

City of Fall River Massachusetts  
Office of the City Clerk

RECEIVED

2015 JAN 26 P 2:12

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

ALISON M. BOUCHARD  
CITY CLERK

**JANUARY 26, 2015**  
**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

INÊS LEITE  
ASSISTANT CITY CLERK

**TUESDAY, FEBRUARY 3, 2015**

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

1. \*Discussion with Financial Team re: Quarterly Fiscal Year 2015 Budget Report

**AGENDA**

**7:00 P.M. SPECIAL 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 req. confirmation of Atty. Keith Paquette as member of the Planning Board
2. \*Mayor req. confirmation of Atty. Carolyn Morrissette as member of the Zoning Board of Appeals

**PRIORITY COMMUNICATIONS**

3. \*Open Meeting Law Complaint

**COMMITTEE REPORTS**

Committee on Ordinances and Legislation recommending:

All readings with Emergency Preamble:

4. \*Proposed Ordinance – Traffic, Handicapped Parking
- First reading:
5. Proposed Ordinance – Traffic, Miscellaneous

**ORDINANCES** – None

**RESOLUTIONS**

6. \*Committee on Finance convene to discuss deficiencies and weaknesses found in independent audit conducted by CliftonLarsonAllen, LLP for year ended June 30, 2014
7. \*Committee on Ordinances and Legislation consider changing City Council Committee on Public Safety to City Council Committee on Public Safety and Neighborhood Groups
8. \*Committee on Ordinances and Legislation review fees related to parking

**CITATIONS** – None

**ORDERS – HEARINGS FOR TONIGHT** – None

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)

**ORDERS – HEARINGS TO BE SCHEDULED**

**Storage Permit:**

9. Precise Packaging Realty Trust to store 27,500 gallons of LPG pharmaceutical grade at 300 Riggerbach Road

**ORDERS – NO HEARING REQUIRED – None**

**ORDERS – MISCELLANEOUS**

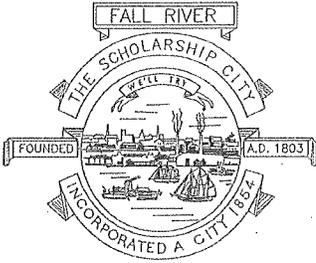
10. Police chief's report on licenses
11. Auto Repair Shop license renewals

**COMMUNICATIONS – INVITATIONS – PETITIONS**

- 12 \*Claims

**BULLETINS – NEWSLETTERS – NOTICES – None**

  
City Clerk



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

2015 JAN 23 A 10:59

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

ALISON M. BOUCHARD  
CITY CLERK

**JANUARY 23, 2015**  
**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

INÊS LEITE  
ASSISTANT CITY CLERK

**TUESDAY, JANUARY 27, 2015**

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

1. \*Discussion with Financial Team re: Quarterly Fiscal Year 2015 Budget Report

**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 req. confirmation of Atty. Keith Paquette as member of the Planning Board
2. \*Mayor req. confirmation of Atty. Carolyn Morrissette as member of the Zoning Board of Appeals

**PRIORITY COMMUNICATIONS**

3. \*Open Meeting Law Complaint

**COMMITTEE REPORTS**

Committee on Ordinances and Legislation recommending:

All readings with Emergency Preamble:

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- First reading:
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**ORDINANCES** – None

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8. \*Committee on Ordinances and Legislation review fees related to parking

**CITATIONS** – None

**ORDERS – HEARINGS FOR TONIGHT** – None

**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)

**ORDERS – HEARINGS TO BE SCHEDULED**

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**ORDERS – NO HEARING REQUIRED** – None

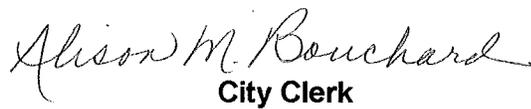
**ORDERS – MISCELLANEOUS**

10. Police chief's report on licenses
11. Auto Repair Shop license renewals

**COMMUNICATIONS – INVITATIONS – PETITIONS**

- 12 \*Claims

**BULLETINS – NEWSLETTERS – NOTICES** – None

  
City Clerk



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

**C. SAMUEL SUTTER**  
*Mayor*

January 22, 2015

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

RE: Planning Board Appointment

Mr. President and Members of the Honorable Council:

I hereby request the confirmation of the City Council for the following appointment:

Atty. Keith Paquette  
160 Alumni Way  
Fall River, MA 02720

to the Planning Board Term to expire 6/01/2019

Replacing: Karen Medeiros

Please see Thank you for your favorable consideration in this regard.

