City of Fall River Massachusetts

Office of the City Clerk

ALISON M. BOUCHARD
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

JANUARY 18, 2013
MEETINGS SCHEDULED FOR NEXT WEEK
TUESDAY, JANUARY 22, 2013

6:00 P.M. COMMITTEE ON FINANCE

1. Resolution – Administration present short term and long term plans for crosswalk painting and potholes
2. Resolution – Plan for re-painting road surface markings, review of traffic patterns & signage height requirements
3. Resolution – Discuss ways to preserve former Central Congregational Church/Abbey Grill
4. Resolution – Com. on Finance meet to discuss Fire Department's self sufficiency in 2015 and quarterly update
5. Resolution – Com. on Finance meet with Administration and Fire Department re: Safer Grant and new contract

AGENDA

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

PRIORITY MATTERS – None

PRIORITY COMMUNICATIONS

1. *Board of Election Commissioners:
   - •Official results of State Primary Election held September 6, 2012
   - •Official results of Recount for State Primary Election held on September 12, 2012
   - •2013 calendar for the Charter Commission
   - •Order authorizing Preliminary Municipal Election to be held on September 10, 2013 and Municipal Election to be held on November 5, 2013
2. *Traffic Commission recommending amendment to the traffic ordinances

COMMITTEE REPORTS – None

ORDINANCES

Ordination:

3. *All night parking of commercial vehicles

RESOLUTIONS

4. *Com. on Health & Environmental Affairs meet with N.E. Gas Co. and/or National Grid re Fall River Neighborhood Energy Contest

CITATIONS – None

ORDERS – HEARINGS FOR TONIGHT

Auto Repair Shop License:

5. George Moreira, 62 Washington Street, Westport d/b/a George's Auto Tech, LLC at 581 Pleasant Street

ORDERS – HEARINGS TO BE SCHEDULED

Jt. Pole location:

6. Horvitz Road – One (1) joint pole location

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

7. Police Chief's report on licenses
8. Auto Repair Shop license renewals
9. *Light Order

COMMUNICATIONS – INVITATIONS – PETITIONS

10. *Claims
11. Drainlayer Bond

BULLETINS – NEWSLETTERS – NOTICES – None

Alison M. Bouchard
City Clerk

One Government Center • Fall River, MA 02722
TEL 508-324-2220 • FAX 508-324-2211 • EMAIL city_clerks@fallriverma.org

Finance 1

City of Fall River, *In City Council*

(Councilor Eric Poulin)
(Councilor Raymond A. Mitchell)
(Councilor Daniel M. Rego)
(Councilor Michael L. Miozza)

WHEREAS, the many potholes, unpainted or faded markings for lanes of traffic as well as crosswalks pose a danger for motorists and pedestrians alike, now therefore

BE IT RESOLVED, that the Administration be invited to a future meeting of the City Council Committee on Finance or a meeting of the City Council Committee on Public Works and Transportation to present short term and long term plans to the City Council that will address these issues.

PRESENTED TO MAYOR FOR APPROVAL:
JUL 19 2012

APPROVED: [signature]
Mayor
7-19-12

CITY OF FALL RIVER
IN CITY COUNCIL
JUL 17 2012
Rd to Com on Finance

Tabled
10-30-12

Finance 2

City of Fall River, *In City Council*

(Councilor Joseph D. Camara)

WHEREAS, road surface markings are basic guidelines of everyday driving that provide guidance and information to drivers and pedestrians, and

WHEREAS, center and traffic lane lines, as well as directional arrows were present, but are now gone or faded in many city streets, including but not limited to, Plymouth and Brayton Avenues, as well as South Main, East Main, Davol, Bedford, Pleasant, and Quequechan Streets, and

WHEREAS, due to the change in season it is darker earlier in the day and not seeing these markings can become a public safety hazard, now therefore

BE IT RESOLVED, that the City Administrator, the Director of the Department of Community Maintenance, and the Parking Clerk be invited to a future meeting of the Committee on Finance to discuss the city's plan for re-painting these markings, and

BE IT FURTHER RESOLVED, that the Committee discuss the previous request sent to the Traffic Commission to review traffic patterns on our main thoroughfares such as Davol, North Main, Bedford and Pleasant Streets as well as review the height requirements of current signage and remove those that are not at the right height.

In City Council, October 16, 2012
Adopted, as amended.

A true copy. Attest:
Alison M. Bouchard

City Clerk

Finance 3

City of Fall River, *In City Council*

(Councilor Raymond A. Mitchell)

WHEREAS, the former Central Congregational Church/Abbey Grill is a historic building in the City of Fall River, and

WHEREAS, many of our historic buildings have been razed through the years, and

WHEREAS, we now realize that the loss of many of these historic structures are irreplaceable and should never have been demolished, now therefore

BE IT RESOLVED, that the Mayor, the Massachusetts Historical Commission and developers be invited to a future meeting of the Committee on Finance to discuss ways to preserve the former Central Congregational Church/Abbey Grill located at 100 Rock Street.

In City Council, February 28, 2012
Adopted

Approved, March 5, 2012
William A. Flanagan, Mayor

A true copy. Attest:
Alison M. Bouchard

City Clerk

Tabled 12-18-12

Finance 4

City of Fall River, *In City Council*

(Councilor Raymond A. Mitchell)

WHEREAS, in July of 2012 the Council requested that the Administration work with the Fire Department to create a plan of action to allow the Fire Department to be self sufficient in the year 2015 when the Safer Grant funding ends and that such a plan be submitted to the City Council by December 31, 2012, and

WHEREAS, it was also requested that the Fire Chief work in conjunction with the Administration by proposing the optimum number of firefighters needed to protect our citizens and also the minimum number that could keep the department running, now therefore

BE IT RESOLVED, that representatives from the Administration and Fire Department be invited to a future meeting of the Committee on Finance to provide a progress report on the status of these requests, and

BE IT FURTHER RESOLVED, that the Council be updated on a quarterly basis until this matter is resolved.

In City Council, October 30, 2012
Adopted

A true copy. Attest:

Alison M. Bouchard
City Clerk

Finance 5

City of Fall River, *In City Council*

(Councilor Raymond A. Mitchell)

WHEREAS, the Fall River Fire Department has just ratified a three-year contract with salary increases, and

WHEREAS, on October 30, 2012 a resolution was unanimously adopted requesting representatives from the Administration and Fire Department be invited to a future meeting of the Committee on Finance to provide a progress report on the status of the Safer Grant funding and how the department will survive after the funding ceases, and

WHEREAS, the increases in the new contract will exacerbate the funding problems of the Fire Department, now therefore

BE IT RESOLVED, that this meeting be scheduled as soon as possible to begin the discussion process of this very important matter, and

BE IT FURTHER RESOLVED, that the Council receives a quarterly report until this matter is resolved.

In City Council, January 8, 2013
Adopted, as amended

A true copy. Attest:

Alison M. Bouchard
City Clerk

CITY OF FALL RIVER, MASSACHUSETTS

BOARD OF ELECTION COMMISSIONERS
ONE GOVERNMENT CENTER
TEL. 508-324-2630

RECEIVED

2013 JAN 15 P 12: 24

CITY CLERK
FALL RIVER, MA

COMMISSIONERS

ELIZABETH A. CAMARA, CHAIRPERSON
AILEEN H. BELFORD, CLERK
MICHAEL P. DUNN
GREGORY A. BRILHANTE

January 15, 2013

Honorable City Council
One Government Center
Fall River MA 02722

Dear City Councillors:

The Board of Election Commissioners certify that the names on the attached list are the Official Results of the State Primary held on September 6, 2012. A recount was held on September 12, 2012 and attached is also the list of the Official Results of the Recount for the State Primary of September 6, 2012.

The Board of Election Commissioners is requesting your approval to hold the City Preliminary Election on September 10, 2013 with the City Election being held on November 5, 2013. The polls will open at 7:00am and close at 8:00 pm.

The Board of Election Commissioners is also requesting your approval of the 2013 calendar for the Charter Commission. Charter Revision Petitions have been taken out, therefore requiring a calendar for nomination papers for the Charter Commission.

