



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

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

**ALISON M. BOUCHARD**  
CITY CLERK

**MARCH 20, 2015**  
**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

**INÊS LEITE**  
ASSISTANT CITY CLERK

**MONDAY, MARCH 23, 2015**

**5:30 P.M. COMMITTEE ON ORDINANCES AND LEGISLATION**

**TUESDAY, MARCH 24, 2015**

**5:30 P.M. COMMITTEE ON FINANCE**

1. \*Discussion with Administration and Transition Team re: Part 1 of Transition Team's Report
2. Discussion with Finance Team re: order to transfer unexpended bond proceeds for repairs and upgrades to Treasurer/Collector's offices (see #1 below)
3. Transfers and appropriations (see #2 below)

**AGENDA**

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

**PRIORITY MATTERS**

1. \*Mayor and order authorizing transfer of unexpended bond proceeds for repairs and upgrades to Treasurer/Collector's offices (see Finance #2)
2. \*Transfers and appropriations (see Finance #3)
3. \*Mayor and confirmation of re-appointment of Elizabeth Camara, Director, Board of Election Commissioners
4. \*Mayor and Municipal Aggregation Plan
5. \*Mayor and order re: gift from Westport, CT Fire Department of spare parts and accessories for Fall River Fire Department's Self Contained Breathing Apparatus

**PRIORITY COMMUNICATIONS**

6. Traffic Commission recommending amendments to the traffic ordinances
7. \*Board of Election Commissioners regarding political calendar for the Charter Revision Petitions and Charter Commission to be held with the City Election on November 3, 2015

**COMMITTEE REPORTS**

Committee on Real Estate recommending:

Adoption:

8. \*Order – Sale of former Healy School, 726 Hicks Street, for the sum of \$25,000 to Sherwood Building Co., Inc.

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

One Government Center • Fall River, MA 02722  
TEL 508-324-2220 • FAX 508-324-2211 • EMAIL [city\\_clerks@fallriverma.org](mailto:city_clerks@fallriverma.org)

Grant leave to withdraw:

9. Order – Bids for the former Healy School, 726 Hicks Street
  - Fall River Animal Wellness and Adoption Center – \$8,000
  - Fall River Animal Wellness and Adoption Center – \$1 (alternate bid)
  - Hero Pinless Inc. & Fall River Electronic Library – \$8,000
  - S.B&A Realty Group, Inc./Massachusetts – \$8,111
10. Communication – M. Earle Gaudette to purchase city-owned land on Sion Street

Committee on Regulations recommending:

Grant leave to withdraw:

11. Communication – Residents regarding noise ordinance and Nasiff Fruit complaints

**ORDINANCES** – None

**RESOLUTIONS**

12. \*Committee on Regulations review compliance with fire inspections ordinances
13. \*Committee on Public Works and Transportation discuss pothole epidemic

**CITATIONS**

14. Leo Oscar Pelletier – 70<sup>th</sup> Birthday

**ORDERS – HEARINGS FOR TONIGHT**

Curb removal:

15. Michael and Melissa St. Pierre – Removal of 10 feet of curbing for a total of 28 feet of curbing at 377 Quincy Street

Underground conduit:

16. Central Street

**ORDERS – HEARINGS TO BE SCHEDULED** – None

**ORDERS – NO HEARING REQUIRED** – None

**ORDERS – MISCELLANEOUS**

17. Police chief's report on licenses
18. Auto body shop license renewal
19. Auto repair shop license renewals

**COMMUNICATIONS – INVITATIONS – PETITIONS**

20. \*Claims
21. \*Community Preservation Committee Minutes – February 23 and March 16, 2015
22. \*Communication from James Tavares regarding taxicab services

**BULLETINS – NEWSLETTERS – NOTICES**

23. Notice of Casualty and Loss at 304 Corbett Street

  
City Clerk

## Part I – Executive Summary

### *A. Introduction*

The Transition Team believes that you, as our Mayor, are taking office at a critical juncture for the future of our city's long-term wellbeing. The City of Fall River is currently in a state of fiscal instability. Putting the City on sound financial footing cannot be done without significant policy changes and a new approach to the budgeting of the City's funds. The kinds of changes that must be made in Fall River will take time, and they will require a substantial effort across the board – both inside and outside City government. However, a great number of the problems facing Fall River can be corrected by strong leadership and meaningful coalition-building going forward. The Mayor, above all, needs to be frank with the citizens of Fall River at this time:

- clearly articulate that Fall River has been living beyond its fiscal means,
- indicate the magnitude of its financial challenges,
- prepare the citizens of Fall River and both past and present employees of the City government for the shared sacrifices that gradually will be required to return the City's finances to a healthy state, and
- plot a decisive course and vision for a positive, sustainable, responsible, and balanced future.

Living beyond our means, years of spending more money than the City brings in, has resulted in an unstable situation in which our essential reserve funds are almost completely depleted. This came about because budgets were passed in which expenses exceeded the City's recurring revenues (including property taxes, state aid, auto excise taxes, charges for permits and licenses, and interest/penalties on taxes). When this took place, city management chose to pay its bills using unreliable one-time revenues, which consist of money from the following sources:

- Stabilization Fund
  - The City's overall reserve account, which carries over from year to year

- Building Sales Fund
  - From the recent sale of school and municipal buildings.
- Overlay Surpluses
  - Funds that remain in a reserve account after uncollectable taxes, tax exemptions (for veterans, seniors, etc.), and tax abatements have been accounted for.
- Free Cash
  - Unrestricted funds that remain in reserve from the operations of the previous fiscal year.