C. Samuel Sutter,  
Mayor

CITY CLERK  
FALL RIVER, MA

2015 JAN 22 P 5: 07

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# KEITH A. PAQUETTE

160 Alumni Way, Fall River, MA 02720 • (508) 837-8213 • kpaquette2005@yahoo.com

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**ADMITTED TO PRACTICE:** Massachusetts and Rhode Island since June 2012.

## EDUCATION

**Roger Williams University School of Law, Bristol, Rhode Island**

*Juris Doctor, December 2011, Magna Cum Laude*

Grade Point Average: 3.62

Class Rank: 11/191

*Honors:* Professor Clark Endowed Scholarship for outstanding academic performance by a rising second year student.  
CALI Excellence for the Future Awards for Secured Transactions, Legal Drafting: Contracts, and Juvenile Justice.

**Roger Williams University, Bristol, Rhode Island**

*Bachelor of Science in Criminal Justice, May 2008, Cum Laude*

Grade Point Average: 3.44

## LEGAL EXPERIENCE

**Bristol County District Attorney's Office**

*Assistant District Attorney, District Court*

*Internship, District Court*

*Experience Gained-* I prosecute cases on behalf of the Commonwealth of Massachusetts from the arraignment stage through the trial stage. I have tried over forty five cases.

Fall River and New Bedford, MA

July 2012-Current

May 2011-Aug. 2011

**The Law Office of Attorney Gary P. Howayeck**

*Internship*

*Experience Gained-* I worked on discrimination, contract, and criminal defense cases. I researched and drafted complaints, subpoenas, depositions, requests for production of documents, and motions to dismiss.

Fall River, MA

June 2010-Aug. 2010

**Fall River Corporation Counsel**

*Internships*

*Experience Gained-* I worked on workers compensation, discrimination, and negligence cases. I researched and drafted complaints, subpoenas, depositions, requests for the production of documents, opposition motions, and position statements for the MCAD.

Fall River, MA

June 2009-Aug. 2009; June 2010-Aug. 2010

## COMMUNITY SERVICE

**A Wish Come True Foundation**

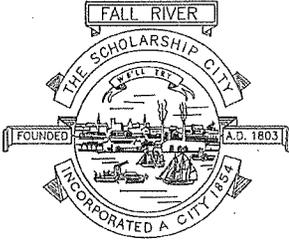
*Committee Member*

*Task-* A Wish Come True, Inc. is a local organization that grants wishes to children ages 3 through 18 who have life-threatening diseases. I help organize an annual fund raising dinner dance that takes place in April each year.

Fall River, MA

2007-Present

2



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

**C. SAMUEL SUTTER**  
*Mayor*

January 22, 2015

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

RE: Zoning Board

Mr. President and Members of the Honorable Council:

I hereby request the confirmation of the City Council for the following appointment:

Atty. Carolyn Morrissette , 17 Chavenson Street  
Fall River, MA

To: Zoning Board; 5 year term expiring 1/15/2020

Replacing: Gene Alves

Thank you for your favorable consideration in this regard.

