

City of Fall River Massachusetts
Office of the City Clerk

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2015 JAN - 9 A 10: 05

CITY CLERK _____
FALL RIVER, MA

ALISON M. BOUCHARD
CITY CLERK

JANUARY 9, 2015
MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

INÊS LEITE
ASSISTANT CITY CLERK

TUESDAY, JANUARY 13, 2015

AGENDA

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

PRIORITY MATTERS

1. Order – Elect President of the City Council for the year 2015
2. Order – Elect Vice-President of the City Council for the year 2015

PRIORITY COMMUNICATIONS

3. *Transfers and appropriations
4. Board of Election Commissioners re Official results of the City Recall Election held on December 16, 2014

COMMITTEE REPORTS – None

ORDINANCES – None

RESOLUTIONS

5. *Committee on Public Safety meet to discuss pedestrian crossing signals on Broadway at Middle Street and Bradford Avenue

CITATIONS – None

ORDERS – HEARINGS FOR TONIGHT – None

ORDERS – HEARINGS TO BE SCHEDULED – None

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

6. Police chief's report on licenses
7. City Engineer prepare plans for the acceptance of Chestnut Hill Drive from North Main Street to dead end
8. Auto Repair Shop license renewals
9. *City Council Meeting schedule through June 2015

COMMUNICATIONS – INVITATIONS – PETITIONS

10. *Claims
11. *City of New Bedford re temporary issue South Coast Rail Lottery Ticket

BULLETINS – NEWSLETTERS – NOTICES

Alison M. Bouchard
City Clerk

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



City of Fall River
Massachusetts
Office of the Mayor

C. SAMUEL SUTTER
Mayor

January 7, 2015

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

Mr. President and Members of the Honorable Council:

The following transfers are requested to meet expenditures within the FY 2015 Budget:

From	To	
GF Surplus Revenue (Free Cash) FY 2014	GF Debt Service	\$ 305,155
	GF Stabilization Fund	\$ 3,656,465
Election Expenses	Elections Salaries	\$ 12,000
EMS Retained Earnings	EMS Capital Expenditures	\$ 86,772
TOTAL		\$ 4,060,392

Your approval of the attached Transfer Orders is respectfully requested.

C. Samuel Sutter
Mayor

CITY CLERK
FALL RIVER, MA

2015 JAN - 8 A 9:02

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3

City of Fall River, In City Council

January 13, 2015

1

ORDERED:

That the sum of \$305,155 be, and the same is, hereby appropriated for DEBT SERVICE from the FY 14 Surplus Revenue.

City of Fall River, In City Council

January 13, 2015

2

ORDERED:

That the sum of \$3,656,465 be, and the same is, hereby appropriated for STABILIZATION FUND from the FY 14 Surplus Revenue.

City of Fall River, In City Council

January 13, 2015

3

ORDERED:

That the sum of \$12,000 be, and the same is, hereby appropriated for the ELECTIONS DEPARTMENT, Salaries from the ELECTIONS DEPARTMENT, Expenses.

City of Fall River, In City Council

January 13, 2015

4

ORDERED:

That the sum of \$86,772 be, and the same is, hereby appropriated for the EMS, Capital Expenses from the EMS RETAINED EARNINGS (FY 14).

City of Fall River, *In City Council*

5

(Councilor Paul DaSilva)
(Councilor Michael L. Miozza)

WHEREAS, there is a neighborhood concern regarding the pedestrian crossings at the intersections of Broadway and Middle Street and Broadway and Bradford Avenue, and

WHEREAS, the pedestrian crossing signal at the intersection of Broadway and Middle Street has been out of service for some time now and there is no pedestrian crossing signal at the intersection of Broadway and Bradford Avenue, and

WHEREAS, these are busy streets with a high amount of pedestrian traffic due to Kennedy Park, and

WHEREAS, these areas are poorly lit, now therefore

BE IT RESOLVED, that the Fall River City Council Committee on Public Safety convene to discuss repairing the pedestrian crossing signal, installing pedestrian traffic signs and the potential for additional street lights.