These one-time resources should only be used as an extraordinary, temporary measure while a viable long-term plan is implemented. This year alone, \$4.3 million of one-time money was used to close a structural deficit in the FY 2015 budget. This is not sustainable. The City's independent, external auditors – the firm of Clifton Larsen Allen, who recently spoke before the City Council – have noted that our net financial position has deteriorated, and continuing down the same path will put the City at a serious fiscal risk similar to that confronted by Springfield and Chelsea in the past.

Mayor Sutter, you need to engage in meaningful, honest communication with the City Council, School Committee, City employees, and the public to bring about the kinds of changes our City needs. For example, when re-evaluating the Sanitation Fund with the goal of making it self-sufficient, you must solicit input from the Council and citizens in order to build essential support from the community before going forward with any new or updated system. In your campaign and in your inaugural address, you spoke of starting a new era of cooperation with the City Council and School Committee, and the Transition Team agrees that creating such a partnership – coupled with an openness with the public regarding the City's finances, beginning with the publication of this document – will be essential to the City.

*B. Overview*

In the current budget, for Fiscal Year 2015, the City's expenses total \$276.4 million. However, the City only raised \$272.1 million in recurring revenues for FY 2015. This imbalance created a \$4.3 million deficit that had to be filled with one-time money. One-time money is meant to be used for only two purposes: covering one-time expenses (such as disaster responses and land purchases) and building up a city's reserves so that it can have a comfortable rainy-day, emergency account. Because one-time resources have been used consistently to fund the operating budget, our reserves have dwindled every year. Ideally, a fiscally sound city the size of Fall River should have enough reserves to cover two months' worth of expenses – or one month at the very least. For Fall River, that would mean having roughly \$24 to \$48 million set aside. We currently have less than \$500,000 in reserves, which is only 1% to 2% of that. To stress the seriousness of this condition, the Transition Team invites comparisons between Fall River and other similarly situated Massachusetts cities:

<u>City</u>	<u>Operating Budget</u>	<u>Available Resources</u>
Lowell	\$364.1 million	\$25,455,413
New Bedford	\$320.7 million	\$25,080,570
Lynn	\$307.3 million	\$14,170,553
Lawrence	\$288.8 million	\$10,978,965
Taunton	\$205.0 million	\$14,555,286
<b>Fall River</b>	<b>\$276.4 million (as of 7/1/14)</b>	<b>\$ 499,598 (as of 2/20/15)</b>

Every mayor, regardless of the city he or she represents, is forced to make difficult decisions when budgeting city funds for the new fiscal year. Properly balancing a budget – either by reducing current expenses, increasing current revenues, or both – requires a mayor to make hard choices that will inevitably leave certain constituencies dissatisfied. Your Administration will be tasked with negotiating nine new collective bargaining agreements, which have the potential to be politically contentious. When making these difficult decisions, it is critical that you are regularly consulting with the Financial Team and department heads and

making sure that your decisions are influenced solely by what is best for the City – not what is politically expedient. Seek input from the individuals who have the most hands-on knowledge of the City’s finances and operations, and make sure that the long-term implications of the collective bargaining agreements and concessions are carefully considered. You will need to take into consideration that staffing throughout City government is currently at an unsustainable level. This pattern of staffing our City government beyond what our city can afford has caused reserves to dry up. It falls on you and your Administration to fundamentally restructure and, ultimately, create an affordable staffing level so that our City has a government it can realistically pay for going forward.

The longer the City goes without changing its approach to budgeting, the harder it is going to be to return Fall River to a state of stability. But before looking ahead to FY 2016 and beyond, it is important to analyze our current budget closely:

***Projected Expenses at Start of FY 2015:***

- Water, Sewer, Sanitation, and  
Emergency Medical Services Enterprise Funds..... **\$ 33.7 million**
  - This does not include \$2.1 million in pension costs,  
\$1.5 million in employee benefits, and \$3.3 million in  
administrative overhead included below in the General Fund
  
- General Fund Budget..... **\$224.8 million**
  - Education (\$100.7 million)
  - Fixed costs of debt service (\$10.1 million)
    - Payment of interest and principal on bonds
  - Employee benefits/insurance (\$58.7 million)
  - All other services, including:
    - Police (\$20.1 million)
    - Fire (\$14.7 million)
    - Community Maintenance (\$8.1 million)
    - All other departments/expenses (\$12.4 million)
  
- County and State assessments and charges, regional  
transportation, and charter school tuition assessments... **\$ 13.5 million**
  
- Money reserved for veterans/senior tax exemptions,  
tax evaluation abatements, and uncollectable bills..... **\$ 1.0 million**
  
- Snow removal deficit..... **\$ 1.9 million**
  
- Sanitation Fund subsidy..... **\$ 1.5 million**

**Total: \$276.4 million**

***Projected Revenues at Start of FY 2015:***

- State aid..... **\$130.8 million**
- Taxes..... **\$ 86.4 million**
  - Real estate (\$81.0 million)
  - Personal property (\$5.4 million)
- Excise taxes..... **\$ 7.2 million**
  - Includes Auto, Boat, and Meal & Room taxes
- Local receipts..... **\$ 8.3 million**
  - Includes penalties/interest on taxes, fees,  
licenses & permits, fines, Medicaid reimbursements,  
and miscellaneous revenues
- Revenue from enterprise funds..... **\$ 39.0 million**
- Other available funds..... **\$ 0.4 million**
  - Includes Community Development grant  
and library receipts

**Total: \$272.1 million**

***One-time Revenues Built into FY 2015 Budget:***

**Total: \$ 4.3 million**

Of the \$4,278,436 of one-time funds used to close the FY 2015 deficit, \$3,203,500 million came out of the City’s stabilization fund; \$600,000 came from the sale of municipal buildings; \$109,943 came from overlay surplus reserve; and \$364,993 was free cash. To get a sense of how substantial that is within the budget, consider that the non-school spending, discretionary part of the budget is only \$44.4 million in salaries. This is the portion of the budget that is available after satisfying state mandated minimum levels of net school spending (under Chapter 70) and considering fixed costs of debt service, employee benefits, and other insurance. See below:

<b>Total Non-School Salaries</b>	
<ul style="list-style-type: none"> <li>• <b>Police</b> (43% of salaries)</li> </ul>	<u>\$19.1 million for 261 positions</u>
<ul style="list-style-type: none"> <li>• <b>Fire</b> (32% of salaries)</li> </ul>	<u>\$14.1 million for 180 positions</u>
<ul style="list-style-type: none"> <li>• <b>City Hall</b> (14% of total City salaries)</li> </ul>	<u>\$ 6.4 million for 114 positions</u>
<ul style="list-style-type: none"> <li>• <b>Community Maintenance</b> (11% of salaries)</li> </ul>	<u>\$ 4.8 million for 104 positions</u>
	<b><u>Total: \$44.4 million</u></b>

The \$4.3 million deficit is problematic enough on its own, but that number actually grew as the year went on. Due to unforeseen expenses and departments exceeding their budgeted overtime levels, \$5.4 million worth of one-time funds have already been allocated this fiscal year (as of 2/1/15). Some department heads have not been held accountable for their spending in recent years, and after the Transition Team completed its review of every department, we concluded that it is imperative that you hold department heads much more accountable to prevent over-spending. For example, in FY 2015, the Fire Department spent their entire overtime budget by September 5<sup>th</sup> – less than a quarter of the way through the fiscal year. But unfunded overtime was by no means unique to the Fire

Department; far exceeding overtime budgets in the first half of this fiscal year became the standard for a number of departments.

By looking at the spending of one-time funds in the last four budgets, it is clear that the current practice of permitting unsustainable excesses is nothing new:

**Budgeted One-Time Expenditures, FY 2012-FY 2015**

- FY 2012 - \$ 928,000
- FY 2013 - \$4,427,284
- FY 2014 - \$3,740,004
- FY 2015 - \$5,441,044 (as of 2/1/15)

**FY12-15 total - \$14,536,332**

The credit rating agency Moody's Investor Services released a report last month titled: "New Issue: Moody's revises Fall River, MA's outlook to negative." Last year, Moody's downgraded the City's bond rating from an A1 rating to an A2. This year, Moody's repeated the A2 rating but assigned us a negative outlook, highlighting Fall River's need to:

- address balanced operations, without use of one-time injections of free cash, stabilization funds, and other available reserves;
- create multiple years of budget surpluses and direct them to increasing reserves;
- monitor and ensure that FY 2015 does not end with an operating deficit; and
- grow the tax base valuation.

In its section, entitled "Financial Operations and Position," Moody's documents the fundamental structural imbalance in the FY 2013, FY 2014, and FY 2015 budgets. They acknowledge that, although there have been marginal improvements made in the last year (reduction in the Sanitation Fund subsidy due to the "Pay-As-You-Throw" system), the City still urgently needs to balance its revenues and expenses. The section concludes:

*"While the current fiscal year budgeted operations are more structurally balanced, the city will continue to be challenged through*

*fiscal 2016... The city's ability to fully implement balanced operations without the use of free cash and produce an annual operating surplus will be key rating factors in future reviews."*

Action must be taken soon to improve in the areas identified by Moody's, or else the City runs the risk of seeing its bond rating downgraded further. Another downgrade would mean that the City could jeopardize its ability to use the state's bond rating when going to the bond market, which means it will cost the City more money to make crucial capital improvements. Also, if Fall River's rating is downgraded again, it could affect the attractiveness of the City to potential new businesses. The negative outlook we were assigned this year by Moody's indicates that they see Fall River heading down an unsafe path, and it will be your responsibility as Mayor to change the course.

This will by no means be a simple task, especially with the constraints limiting revenue increases. Since Proposition 2 ½ was passed by referendum in 1980 and signed into law in 1982, the state has mandated that municipalities cannot raise taxes by more than 2.5% in a year, plus new growth. Considering that the State sets net school spending requirements higher every year, almost all newly generated tax revenue ends up funding additional education costs. Costs in our pension system for all retired City employees also increase by \$1.6 million per year, and health insurance costs for current employees and retirees are projected to increase \$2 million to \$3 million in FY 2016. Consequently, taxing alone will not solve our fiscal problems.

The inability to raise new revenues is only made worse by the City's difficulty in collecting monies rightfully owed to the City. In the Transition Team's research, we identified \$7.6 million in uncollected real estate tax bills and \$0.9 million in uncollected personal property taxes. Although some of these bills will be difficult to collect, with some of them dating back as far as the 1990's, your Administration should develop a plan to systematically bring in as much of that money as possible. The top 100 real estate delinquents owe a total of \$4.97 million between them, and that is a substantial amount of money in our current financial condition. Adding this money to the City's reserves would be an important first step towards building up a secure rainy-day fund (i.e. through the stabilization account).

With respect to fines, permits, and licenses, revenue has not kept pace with expenses for the City of Fall River. With only minor raises in some fees over the last six years, this revenue has not kept up with inflation over the years and does not cover the costs of administration. By raising late tax payment penalties and fair user charges for services just 15%, our analysis suggests that the City would see a \$1.2 million increase in revenue in the first year. This may sound like a nickel-and-dime approach that does not address the large-scale budget issues, but attention to small details like these will contribute to cost-saving and revenue-generating actions that will add up quickly.