C. Samuel Sutter  
Mayor

CITY CLERK  
FALL RIVER, MA

2015 JAN 22 P 5:07

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**CAROLYN M. MORRISSETTE**  
17 Chavenson Street, Apt. 2W, Fall River, MA 02723  
cmmorrisette@gmail.com  
(508) 667-2464

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**PROFESSIONAL EXPERIENCE**

**OFFICE OF THE DISTRICT ATTORNEY, Bristol County, MA**

**ASSISTANT DISTRICT ATTORNEY**

January 2007 – Present

- Prosecute felonies and misdemeanors at the Superior Court and District Court levels from arraignment through trial
- Supervisor for Taunton District Court (June 2012 to September 2013); Supervisor for Fall River District Court (April 2010 to May 2012)
- Advise the District Attorney on gun violence prevention and deportation issues
- Write and argue motions for discovery, forfeiture, and various pretrial motions
- Write and argue responses and oppositions to motions to suppress and dismiss
- Conduct bail hearings, bail revocation hearings, dangerousness hearings, sentencing hearings, probation violation hearings, and restitution hearings
- Negotiate with opposing counsel and devise beneficial dispositions to resolve cases at the pretrial level
- Interview and prepare victims and witnesses for trial
- Litigate criminal trials before judges and juries
- Weed & Seed prosecutor for the Fall River, MA Weed & Seed site (Weed & Seed is a multiagency program sponsored by the DOJ that aims to prevent, control, and reduce violent crime, drug abuse, and gang activity in designated high crime neighborhoods across the country) (July 2007 – January 2009)
- Recipient of the 2011 Massachusetts District Attorneys Association Spotlight Award for Bristol County

**THE EDUCATIONAL FUND TO STOP GUN VIOLENCE &  
THE COALITION TO STOP GUN VIOLENCE, Washington, DC**

**LEGAL COUNSEL**

January 1999 – January 2007

- Served as attorney of record and consulting counsel to individuals, municipalities, and associations in their lawsuits against firearms industry members
- Worked with clients, on litigation teams, and with expert witnesses in sensitive, high-profile cases
- Drafted briefs, motions, discovery, and complaints
- Performed research on various issues affecting the organizations including trademark, licensing, employment law, election law, and other organizational matters
- Formulated and drafted funding proposals and reports to foundations to support the litigation work of the organizations
- Coordinated with pro bono firms to file *amicus curiae* briefs on behalf of the organizations
- Spoke with victims and survivors of gun violence about potential legal representation
- Managed the Firearms Litigation Clearinghouse database that tracks product liability, negligence, and nuisance cases over a twenty-year period

- Responsible for preparing and filing lobbying reports, lobbying registrations, and PAC reports
- Supervised legal department staff members

***DIRECTOR OF HUMAN RESOURCES***

June 2001 – April 2005

- Handled all personnel matters for office of 8-20 employees
- Advised Executive Director on personnel policies
- Wrote organizations' employee manual
- Responsible for the hiring and termination of employees
- Maintained personnel files, insurance policies, and leave reports

**JUDICIARY OF MARYLAND, MONTGOMERY COUNTY**

***DISTRICT COURT COMMISSIONER***

November 1995 – January 1999

- Conducted arraignments and determined conditions of pre-trial release and/or bond
- Advised persons under arrest of their rights, the charges pending against them, and the maximum penalties for those crimes if convicted
- Reviewed applications presented by law enforcement officers and citizens to determine probable cause on the issuance of criminal and/or traffic charges
- Issued arrest warrants and criminal summonses
- Referred citizens to appropriate legal alternatives for criminal, consumer, and neighborhood conflicts and for matters of domestic violence
- Accessed data base systems to query criminal history and case information

**EDUCATION**

**BOSTON UNIVERSITY SCHOOL OF LAW, Boston, Massachusetts**

*Juris Doctor*, May 1994

Activities: Battered Women's Advocacy Program  
Public Interest Project; Grant Recipient 1993

**ASSUMPTION COLLEGE, Worcester, Massachusetts**

*Bachelor of Arts, summa cum laude*, May 1991

Major: Political Science      Minor: Philosophy, English

**BAR STATUS**

Admitted to Massachusetts State Bar, December 1994

Admitted to New York State Bar, August 1996

Admitted to Maryland State Bar, June 1997

**VOLUNTEER ACTIVITIES**

New Bedford Youth Court

Fall River Youth Court



# OPEN MEETING LAW COMPLAINT FORM

Office of the Attorney General  
One Ashburton Place  
Boston, MA 02108

3

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Please note that all fields are required unless otherwise noted.

