



City of Fall River Massachusetts
Office of the City Clerk

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2014 JUL 11 A 10:37

ALISON M. BOUCHARD
CITY CLERK

CITY CLERK
FALL RIVER, MA

JULY 11, 2014

MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

INÊS LEITE
ASSISTANT CITY CLERK

TUESDAY, JULY 15, 2014

6:00 P.M. COMMITTEE ON FINANCE

1. Transfers and appropriations (see # 3b below)
2. *Resolution – FROED identify fifteen acres of land for a “Transcyclery” (adopted 2-11-14)
3. *Resolution – Finance team present information on the city’s finances and how the shortfalls in the Fire and Police Departments will be made up (tabled 4-22-14)
4. *Resolution - Discuss the change in the city’s insurance program from Blue Cross Blue Shield Insurance to the Group Insurance Commission (GIC) (adopted 4-22-14)

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 requesting confirmation of Joseph Oliveira to the Redevelopment Authority
2. *Mayor requesting confirmation of Kara O’Connell to the Redevelopment Authority

PRIORITY COMMUNICATIONS

3. *Communication from Mayor requesting approval of the following:
 - a) Establish spending limits on city’s Revolving Funds for FY 2015
 - b) Transfers and appropriations (see #1 Finance)
4. *Board of Park Commissioners requesting ordinance change re park hours
5. *Board of Election Commissioners and order authorizing polling places for State Primary Election, Sept. 9, 2014 and State Election, Nov. 4, 2014
6. Traffic Commission recommending amendments to the traffic ordinances

COMMITTEE REPORTS – None

ORDINANCES

Second Reading and Enrollment:

7. *Traffic, miscellaneous

RESOLUTIONS

8. *Board of Health consider implementing regulations and fees for private trash haulers

CITATIONS – None

ORDERS – HEARINGS FOR TONIGHT

Curb Removals:

9. Paul Faggioli – Removal of 20 feet of curbing (curb cuts on Cherry Street) for a new curb opening of 32 feet at 275 High Street

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

One Government Center • Fall River, MA 02722

TEL 508-324-2220 • FAX 508-324-2211 • EMAIL city_clerks@fallriverma.org

10. Elizabeth and Joseph Krol – Removal of 29 feet of curbing for a new curb opening of 40 feet at 107-111 Lewis Street
11. Christine Carvalho – Removal of 20 feet of curbing (curb cuts on Detroit Street and Denver Street) for a new curb opening of 40 feet at 275 Denver Street
12. Dennis Amaral – Removal of 23.5 feet of curbing (curb cuts on Lewis Street and Globe Street) for a new curb opening of 127 feet at 241 Globe Street

ORDERS – HEARINGS TO BE SCHEDULED – None

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

13. Police chief's report on licenses
14. City Engineer prepare plans for the acceptance of Bailey Street from Mount Hope Avenue to dead end

COMMUNICATIONS – INVITATIONS – PETITIONS

15. *Claims
16. Planning Board Minutes – May 1, 2014
17. Zoning Board of Appeals Minutes – May 15, 2014
18. Structure Over Public Way – Tables and Chairs – Dunk-N-Munch, 1393 Rodman Street

BULLETINS – NEWSLETTERS – NOTICES

19. Notice of Casualty/Loss to building at 458 Rock Street
20. Notice of Casualty/Loss to building at 98 Harrison Street


City Clerk

City of Fall River, In City Council

(Councilor Michael L. Miozza)
(Councilor Raymond A. Mitchell)
(Councilor Linda M. Pereira)
(Councilor Daniel M. Rego)
(Councilor Paul G. DaSilva)
(Councilor Jasiel F. Correia II)

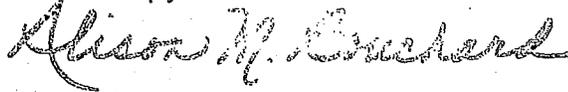
WHEREAS, a "Transcyclery" which is a recycling transfer station could enhance recycling in the City of Fall River, and

WHEREAS, this new idea should be included in any new solid waste disposal plans, now therefore

BE IT RESOLVED, that the Fall River Office of Economic Development be invited to a future meeting of the City Council Committee on Finance to identify a minimum of fifteen acres of land that could be used for a Transcyclery.

In City Council, February 11, 2014
Adopted

A true copy. Attest:



City Clerk

Finance #3

City of Fall River, In City Council

(Councilor Raymond A. Mitchell)

WHEREAS, City Councilors would like to have a better understanding of the finances of the City of Fall River, now therefore

BE IT RESOLVED, that the Finance team be invited to a future meeting of the City Council Committee on Finance to provide information on the finances of the city and how we can make up the shortfalls in the Fire and Police Departments.

In City Council, March 25, 2014
Adopted

A true copy. Attest:

Alison M. Bouchard

City Clerk

Talked
4-22-14

Finance #4

City of Fall River, In City Council

(Councilor Raymond A. Mitchell)

BE IT RESOLVED, that the City Administrator, the Director of Human Resources and any other pertinent members of the administration be invited to a future City Council Committee on Finance meeting to discuss the change in the city's insurance program from the Blue Cross Blue Shield Insurance to the Group Insurance Commission (GIC), and

BE IT FURTHER RESOLVED, that the difference between the two programs be explained and how the GIC will benefit the city and its employees.