The City has also lagged behind in preparing for adjustments to inflation and other growing costs. For example, the City under-budgets for its snow removal operation every year by only providing \$526,243 for it in the General Fund. In our study, the Transition Team found that the City spent \$1.8 million on average for snow removal per year over the last five years. This year's operation is already over 400% of what was budgeted, over \$2.5 million (as of 3/10/15). Further, we understand that due to fluctuation in utility rates, the City will owe roughly \$400,000 to \$500,000 more for electricity costs than was budgeted at the start of the fiscal year. Because the possibility of a spike in utility rates was not adequately taken into consideration, not enough money was allotted for electricity costs and will now have to be taken from other areas in the budget or drawn out of our limited reserves to cover it.

Similarly, departments drastically overspend their overtime allotments and then, for some reason, receive the same initial allotment the next year. One of two things must take place in situations like these:

- More realistic assessments of the costs of operations must be made, and the next year's budget should reflect those reassessments; or
- Department heads must be held much more accountable and required to stay within their budgets. Overspending in these accounts creates far too much instability in the budget.

Another factor limiting economic recovery outside of the General Fund is that the City's enterprise funds (Water, Sewer, Sanitation, and Emergency Medical Services) have not been adequately self-sustaining. These departments are called "enterprises" because they are supposed to be run as similarly to private-sector

business enterprises as possible. The enterprise funds should be generating enough revenue to cover all of their own costs of operations while leaving two months' worth of retained earnings. Retained earnings – which are unused funds left over from the previous years' operations – are meant to be set aside in a reserve account to serve as a rainy-day fund for the enterprises. Instead, the Water, Sewer, and EMS funds have been relying on the retained earnings of past years just to break even, meaning their reserves are dwindling just like the City's overall reserves are.

The use of one-time monies (retained earnings and stabilization fund) within the enterprise funds has also been a recurring problem. For FY 2015 alone, the four enterprises are using \$1,372,083 from retained earnings. Over the last four years, the total use of one-time money was \$7,961,901 within enterprises, broken down as follows:

- Sewer – \$3,981,733
- Water – \$1,172,385
- EMS – \$1,172,385
- Sanitation – \$ 866,447

What is even more concerning is that the Sanitation enterprise fund cannot sustain itself even while dipping into its retained earnings, requiring an additional subsidy from the General Fund to make ends meet. This year, taxes paid by Fall River citizens subsidized the Sanitation enterprise account for \$1.5 million; in the last three years, taxpayers have contributed as much as \$5.5 million annually, and from FY 2012 to FY 2015 have provided \$17,532,679 as a General Fund subsidy. Over the four year period, the enterprise funds' revenues were \$25,494,580 less than they needed to be to make the enterprises self-sustaining because rates have not kept up with expenses. Taking steps to correct this situation so that rates keep pace with expenses is necessary.

The Transition Team has identified the enterprise funds' inability to sustain themselves as a key problem to address moving forward. Water, Sewer, and EMS are already operating with as nearly a low level of expenses as possible, but the budgets of each department should be looked at for any opportunities to increase efficiency, and there are surely cost saving measures available within Sanitation. Just as fees for licenses and permits need revising to make them catch up with

expenses, the rate structures of all four enterprise funds should be revised upward to ensure that recurring revenues cover expenses.

### *C. Conclusion*

The structural changes that need to be made will require a shared sacrifice from the community. These changes cannot be made overnight – they should be implemented deliberately and collaboratively, with consideration given at all times to the seriousness of our current situation and the consequences of each decision. For example, you will need to consider:

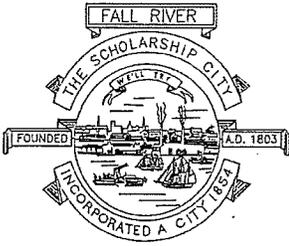
- revising staffing to affordable, realistic levels;
- controlling overtime costs by mandating adherence to established budget levels;
- reviewing salary and non-salary costs within City government;
- creating greater efficiencies within City government.

Mayor Sutter, the Transition Team believes it is imperative that your Administration approach the FY 2016 budget by solely focusing on the real problems that our City faces, not the political obstacles that will be presenting themselves in the coming months. Your Administration will have to make decisions that are not politically popular and will require a shared sacrifice within our community and government. The City needs a professional restart to get its fiscal house in order and make competency, collaboration, and trust the hallmarks of your Administration. If City Hall does not control its spending, shake its dependence on one-time money, and put sustainable policies in place, the negative consequences will be felt in Fall River for many years to come.

Although the financial challenges our City faces are daunting, we believe that the resiliency of Fall River's citizens – which has been demonstrated time and again over our City's history – will enable Fall River to overcome our current challenges. It is encouraging to remember that just five years ago, our neighboring city of Providence was in a situation very similar to ours, but on a larger scale. Nevertheless, they have made great progress towards sustainability through a combination of strong leadership, consensus-building, and decisive action, and we are in a position to do the same. The resources Fall River possesses can make our city among the best places to live and do business in the entire Commonwealth, and we believe that Fall River can realize that potential with strong, competent leadership and an efficient, productive City government. Despite our justifiable concerns about the City's current finances, we on the Transition Team identify

ample opportunities for you and your Administration to make significant changes and put the City on the right track.

Honorable Robert Correia  
Honorable Carlton Viveiros  
Lisa Kaminski  
Bradford Kilby  
Joe Marshall  
Joan Medeiros  
Lou Pacheco, Chairman  
Melissa Panchley



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

**C. SAMUEL SUTTER**  
*Mayor*

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2015 MAR 20 P 1:03

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

March 20, 2015

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

Mr. President and Members of the Honorable Council:

I am requesting that you approve the transfer of the unexpended bond proceeds in the amount of \$275,000 to make the necessary repairs to the Treasurer / Collectors office.