2015 JAN 15 A 11: 56

CITY CLERK  
FALL RIVER, MA

## Your Contact Information:

First Name: Jo Last Name: Goode

Address: 207 Pocasset St.

City: Fall River State: MA Zip Code: 02722

Phone Number: 676-2539 Ext. \_\_\_\_\_

Email: jgoode@heraldnew.com

Organization or Media Affiliation (if any): Herald News

Are you filing the complaint in your capacity as an individual, representative of an organization, or media?

(For statistical purposes only)

Individual  Organization  Media

## Public Body that is the subject of this complaint:

City/Town  County  Regional/District  State

Name of Public Body (including city/ town, county or region, if applicable): City of Fall River

Specific person(s), if any, you allege committed the violation: Fall River City Council

Date of alleged violation: Jan. 13, 2015

## Description of alleged violation:

Describe the alleged violation that this complaint is about. If you believe the alleged violation was intentional, please say so and include the reasons supporting your belief.

Note: This text field has a maximum of 3000 characters.

On Jan. 13, 2015 the City Council held its first meeting in 2015. Before the meeting and after the public posting of the meeting there were two addendums added to the agenda, including one time stamped 4:47 p.m., a little more than two hours before the scheduled meeting began.

Among those items was a communication from Mayor Sam Sutter requesting a meeting with the City Council Committee on Ordinances re: creating two new administrative positions; a citation for a resident's 85th birthday; a communication; and two planning board minutes to be approved.

Pursuant to Massachusetts General Laws 30A, except in cases of emergency, a public body must provide notice of any meeting to the public 48 hours prior.

The Herald News does not believe the above items constitute an emergency. In particular, Mayor Sutter in his correspondence did not indicate there was any expediency needed in his request.

However, we do acknowledge the item regarding the PARC grant did require a timely vote, although this and all items submitted after the fact could have been submitted to satisfy the 48 hour rule.

Further, it is a common practice of the City Council to add addendums after the 48 hour rule.

Further, during citizen input, councilors often engage in dialogue with residents who are presenting, which is counter-intuitive to providing the public the opportunity to speak.

What action do you want the public body to take in response to your complaint?

Note: This text field has a maximum of 500 characters.

The full body reach out to the Attorney General's office for a refresher course in Open Meetings Law.

## Review, sign, and submit your complaint

### I. Disclosure of Your Complaint.

**Public Record.** Under most circumstances, your complaint, and any documents submitted with your complaint, will be considered a public record and available to any member of the public upon request. In response to such a request, the AGO generally will not disclose your contact information.

### II. Consulting With a Private Attorney.

The AGO cannot give you legal advice and is not able to be your private attorney, but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

### III. Submit Your Complaint to the Public Body.

The complaint must be filed first with the public body. If you have any questions, please contact the Division of Open Government by calling (617) 963-2540 or by email to [openmeeting@state.ma.us](mailto:openmeeting@state.ma.us).

By signing below, I acknowledge that I have read and understood the provisions above and certify that the information I have provided is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_



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



For Use By Public Body

For Use By AGO

Date Received by Public Body: \_\_\_\_\_ Date Received by AGO: \_\_\_\_\_

**CITY OF FALL RIVER**

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4

To the City Council

Councillors:

The Committee on Ordinances and Legislation, at a meeting held on January 21, 2015 voted unanimously to recommend the accompanying proposed ordinance, accompanied by an emergency preamble, be passed through first reading, second reading, passed to be enrolled and passed to be ordained, with Councilor DaSilva absent and not voting.