In City Council, April 22, 2014
Adopted

Approved, April 24, 2014
William A. Flanagan, Mayor

A true copy. Attest:



City Clerk



City of Fall River
Massachusetts
Office of the Mayor

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2014 JUL -1 A 11: 04

CITY CLERK _____
FALL RIVER, MA

WILLIAM A. FLANAGAN
Mayor

July 1, 2014

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

President and Honorable Members of the City Council:

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

Name: Joseph Oliveira

Address: 499 Quincy Street
Fall River, MA 02720

To: Redevelopment Authority

Term to Expire: July 1, 2019

Sincerely:

William A. Flanagan
Mayor

Cc: FROED

WF/amos

JOSEPH OLIVEIRA

499 Quincy Street
Fall River, Massachusetts 02720

Telephone: 508.264.3080

Email: oliveira499@aol.com

QUALIFICATIONS

- Over 25 years of experience in the medical device industry and quality system regulations.
- Proven leadership and communication skills in getting the job done.
- Experienced in multiple project management and working with cross-functional teams.
- Experienced in writing capital project appropriations (CPA).
- Experienced in process development by use of Design of Experiments and Statistical Analysis.
- Extensive experience in process validation for the FDA regulated industry (IQ, OQ, & PQ).
- Extensive experience in assembly, testing, and packaging of disposable medical devices as well as the setup, operation, and troubleshooting of related manufacturing equipment such as: ultrasonic and vibration welders, UV adhesive dispensing and curing systems, solvent bonding equipment, custom assembly equipment (semi-automated and full-automated), silk screening, pad printing, hot stamping, leak and function testing, packaging (impulse heat sealers, blister tray sealers, constant heat bar sealers), etc.
- Skilled in design and construction of fixtures and small machines with electro-pneumatic controls.
- Proficient in AutoCAD 2000, MS Office, MS Project, Minitab.
- Speak Portuguese fluently.

ACCOMPLISHMENTS

- Implemented a \$1 million cost reduction program with department manager and cross-functional teams. Led 50% of the projects through the company's ISO approved Design Control System.
- Supervised the manufacturing engineering team responsible for the day-to-day sustaining activities of the Pleur-evac Business Unit, with worldwide sales of \$30 million.
- Purchased and implemented into production over \$1 million of capital equipment.
- Participated in the design and implementation of 2 full-automated machines, which reduced labor cost by approximately 90%.
- Led manufacturing engineering activities during the Sahara II product line launch. The program consisted of a \$.75 million cost reduction by implementing new product design, new materials, and new process layout – super cell.
- Participated in the Pleur-evac super cell program, which reduced manufacturing costs by over \$.5 million. Primarily responsible for building over \$100,000.00 of capital equipment (in house), cell layouts, and equipment/process validations.
- Participated in the international transfer of the Pleur-evac Business Unit from Fall River, MA to Nuevo Laredo (NL), Mexico. Primarily responsible for the replacement of obsolete equipment, training of the NL technical staff, cell layouts for NL, and process/equipment validations in NL.
- Participated in the transfer of two (2) major product lines into the Fall River facility. First, the Orth-evac product line, which was produced by Command Medical in Ormond Beach, FL. Second, the Thora-klex product line, which was produced by Davol in Cranston, RI. The increased volume of over 100,000 units allowed facility to better leverage overhead expenses while increasing Market Share by approximately 15%.
- Provided mfg. engineering support to over ten (10) new product launches introduced by R&D.
- Participated in a validation task force responsible for revamping the company's validation policy, procedures, and working documents.
- Setup the manufacturing engineering methods lab.
- Setup the maintenance support room and implemented TPM in the Pleur-evac Business Unit.

PROFESSIONAL EXPERIENCE

DEPUY SPINE a Johnson & Johnson Company, Raynham, MA

8/2005–8/2012

CODMAN & SHURTLEFF, INC. a Johnson & Johnson Company, Raynham, MA

8/2012–Present

Supplier Quality Engineer, 2005-2012

Responsible for supplier management activities such as:

- Evaluation and disposition of nonconforming materials / products sourced from suppliers
- Assist suppliers with Root Cause Analysis and implementation of Corrective/Preventive Actions
- Conduct product complaint investigations
- Conduct supplier assessments

- Prep suppliers for FDA inspections
- Product / mfg. process changes
- Product / process validations
- Initiate, review / approve change orders
- Mfg. and test equipment changes
- Relocation of mfg. facilities

TELEFLEX MEDICAL, Fall River, MA

1988–2004

(Formerly Genzyme Biosurgery / Deknatel Snowden Pencer / Pfizer)

Senior Manufacturing Engineer, 2002-2004

- Responsible for all mfg. engineering activities (sustaining, cost reduction, and new initiatives) within the Pleur-evac (chest drainage device production lines) Business Unit. Additionally, supervised the engineering team (5 direct reports) responsible for the day-to-day technical support of the Business.
- Participated in the international transfer of the Pleur-evac Business Unit from Fall River, MA to Nuevo Laredo (NL), Mexico. Primarily responsible for the replacement of obsolete equipment, training of the NL technical staff, cell layouts for NL, and process/equipment validations in NL.
- Provided mfg. engineering support to R&D during introduction/launch of new products and implementation of alternate materials and components.