C. Samuel Sutter  
Mayor



**City of Fall River**  
**Massachusetts**  
**Department of Financial Services**  
TREASURER • COLLECTOR • AUDITOR • ASSESSOR

**C. SAMUEL SUTTER**  
*Mayor*

**JOHN L. NUNES, CMMT, CMMC**  
*Director of Financial Services/Treasurer*

**PAULIANNE MARTINS-TEIXEIRA**  
*Assistant Treasurer*

3/19/2015

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

Dear Mayor Sutter:

I am requesting that you approve the attached transfer from unexpended bond proceeds in the amount of \$275,000 to make the necessary repairs and upgrade to the Treasurer / Collectors office.

In November of 2012 the City Council did approve \$560,000 as part of a bond authorization to make repairs and upgrades not only these offices but also the Auditors, Fire and Police Station(s). However, the bond amount was not sufficient to cover the improvements to the Treasurer / Collectors office.

These funds (\$275,000) represent the residual amounts remaining in other bond accounts and can be appropriated by the City Council for these upgrades. The funds, by virtue of the bond authorizations, can only be utilized for like projects of a capital nature. They cannot be used for general operating budget purposes.

If you should have any questions, please do not hesitate to contact me.

Very Truly Yours,

John L. Nunes, CMMT/CMMC  
Director of Financial Services / Treasurer

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FALL RIVER, MA

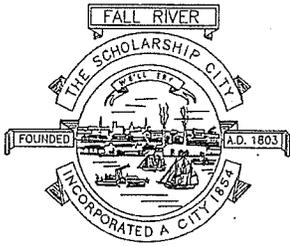
# City of Fall River, *In City Council*

## UNEXPENDED BOND PROCEEDS TRANSFER ORDER

ORDERED: That in accordance with Chapter 44, Section 20 of the General Laws, the unexpended balances of funds borrowed to pay costs of the projects set forth below, which amounts are no longer needed to complete the projects for which they were initially borrowed, are hereby appropriated by this Council to pay additional costs of remodeling, reconstructing and making extraordinary repairs to the Treasurer/Collector offices in City Hall, including the payment of any and all costs incidental and related thereto:

<u>Project Description</u>	<u>Original Loan Amount</u>	<u>Approval Date</u>	<u>Unexpended Balance</u>
City Hall Repairs	\$2,545,000	5/29/03	\$ 18,988
City Building Repairs	450,000	6/28/06	<u>256,012</u>
Total			<u>\$275,000</u>

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City of Fall River  
Massachusetts  
Office of the Mayor

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2015 MAR 19 P 4:52

CITY CLERK  
FALL RIVER, MA

C. SAMUEL SUTTER

Mayor

March 19, 2015

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

Dear Honorable Council Members:

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

These appropriations are necessitated due to the regular periodic review of the operating budget. The following appropriations will assist the City in meeting its Fiscal Year 2015 obligations:

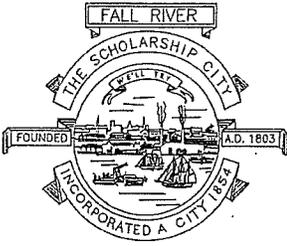
1. \$33,400 That the sum of \$33,400 be, and the same is, hereby transferred and appropriated from the MAPLEWOOD PARK LAND ACQUISITION PROJECT, to be credited to the ARMORY REHAB CAPITAL PROJECT
2. \$35,000 That the sum of \$35,000 be, and the same is, hereby transferred and appropriated from the EMS EXPENSE, to be credited to the EMS SALARIES
3. \$256,012 That the sum of \$256,012 be, and the same is, hereby transferred and appropriated from the CITY BUILDING REPAIRS INACTIVE CAPITAL PROJECT, to be credited to the CITY HALL RENOVATIONS CAPITAL PROJECT
4. \$18,988 That the sum of \$18,988 be, and the same is, hereby transferred and appropriated from the CITY HALL REPAIRS INACTIVE CAPITAL PROJECT, to be credited to the CITY HALL RENOVATIONS CAPITAL PROJECT

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

Sincerely,

C. Samuel Sutter  
Mayor

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

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2015 MAR 19 P 4: 52

**C. SAMUEL SUTTER**  
*Mayor*

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

March 18, 2015

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

Dear Members of the City Council:

It is respectfully requested that the City Council approve the appropriation of capital funds in the park account to meet the required match for the Massachusetts Preservation Projects Fund (MPPF) FY13 Emergency grant to fund a comprehensive conditions survey and prioritized needs assessment at the Bank Street Armory. The amount of the grant is \$33,400, and the match must equal \$33,400.

Due to delays by Massachusetts Historical Commission, it took a full year (June 2014) to get an executed contract; match funds available in previous budgets became unavailable. In September 2014, William Starck Architects, Inc. was selected to conduct the survey and prepare prioritized outline plans for work to be done at the Armory. The contract awaits execution pending the City Council's appropriation.

The Massachusetts Historical Commission requires that the project be completed by June 2015 and the match requirement fulfilled by June 2016. Your expeditious approval is appreciated.