*Callen A. Taylor*  
Clerk of Committees

*City of Fall River, In City Council*

**EMERGENCY PREAMBLE**

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

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

# City of Fall River, *In City Council*

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

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

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

Bay Street, east side, starting at a point 90 feet north of Swift Street, for a distance of 20 feet northerly

Conant Street, south side, starting at a point 154 feet east of Whipple Street, for a distance of 20 feet easterly

Division Street, north side, starting at a point 21 feet west of Mulberry Street, for a distance of 20 feet westerly

Foster Street, east side, starting at a point 46 feet south of Warren Street, for a distance of 20 feet easterly

Grant Street, west side, starting at a point 80 feet north of William Street, for a distance of 20 feet northerly

Hunter Street, east side, starting at a point 145 feet south of Columbia Street, for a distance of 20 feet southerly

Linden Street, west side, starting at a point 130 feet north of Bank Street, for a distance of 20 feet northerly

Middle Street, south side, starting at a point 169 feet east of Liberty Street, for a distance of 20 feet easterly

Middle Street, south side, starting at a point 212 feet east of South Beach Street, for a distance of 20 feet easterly

Summerfield Street, north side, starting at a point 137 feet east of Stetson Street, for a distance of 20 feet easterly

Wooley Street, east side, starting at a point 194 feet south of Hamlet Street, for a distance of 20 feet southerly

*City of Fall River, In City Council*

(Councilor Michael L. Miozza)

WHEREAS, an independent audit was conducted by CliftonLarsonAllen, LLP of the City of Fall River financial statements for the year ended June 30, 2014 , and

WHEREAS, the auditor has issued a report detailing deficiencies in internal control, opportunities to strengthen the city's internal control procedures and recommendations to improve the efficiency of city operations, and

WHEREAS, the City Council and the public should be informed of the City's responses to the findings identified in the audit, now therefore

BE IT RESOLVED, that the Fall River City Council Committee on Finance invite the Administration's financial team and representatives of CliftonLarsonAllen LLP to a future finance committee meeting to discuss deficiencies in internal controls and material weaknesses found in the audit and the auditors recommendations for corrective action.

*City of Fall River, In City Council*

7

(Councilor Linda M. Pereira)

WHEREAS, the Office of Neighborhood Development and Outreach is currently without a Director, and

WHEREAS, this vacancy may cause a problem with assisting neighborhood groups in solving problems, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation consider changing the Committee on Public Safety to the Committee on Public Safety and Neighborhood Groups.

*City of Fall River, In City Council*

8

(Councilor Linda M. Pereira)

WHEREAS, Superior Court is now located in the downtown area with limited parking, and

WHEREAS, high profile cases that are being held in this location are causing an extreme amount of traffic and the need for parking, and

WHEREAS, parking of news media vehicles around the courthouse has caused the need to bag parking meters and allow a payment for an extended amount of time, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation review all fees related to parking.

Council  
12

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2015 JAN 12 A 10:40

CITY CLERK 14-304A  
FALL RIVER, MA



City of Fall River  
Notice of Claim

- 1. Claimant's name: Progressive Casualty Ins. Als/o Bernadine Shin/goi
- 2. Claimant's complete address: P.O. Box 512929 Los Angeles, CA 90051-0929
- 3. Telephone number: Home: \_\_\_\_\_ Work: 440-910-5505
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Auto accident
- 5. Date and time of accident: 9/23/14 at 10:30am Amount of damages claimed: \$ 3,595.26
- 6. Exact location of the incident: (Include as much detail as possible):  
112 Pebble St in Fall River
- 7. Circumstances of the incident: (attach additional pages if necessary):

See attached paper

- 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  
Progressive Casualty Ins. (same address as above)

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: Nov 3 2014 Claimant's signature: Cheryl Goodfellow *Progressive*

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

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

For official use only:  
 Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW Date: JAN 12 2015



*Council*

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**City of Fall River  
Notice of Claim**

2015 JAN 12 A 11: 57

1. Claimant's name: Olivia Dion CITY CLERK 15-08
2. Claimant's complete address: 47 Pitman St FALL RIVER, MA
3. Telephone number: Home: 508-6727864 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
property damage - tire right front
5. Date and time of accident: 1/10/15 Amount of damages claimed: \$ 80.00
6. Exact location of the incident: (include as much detail as possible):  
Alden St - Claflin - Everett
7. Circumstances of the incident: (attach additional pages if necessary):  
hit pot hole damaged 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: 1-12-15 Claimant's signature: Olivia Dion