City of Fall River, *In City Council*

9

ORDERED, that regular meetings of the City Council during 2015 shall be held as follows, and

BE IT FURTHER ORDERED that at said meetings the Committee on Finance shall begin at 6:00 PM, and the Regular Meeting of the City Council shall begin at 7:00 PM.

January	27
February	10 24
March	10 24
April	14 28
May	12 26
June	9 23

All meetings shall be held in the Council Chamber, Government Center.



#14-299 16

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City of Fall River
Notice of Claim

2014 DEC 19 P 2:24

CITY CLERK
FALL RIVER, MA

1. Claimant's name: Ann Marie Macosia
2. Claimant's complete address: 816 Slade St
3. Telephone number: Home: (508) 493 2941 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
2 Flat tires due to pot holes on Slade St
5. Date and time of accident: 12-1-14 Amount of damages claimed: \$ 308.13
6. Exact location of the incident: (include as much detail as possible):
Slade St
7. Circumstances of the incident: (attach additional pages if necessary):
2 Flats Tires on the driver side door due to pot holes on Slade St. I just moved to the area.
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: 12-19-14

Claimant's signature: Ann Marie Macosia

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

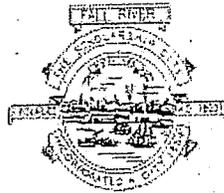
Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

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

For official use only:

Copies forwarded to: City Clerk Law City Council City Administrator DPW Date: 12/19/14

Council



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2014 DEC 23 P 1:42

CITY CLERK 14-300
FALL RIVER, MA

City of Fall River
Notice of Claim

1. Claimant's name: Matthew De Oliveira
2. Claimant's complete address: 589 Osborn St. Apt 3 F.R. MA 02721
3. Telephone number: Home: 774-451-2337 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Property Damage - Blown out tire replaced
5. Date and time of accident: 11/23/14 Amount of damages claimed: \$ 150²⁵/₁₀₀
6. Exact location of the incident: (include as much detail as possible):
Dwelly St. after turning right off of Laurel St.
7. Circumstances of the incident: (attach additional pages if necessary):
After making a right hand turn onto Dwelly St. off Laurel St. at the corner of the City Bus station, my car struck a (very) large pothole causing a tire to be damaged beyond repair.
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: 12/22/14

Claimant's signature: _____

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

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

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Date: DEC 23 2014



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Council

2014 DEC 23 A 10:57

CITY CLERK
FALL RIVER, MA

14-301

City of Fall River Notice of Claim

1. Claimant's name: Cory Peckham
2. Claimant's complete address: 74 Beverly St, Somerset, MA 02726
3. Telephone number: Home: 508-675-3192 Work: 508-493-8309
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: ~~12-8-14~~ 12-8-14 Amount of damages claimed: \$2,859.68

6. Exact location of the incident: (include as much detail as possible):
In front of City hall. (Fall River, MA)

7. Circumstances of the incident: (attach additional pages if necessary):
no roads where salted so me along with 30 other cars hit the curb or got into car accidents because of black ice. Also the police didn't want to take statements from anyone.

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, address n/a

(Continue on back) →

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: 12-10-14

Claimant's signature: [Signature]

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

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

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

Date: DEC 23 2014

* Rest of statement on Back



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City of Fall River
Notice of Claim

2014 DEC 29 A 11:41

CITY CLERK 14-302
FALL RIVER, MA

1. Claimant's name: Sopha Sou
2. Claimant's complete address: 275 Quequechan St Fall River MA 02723
3. Telephone number: Home: 508-673-3598 Cell # 508-308-1157 Work: 508-308-1157
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: 12-16-14 2:21 AM Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
Reuben St Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):
my vehicle was parked on Reuben St. when hit by the other vehicle - Copy of Police Report is attached.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