Sincerely,

Elizabeth A. Camara

Elizabeth A. Camara, Chairperson
Board of Election Commissioners

STATE PRIMARY ELECTION

OFFICIAL RESULTS

SEPTEMBER 6, 2012

City/Town: FALL RIVER Certification Status: **Certified Locally**

Ward	Precinct	Description	Ballot Count
1	A	DEMOCRAT	469
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	57
	B	DEMOCRAT	435
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	39
	C	DEMOCRAT	415
	C	GREEN-RAINBOW	2
	C	REPUBLICAN	44
2	A	DEMOCRAT	273
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	10
	B	DEMOCRAT	265
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	16
	C	DEMOCRAT	405
	C	GREEN-RAINBOW	2
	C	REPUBLICAN	31
3	A	DEMOCRAT	554
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	37
	B	DEMOCRAT	433
	B	GREEN-RAINBOW	1
	B	REPUBLICAN	39
	C	DEMOCRAT	430
	C	GREEN-RAINBOW	1
	C	REPUBLICAN	44
4	A	DEMOCRAT	279
	A	GREEN-RAINBOW	1
	A	REPUBLICAN	30
	B	DEMOCRAT	308
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	27
	C	DEMOCRAT	418
	C	GREEN-RAINBOW	0
	C	REPUBLICAN	20
5	A	DEMOCRAT	194
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	18
	B	DEMOCRAT	135
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	10
	B1	DEMOCRAT	14

City/Town: FALL RIVER Certification Status: Certified Locally

Ward	Precinct	Description	Ballot Count
5	B1	GREEN-RAINBOW	0
	B1	REPUBLICAN	0
	C	DEMOCRAT	179
	C	GREEN-RAINBOW	1
	C	REPUBLICAN	7
6	A	DEMOCRAT	355
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	68
	B	DEMOCRAT	260
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	24
	C	DEMOCRAT	320
	C	GREEN-RAINBOW	0
	C	REPUBLICAN	49
	C1	DEMOCRAT	4
	C1	GREEN-RAINBOW	0
	C1	REPUBLICAN	0
7	A	DEMOCRAT	278
	A	GREEN-RAINBOW	1
	A	REPUBLICAN	82
	B	DEMOCRAT	142
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	32
	C	DEMOCRAT	248
	C	GREEN-RAINBOW	0
	C	REPUBLICAN	29
8	A	DEMOCRAT	251
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	46
	B	DEMOCRAT	405
	B	GREEN-RAINBOW	2
	B	REPUBLICAN	89
	C	DEMOCRAT	445
	C	GREEN-RAINBOW	0
	C	REPUBLICAN	94
9	A	DEMOCRAT	497
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	112
	B	DEMOCRAT	280
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	68
	C	DEMOCRAT	240
	C	GREEN-RAINBOW	0

City/Town: FALL RIVER Certification Status: **Certified Locally**

Ward	Precinct	Description	Ballot Count
9	C	REPUBLICAN	76

STATE PRIMARY ELECTION

RECOUNT – (9/12/12)

OFFICIAL RESULTS

SEPTEMBER 6, 2012

City/Town: FALL RIVER Certification Status: **Certified Locally**

Ward	Precinct	Description	Ballot Count
1	A	DEMOCRAT	460
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	57
	B	DEMOCRAT	435
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	39
	C	DEMOCRAT	415
	C	GREEN-RAINBOW	2
	C	REPUBLICAN	44
2	A	DEMOCRAT	273
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	10
	B	DEMOCRAT	265
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	16
	C	DEMOCRAT	405
	C	GREEN-RAINBOW	2
	C	REPUBLICAN	31
3	A	DEMOCRAT	554
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	37
	B	DEMOCRAT	433
	B	GREEN-RAINBOW	1
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	C	DEMOCRAT	430
	C	GREEN-RAINBOW	1
	C	REPUBLICAN	44
4	A	DEMOCRAT	279
	A	GREEN-RAINBOW	1
	A	REPUBLICAN	30
	B	DEMOCRAT	308
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	27
	C	DEMOCRAT	418
	C	GREEN-RAINBOW	0
	C	REPUBLICAN	20
5	A	DEMOCRAT	185
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	18
	B	DEMOCRAT	135
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	10
	B1	DEMOCRAT	14

City/Town: FALL RIVER Certification Status: Certified Locally

Ward	Precinct	Description	Ballot Count
5	B1	GREEN-RAINBOW	0
	B1	REPUBLICAN	0
	C	DEMOCRAT	179
	C	GREEN-RAINBOW	1
	C	REPUBLICAN	7
6	A	DEMOCRAT	355
	A	GREEN-RAINBOW	0
	A	REPUBLICAN	68
	B	DEMOCRAT	260
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	24
	C	DEMOCRAT	320
	C	GREEN-RAINBOW	0
	C	REPUBLICAN	49
	C1	DEMOCRAT	4
	C1	GREEN-RAINBOW	0
	C1	REPUBLICAN	0
7	A	DEMOCRAT	278
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	B	DEMOCRAT	142
	B	GREEN-RAINBOW	0
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	B	DEMOCRAT	280
	B	GREEN-RAINBOW	0
	B	REPUBLICAN	68
	C	DEMOCRAT	240
	C	GREEN-RAINBOW	0

City/Town: FALL RIVER

Certification Status: **Certified Locally**

Ward	Precinct	Description	Ballot Count
9	C	REPUBLICAN	76

1

RECOUNT – 9/12/12

GOVERNOR'S COUNCIL – 1ST DISTRICT – FALL RIVER MA

	Nicholas D. Bernier	Oliver P. Cipollini Jr.	Walter D. Moniz
1A	243	44	102
1B	168	62	124
1C	182	52	86
2A	110	44	76
2B	120	32	69
2C	141	59	101
3A	218	103	132
3B	164	85	107
3C	165	92	116
4A	88	39	91
4B	95	31	130
4C	194	65	93
5A	70	33	57
5B	33	20	50
5B1	4	4	5
5C	56	32	59
6A	154	36	108
6B	90	34	81
6C	161	44	77
6C1	4	0	0
7A	124	29	82
7B	63	23	34
7C	109	31	73
8A	104	28	88
8B	199	49	90
8C	232	34	92
9A	274	40	111
9B	145	30	60
9C	127	40	43
Total	3,837	1,215	2,337

RECOUNT RESULTS – SEPTEMBER 12, 2012

REPRESENTATIVE IN GENERAL COURT – 7TH BRISTOL DISTRICT – FALL RIVER

	KEVIN AGUIAR	ALAN SILVIA
1B	210	214
1C	221	180
2A	125	140
2B	140	119
2C	259	134
3A	194	341
3B	139	287
3C	189	234
4A	144	127
4B	190	106
4C	186	220
5A	130	51
Total	2,127	2,153

CITY OF FALL RIVER

2013 – POLITICAL CALENDAR

(100 SIGNATURES REQUIRED FOR CHARTER COMMISSION)

DATE	EVENT
April 23	"NOMINATION PAPERS" are available from the Office of the Board of Election Commissioners for the office of Charter Commission. Each candidate must file with this office, before obtaining nomination papers, a signed statement containing the person's name and address and the office for which the person intends to be a candidate. Anyone other than a candidate must also present the signed candidates' authorization before securing papers in the candidates' behalf. Each candidate can be issued only fifteen (15) Nomination Papers.
July 26 5:00 PM	Last day and hour for SUBMITTING Charter Petitions for Certification with the Election Commissioners. The Election Commission must be notified in writing when filing is complete.
August 5 5:00 PM	Last day and hour for Election Commission to FILE Certification Report with City Clerk.
August 7 5:00 PM	Last day and hour for local registered voter to FILE written objection of Charter Petitions with the Election Commissioners.
September 4 5:00 PM	Last day and hour for City Council to order Question submitted to voters.
September 17 5:00 PM	Last day and hour for SUBMITTING Charter Commission Nomination Papers for Certification with the Election Commissioners.
October 1 5:00 PM	Last day and hour for FILING Certified Charter Commission Nomination Papers with the City Clerk.
October 16 8:00 PM	Last day and hour for Registration of Voters for the City Election at Government Center, Room 636.
November 4 NOON	Last day and hour for FILING Absentee ballot applications for the City Election with the Election Office.
November 5	**CITY ELECTION – POLLS OPEN FROM 7 AM TO 8 PM**

