fagundo and seconded by Mr. Lucciola to approve the minutes from the September 9, 2015, meeting.

In a vote of 4-0 the Board voted to approve the minutes from the September 9, 2015, meeting. Mr. Lucciola, Mr. Moniz, Ms. Fagundo and Mr. Paquette voted in favor of the motion and the plan was endorsed.

**ADJOURNMENT**

A motion was made by Mr. Paquette and seconded by Mr. Moniz to adjourn the meeting.

In a vote of 4-0 the Board voted to adjourn the meeting. Mr. Lucciola, Mr. Paquette, Mr. Moniz and Ms. Fagundo voted in favor of the motion and the meeting was adjourned.

# PERAC

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

PHILIP Y. BROWN, ESQ., *Chairman*

JOSEPH E. CONNARTON, *Executive Director*

Auditor SUZANNE M. BUMP | KATE FITZPATRICK | ELIZABETH FONTAINE | JOHN B. LANGAN | JAMES M. MACHADO | ROBERT B. MCCARTHY

## MEMORANDUM

TO: Fall River Retirement Board  
 FROM: *Joseph E. Connarton*  
 Joseph E. Connarton, Executive Director  
 RE: Appropriation for Fiscal Year 2017  
 DATE: November 18, 2015

Required Fiscal Year 2017 Appropriation: **\$27,058,000**

This Commission is hereby furnishing you with the amount to be appropriated for your retirement system for Fiscal Year 2017 which commences July 1, 2016.

Attached please find summary information based on the present funding schedule for your system and the portion of the Fiscal Year 2017 appropriation to be paid by each of the governmental units within your system.

If your System has a valuation currently in progress, you may submit a revised funding schedule to PERAC upon its completion. The current schedule is/was due to be updated by Fiscal Year 2018.

If you have any questions, please contact PERAC's Actuary, Jim Lamenzo, at (617) 666-4446 Extension 921.

JEC/jrl  
Attachments

cc: Office of the Mayor  
City Council  
Town Manager

RECEIVED  
 2015 NOV 23 P 3:59  
 CITY CLERK  
 FALL RIVER, MA

*p:\actuarial\approp\approp17\fy17 for web\fallriverapprop17.docx*



## Fall River Retirement Board

### Projected Appropriations

Fiscal Year 2017 - July 1, 2016 to June 30, 2017

Aggregate amount of appropriation: **\$27,058,000**

Fiscal Year	Estimated Cost of Benefits	Funding Schedule (Excluding ERI)	ERI	Total Appropriation	Pension Fund Allocation	Pension Reserve Fund Allocation	Transfer From PRF to PF
FY 2017	\$33,439,503	\$26,261,632	\$796,368	\$27,058,000	\$27,058,000	\$0	\$6,381,503
FY 2018	\$34,616,962	\$27,966,632	\$796,368	\$28,763,000	\$28,763,000	\$0	\$5,853,962
FY 2019	\$35,836,995	\$29,778,632	\$796,368	\$30,575,000	\$30,575,000	\$0	\$5,261,995
FY 2020	\$37,101,140	\$32,443,535	\$57,465	\$32,501,000	\$32,501,000	\$0	\$4,600,140
FY 2021	\$38,410,994	\$34,549,000	\$0	\$34,549,000	\$34,549,000	\$0	\$3,861,994

The Total Appropriation column shown above is in accordance with your current funding schedule and the scheduled payment date(s) in that schedule. Whenever payments are made after the scheduled date(s), the total appropriation should be revised to reflect interest at the rate assumed in the most recent actuarial valuation. Payments should be made before the end of the fiscal year.

For illustration, we have shown the amount to be transferred from the Pension Reserve Fund to the Pension Fund to meet the estimated Cost of Benefits for each year. If there are sufficient assets in the Pension Fund to meet the Cost of Benefits, this transfer is optional.

**Fall River Retirement Board**  
Appropriation by Governmental Unit

Fiscal Year 2017 - July 1, 2016 to June 30, 2017

Aggregate amount of appropriation: **\$27,058,000**

UNIT	Percent of Aggregate Amount	Funding Schedule (excluding ERI)	ERI	Total Appropriation
City of Fall River	91.69%	\$24,079,290	\$635,456	\$24,714,746
Fall River Redevelopment	0.04%	\$10,505	\$0	\$10,505
Fall River Housing Authority	6.83%	\$1,793,669	\$160,912	\$1,954,581
Diman Voc.	1.44%	\$378,168	\$0	\$378,168
<b>UNIT TOTAL</b>	<b>100%</b>	<b>\$26,261,632</b>	<b>\$796,368</b>	<b>\$27,058,000</b>

The Total Appropriation column shown above is in accordance with your current funding schedule and the scheduled payment date(s) in that schedule. Whenever payments are made after the scheduled date(s), the total appropriation should be revised to reflect interest at the rate assumed in the most recent actuarial valuation. Payments should be made before the end of the fiscal year.

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Law Offices  
**Sabra & Aspden**  
A Professional Association

STEVEN P. SABRA  
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1026 COUNTY STREET  
SOMERSET, MA 02726  
Tel (508) 674-0890  
Fax (508) 679-5998

November 25, 2015

CERTIFIED MAIL NO. 7013 1090 0001 3693 4470

Joseph D. Camara, City Council President  
City of Fall River  
1 Government Center  
Fall River, MA 02722

Re: Notice of Injury to  
Olivia L. Robinson-Mattos ppa JoAnn Hancock  
on or about September 21, 2015  
at the Green School  
Fall River, MA

RECEIVED  
2015 NOV 30 P 12:01  
CITY CLERK  
FALL RIVER, MA

Dear President Camara:

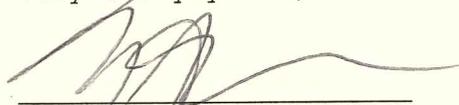
Please be advised that I represent the above named, JoAnn Hancock, Guardian and Next Friend of Olivia L. Robinson-Mattos, with regard to injuries sustained on or about September 21, 2015 at the pre-K program at Green School in Fall River, Massachusetts.

My client alleges, through counsel, that on the above date, the Fall River Public Schools, its agents, servants and/or employees were negligent and careless in their supervision, care and custody of Olivia thereby allowing her to injure her left arm. Olivia did suffer personal injuries which required and continue to require medical care and treatment.

This notice is given pursuant to the provisions of M.G.L. c. 258.

The giving of the above notice is solely to protect my client's rights under said General Laws and does not constitute and is not to be considered an election of remedies or waiver of other rights she may have against the City of Fall River.

Very truly yours,



Matthew M. Aspden

MMA:mmt  
cc: JoAnn Hancock  
dic: 10/8

See Claim # 15-242  
11/30 referred to Corp. Counsel