Manufacturing Engineer, 1998-2002

- Provided mfg. engineering support to R&D during introduction/launch of new products and product extensions for the Pleur-evac and Instruments Business Units.
- Responsible for the replacement of obsolete equipment and the equipment/process validations.
- Provided technical support to Pleur-evac and Instruments Business Units during line down situations.
- Provided technical training to technicians, mechanics, and mechanic helpers.
- Trained and supervised production associates on new mfg. methods during pilot and validation runs.

Associate Engineer, Engineering Technician, Line Mechanic, 1988-1998

- Assisted the Pleur-evac Business Unit engineer. Primarily responsible for the following: a) design and construction of small machines, jigs, and fixtures. b) modification of equipment and workstations to improve efficiency and ergonomics. c) install and validate equipment. d) train production associates on proper operation of equipment, equipment safety, and manufacturing methods.
- Responsible for the Pleur-evac Business Unit maintenance schedule, calibration, and equipment documents, i.e. logbooks, parameter sheets, IQ files, setup procedures, manuals, equipment lists.

QUAKER FABRIC CORP., Fall River, MA

1983–1988

Lead Mechanic

- Led the second shift maintenance team, which maintained and repaired all production equipment in the Tufting Division to assure that quality fabric was produced.
- Performed all major equipment set-up and modifications for product development.

EDUCATION

MBA, Master of Business Administration, Salve Regina University, Newport, RI, 2012

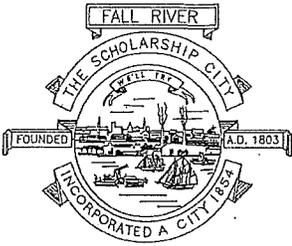
BS, Industrial Technology, Roger Williams University, Bristol, RI, 2002

AS, Electro-Mechanical Engineering Technology, Bristol Community College, Fall River, MA, 1994

Diploma, Advanced Mechanical Drafting, ITT Technical Institute, Chelsea, MA, 1982

ADDITIONAL TRAINING

- Good Manufacturing Practices (GMPs) for FDA Regulated Industries
- Lead Auditor for ISO and FDA Regulated Industries
- Ultrasonic & Vibration Welding (emphasis on the equipment and weld joint design)
- Uson Leak and Function Testing (air pressure decay and air flow)
- Electro-pneumatics Trouble Shooting and Circuit Design/Construction
- Design of Experiments
- Statistical Process Control
- FMEA
- Managing Multiple Projects
- Process Validation (IQ, OQ, PQ)
- CII
- AutoCAD
- Technical Writing



City of Fall River
Massachusetts
Office of the Mayor

2
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2014 JUL -1 A 11:04

CITY CLERK _____
FALL RIVER, MA

WILLIAM A. FLANAGAN
Mayor

July 1, 2014

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

President and Honorable Members of the City Council:

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

Name: Kara O'Connell

Address: 180 River Street
Fall River, MA 02720

To: Redevelopment Authority

Term to Expire: July 1, 2019

Sincerely:

William A. Flanagan
Mayor

Cc: FROED

WF/amos

Kara O'Connell

180 River St. Fall River, Ma. 02720

Work: (508) 672-6303 • Cell: (508) 295-6751

captainoconnell@comcast.net

Education

Bentley University, 1993, Bachelor of Science-Management and Finance

Norwich University, 2010, MBA-Organizational Leadership

Professional Experience

Captain O'Connell Co.-Fall River, MA.

General Manager, 2003-Present

- Office manager in charge of all marketing, management and financial decisions.
- Responsible for meeting all turn-over dates on time or ahead of schedule.
- Report and maintain daily and weekly status reports.
- Handle all accounts receivables, accounts payable and all taxes.
- Responsible for all aspects of Budget Planning and Operations.
- Ensure that the business is in compliance with all Financial Regulations.

ROC Construction Co.-Oak Bluffs, MA.

President, 1994-2004

- Controlled all phases of small business: marketing, management, leadership, financial.
- Understood the importance of delivering a high-quality product, on-time to the customer's satisfaction.
- Educated Clients on all phases of construction.
- Direct contact with clients, architects, suppliers and subcontractors.
- Handled Budgets, Construction Loans and Cost Control.
- Worked with local and state building inspectors.
- Responsible for all financial obligations involved with local and federal taxes.

Town of Oak Bluffs, Martha's Vineyard, MA.

Marina Manager, 1999-2004

- Managed a multi-million dollar Marina for the Town of Oak Bluffs.
- Coordinated and oversaw 20 employees.
- Designed a Website for the Marina and computerized the reservation process.
- Worked closely with Police Department on establishing regulations for boaters.
- Established a 10 year Capital Planning program to increase revenues.
- Responsible for any and all fiscal reports in accordance to State and Federal Laws.