CITY OF FALL RIVER

2013 – POLITICAL CALENDAR

(50 SIGNATURES REQUIRED FOR ALL CITY OFFICES)

DATE	EVENT
April 23	"NOMINATION PAPERS" are available from the Office of the Board of Election Commissioners for the offices of Mayor, City Council and School Committee. Each candidate must file with this office, before obtaining nomination papers, a signed statement containing the person's name and address and the office for which the person intends to be a candidate. Anyone other than a candidate must also present the signed candidates' authorization before securing papers in the candidates' behalf. Each candidate can be issued only seven (7) Nomination Papers.
July 19 5:00 PM	Last day and hour for OBTAINING Nomination Papers.
July 23 5:00 PM	Last day and hour for SUBMITTING Nomination Papers for Certification with the Election Commissioners.
August 6 5:00 PM	Last day and hour for FILING Certified Nomination Papers with the Election Commissioners.
August 8 5:00 PM	Last day and hour for FILING withdrawals and/or objections of Nomination Papers with the Election Commissioners.
August 21 8:00 PM	Last day and hour for Registration of Voters for the Preliminary City Election at Government Center, Room 636.
September 3 5:00 PM	Last day and hour for ALL Candidates and Political Committees to FILE campaign finance reports with the City Clerk.
September 9 NOON	Last day and hour for FILING Absentee Ballot applications for the City Preliminary Election with the Election Office.
September 10	**CITY PRELIMINARY ELECTION – POLLS OPEN FROM 7AM TO 8 PM**
September 16 5:00 PM	Last day and hour for FILING withdrawals of/or objections to nominations made at the Preliminary Election and for filing written acceptances by write-ins or sticker candidates who won a Preliminary with the Election Commissioners.
OCTOBER 16 8:00 PM	Last day and hour for Registration of Voters for the City Election at Government Center, Room 636.
October 28 5:00 P.M.	Last day and hour for ALL Candidates and Political Committees to FILE campaign finance reports with the City Clerk.
November 4 NOON	Last day and hour for FILING Absentee ballot applications for the City Election with the Election Office.
November 5	**CITY ELECTION – POLLS OPEN FROM 7AM TO 8 PM**
January 20, 2014 5:00 PM	Last day and hour for ALL Candidates and Political Committees to FILE Campaign Finance reports with the City Clerk.

City of Fall River, *In City Council*

ORDERED, that in accordance with the provisions of Chapter 54, Section 103P of the General Laws, the Preliminary Municipal Election to be held in the City of Fall River shall be held on Tuesday, September 10, 2013, and the Municipal Election shall be on Tuesday, November 5, 2013.

2

CITY OF FALL RIVER
MASSACHUSETTS

Department of Community Maintenance
Municipal Buildings, Parks, Cemeteries, Traffic & Parking,
Sanitation, Streets & Highways

Traffic & Parking Division

WILLIAM A. FLANAGAN
Mayor

KENNETH PACHECO
Director
LAURA FERREIRA
Manager of Traffic

January 17, 2013

RECEIVED
2013 JAN 17 P 4:43
CITY CLERK
FALL RIVER, MA

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

Honorable Council Members:

At a meeting of the Traffic Board Commission held on Wednesday November 21, 2012 the following request met all the guidelines, requirements and was approved by the Traffic Commission Board.

That Chapter 70 of Revised Ordinances be amended in the following Section:

Article: **70**
Section: **374 (4)**

Thirty (30) Minute Parking Only

Monday-Friday
8:00 a.m. to 4:00 p.m.

By inserting in proper alphabetical order the following.

Osborn Street north side, starting at a point 20 feet west of South Main Street for a distance of 45 feet westerly.

Very truly yours,

Laura Ferreira

Laura Ferreira
Manager of Traffic

One Government Center – Room 324 - Fall River, MA 02722
Tel: (508) 324-2123 Fax: (508) 324-2578 E-mail: Lferreira@fallriverma.org

RECEIVED

2013 JAN 15 P 4:46

CITY CLERK
FALL RIVER, MA

2

CITY CLERK
1 GOVT CTR

12-23-12

THE MINI MART AT THE CORNER OF SOUTH MAIN & OSBORN STREET HAS APPLIED FOR A TIMED SPOT ON OSBORN ST.
THIS IS A VERY CONGESTED AREA DUE TO ST. ANNE'S HOSPITAL, HEBERT FUNERAL HOME & MAINLY HIGSON FISH MARKET PARKING ON THE STREET. THERE ARE TWO FAMILIES WITH ELDER TENANTS WHO LIVE ABOVE THE STORE & HAVE 3 VEHICLES. I LIVE IN & OWN THE PROPERTY AT 250 OSBORN ADJACENT TO THE BUILDING. IN ADDITION I ALSO HAVE THE OWNER OF THE STORE USING A PARKING SPACE DAY & NIGHT & MR KEN PERREIRA RECENTLY RECEIVED A HANDICAPPED SPOT WHICH HE REALLY NEEDS. I HAVE HAD 4 APARTMENTS THAT HAVE BEEN VACANT FOR OVER A YEAR MAINLY DUE TO THE PARKING PROBLEM ON OSBORN ST.
ANYONE GOING TO HIS STORE WILL PROBABLY PARK ILLEGALLY ON SOUTH MAIN ST JUST LIKE THEY DO FOR THE FISH MKT. THE FISH MKT HAS A METER RIGHT IN FRONT OF THEIR BUSINESS & HAS NEVER NEEDED A TIMED SPOT.

MY BUSINESS GOES IN THE RED EVERY MONTH BECAUSE OF THE PARKING PROBLEM.
I HAVE TO MAKE THE BEST OF A BAD SITUATION AND NO ONE SHOULD GET PREFERENTIAL TREATMENT..
I STRONGLY OPPOSE GRANTING THIS TIMED SLOT AND RESPECFULLY ASK THE BOARD TO DO WHAT IS FAIR TO EVERYONE AND DENY THIS REQUEST.

THANK YOU

Armand Lebel

ARMAND LEBEL
250 OSBORN ST

2

City of Fall River Massachusetts

Office of the City Clerk

ALISON M. BOUCHARD
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

January 15, 2013

Armand Lebel
250 Osborn Street
Fall River, MA 02724

Dear Mr. Lebel:

I am in receipt of your letter regarding a request made to the Traffic Commission on behalf of Choice Mini Mart, 927 South Main Street, for a one-hour parking space on Osborn Street.

After speaking with the Parking Clerk, I have been advised that this item was approved in November. The recommendation will be forwarded to the City Council, and subsequently referred to the Committee on Ordinances and Legislation prior to ordination.

As of today I have not received that recommendation, but expect to receive it within the next day or so. If received prior to Thursday, January 17th, the City Council will vote next Tuesday to refer it to the Committee on Ordinances and Legislation. Once I receive the Traffic Commission's recommendation, I will attach your complaint and the Committee on Ordinances and Legislation will invite you to the meeting when this issue is discussed.

You may also appear at the City Council meeting on Tuesday, January 22, 2013 at 6:00 PM, and register for Citizen Input. At that time, you will have the ability to address your concerns in front of the Council members.

If you have any additional questions or concerns with regard to this matter, please do not hesitate to contact me at 508-324-2220.

Sincerely,

Alison M. Bouchard

Alison M. Bouchard
City Clerk

/a

One Government Center • Fall River, MA 02722
TEL 508-324-2220 • FAX 508-324-2211 • EMAIL city_clerks@fallriverma.org

3

City of Fall River, *In City Council*

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

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

Section 1.
By striking out in Section 70-319 which section relates to all night parking of commercial vehicles 1:00 a.m. and 6:00 a.m., and inserting in place thereof: 11:00 p.m. and 7:00 a.m.

Section 2.
By inserting in Section 70-319 which section relates to all night parking of commercial vehicles, the following:

Authority to enforce this section shall be with the Chief of Police or his designee.

Section 3.
That Appendix A-Fee Schedule of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to traffic be amended by striking out a violation of section 70-319 and inserting a new subsection 70-311(10) for a violation of section 70-319 $35.00.