Respectfully Submitted,

C. Samuel Sutter  
Mayor

2

*City of Fall River, In. City Council*

March 24, 2015

# 1

**ORDERED:**

**That the sum of \$33,400 be, and the same is, hereby transferred and appropriated from the MAPLEWOOD PARK LAND ACQUISITION PROJECT, to be credited to the ARMORY REHAB CAPITAL PROJECT**

2

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

**March 24, 2015**

**# 2**

**ORDERED:**

**That the sum of \$35,000 be, and the same is, hereby transferred and appropriated from the EMS EXPENSE, to be credited to the EMS SALARIES**

2

*City of Fall River, In City Council*

March 24, 2015

# 3

**ORDERED:**

**That the sum of \$256,012 be, and the same is, hereby transferred and appropriated from the CITY BUILDING REPAIRS INACTIVE CAPITAL PROJECT, to be credited to the CITY HALL RENOVATIONS CAPITAL PROJECT**

*City of Fall River, In City Council*

2

March 24, 2015

# 4

**ORDERED:**

**That the sum of \$18,988 be, and the same is, hereby transferred and appropriated from the CITY HALL REPAIRS INACTIVE CAPITAL PROJECT, to be credited to the CITY HALL RENOVATIONS CAPITAL PROJECT**

2



# City of Fall River Massachusetts

Department of Community Maintenance  
CEMETERIES • MUNICIPAL BUILDINGS • PARKS • SANITATION • ENGINEERING  
STREETS & HIGHWAYS • TRAFFIC & PARKING • VEHICLES

**C. SAMUEL SUTTER**  
*Mayor*

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

March 18, 2015

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

Dear Mayor Sutter:

I respectfully request to appropriate the use of capital funds in the park account to meet the required match for the Massachusetts Preservation Projects Fund (MPPF) FY13 Emergency grant to fund a comprehensive conditions survey and prioritized needs assessment at the Bank Street Armory. The amount of the grant is \$33,400, and the match must equal \$33,400.

The City applied to the Massachusetts Historical Commission (MHC) in March 2013 for a MPPF development grant to complete repairs and maintenance on masonry and windows at the Bank Street Armory. As required, we provided MHC with documentation of the City Council's approval of a Loan Order for the total project cost of \$300,000 (see attached). However, the MHC recommended emergency funding to perform a structural assessment and feasibility study for universal accessibility. Due to staffing changes at MHC it took a full year to get an executed contract, and match funds available in previous budgets became unavailable.

In September 2014, William Starck Architects, Inc. was selected to conduct the survey and prepare prioritized outline plans for work to be done at the Armory. The contract awaits execution pending the City Council's appropriation. The project would be completed by June 2015, and we have until June 2016 to fulfill the match requirement.

Your expeditious attention to this matter is appreciated.

Sincerely,

Kenneth C. Pacheco  
Community Maintenance Director

RECEIVED  
15 MAR 19 P 4:52  
CITY CLERK  
FALL RIVER, MA

2

City of Fall River, In City Council

Loan Order  
Bank Street Armory Preservation Project

ORDERED, that the City hereby appropriates the sum of Three Hundred Thousand Dollars (\$300,000) to pay the costs of making renovations and improvements to the Bank Street Armory, including the costs incidental and related thereto, and that to meet this appropriation the City Treasurer, with the approval of the Mayor, is authorized to borrow said sum under M.G.L. Chapter 44, Section 7(3A) or any other enabling authority, and to issue bonds or notes of the City therefore, and

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

In City Council, May 14, 2013  
Adopted, 9 yeas

Approved, May 16, 2013  
William A. Flanagan, Mayor

A true copy. Attest:

*Alison M. Bouchard*

City Clerk

CITY CLERK  
FALL RIVER, MA

2015 MAR 19 P 4:52

RECEIVED

2

RECEIVED

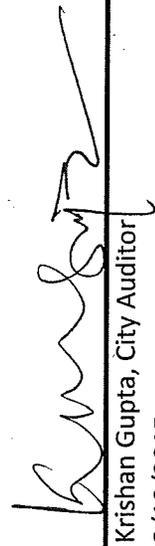
2015 MAR 19 P 1:53

CITY CLERK  
FALL RIVER, MA

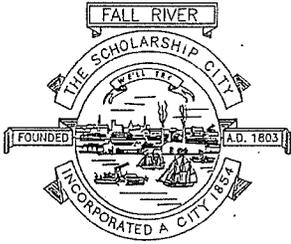
FY 15 Appropriation/Transfer Number Analysis #5

Line	Original/Revised	Appropriation	Amount Transferred	New Appropriation
Maplewood Park Land Acquisition Project	\$	175,000	\$(33,400)	\$ 141,600
Armory Rehab Capital Project	\$	-	\$ 33,400	\$ 33,400
EMS Expense	\$	513,999	\$(35,000)	\$ 478,999
EMS Salaries	\$	2,597,204	\$ 35,000	\$ 2,632,204
City Building Repairs (5319) - Inactive	\$	256,012	\$(256,012)	\$ -
City Hall Repairs (5630) - Inactive	\$	88,806	\$(18,988)	\$ 69,818
City Hall Renovations (New Capital Project)	\$	-	\$ 275,000	\$ 275,000

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

  
 Krishan Gupta, City Auditor

3/19/2015



City of Fall River  
Massachusetts  
Office of the Mayor

RECEIVED

2015 MAR 19 P 4:59

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

C. SAMUEL SUTTER  
Mayor

March 19, 2015

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

RE: Chairperson Board of Election Commissioners

Mr. President and Members of the Honorable Council:

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

Elizabeth Camara  
24 Reney Street  
Fall River, MA 02723

As Director Board of Election Commissioners, 4 year term expiring 04/01/2019

Thank you for your favorable consideration in this regard.