Other Experience and Licenses

Commonwealth of Massachusetts/Fall River State Line Pier, 2009- Current

Harbor Management Committee, Oak Bluffs, MA. 1999-2005

Steamship Authority MV Terminal Design Board 1998-2005

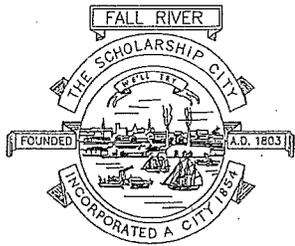
100GT Merchant Marine Captain's License

Construction Supervisor

Hoisting Engineer

OSHA Certified and Notary Public

3



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

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2014 JUL -8 P 3:03

CITY CLERK _____
FALL RIVER, MA

WILLIAM A. FLANAGAN
Mayor

July 8, 2014

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

Honorable Members of the Council:

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

1. Set Spending Limits on the City's Revolving Accounts for Fiscal Year 2015
2. Year-End Financial Transfers

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

Sincerely,

William A. Flanagan
Mayor

City of Fall River, *In City Council*

3a

ORDERED, that under the provisions of Massachusetts General Laws, Chapter 44, Section 53 E ½, the City of Fall River by vote of the City Council, hereby establishes authorized spending limits for the following Revolving Funds for FY 2015:

Fire Department	\$20,000	Hazardous Material Recovery
Community Services	\$50,000	Cleaning & Securing Buildings
Community Services	\$200,000	Demolition
Community Maintenance	\$10,000	Home Composting
Community Maintenance	\$10,000	Solid Waste – Recycling Recovery
Community Maintenance	\$30,000	Trolley & handicap Bus
School Dept	\$35,000	Music Revolving
School Dept	\$10,000	Reading Recovery Training
School Dept	\$25,000	Printing Revolving
School Dept	\$10,000	Greenhouse Revolving
School Dept	\$10,000	School Store
School Dept	\$60,000	Culinary Arts Meals/ Functions

City of Fall River, In City Council

36

**ORDERED, that the sum of \$50,000 be, and the same is, hereby
appropriated for the Police SALARIES from the FY 14 Operating Reserves.**

FY 14 Appropriation/Transfer Number Analysis

Line	Original/Revised	Appropriation	Amount Transferred	New Appropriation		
Police Department Salaries	\$	18,334,059	\$	50,000	\$	18,384,059
FY 14 Reserve Account	\$	623,000	\$	(50,000)	\$	573,000

I certify that there are sufficient funds available for these transfers.



Krishan Gupta, City Auditor
7/7/2014

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2014 JUL -7 P 4: 16
CITY CLERK
FALL RIVER, MA



City of Fall River, Massachusetts
Police Department RECEIVED

Office of the Chief of Police

2014 JUL -8 P 4: 34

Daniel S. Racine
Chief of Police

CITY CLERK
FALL RIVER, MA

685 Pleasant St.
Fall River, MA 02721
Tel: 508-324-2787
Fax: 508-324-2809
TDD: 508-324-2790

July 8, 2014

Cathy Ann Viveiros
City Administrator
One Government Center
Fall River, Massachusetts 02722

Re: Salary Adjustment/ Transfer

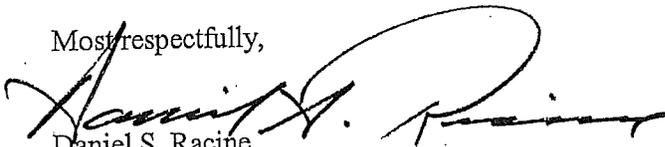
Dear Ms. Viveiros,

As a direct result of the state 9-1-1 grant funds not being delivered from the state to the city before the close of the fiscal year, I request that \$50,000.00 be transferred from the general fund to the Fall River Police Department salary line item 12100001-511000.

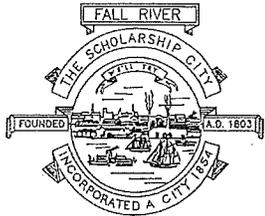
I fully expect this funding to eventually be delivered to the city after the close of the fiscal year.

Thank you for your consideration in this important matter.

Most respectfully,


Daniel S. Racine
Chief of Police

4



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

Parks Division

2014 JUL -7 A 10:30

KENNETH C. PACHECO
Director

CITY CLERK _____
FALL RIVER, MA

NANCY SMITH
Manager

WILLIAM A. FLANAGAN
Mayor

July 3, 2014

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

Dear Ms. Bouchard:

The Board of Park Commissioners respectfully requests that the Ordinance regarding the "park hours" (Sec. 54-131 Hours) be amended in order for both the Park Regulation and the City ordinance to be the same. This can be accomplished by striking 11PM and inserting 9PM in the present ordinance. The Board asks that it read as follows:

"No person shall be allowed to remain in any park or playground after the hour of 9PM of any day and before the hour of 6AM of any day, unless in the performance of a sport or other activity so directed in writing by the Board of Park Commissioners."

I have also attached correspondence from the Fall River Police Department asking that this change be implemented so they may better enforce this regulation/ordinance.

If you have any questions or require any further information, please feel free to contact me at your convenience,

Sincerely,
Board of Park Commissioners

Nancy Smith
Nancy Smith
Parks Manager

CITY CLERK
FALL RIVER, MA

City of Fall River Massachusetts

Police Department
685 Pleasant Street
Fall River, Massachusetts 02721
(508) 676-8511 or (508)-324-2801

Daniel S. Racine
Chief of Police

Albert F. Dupere
Deputy Chief of Operations

Special Operations Division

Lt. Paul Bernier
Commanding Officer x112

Sgt. James Smith
Street Crimes Unit x111

Sgt. Daniel Ahaesy
Housing Unit x110

Sgt. William Mace
Motor Vehicle Unit x147

Sgt. Jason Pacheco
SRO Unit x142

To: Nanny Smith
From: Paul Bernier
Date: July 3, 2014
Re: City Parks

Dear Mrs. Smith

I am writing this letter requesting there be a change in the current City Ordinance #54-131 regarding "Curfew in Parks". Currently the hours of curfew read 11 PM to 6 AM. I am respectfully requesting a change to reflect "all" City parks have a curfew between 9 PM and 6 AM unless there is a permit from the Park Commission extending the time due to an event.