CITY OF FALL RIVER
IN CITY COUNCIL
DEC 18 2012
Passed through first reading

CITY OF FALL RIVER
IN CITY COUNCIL
JAN 08 2013
Passed through second reading and Enrollment

Ad: to run 12/29 attached
Abutters: —
Bldg. Insp./Engineering: —
Fire Chief: —
Police Chief: —
Collector: — attached
~~Corp. Counsel~~: req. 12/28

4

City of Fall River, *In City Council*

(Councilor Michael L. Miozza)

WHEREAS, there is a Fall River Neighborhood Energy contest whereby the neighborhood with the most energy savings can win a $5,000 grand prize towards a community improvement project, and

WHEREAS, Fall River residential customers of New England Gas Company and/or National Grid are eligible to receive a no-cost Mass Save® Home Energy Assessment, and

WHEREAS, there is an Energy Fair at Diman High School on Saturday, February 9, 2013 from 9:00 AM until Noon with free admission, now therefore

BE IT RESOLVED, that the Committee on Health and Environmental Affairs invite representatives from New England Gas Company and/or National Grid to a future meeting to discuss the neighborhood contest, the free home energy assessment and the energy fair.

City of Fall River, *In City Council*

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

156 Duluth Street (Councilor Raymond A. Mitchell)
Pole # 3154

CC

10

RECEIVED

2013 JAN -8 A 11:33

CITY CLERK. #13-6
FALL RIVER, MA

CLAIM FORM
City of Fall River, Massachusetts

Name: Kevin Arruda

Address: 275 McCorrie Lane
Portsmouth, RI 02871

Phone #: (508) 345-9806

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

Date of Incident: 1/2/13
Time of Incident: 2:15 pm
Location of Incident: Davol Street

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

Please see attached letter.

orig + 2 copies to law
1 DPW
1 CC
1 city clerk

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

10

Ray's Auto Clinic, Inc.
1970 East Main Road
Portsmouth, RI 02871

401-683-5318

Invoice

Date	Invoice #
1/3/2013	5546

Bill To
Arruda, Kevin

P.O. No.	Terms	Project
08 Jetta		

Item	Description	Qty	Rate	Amount
materials	right front hub bearing	1	299.87	299.87T
materials	shop supplies		6.50	6.50T
labor	remove and replace right front wheel bearing assembly.	1.5	80.00	120.00

PAID
BY:

Ray's Auto Clinic appreciates your business!

Subtotal	$426.37
Sales Tax (7.0%)	$21.45
Total	$447.82
Payments/Credits	$0.00
Balance Due	$447.82

January 4, 2013

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

Re: Pothole Damage

Attn: Legal Department

I was traveling northbound on Davol Street at approximately 2:15 pm on Wednesday, January 2, 2013. My vehicle was in the left travel lane, and when I approached the intersection of Davol and Pearce Street, I encountered a massive pothole that produced damage to my front passenger wheel. Upon impact my vehicle gyrated and began to produce a loud humming noise. I immediately pulled over to inspect the vehicle and noticed slight rim damage. At first availability, I took my vehicle to Firestone Tire in Fall River for a professional examination. They determined that the wheel suffered bearing damage and was in need of repair. The following morning (January 3, 2013), I called multiple auto repair centers in the area to obtain the lowest repair quote. I moved forward with having my vehicle repaired at Ray's Auto Clinic in Portsmouth, RI, because they produced the lowest quote and were the closest to my residence. Please find attached receipts from Firestone Tire and Ray's Auto Clinic along with photos of the pothole.

I would also like to mention that this incident caused me to lose a workday, as my vehicle was not deemed safe to travel 130 miles (my round-trip commute).

I would appreciate your review of this matter, and reimbursement for the vehicle damage incurred while traveling on Davol Street. If you have any questions or request further information, please feel free to contact me at (508) 345-9806 or kevin_arruda@yahoo.com.

Sincerely,

Kevin Arruda

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[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] DAY ST
FALL RIVER, MA 02724-2911
508.678.3573

FIRESTONE COMPLETE AUTO CARE
[illegible] PLEASANT ST
FALL RIVER, MA. 02723-1002

SERVICE ADVISOR
[illegible]
508.678.5554

2008 VOLKSWAGEN JETTA SE
LIC # 8900 MA VIN #
IN 01/02/13 05:28P EST. MILEAGE 6,902
DUE: 06:00PM 01/02 Waiting APPT: No

Alt. Auth. Name & Phone:

Store # 000647

INITIAL ESTIMATE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
COMPLETE VEHICLE INSPECTION							19.99
Symptoms:-							
CHECK RF WHEEL HUMMING NOISE HIT POT HOLE							
VEHICLE INSPECTION	037028789		1		19.99	19.99	

Firestone
since 1926 COMPLETE AUTO CARE™

Flat rate charged per internal & Mitchell labor manuals
Time In: 05:28PM 01/02/2013 Parts Return: No
Cust Status: Waiting Appt: No Pay Type: Cash
Wheel Lock:

PSI: SEE TIPS BOOK/DOOR JAM FOR INFO
Torque

Summary	
Parts	0.00
Labor	19.99
ShopSupply	0.00
Sub	19.99
Tax	0.00
Total	19.99

We Support ASE Testing and Certification

Motorcraft Assurance Program
STANDARDS FOR AUTOMOTIVE REPAIR

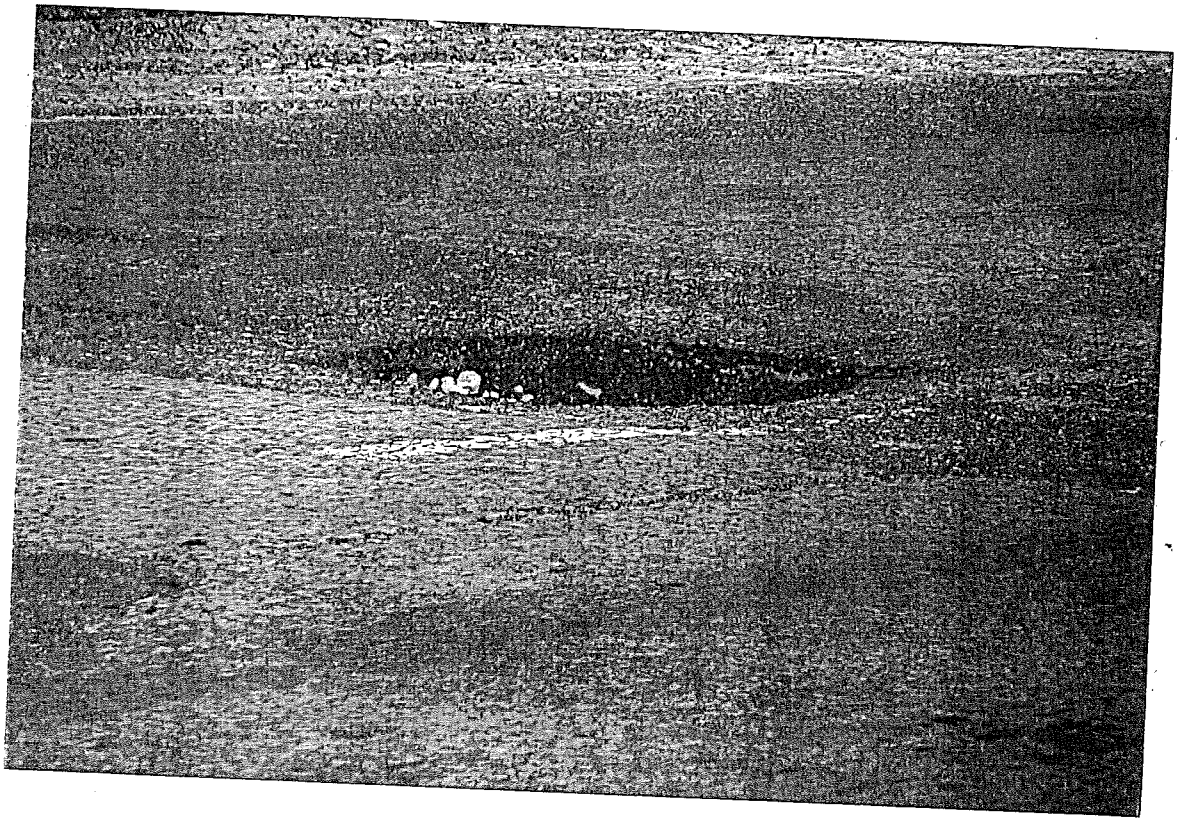
Mounting Instructions
LF RF
LR SP RR

WorkOrder1 110713

ACKNOWLEDGE THAT I HAVE REVIEWED THIS ESTIMATE OF REPAIR AND SERVICE WORK. I HEREBY AUTHORIZE THE ABOVE WORK TO BE DONE, INCLUDING THE INDICATED, ARTS AND LABOR, AND PROMISE TO PAY FOR ALL SUCH WORK. I GRANT PERMISSION TO OPERATE THE REFERENCED CAR, TRUCK OR VEHICLE ON STREETS, HIGHWAYS R ELSEWHERE FOR THE PURPOSE OF INSPECTION AND/OR TESTING. I UNDERSTAND THAT ALL CLAIMS MUST BE ACCOMPANIED BY AN INVOICE. I UNDERSTAND IF ADDITIONAL ORK IS REQUIRED, YOU WILL OBTAIN MY VERBAL OR WRITTEN AUTHORIZATION BEFORE ANY ADDITIONAL WORK IS BEGUN, UNLESS OTHERWISE SPECIFIED ON THIS ESTIMATE.

K

Please do not leave Cell Phones, CDs, Money, Jewelry, or any other valuables in your vehicle. Firestone Complete Auto Care is not and will not be held responsible for missing or stolen items.



CC

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CLAIM FORM
City of Fall River, Massachusetts

RECEIVED
2013 JAN -9 A 10:05
CITY CLERK
FALL RIVER, MA

#13-2

Name: Douglas Rodrigues

Address: 300 Leeward Rd.
Fall River, MA 02720

Phone #: 508.642.4411 / 508.415.2880

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

Date of Incident: 1/08/2013
Time of Incident: 6:45 pm
Location of Incident: Davol St, Fall River, MA

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

Traving north on Davol St. passed the lights @ President Ave, and than I hear a huge bang & the panel lights started coming on telling me the something happened. I could not put over for it was dark on the road & didn't want to get hit by another car. So I drove to Brightman Street, pulling into a parking space & call the police & AAA. The officer came, went back to the site & called me with a claim # which is 13-194-OF. The officer's name is Tom Barbosa.

P.S. Blew out driver's side right tire

Douglas Santos

any & copies Law
1 DPW
1 CC
1 city clerk

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

10

2010 Acura

DAVE'S TIRE AND AUTO SERVICE

325 BEDFORD STREET
FALL RIVER, MASS. 02720
DIAL 679-6482
"THINK OF SERVICE, THINK OF DAVES"

SOLD TO Douglass Rodrigues

№ 146528

ADDRESS

1/9/13
DATE

MILEAGE

PHONE

RECEIVED

REGISTRATION NO.

2013 JAN -9 A 10:05
CITY CLERK
FALL RIVER, MA

QUAN.	DESCRIPTION	CODE	TAX	UNIT	AMOUNT
	Estimate				
1	235 45 R18				176 34
	Conti ProContact				
1	Repair Wheel				85 00
	Balance				12 00
				Tax	11 03
					284 37

RECEIVED BY

☐ CHARGE ☐ CASH

Accounts Subject To 1 1/2% Service Charge After 30 Days. All Collection Fees Will Be Applied To Customer Balance.

TOTAL

WHITE - ORIGINAL YELLOW - DUPLICATE PINK - TRIPLICATE

CC

10

RECEIVED
2013 JAN 10 P 1:29
CITY CLERK
FALL RIVER, MA

CLAIM FORM
City of Fall River, Massachusetts

#13-3

Name: Lyle Machado

Address: 46 Redwood Road
Somerset, MA 02726

Phone #: (H) 508-617-9633 / (C) ~~774~~-473-7231

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

Date of Incident: January 4th 2013
Time of Incident: 6:50 pm
Location of Incident: Davol Street

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

please see attached

any r 2 copies Law
1 DPW
1 CC
1 City clerk

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

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1/10/13

RECEIVED
2013 JAN 10 P 1:29
CITY CLERK'S OFFICE
FALL RIVER, MA

To Whom It May Concern,

On the evening of January 4th, 2013 at approximately 6:50pm I was traveling on Davol Street in the vicinity of the plaza containing Al Mac's Diner. Due to the darkness I did not see a large pothole until I was right in front of it. My proximity to the pothole and traffic around me left me unable to avoid the pothole. I struck the pothole with my right front tire. When I arrived home I was able to inspect the tire and noted a bubble in the sidewall of the tire as well as a black mark on the rim. A spare tire was put on the car for transport to the dealership as to not further damage the tire or rim. The car was not driven again until it was brought to Viti Volvo for inspection on January 8, 2013. At that time it was noted that the only necessary repair was replacement of the tire. The cost for this repair was $296.40. At this time I am seeking reinbursement for the cost of this tire. Thank you for your time and consideration in this matter. If you need to contact me, I can be reached at (H) 508-617-9633 or (C)774-627-5126.

Sincerely,

Lyle Machado

INVOICE

PAGE 2

975 FISH ROAD AT RT. #24
TIVERTON, RHODE ISLAND 02878
TEL: (401) 624-6108
TEL: (800) 544-5580
www.vitivolvo.com

EXCELLENCE IS STANDARD

10

ANDREA MACHADO
46 REDWOOD RD
SOMERSETT, MA 02726
HOME:774-473-7231 CONT:N/A
BUS: CELL:

SERVICE ADVISOR: 311 GREGORY FLYNN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	10	VOLVO S80	YV1992AH5A1129032		29807/29811	T7871

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
29JUN10 IS 29JUN10 DD			13:54 08JAN13		118.90	CASH	08JAN13

R.O. OPENED	READY	OPTIONS: DLR:000000 ENG:3.0 Liters
08JAN13	08JAN13	

FALL RIVER, MA

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
29811 WAS UNABLE TO DUPLICATE PULLING TO THE LEFT. ON UNEVEN ROAD SURFACES CAR MAY FOLLOW CROWN OF ROAD.WHEN BRAKING ON FLAT EVEN SURFACES VEHICLE DID NOT PULL TO EITHER SIDE.			
**********			
D 10 POINT INSPECTION OF ALL SAFETY RELATED ITEMS, ALONG WITH FLUIDS, AND LIGHTS.			
10 10 POINT INSPECTION OF ALL SAFETY RELATED ITEMS, ALONG WITH FLUIDS, AND LIGHTS.			
216 CDEF		0.00	0.00
29809 COMPLETED 10 POINT INSPECTION. CHECKED EXTERIOR LIGHTS,; ALL OK. WHILE VEHCILE WAS ON LIFT INSPECTED UNDERNEATH. NO SAFETY ITEMS CURRENTLY NEED ATTENTION.			
**********			
E PERFORMED COMPLIMENTARY SOFTWARE UPDATE $149.95 NO CHARGE TO CLIENT, COMPLETED			
CS PERFORMED COMPLIMENTARY SOFTWARE UPDATE $149.95 NO CHARGE TO CLIENT, COMPLETED			
216 I56D			(N/C)
1 30775481 SERVICE UPDATE			(N/C)
29811 INSTALLED LATEST VOLVO SOFTWARE INTO VEHICLE			
**********			
F CUSTOMER STATES THEY HAVE A BUBBLE IN THE SIDE WALL OF THE PASSENGER FRONT TIRE CHECK AND ADVISE.			
MB1 MOUNT & BALANCE 1 TIRE			
216 C1D		25.00	25.00
1 1770900 P6 FOUR SEASONS XL BW	235.00	235.00	235.00
ROTATE ROTATE TIRES & CHECK PRESSURES			
216 C1D		19.95	19.95
29807 VERIFIED RF TIRE THAT WAS PLACED INTO TRUNK. VERIFIED BUBBLE ON SIDEWALL. TIRE WILL HAVE TO BE REPLACED DUE TO DEFECT. MOUNTED AND BALANCED ONE TIRE. ROTATED BOTH REAR TIRES TO FRONT DUE TO EVEN TREAD DEPTH.SET TIRE PRESSURES AND RESET TPS LIGHT			
**********			

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty or merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

TERMS: CASH,CREDIT CARD OR CHECK

All original Volvo Replacement Parts are warranted for 12 months for MY 2010 and older, starting MY 2011 is 24 months regardless of mileage.