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

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

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

|                        |                                                                                                                                                                                                                                       |                          |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| For official use only: | Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW | Date: <b>JAN 12 2015</b> |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

*Council*



RECEIVED

City of Fall River  
Notice of Claim

2015 JAN 15 P 12:28

CITY CLERK 15-9  
FALL RIVER, MA

1. Claimant's name: DAVID MARTINEZ MARINERO
2. Claimant's complete address: 10 SEAPORT DR APT 2413 QUINCY MA 02171
3. Telephone number: Home: 617 291 7919 Work: 617 474 8889
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
FLAT TIRE CAUSED BY UNEVEN CURB
5. Date and time of accident: 12/31/14 8PM Amount of damages claimed: \$ 286.50
6. Exact location of the incident: (include as much detail as possible):  
OUTSIDE OF 1353 SLADE ST
7. Circumstances of the Incident: (attach additional pages if necessary):  
THE CURB ON SLADE ST IS NEW AND UNEVEN. THE EDGES HAVE NOT BEEN SMOOTHED SO THEY ARE VERY SHARP AND JAGGED. WHILE PARKING, THE CURB CUT INTO THE TIRE CAUSING A LARGE GASH. THE CAR WAS TOWED THAT NIGHT TO COMPLETE AUTO AND REPAIRED ON JANUARY 2ND, 2015.
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: 1/9/15 Claimant's signature: *David Martinez*

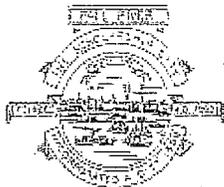
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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

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

|                        |                                                                                                                                                                                                                            |  |  |  |                          |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------|
| For official use only: | Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW |  |  |  | Date: <u>JAN 15 2015</u> |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------|

council



RECEIVED

2015 JAN 15 P 12:29

City of Fall River  
Notice of Claim

CITY CLERK 15-10  
FALL RIVER, MA

1. Claimant's name: Matthew Marlet
  2. Claimant's complete address: 2100 Fountain St Apt D3 Fall River MA 02721
  3. Telephone number: Home: 508 404 9069 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: 12/23/14 8:30am Amount of damages claimed: \$ 63,94
  6. Exact location of the incident: (include as much detail as possible):  
Dwelly St in front of Supreme Gas
  7. Circumstances of the incident: (attach additional pages if necessary):  
Hit pot hole
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 1/13/15

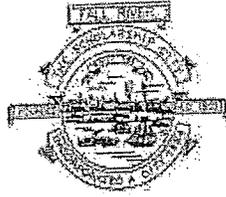
Claimant's signature: [Signature]

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: |                                                |                                         |                                                  |                                                        |                                         | Date: <u>JAN 15 2015</u> |
| Copies forwarded to:   | <input checked="" type="checkbox"/> City Clerk | <input checked="" type="checkbox"/> Law | <input checked="" type="checkbox"/> City Council | <input checked="" type="checkbox"/> City Administrator | <input checked="" type="checkbox"/> DPW |                          |



RECEIVED

City of Fall River  
Notice of Claim

2015 JAN 20 A 10:16

CITY CLERK 15-11  
FALL RIVER, MA

1. Claimant's name: Manuel Gomes
2. Claimant's complete address: 105 Pitman St
3. Telephone number: Home: 508-67-88801 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Blown out Tire
5. Date and time of accident: 1/14/15 3PM Amount of damages claimed: \$ 94.88
6. Exact location of the incident: (include as much detail as possible):  
ALDEN ST
7. Circumstances of the incident: (attach additional pages if necessary):  
HIT POT HOLE
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 1-20-15

Claimant's signature: Manuel Gomes

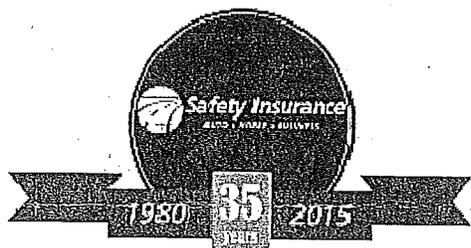
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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