I believe current "Park Regulation Violation Chapter 45 Section C" lists 9 PM as a closing time for all City parks under the control of the Park Commission.

I would further request should such a change be made that all City parks be properly posted with the time the park is open and available to the general public so there is no confusion in the future.

Respectfully submitted

Paul Bernier

CITY CLERK
FALL RIVER, MA

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5



CITY OF FALL RIVER, MASSACHUSETTS

BOARD OF ELECTION COMMISSIONERS

ONE GOVERNMENT CENTER

TEL. 508-324-2630

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2014 JUL -1 A 10: 06

COMMISSIONERS

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

CITY CLERK _____
FALL RIVER, MA

July 1, 2014

Honorable City Council
One Government Center
Fall River MA

Dear City Councillors:

The Board of Election Commissioners is requesting the attached list of locations be designated as polling precincts for the upcoming State Primary Election being held on Tuesday, September 9, 2014 and the State Election being held on Tuesday, November 4, 2014. The Elections are for the office of:

- Senator in Congress
- Governor
- Lieutenant Governor
- Attorney General
- Secretary of State
- Treasurer and Receiver General
- Auditor
- Representative in Congress
- Councillor
- Senator in General Court
- Representative in General Court
- District Attorney
- Register of Probate
- County Commissioner
- County Treasurer

Also for any questions appearing on the ballot. A copy of the warrant that will be posted at each polling location is also included. The polls will open at 7:00 AM and close at 8:00 P.M.

Sincerely,

Elizabeth A. Camara, Chairperson
Board of Election Commissioners

City of Fall River, *In City Council*

ORDERED, that in accordance with provisions of law, notice is hereby given that meetings of the citizens qualified to vote at a State Primary Election, will be held on Tuesday, September 9, 2014, and the State Election will be held on Tuesday, November 4, 2014, in the several voting places designated by the Council, to cast their votes for the candidates of political parties for the following offices:

**SENATOR IN CONGRESS
GOVERNOR
LIEUTENANT GOVERNOR
ATTORNEY GENERAL
SECRETARY OF STATE
TREASURER AND RECEIVER GENERAL
AUDITOR
REPRESENTATIVE IN CONGRESS
COUNCILLOR
SENATOR IN GENERAL COURT
REPRESENTATIVE IN GENERAL COURT
DISTRICT ATTORNEY
REGISTER OF PROBATE
COUNTY COMMISSIONER
COUNTY TREASURER**

BE IT FURTHER ORDERED, that the Election Commission be and they are hereby authorized and empowered to cause all necessary rooms, fixtures, apparatus and supplies for the holding of the State Primary Election to be prepared and furnished for the same, the use of same to be charged to the appropriation for elections.

Polls to be opened from seven o'clock A.M. to eight o'clock P.M. and all voting precincts to be used.

City of Fall River, In City Council

ORDERED, that the following places be and the same are hereby designated as polling places for the State Primary Election to be held on Tuesday, September 9, 2014 and the State Election to be held on Tuesday, November 4, 2014. The polls to be opened from 7:00 AM to 8:00 PM, and all polling places shall be used.

List of Wards, Precincts and Polling Places

Ward	Prnct	Polling Place Name	Polling Place Address
1	A	ALFRED LETOURNEAU SCHOOL	323 ANTHONY ST
	B	EDWARD F. DOOLAN APTS	CORNER OF LAUREL & MITCHELL DR
	C	ALFRED LETOURNEAU SCHOOL	323 ANTHONY ST
2	A	BLESSED TRINITY CHURCH	1340 PLYMOUTH AVE (ENTRANCE ON WINTHROP ST)
	B	BLESSED TRINITY CHURCH	1340 PLYMOUTH AVE (ENTRANCE ON WINTHROP ST)
	C	CANDEIAS-NIAGARA FIRE STA	CORNER PLYMOUTH AVE & WARREN ST
3	A	MITCHELL APARTMENTS	2100 SOUTH MAIN ST
	B	CARLTON M VIVEIROS SCHOOL	200 LEWIS ST
	C	MATTHEW J KUSS MIDDLE SCH	ENTRANCE ON SHAW ST
4	A	FRANK B. OLIVEIRA APTS	170 WILLIAM ST
	B	JAMES A. O'BRIEN APTS	MORGAN & SECOND STS
	C	THE ATRIUM AT GOV'T CTR	ENTRANCE ON SULLIVAN DR
5	A	CANDEIAS-NIAGARA FIRE STA	CORNER PLYMOUTH AVE & WARREN ST
	B	CHOR BISHOP EID APTS	33 QUEQUECHAN ST
	B1	CHOR BISHOP EID APTS	33 QUEQUECHAN ST
	C	MARY L. FONSECA SCHOOL	160 WALL ST
6	A	FRANCIS J. BARRESI HTS	1863 PLEASANT ST
	B	GEORGE H. COTTELL HTS	1685 PLEASANT ST
	C	RENEY/EASTWOOD FIRE STA	400 EASTERN AVE
	C1	RENEY/EASTWOOD FIRE STA	400 EASTERN AVE
7	A	UNION UNITED METH CHURCH	600 HIGHLAND AVE
	B	THE ATRIUM AT GOV'T CTR	ENTRANCE ON SULLIVAN DR
	C	RAYMOND D. HOLMES APTS	ENTRANCE ON FULTON ST
8	A	MARY L. FONSECA SCHOOL	160 WALL ST
	B	CARDINAL MEDEIROS TOWERS	1197 ROBESON ST (ENTRANCE ON STANLEY ST)
	C	SPENCER BORDEN SCHOOL	ENTRANCE ON CHESTNUT ST
9	A	JAMES TANSEY SCHOOL	711 RAY ST
	B	CALVARY TEMPLE ASSEM OF G	4321 NORTH MAIN ST
	C	CALVARY TEMPLE ASSEM OF G	4321 NORTH MAIN ST