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: 12-22-14

Claimant's signature: Sopha - Sou

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

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

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For official use only:

Copies forwarded to: City Clerk Law City Council City Administrator Police Date: 12/29/14

50 for rental car
12440.00 as of
12/29/14



City of Fall River
Notice of Claim

RECEIVED

2014 DEC 30 P 1:24

CITY CLERK 14-303
FALL RIVER, MA

1. Claimant's name: Nancy Boyd
2. Claimant's complete address: 238 OAK GROVE AVE APT 3
3. Telephone number: Home: 508-567-4846 Cell: 508-415-1470 Work: 508-415-1470
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto Accident and Slip and fall on city Hall sidewalk
5. Date and time of accident: 9:30 PM Amount of damages claimed: \$ 1044.33
6. Exact location of the incident: (include as much detail as possible):
1 Government Center on the S. main st side
7. Circumstances of the incident: (attach additional pages if necessary):
It was raining out (misty) and I was coming down S-main street ^{turning right} I had the green light and as I was driving I noticed the first car in front of me had slide into the sidewalk. The second car in front of me had
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
Safety Insurance, Agent

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: December 12, 2014

Claimant's signature: Nancy B. Boyd

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

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

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Date: DEC 30 2014

Council

*Attw
Yasara
FF # 508. 324. 2655*



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2014 DEC 30 A 11:16

CITY CLERK 14-304
FALL RIVER, MA

**City of Fall River
Notice of Claim**

- 1. Claimant's name: Progressive Casualty Ins. Als/o Bernadine Shinigoi
- 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: Chris Gooftall *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, 2nd Fl., One Government Center, Fall River, MA 02722

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

For official use only:		Date: <u>DEC 30 2014</u>
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Council



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City of Fall River
Notice of Claim

2014 DEC 30 P 3:53

CITY CLERK 14-305
FALL RIVER, MA

1. Claimant's name: RUTH M. BILTCLIFFE
2. Claimant's complete address: 141 HALL ST., FALL RIVER, MA 02724-2613
3. Telephone number: Home: 508-673-2594 CELL: 508-558-2345 Work: 508-558-2345
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: 12/13/14; 3:40 P.M. Amount of damages claimed: \$ 377.30
6. Exact location of the incident: (include as much detail as possible):
BAY ST., APPROXIMATELY 2-3 YARDS SOUTH OF HOWARD ST.
7. Circumstances of the incident: (attach additional pages if necessary):
DRIVING SOUTH ON BAY ST. THE SUN WAS LOW IN THE SKY, EVEN WITH VISOR DOWN, THE SUN WAS IN MY EYES AND I DID NOT SEE THE MANHOLE COVER THAT WAS RECESSED INTO THE PAVEMENT BY APPROX. 1 1/2-2". I HAD NO WAY TO AVOID IT. IT BROKE THE FRONT SWAY BAR ON MY CAR.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

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: 12-30-14 Claimant's signature: Ruth M. Biltcliffe

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

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

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Council



City of Fall River
Notice of Claim

RECEIVED

2015 JAN -2 P 12:12

CITY CLERK 15-1
FALL RIVER, MA

1. Claimant's name: Cheryl Pimentel-Carreiros
2. Claimant's complete address: 191 Old Bedford Rd. Westport MA 02790
3. Telephone number: Home: 401 952-3169 Work: 508 996-3674
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Flat tire due to pothole William S. Canning Blvd.
5. Date and time of accident: 12/21/14 2:30pm Amount of damages claimed: \$ 284.55
6. Exact location of the incident: (include as much detail as possible):
William S. Canning Blvd directly in front of Star Matte Import Parking 10
7. Circumstances of the incident: (attach additional pages if necessary):
Please see attached typed Report as well as attached photographs and Repair Bill
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: 12/22/14 Claimant's signature: Cheryl Pimentel-Carreiros