CUSTOMER SIGNATURE: X

DESCRIPTION	TOTALS
LABOR AMOUNT	44.95
PARTS AMOUNT	235.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	279.95
ADJUSTMENTS	0.00
SALES TAX	16.45
PLEASE PAY THIS AMOUNT	296.40

Copyright 2000 ADP, Inc. SERVICE INVOICE #2 XSI2C

CUSTOMER COPY

CC

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CLAIM FORM
City of Fall River, Massachusetts

RECEIVED
2013 JAN 10 P 2:29
CITY CLERK
FALL RIVER, MA

#13-4

Name: Maria M. Sousa

Address: 980 Wilson Rd 4C

Phone #: 508-642-8287

Type of Claim: ____M.G.L. Chapter 84 ____M.G.L. Chapter 258 ____Other

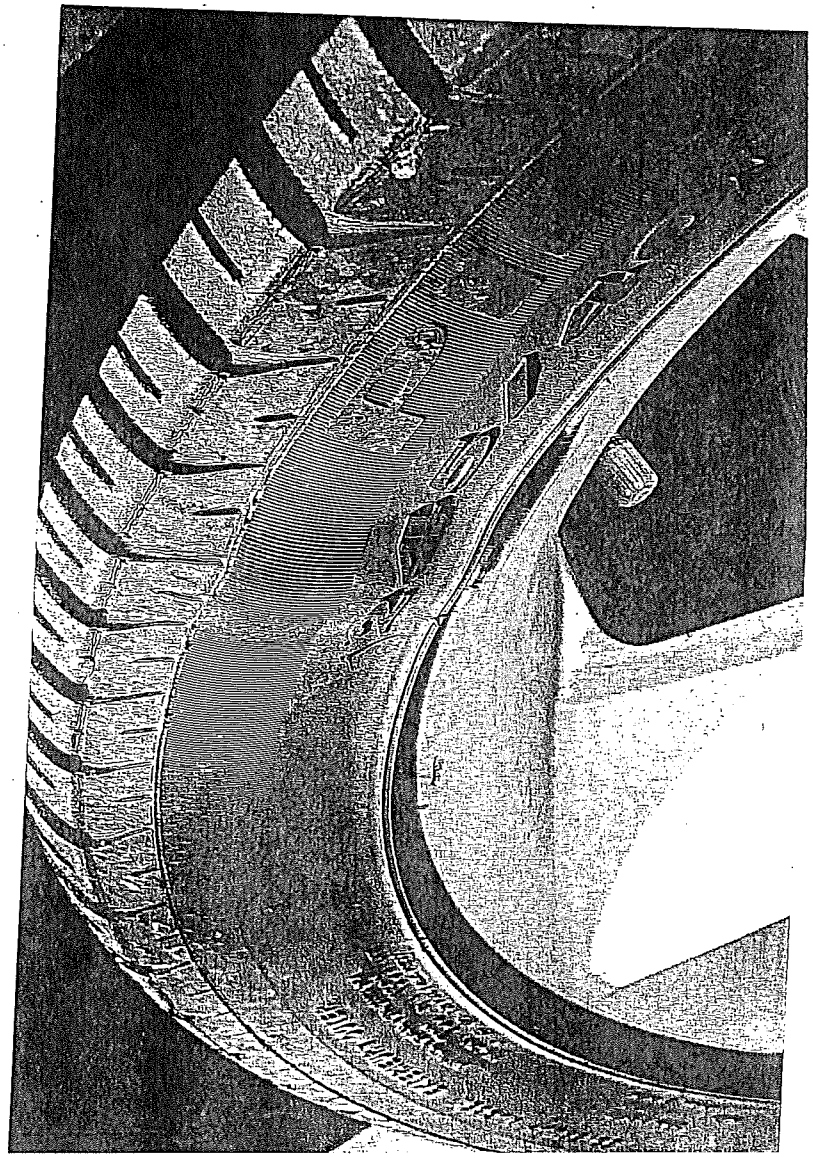
Date of Incident: 1-7-13
Time of Incident: 8.15 PM
Location of Incident: Davol St across from Execuive Plaza

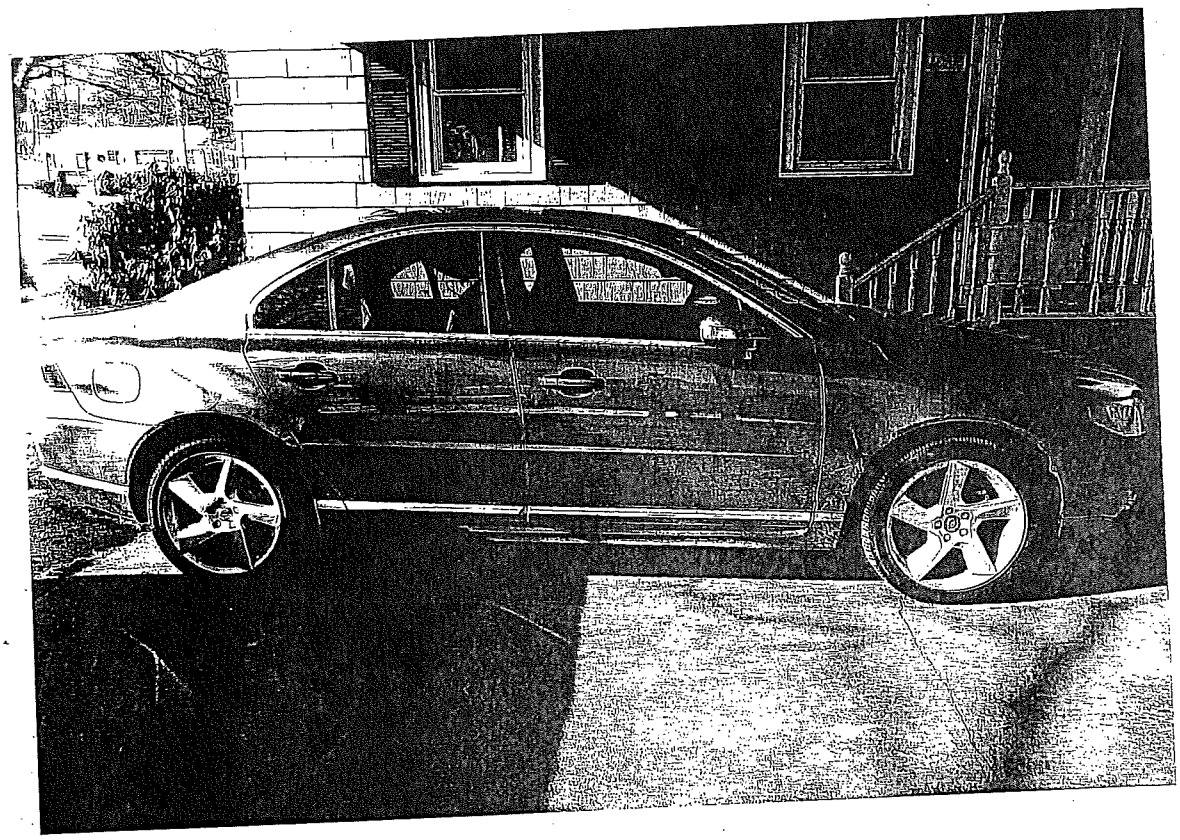
Provide a detailed description of your claim (attach additional sheets if necessary):