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

COUNCIL



RECEIVED

2015 JAN 20 P 1:00

CITY CLERK 15-12  
FALL RIVER, MA

P.O. Box 55098  
Boston, MA 02205-5098  
617-951-0600

January 14, 2015

City of Fall River, Mass.  
Office of City Clerk  
One Government Center – Room 227  
Fall River, MA 02722

RE: Our Insured: Nancy Boyd  
Claim Number: 2462478  
Accident Date: 12/8/2014

Dear Sir or Madam:

Enclosed please find a Fall River Police report regarding a 12/8/2014 motor vehicle accident that occurred as a result of icy roads that were not sanded by the Town of Fall River. Our insured was told by the mayor via Face book to submit the claim to his office for reimbursement.

Please have this file assign to the law department for a file to be established and investigated as we intend to subrogate for the damages we paid to our named insured.

Any questions regarding this letter please contact me at 617-951-0600, extension 2047.

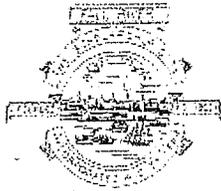
Sincerely,

*Patricia Charles*

Patricia Charles  
Casualty Adjuster

FW: LAW ✓ CITY ✓ CITY ✓ DPW ✓ CITY ✓  
COUNCIL ✓ CLERK ADMIN.

JAN 20 2015



RECEIVED

2015 JAN 21 A 10:56

City of Fall River  
Notice of Claim

CITY CLERK 15-13  
FALL RIVER, MA

1. Claimant's name: Aaron J Soares
2. Claimant's complete address: 120 Pitman St #2S Fall River MA 02723
3. Telephone number: Home: 774-417-1523 Work: 508-588-1018
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property Damage. Pothole caused tire Damage
5. Date and time of accident: 1-16-15 7:15PM Amount of damages claimed: \$ 245.55
6. Exact location of the incident: (include as much detail as possible):  
Alden St Fall River MA Near Acornea Mfb and Espirito Santo School
7. Circumstances of the incident: (attach additional pages if necessary):  
I was Driving South on Alden St ~~and~~ at 7:15PM. This area is fairly dark and my right front tire struck a large pothole in the street. This caused the tire to rupture. As a result I had to replace the damaged tire, get both ~~the~~ front wheels balanced and have the vehicle alignment done. I also had to have the TPMS replaced and system reset.
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: 1-19-15

Claimant's signature: Aaron J Soares

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

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

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|                                                                                                                                                                                                                                       |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| For official use only:                                                                                                                                                                                                                |                      |
| Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW | Date: <u>1/21/15</u> |



City of Fall River  
Notice of Claim

RECEIVED

2015 JAN 21 A 11:07

CITY CLERK 15-14  
FALL RIVER, MA

1. Claimant's name: Jose Camara
  2. Claimant's complete address: 461 Smith St.
  3. Telephone number: Home: 508-818-6152 Work: \_\_\_\_\_
  4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Ran over pothole blew out my tire
  5. Date and time of accident: 1-17-14 10:15AM Amount of damages claimed: \$ 153
  6. Exact location of the incident: (include as much detail as possible):  
224 Alden St.
  7. Circumstances of the incident: (attach additional pages if necessary):  
Had to replace front tire
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 1-21-14

Claimant's signature: Jose Camara

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

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|                        |                                                |                                         |                                                  |                                                        |                                         |                      |
|------------------------|------------------------------------------------|-----------------------------------------|--------------------------------------------------|--------------------------------------------------------|-----------------------------------------|----------------------|
| For official use only: |                                                |                                         |                                                  |                                                        |                                         | Date: <u>1/21/15</u> |
| Copies forwarded to:   | <input checked="" type="checkbox"/> City Clerk | <input checked="" type="checkbox"/> Law | <input checked="" type="checkbox"/> City Council | <input checked="" type="checkbox"/> City Administrator | <input checked="" type="checkbox"/> DPW |                      |