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

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

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Council



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City of Fall River
Notice of Claim

2015 JAN -5 A 9:38

1. Claimant's name: 15-2 Ralf M Larsen
FALL RIVER, MA
2. Claimant's complete address: 1017 Middle Street, Apt 105 Fall River, MA 02721
3. Telephone number: Home: 401-256-0687 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Ran over a Large pothole
5. Date and time of accident: 12/29/14 8:00 pm Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
North on Wm. Canning Blvd past Harbor Mall
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving in the left lane when I suddenly came upon a large pothole. I swerved to avoid it, but my left front tire went right through it and a banging sound came from under the hood. Soon after, the check battery light came on lit upon my dashboard. The result was that I needed my alternator replaced.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

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

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

Date: 12/29/14

Claimant's signature: Ralf M Larsen

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Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator. <input checked="" type="checkbox"/> DPW	Date: <u>JAN - 5 2015</u>



Council

RECEIVED

City of Fall River
Notice of Claim

2015 JAN -5 A 10: 25

CITY CLERK 15-03
FALL RIVER, MA

1. Claimant's name: Rochelle Raposo
 2. Claimant's complete address: 1706 Robeson St, Fall River, MA 02720
 3. Telephone number: Home: 5086751282 Work: cell 5082982137
 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
vehicle damage due to pot holes
 5. Date and time of accident: 12/18/14 at 8am Amount of damages claimed: \$ 935.01
 6. Exact location of the incident: (include as much detail as possible):
within 100 feet of corner of Langley St. and Elsbree St.
 7. Circumstances of the incident: (attach additional pages if necessary):
Please see attached letter dated 1/2/15
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: 1/5/15

Claimant's signature:

Rochelle B. Raposo

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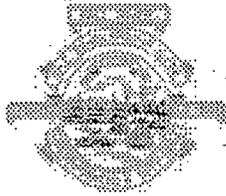
Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

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Date: JAN - 5 2015



City of Fall River
Notice of Claim

Council

RECEIVED

2015 JAN -5 P 12:57

CITY CLERK 15-04
FALL RIVER, MA

1. Claimant's name: Cassandra Martin
2. Claimant's complete address: 65 Grand Isle Dr. Apt 332 Wakefield, RI 02879
3. Telephone number: Home: 401-595-7329 Work: 508-324-1060
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto accident causing bodily injury
5. Date and time of accident: 10-28-14 Amount of damages claimed: \$ Lien not final
1:46 pm
6. Exact location of the incident: (include as much detail as possible):
Intersection @ Mulberry St & Division St Fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):
Cassandra Martin was operating her 2007 Camry and arrived at intersection of Mulberry & Division streets. She did not see the stop sign on Mulberry, as it had been knocked down the previous night. She entered the intersection and collided with Felicia Manchester's vehicle, traveling down Division St. with no stop sign.
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: 1-2-15

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, 2nd Fl., One Government Center, Fall River, MA 02722

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

For official use only:

Copies forwarded to: City Clerk Law City Council City Administrator

Traffic

Date: JAN - 5 2015

Council



City of Fall River
Notice of Claim

RECEIVED

2015 JAN -5 P 12:57

CITY CLERK 15-05
FALL RIVER, MA

1. Claimant's name: Hayden Tavares
2. Claimant's complete address: 72 Ash St. Fall River, Ma. 02724
3. Telephone number: Home: 508 3241383 Work: cell 774 627 4725
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
my vehicle was hit while parked
5. Date and time of accident: 12/22/14 am Amount of damages claimed: \$
6. Exact location of the incident: (Include as much detail as possible):
72 Ash St. Fall River, Ma. 02724
7. Circumstances of the incident: (attach additional pages if necessary):
my vehicle was hit while parked near my residence. Trash collector vehicle side-swiped my vehicle causing extensive damage to door, fender, mirror + front bumper.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No I do NOT carry collision cov.