C. Samuel Sutter  
Mayor

24 Reney Street  
Fall River, Massachusetts 02723

# Elizabeth A. Camara

---

- Objective** To secure an Election Commissioner position in the Fall River Elections Office
- Education** 1983 Fisher Junior College Fall River, Massachusetts  
**Certificate: Computer Science**
- 1988  
**Successfully passed Civil Service Exam**
- Work Experience** 1989-1989 City of Fall River Public Works Fall River, Massachusetts  
**Clerk Typist / Fiscal Clerk III**
- Performs daily office activities
- 1989-1994 City of Fall River Board of Elections Fall River, Massachusetts  
**Permanent Senior Clerk**
- Inputs census and voting information into the computerized data system
  - Registers voters
  - Prepares and updates census files
  - Assists with general inquiries from the public
- 1994 – 1998 City of Fall River Board of Elections Fall River, Massachusetts  
**Provisional Principal Clerk**
- Completes similar tasks of Permanent Senior Clerk position
  - Prepares office payroll
  - Compiles and proofreads election results
  - Responsible for verifying names on nomination papers
  - Assigns poll workers and supervises payroll for poll workers
- 1998 – 2008 City of Fall River Board of Elections Fall River, Massachusetts  
**Permanent Principal Clerk**
- Completes similar tasks of Provisional Principal Clerk position
  - Prepares absentee applications for nursing homes and permanently disabled voters
  - Prepares test decks to be used in testing voting machines for each election
  - Prints check-in and check-out voting lists to be used at the polls on election day

2008 – 2009 City of Fall River Board of Elections Fall River, Massachusetts

**Executive Secretary**

- Completes similar tasks of Permanent Principal Clerk
- Supervises election staff
- Plans, assigns, and reviews the work of the election staff
- Acts as principal assistant to the Chairperson of the Board of Election Commission
- Prepares budget estimates, fiscal reports, warrants, cash receipts, requisitioning
- Processes bills and invoices

2009 – 2011 City of Fall River Board of Elections Fall River, Massachusetts

**Interim Director**

- Completes all office tasks
- Responsible for the administering of timetables mandated by state law to carry out city, county, state, and federal elections
- Schedules additional hours for voter registration and related activities
- Maintains overall responsibility for setting up voter precincts for elections
- Recruits, trains, assigns, supervises election day workers
- Prepares election ballots
- Compiles election results
- Responsible for all absentee ballot procedures and supervises recount operation

2011 – Present City of Fall River Board of Elections Fall River, Massachusetts

**Director**

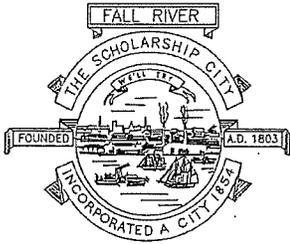
- Completes all office tasks of Interim Director
- Responsible for carrying out state mandates regarding redistricting
- Prepares political calendar for Municipal Elections including nomination preparation
- Maintains contact and works with the City Administrator and other appropriate officials in planning various departmental functions

**Computer Experience**

- Voter Registry Information System (VRIS)
- Munis
- Microsoft Office

**Volunteer Opportunities**

1981-2013 Flint Junior Twilight Baseball League Fall River, Massachusetts



City of Fall River  
Massachusetts  
Office of the Mayor

RECEIVED

2015 MAR 19 P 5:00

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

C. SAMUEL SUTTER  
Mayor

March 19, 2015

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

RE: Municipal Electricity Aggregation Plan

Mr. President and Members of the Honorable Council:

In accordance with a Resolution approved by the City Council in October 2014, the City's Aggregation consultant, Good Energy L.P., has prepared the necessary documents for filing with the Massachusetts Department of Public Utilities. As you recall, this is a regional initiative to purchase electricity in bulk and pass the savings along to the City's residential and small business electric customers. National Grid will continue to provide billing to customers for both the distribution and supply of electricity. The supply charge, however, will be determined once Good Energy secures competitive electricity bids in the summer of 2015.

This initiative has been organized through Southeastern Regional Planning and Economic Development District (SRPEDD) and it provides Fall River, along with many other neighboring communities, the opportunity to provide much needed utility rate relief to residents. These documents have been forwarded to you and also posted on the City's website.

Thank you for your timely approval.

C. Samuel Sutter, Mayor



5

City of Fall River  
Massachusetts  
Office of the Mayor

C. SAMUEL SUTTER  
Mayor

RECEIVED

2015 MAR 19 P 5:00

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

March 19, 2015

Honorable Members Fall River City Council  
One Government Center  
Fall River, Massachusetts 02722

RE: Westport Connecticut Fire Department Gift

Mr. President and Members of the Honorable Council:

The Westport Connecticut Fire Department would like to donate spare parts and accessories for the Fall River Fire Department Self Contained Breathing Apparatus. The cost of these parts would exceed several thousand dollars. This is an extremely generous donation that will allow us to maintain this apparatus at significantly reduced cost.

Your acceptance of this gift is respectfully requested.

C. Samuel Sutter  
Mayor

*City of Fall River, In City Council*

ORDERED, that under the provisions of M.G.L. Chapter 44, Section 53A, the Fall River Fire Department be and the same is hereby authorized to accept a gift of spare parts and accessories for the Self Contained Breathing Apparatus from the Westport, CT Fire Department.



5

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

**C. SAMUEL SUTTER**  
*Mayor*

**ROBERT J. VIVEIROS**  
*Fire Chief*

March 17, 2015

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

Dear Mayor Sutter:

The Westport Connecticut Fire Department has offered the Fall River Fire Department spare parts and accessories for our Self Contained Breathing Apparatus (SCBA) at no cost. They have purchased new SCBA's and can longer use these parts. There is several thousand dollars' worth of parts and accessories, and they are compatible with our brand of SCBA. In these difficult budget times, this would be a great savings for the department and the city.

I respectfully request your permission to accept this generous gift.

Sincerely,

Robert J. Viveiros  
Fire Chief

7



# CITY OF FALL RIVER, MASSACHUSETTS

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

March 5, 2015

Honorable City Council  
One Government Center  
Fall River MA 02722

Dear City Councillors:

The Board of Election Commissioners is requesting your approval of the political calendar for the Charter Revision Petitions and the Charter Commission to be held with the City Election on November 3, 2015.