Total Number of Polling Places: 29

No. Pages of Printed: 1

*** End of Report ***

City of Fall River, *In City Council*

7

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 inserting in Section 70-373 (29), which section relates to fifteen (15) minute parking during certain hours, 5:30 a.m. to 5:30 p.m., Monday – Saturday, in proper alphabetical order the following:

Stafford Road, west side, starting at a point 20 feet south of Anthony Street, for a distance of 38 feet southerly

Section 2.

By inserting in Section 70-374 (7), which section relates to thirty (30) minute parking during certain hours, 6:00 a.m. to 8:00 p.m., everyday, in proper alphabetical order the following:

Locust Street, south side, starting at a point 85 feet west of Linden Street, for a distance of 20 feet westerly

Section 3.

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

Detroit Street, north side, starting at a point 35 feet west of Stevens Street, for a distance of 20 feet westerly

Eddy Street, west side, starting at a point 62 feet north of Bedford Street, for a distance of 25 feet northerly

Gagnon Street, north side, starting at a point 391 feet west of County Street, for a distance of 20 feet westerly

June Street, west side, starting at a point 81 feet south of French Street, for a distance of 20 feet southerly

Morton Street, west side, starting at a point 320 feet north of George Street, for a distance of 20 feet northerly

Osborn Street, north side, starting at a point 222 east of Arpin Street, for a distance of 20 feet easterly

CITY OF FALL RIVER
IN CITY COUNCIL
JUN 24 2014

Passed through first reading

City of Fall River, In City Council

8

(Councilor Raymond A. Mitchell)

WHEREAS, many cities and towns in Massachusetts require permits and charge fees for private trash haulers, and

WHEREAS, various private trash haulers are operating in the City of Fall River, now therefore

BE IT RESOLVED, that the Board of Health consider implementing rules, regulations and fees for private trash haulers as soon as possible, and

BE IT FURTHER RESOLVED, that these private companies be required to use transfer stations to separate solid waste from recyclable materials.



15

RECEIVED

City of Fall River
Notice of Claim

2014 JUN 20 A 10:46

CITY CLERK 14-221
FALL RIVER, MA

1. Claimant's name: DIANA R. ROBINSON

2. Claimant's complete address: 46 EMERSON ST New Bedford, Ma. 02940

3. Telephone number: Home: 774-644-9323 Work: 508-679-9600 #5

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
AUTO ACCIDENT WITH POT HOLE

5. Date and time of accident: 6-12-14 9:25 PM Amount of damages claimed: \$ 735.27

6. Exact location of the incident: (include as much detail as possible):
Shade St BETWEEN MONTAUP ST AND Vele St. Heading toward Kate

7. Circumstances of the incident: (attach additional pages if necessary):
I LEFT WORK (Rite Aid #10202) DROVE EAST ON SLADE ST TOWARD PLYMOUTH AVE. JUST AS I PASSED MONTAUP ST I HIT A pot hole. I heard loud NOISE, STOPPED, my car my DRIVERS side front TIRE WAS FACING LEFT INSTEAD OF STRAIGHT. My CAR WAS NOT DRIVABLE.

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: 6-17-14

Claimant's signature: Diana R. Robinson

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: <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>6-20-2014</u>



RECEIVED

City of Fall River
Notice of Claim

2014 JUN 20 P 4:14

CITY CLERK 14-222
FALL RIVER, MA

1. Claimant's name: Scott Trahan
2. Claimant's complete address: 83 Lea Lane Fall River Mass
3. Telephone number: Home: 508-6741460 Work: _____
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: 8:45 Amount of damages claimed: \$ 333.95
6. Exact location of the incident: (include as much detail as possible):
in front of 977 NEW BOSTON Road.
7. Circumstances of the incident: (attach additional pages if necessary):
Hit pot hole, Bubble 2 tires, and need to be realign.
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: 6/10/14 Claimant's signature: Scott Trahan

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: <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>6/20/14</u>



RECEIVED

City of Fall River
Notice of Claim

2014 JUN 24 A 9:20

CITY CLERK 14-223
FALL RIVER, MA

- 1. Claimant's name: EMILIE SOARES
- 2. Claimant's complete address: 1041 NORMAN ST
- 3. Telephone number: Home: 508-678-0503 Work: _____
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
HIT POT HOLE
- 5. Date and time of accident: 5/27 8:30AM Amount of damages claimed: \$ 2,636.16
- 6. Exact location of the incident: (include as much detail as possible):
FRONT OF 660 JEFFERSON ST.
- 7. Circumstances of the incident: (attach additional pages if necessary):
MY CAR IS NOW TOTALED BENT FRAME CRACKED TRANS.