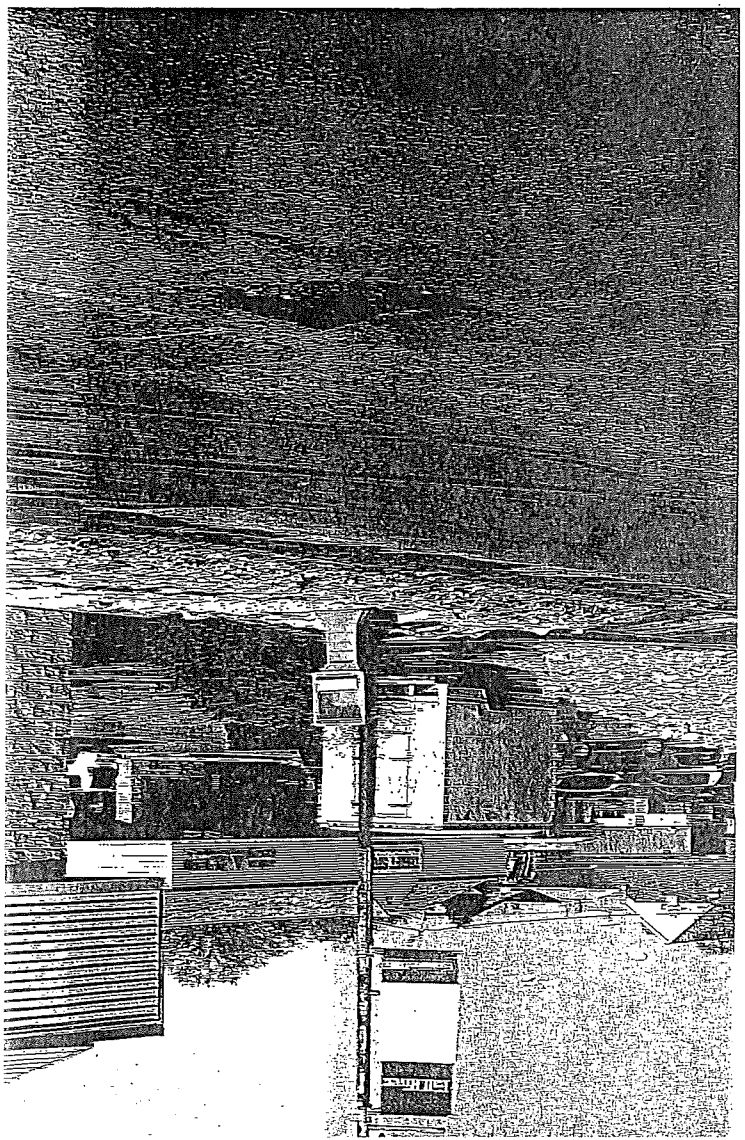
Driving at night at Davol St Fall River
When I hit a pothool, ~~after~~ that
heard a noise coming from the
car, brought to the machinic.
Damage Instimated over $900.00.

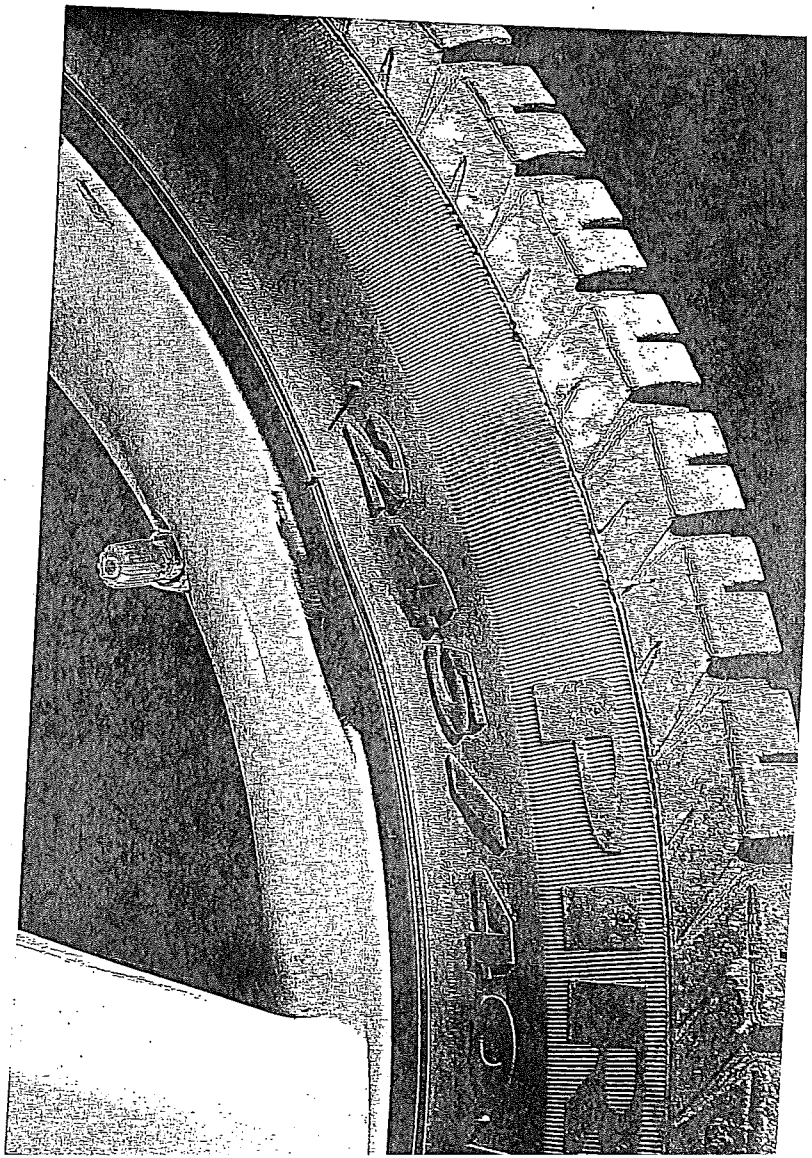
any + 2 copies to Law
1 DPW
1 CC
1 city clerk

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









CC

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CLAIM FORM
City of Fall River, Massachusetts

RECEIVED
2013 JAN 10 P 2:40
CITY CLERK #13-5
FALL RIVER, MA

Name: Natasha Simas

Address: 73 Hamlet Street
Fall River MASS 02721

Phone #: 508-67-47345

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

Date of Incident: 1-9-2013
Time of Incident: 8:00 Am
Location of Incident: Border Street South main stree

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

I slipped on The ICe on South main Street
Near The Court house

orig + 2 Copies - Law
1 DPW
1 CS
1 City clerk

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

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Saint Anne's Hospital
795 Middle Street
Fall River, MA 02721
(508) 674-5600

RECEIVED
2013 JAN 10 P 2:40
CITY CLERK
FALL RIVER, MA

Discharge Instructions (Patient Copy)

Date: 01/09/2013
Time: 4:56 p.m.

Alexander Orbon, PA Phone: (508) 675-5681 Fax:

Patient Name:	NATASHA SIMAS	Phone:	(774)417-1898
Patient Address:	73 HAMLET ST FALL RIVER, MA 02724		

Patient Discharge Instructions:

CONTUSIONS

You have a deep bruise (contusion). Contusions are areas of tenderness and swelling in the soft tissues. They are the result of trauma and bleeding in the injured area. Minor trauma will give you a painless bruise; more severe contusions may stay painful and swollen for a few weeks. There are no broken bones. This injury takes a few days to a few weeks to heal.

Follow These Instructions Carefully:

1. Keep the injured part elevated to reduce pain and swelling. This is especially important during the first 48 hours.
2. Make an ice pack by placing some ice cubes in a plastic bag and wrapping the bag in a towel. Apply this ice pack for 20 minutes every 1 to 2 hours the first day. Continue doing this 3 to 4 times a day until the swelling goes down.
3. You may take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

Follow up with your doctor or this facility if you are not improving within the next 3 days.

[NOTE: If X-rays were taken, a radiologist will review them. You will be notified of any new findings that may affect your care.]

Return to this facility immediately or contact your doctor if you begin to have any of the following:

- You find that the pain or swelling increases.
- The injured arm or leg becomes cold, blue, numb or tingly.
- You see redness, warmth or drainage from the skin.
- You have a fever over 99.5 (oral).
- Your condition worsens in any other way.

I understand that the emergency care I received is not intended to be complete and definitive medical care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies.