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: 12/26/14

Claimant's signature: Hayden Tavares

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

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

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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"/> <u>DPW</u>	Date: <u>JAN - 5 2015</u>
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City of Fall River
Notice of Claim

RECEIVED

2015 JAN -7 P 2:17

CITY CLERK #15-06
FALL RIVER, MA

1. Claimant's name: DAVID FARIS
2. Claimant's complete address: 220 Doherty STREET
3. Telephone number: Home: 508 965 0100 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 12/17/14 Amount of damages claimed: \$ 35.00 See Attached Receipt
6. Exact location of the incident: (include as much detail as possible):
IN FRONT OF 1103 LANGLEY STREET, FALL RIVER, MA
7. Circumstances of the incident: (attach additional pages if necessary):
POORLY LITE AREA, (AFTER SUNSET) POT HOLE NOT VISIBLE
WHEEL "Rim" DAMAGE
SEE INCLUDED PICTURES
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: 1/6/15 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, 2nd Fl., One Government Center, Fall River, MA 02722

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For official use only:						Date: <u>1/7/15</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	



RECEIVED

City of Fall River
Notice of Claim

2015 JAN -8 P 2:20

#15-07

1. Claimant's name: Matthew Neto CITY CLERK
2. Claimant's complete address: 1474 Rodman St FALL RIVER, MA
3. Telephone number: Home: 508-496-7154 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto property Damage
5. Date and time of accident: Nov 27, 2014 9:30-10:00 PM Amount of damages claimed: \$ 500.00
6. Exact location of the incident: (include as much detail as possible): Fall River Mass Stafford Rd, Seabra exit, closer to MURRY'S CYCLE.
7. Circumstances of the incident: (attach additional pages if necessary):
I was traveling on Stafford Rd (Fall River Ma) when I had hit a very large pothole that I was unaware of. I had pulled over to see my tire/rim were damaged. I had then pulled my truck back into the hole and taken pictures as seen in attachments.
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: 12-27-14 Claimant's signature: Matthew Neto

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

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

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For official use only:						Date: <u>1/8/15</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input type="checkbox"/> Law	<input type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	



City of New Bedford
MASSACHUSETTS

OFFICE OF THE CITY CLERK
133 WILLIAM STREET
NEW BEDFORD, MA 02740-6182
Tel: 508-979-1450 • Fax: 508-991-6225

DENNIS W. FARIAS
CITY CLERK

STEPHANIE MACOMBER
ASSISTANT CITY CLERK

SUSAN M. HENRIQUES
ASSISTANT COUNCIL CLERK

December 22, 2014

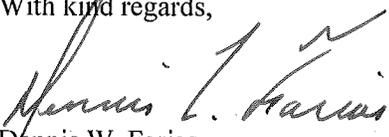
Ms. Alison M. Bouchard, City Clerk
One Government Center
Room 227
Fall River, MA 02722

Dear Ms. Bouchard:

I am writing to inform you that at a meeting held on December 18, 2014, the City Council of New Bedford, Massachusetts, Adopted a Written Motion sponsored by Councillor David Alves, "*Requesting, that the Committee on Appointments and Briefings seek to work with the Communities of Fall River, Taunton and surrounding Towns who would potentially benefit from the South Coast Rail Service to see if we could get our State's Legislative delegation and the Massachusetts Lottery Commission to authorize, develop and market a 'Temporary Issue Lottery Ticket', specifically to raise monies that would be used to fund in the development of the South Coast Rail; and further, that the sales or distribution could be limited to the South Coast area so that primarily the residents of the area would be the ones supporting the sales and funding for the rail service.*"

On behalf of the Council, I thank you for your time and consideration of this matter. Please feel free to contact me directly should you or your office require additional information.

With kind regards,


Dennis W. Farias,
City Clerk/Clerk of the City Council

cc: David Alves, Councillor at Large
File

CITY CLERK
FALL RIVER, MA

2014 DEC 29 A 11:40

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