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

ARBELLA LAKE SHORE CENTER SUITE 102 BRIDGEWATER MA

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: 6/27/14

Claimant's signature: Emilie 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, 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: <input checked="" type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DDW</u>	Date: <u>6/24/14</u>



City of Fall River
Notice of Claim

RECEIVED

2014 JUN 24 A 11:39

CITY CLERK #14-224
FALL RIVER, MA

1. Claimant's name: WAYNE WOLSEY
2. Claimant's complete address: 555 SNELL ST. FALL RIVER, MA 02721
3. Telephone number: Home: 508-942-9502 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
VEHICLE DAMAGE
5. Date and time of accident: 6/16/14 6pm Amount of damages claimed: \$ 445.18
6. Exact location of the incident: (include as much detail as possible):
ENTRANCE TO MY DRIVEWAY
7. Circumstances of the incident: (attach additional pages if necessary):
The ground in front of my driveway had been distorded from construction. TRYING to enter my driveway the two front tires of the car sunk causing me to hit the pipe that was on the entrance resulting in the bumper being damaged + cracked.
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: 6/24/14

Claimant's signature: Wayne Wolsey

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 _____ Date: _____



RECEIVED

City of Fall River
Notice of Claim

2014 JUN 24 P 1: 25

1. Claimant's name: Maria Medeiros CITY CLERK #14-225
FALL RIVER, MA
2. Claimant's complete address: 700 Shore Drive Unit 912
3. Telephone number: Home: 774-365-2851 Work: Fall River MA 02721
528675-7770
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
damage to tire driving over pothole
5. Date and time of accident: 6/19/14 @ 7:40am Amount of damages claimed: \$ 185.96 (Invoice attached)
6. Exact location of the incident: (include as much detail as possible):
550 Locust Street / Grove Street Intersection
7. Circumstances of the incident: (attach additional pages if necessary):
Traveling east on Locust Street, condition rainy, bottomed out on potholes in street on 6/19/2014. My mechanic inspecting tires & noticed bulged bubble on rear passenger tire caused by potholes. (See pictures 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: 6/23/2014

Claimant's signature: Maria Medeiros

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 type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input type="checkbox"/> _____	Date: _____

*Please mail back copies!



RECEIVED

City of Fall River
Notice of Claim

2014 JUN 25 A 11: 38

CITY CLERK #14-226
FALL RIVER, MA

1. Claimant's name: Arline Alves

2. Claimant's complete address: 313 S. Beacon St., F.R. MA. 02724/21.1

3. Telephone number: Home: 508-567-0412 Work: RETIRED

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
AUTO DAMAGE FROM POT HOLE

5. Date and time of accident: Tues May 19, 2014 Amount of damages claimed: \$ 793.13
APP. 9AM.

6. Exact location of the incident: (include as much detail as possible):
Brayton Ave. about next to Double Garage going toward Westport, MA.

7. Circumstances of the incident: (attach additional pages if necessary):
DD DB-2006 CARAVA VAN-BLUE (REG # 18FX91) HANDICAP VAN

DRIVING BEHIND LARGE TRAILOR TRUCK *AHEAD ON LEFT SIDE, PARKED CARS ON RIGHT SIDE. HOLE ON RIGHT SIDE AND THOUGHT IT WAS A FLAT TIRE (CHECKED TIRE BUT O.K. WHEN I GOT TO DESTINATION + WENT TO PASSENGER SIDE I NOTICED DAMAGE. WENT BACK; BUT LOWER PART MISSING. SEE 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

DONE. GEICO GENERAL INS. CO! POLICY # 4376-11-52-74
TEL. 800 821-7475 BUT IT HAS TO BE DONE BY ADAPT MOBILITY (HANDICAP VAN)

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). NO INJURIES, NO WITNESSES, NO ONE ELSE INVOLVED

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

Date: 6/3/2014 Testimate claimant's signature: Arline Alves

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 _____ Date: _____



RECEIVED

2014 JUN 26 A 9:03

CITY CLERK 14-227
FALL RIVER, MA

City of Fall River
Notice of Claim

1. Claimant's name: Gerald Peloguin
2. Claimant's complete address: 31 Courtney St Apt 8 Fall River MA 02720
3. Telephone number: Home: 508-542-0782 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Hit a pot hole and Ruined left rear tire
5. Date and time of accident: 6/19/14 1:23pm Amount of damages claimed: \$ 221.96
6. Exact location of the incident: (include as much detail as possible):
456 Madison St. Fall River, MA 02720
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving down Madison St. There was an oncoming car on my left and a man on a bike on my right hand side. The pot hole was unavoidable.
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: 6/25/14