10

Saint Anne's Hospital
795 Middle Street
Fall River, MA 02721
(508) 674-5600

RECEIVED
2013 JAN 10 P 2:40
CITY CLERK
FALL RIVER, MA

Discharge Instructions (Patient Copy)

Date: 01/09/2013
Time: 4:56 p.m.

Alexander Orbon, PA Phone: (508) 675-5681 Fax:

Patient Name: NATASHA SIMAS Phone: (774)417-1898

Patient Address: 73 HAMLET ST
FALL RIVER, MA 02724

Patient Discharge Instructions:

SPRAINED KNEE

Your exam shows you have an injury to the knee joint. A knee sprain is a tearing of the ligaments that hold the joint together. There are no broken bones. Sprains take from 3 to 6 weeks to heal. For persistent pain beyond one week, motion and strnegthening exercises may be required through your doctor or orthopedist.

Follow These Instructions Carefully:

1. Stay off the injured leg as much as possible.
2. Apply an ice pack over the injured area for 20 minutes every 2 hours for the first day. Continue this 3 to 4 times a day for the next 2 days.
3. You may take acetaminophen (Tylenol) or ~~ibuprofen (Advil~~ Motrin) for pain, unless another pain medicine was prescribed.
4. If you have a plaster or fiberglass splint or cast, keep it dry. When bathing, protect the splint/cast with a large plastic bag, rubber-banded at the top end. If a fiberglass cast or splint gets wet, you can dry it with a hair-dryer.
5. If you have a Velcro knee brace, you may open the splint to apply ice. You may also remove the splint to bathe and sleep, unless told otherwise.
6. If crutches or a walker have been recommended, do not bear full weight on the injured leg until you can do so without pain. Check with your doctor before returning to sports or full work duties.

Follow up with your doctor as advised by our staff. Return sooner if you are not starting to improve within the next five days. If a cast or splint was applied, it should be checked in 24 hours to be sure it has not become too tight from swelling. Look for the warning signs listed below.

[NOTE: If X-rays were taken, a radiologist will review them. You will be notified of any new findings that may affect your care.]

Return to this facility immediately or contact your doctor if:

- The plaster cast or splint becomes wet or soft.
- The fiberglass cast or splint remains wet for more than 24 hours.
- Pain or swelling increases.
- Toes become cold, blue, numb, or tingly.
- Your condition worsens in any other way.

I understand that the emergency care I received is not intended to be complete and definitive medical care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies.

10

Saint Anne's Hospital
795 Middle Street
Fall River, MA 02721
(508) 674-5600

RECEIVED
2013 JAN 10 P 2:40
CITY CLERK
FALL RIVER, MA

Discharge Summary (Patient Copy)

Date: 01/09/2013
Time: 4:56 p.m.

Alexander Orbon, PA — Phone: (508) 675-5681 Fax:

Patient Name:	NATASHA SIMAS	MR#:	AH00350889
Patient Address:	73 HAMLET ST FALL RIVER, MA 02724	Phone:	(774)417-1898
		Account:	AH6164164201

Your Discharge Instructions/Diagnoses:	Your Prescriptions:
SPRAINED KNEE CONTUSIONS	Motrin 800 Milligram # 25 Tablets 1 TABLET 3 TIMES DAILY AS NEEDED (0 Refills).Printed. Take w food.

You should follow up with the following physician in 5-7 days IF NO STEADY IMPROVEMENT:

Physician Name: George Rauker, M.D. — Specialty: Orthopedic Surgery

Address: Coastal Orthopedics
235 Hanover St.
Fall River, MA 02720

Phone: (508) 646-9525

Follow-up Notes: On 01/09/2013 this patient was treated at Saint Anne's Hospital for Refer to Discharge Instruction List.
Additional Notes: RETURN TO EXPRESS CARE IF YOUR SYMPTOMS WORSEN OR CHANGE.

I understand that the emergency care I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician(s) as indicated for continued and complete medical diagnosis, care, and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the follow-up physician(s) listed above.

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RECEIVED

2013 JAN 10 P 4:27

CITY CLERK
FALL RIVER, MA

13

7

CLAIM FORM
City of Fall River, Massachusetts

Name: Natasha Simas

Address: 73 Hamlet street
Fall River mass 02721

Phone #: 508-67-47345

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

Date of Incident: 1-9-2013
Time of Incident: 8:00 A.m
Location of Incident: Borden street South Main street

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

I slipped on The Ice and I went last night to have it Checked

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

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ARBELLA
INSURANCE GROUP

Claim #13-6

Jacqueline Kierstead, Claim Manager

01/08/2013

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

RECEIVED
2013 JAN 16 A 10: 38
CITY CLERK
FALL RIVER, MA

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

Dear Sirs:

We have received a claim pending against our insured on behalf of the above named claimant.

Our position is that your insured is also liable for the claimant's damages due to a poorly designed intersection for pedestrian crossings,

Consider this letter as notification that we are seeking a contribution from you in the event of any settlement of this claim.

I look forward to discussing this matter with you.

Very truly yours,

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

Orig + 2 copies to Law
1 copy to Traffic
1 copy to City Council
1 copy to City Clerk

10

Customer Number:68132

Invoice No: 173773

INVOICE

NISSAN OF EAST PROVIDENCE
845 Taunton Ave. RT 44
East Providence, RI 02914
PH: (401) 432-2000
www.nissanofeastprovidence.com

MARIA M SOUSA
980 WILSON RD APT 4C
FALL RIVER, MA 02720-4675
Home: 508-617-8986 Bus: 508-324-8161 Cell: 508-642-8287
Email:

SERVICE ADVISOR: *73509 ROBERT MERRITT*

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
SILVER	06	NISSAN ALTIMA	1N4BL11D86C108368	42VA63	66734 / 66734	

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
24MAR06		24MAR2013	17:00 10JAN13		0.00	CASH	16JAN13

R.O. OPENED	READY	OPTIONS: ENG:3.5_LITER_GAS
13:50 10JAN13	16:09 16JAN13	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	CUST STATES HIT POTHOLE, NOW BANGING NOISE OVER BUMPS						
CAUSE:	FOUND MAJOR DAMAGE RIGHT TO RIGHT FRONT, RIGHT FRONT STRUT BLOWN LEAKING RIGHT FRONT RIM CRACKED AND BENT, AND TIRE DAMAGE TO SIDEWALL						
	20	STEERING/SUSPENSION					
		63697	CN				
	CL	RENTAL DISCOUNT				187.75	187.75
	CP	RENTAL DISCOUNT				-35.00	-35.00
	1	E4302-ZB03B	STRUT KIT FT RH			-35.00	-35.00
	1	54050-8J000	BUMPER ASMY BOU		199.69	199.69	199.69
	1	ALY62444U20	RIM		29.73	29.73	29.73
	1	OETIR-16001	BRST 215 55R17		225.00	225.00	225.00
	22	4	WHEEL ALIGNMENT		216.00	190.00	190.00
		112	CN				
SUBL	RENTAL PO#5919					79.95	79.95
			CN				
PARTS:	644.42	LABOR:	267.70	OTHER:	70.00	140.00	140.00
	REPLACED RIGHT FRONT STRUT W/ BUMPER BOUND RIGHT FRONT RIM AND TIRE				TOTAL LINE A:		982.12
	ROAD TEST OK						

****

CUSTOMER PAY MISCELLANEOUS CHARGES/SHOP SUPPLIES FOR REPAIR ORDER 8.59

COMPANY NAME COMPLETE CARE
COMPANY PHONE
POLICY NUMBER
POLICY TERM
EFFECTIVE DATE
DEDUCTIBLE
MILEAGE LIMIT
BEGIN MILES
END MILES 75000
COMPONENTS

RECEIVED 2013 JAN 17 A 9:45 CITY CLERK FALL RIVER, MA

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item\items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 267.70
PARTS AMOUNT	$ 644.42
GAS, OIL, LUBE	$ -70.00
SUBLET AMOUNT	$ 140.00
MISC. CHARGES	$ 8.59
TOTAL CHARGES	$ 990.71
LESS INSURANCE	$ 0.00
SALES TAX	$ 45.71
PLEASE PAY THIS AMOUNT	$ 1036.42