Claimant's signature: Gerald Peloguin

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: 6/26/14

RECEIVED

City of Fall River
Notice of Claim

2014 JUN 26 A 10: 57

1. Claimant's name: Shannon Horn CITY CLERK # 14-228
2. Claimant's complete address: 21 Neck Road Rochester, MA 02770
3. Telephone number: Home: 508-965-2418 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: 6/18/14 7:40pm Amount of damages claimed: \$ 89.56
6. Exact location of the incident: (include as much detail as possible):
Between 1020-1050 New Boston Rd
7. Circumstances of the incident: (attach additional pages if necessary):
- see 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: 6/24/14

Claimant's signature: Shannon Horn

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 _____ Date: _____



RECEIVED

City of Fall River
Notice of Claim

2014 JUL -1 P 3:07

1. Claimant's name: PAUL T. MINIACCI CITY CLERK #14-229
2. Claimant's complete address: 3 SHEPPARD ST. FALL RIVER, MA 02724
3. Telephone number: Home: 508 675 9805 Work: RETIRED
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
POT HOLE DAMAGE TO RIGHT FRONT RIM + HUBCAP
5. Date and time of accident: 10:30 AM 6/30/14 Amount of damages claimed: \$ 305.77
6. Exact location of the incident: (include as much detail as possible):
NEWTON ST. ORIENTAL - WEST TOWARD STOP & SHOP
7. Circumstances of the incident: (attach additional pages if necessary):

RIGHT FRONT WHEEL OF CAR DROVE INTO POT HOLE
(MANY POT HOLES ON THIS STREET)

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: 7/1/2014 Claimant's signature: Paul T. Miniacci

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: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input type="checkbox"/> _____ Date: _____
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City of Fall River
Notice of Claim

RECEIVED

2014 JUL -3 P 12:11

1. Claimant's name: Shanna Martins
2. Claimant's complete address: 237 Field St, Fall River, MA 02721
3. Telephone number: Home: 508-243-8437 Work: 508-675-2628
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Blown out tire and dented rim due to manhole cover lifted from street
5. Date and time of accident: 7.1.14 9:00am Amount of damages claimed: \$ 132.00
6. Exact location of the incident: (include as much detail as possible):
Kennedy St Fall River between 422+427 Kennedy St. Address:
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving down Kennedy when I tried avoiding the manhole lifted off from street and smashed right into it causing my tire to blow out immediately and dent my rim.
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: 7-3-14

Claimant's signature: Shanna Martins

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:					Date: <u>07/03/14</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW



RECEIVED

2014 JUL -3 P 4:22

City of Fall River
Notice of Claim

CITY CLERK 14-231
FALL RIVER, MA

- 1. Claimant's name: Roberta DROWN Fall River
- 2. Claimant's complete address: 63 Snell St New Bedford, Ma 02721
- 3. Telephone number: Home: 774-992-5977 Work: _____
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Fall on public sidewalk
- 5. Date and time of accident: 6/8/14 3pm Amount of damages claimed: \$ 5,000.00 + medical bills
- 6. Exact location of the incident: (include as much detail as possible):
75 Snell St Fall River, MA
- 7. Circumstances of the incident: (attach additional pages if necessary):
I was walking in front of 75 Snell St and my foot got caught in a crack in the sidewalk. I flew forward landing on my ^{right} leg and left arm. My neighbors ran down their stairs and had to Cont
- 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
medicare & masshealth were used

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: 7/2/14

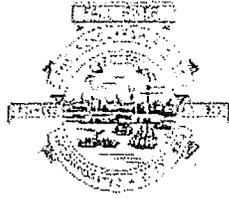
Claimant's signature: Roberta Drown

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:					Date: <u>7/3/14</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW



RECEIVED

2014 JUL -9 P 12:53

CITY CLERK #14-232
FALL RIVER, MA

**City of Fall River
Notice of Claim**

1. Claimant's name: JEANNE A. CHARETTE
 2. Claimant's complete address: 687 JUNE ST, FALL RIVER, MA 02720
 3. Telephone number: Home: 508-672-0307 Work: 401-453-8504
 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
CAR DAMAGE FROM MAJOR POT HOLE.
 5. Date and time of accident: 06/18/2014 @ 4:00 PM Amount of damages claimed: \$ 1,402.20
 6. Exact location of the incident: (include as much detail as possible):
ON STREET IN FRONT OF 955 NEW BOSTON RD., FALL RIVER, MA
 7. Circumstances of the incident: (attach additional pages if necessary):
SEE ATTACHED X3 and original invoices
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: 07/08/2014

Claimant's signature: Jeanne A Charette

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: 7/9/14



City of Fall River
Notice of Claim

RECEIVED

2014 JUL -9 P 3:14

CITY CLERK 14-233
FALL RIVER, MA

1. Claimant's name: Kevin James
2. Claimant's complete address: 18 Lepire Ave Westport Ma 02790
3. Telephone number: Home: 508 340 5039 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Popped/punctured tire on pothole @ Charles St
5. Date and time of accident: 7am Amount of damages claimed: \$ 154.42
6. Exact location of the incident: (include as much detail as possible):
Charles St just after Sunset hill heading east
7. Circumstances of the incident: (attach additional pages if necessary):
Driving on Charles St and had to maneuver my car because a car was coming down the street. Front passenger tire was punctured on side walk and immediately lost air. I just bought 4 new tires 2 weeks ago
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: 7/9/2014 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:	Date: <u>JUL - 9 2014</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	