Sincerely,

Elizabeth A. Camara, Chairperson  
Board of Election Commissioners

CITY CLERK  
FALL RIVER, MA

2015 MAR -6 A 11:59

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7

**CITY OF FALL RIVER**

**2015 – POLITICAL CALENDAR**

**(100 SIGNATURES REQUIRED FOR CHARTER COMMISSION)**

<b><u>DATE</u></b>	<b><u>EVENT</u></b>
May 5	“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 10 5:00 PM	Last day and hour to FILE Charter Revision Petitions for Certification with the Election Commissioners. The Election Commission must be notified in writing when filing is complete.
July 20 5:00 PM	Last day and hour for Election Commission to FILE Certification Report of the Charter Revision Petitions with the City Clerk.
July 22 5:00 PM	Last day and hour for a local registered voter to FILE written objection of the Charter Revision Petitions with the Election Commissioners.
August 18	City Council meeting.
August 19 5:00 PM	Last day and hour for City Council to order the Question on the ballot for the November 3, 2015 election.
September 15 5:00 PM	Last day and hour for SUBMITTING Charter Commission Nomination Papers for Certification with the Election Commissioners.
September 29 5:00 PM	Last day and hour for FILING Certified Charter Commission Nomination Papers with the Election Commissioners.
October 1 5:00 PM	Last day and hour for FILING withdrawals and/or objections of Charter Commission Nomination papers with the Election Commissioners.
October 14 8:00 PM	Last day and hour for Registration of Voters for the City Election at Government Center, Room 636.

**2015 Political Calendar – Charter Revision & Charter Commission**

- October 26  
5:00 PM                      Last day and hour for ALL Candidates and Political Committees to FILE campaign finance reports.
  
- October 27                      Post Warrant for City Election.
  
- November 2  
NOON                              Last day and hour for FILING Absentee ballot applications for the City Election with the Election Office.
  
- November 3                      CITY ELECTION – POLLS OPEN FROM 7 AM TO 8 PM**
  
- November 13  
5:00 PM                              Last day and hour to FILE Recount Petitions.
  
- January 20, 2016  
5:00 PM                              Last day and hour for ALL Candidates and Political Committees to FILE Campaign finance reports.

7

**City of Fall River**  
*Office of the Corporation Counsel*

**C. SAMUEL SUTTER**  
Mayor



**GARY P. HOWAYECK**  
Assistant Corporation Counsel

March 5, 2015

Elizabeth Camara, Chairperson  
Board of Elections  
City of Fall River  
One Government Center  
Fall River, MA 02722

RECEIVED  
2015 MAR -6 A 11:59  
CITY CLERK  
FALL RIVER, MA

**RE: Calendar for Charter Commission**

Dear Chairperson Camara:

With regard to the 2015 'Political Calendar' for the Charter review, I have reviewed the same and confirm that the calendar as presented (attached herein) is in comport with Massachusetts Statutes and City Ordinances. It is my understanding that Howard Hock, Elections Specialist, from the Secretary of the Commonwealth's Elections Division has also verified the calendar with regard to the Commonwealth's Statutes.

If there is anything further on this issue please feel free to ask.

Respectfully,

Gary P. Howayeck

cc: City Clerk  
Board of Elections

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

ORDERED, that the City Council of the City of Fall River hereby orders that the former Harriet Healy Elementary School, 726 Hicks Street (Assessors Map B-09-0037), be conveyed to Sherwood Building Company, Inc. for the sum of \$25,000 as set forth in Sherwood Building Company, Inc.'s Response to said RFP, subject to the terms and conditions as set forth in said RFP, and further subject to the negotiation and execution of a Purchase & Sales Agreement in a form determined and acceptable by the Corporation Counsel and the execution of a Quitclaim Deed in a form also acceptable to the Corporation Counsel.

City of Fall River, *In City Council*

ORDERED, that in the matter of the following offers for city owned real estate, that they be and the same are hereby granted leave to withdraw:

726 Hicks Street  
Assessors Map B-09-0037

- 1. Fall River Animal Wellness and Adoption Center (FRAWAC)  
236 Walter Street  
Fall River, MA \$8,000.00
- 2. Fall River Animal Wellness and Adoption Center (FRAWAC)  
236 Walter Street  
Fall River, MA \$1.00 (alternate bid)
- 3. Hero Pinless Inc. & Fall River Electronic Library  
164 Durfee Street  
Fall River, MA \$8,000.00
- 4. S.B&A Realty Group, Inc./Massachusetts  
10 Purchase Street, Suite 301  
Fall River, MA \$8,111.00

*City of Fall River, In City Council*

12

(Councilor Daniel M. Rego)

WHEREAS, there has been a delay in fire department inspections for auto body and auto repair shop licenses, and

WHEREAS, according to city ordinance, the fire department is required to conduct an investigation and inspection of the site within 14 days of receipt of the application, now therefore

BE IT RESOLVED, that the Committee on Regulations meet with Fire Chief Robert Viveiros and Roger Lambert from the Fire Prevention Division to review compliance with Sections 14-464, 14-470, and 14-471 of the Revised Ordinances of the City of Fall River, 1999.

*City of Fall River, In City Council*

(Councilor Linda M. Pereira)

WHEREAS, the record amounts of snow and devastating winter caused thousands of potholes in the city, now therefore

BE IT RESOLVED, that the Committee on Public Works and Transportation meet with representatives from the Administration to discuss what steps will be taken to get a handle on this pothole epidemic.



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR -6 P 12:29

CITY CLERK #15-52  
FALL RIVER, MA

1. Claimant's name: CHRISTOPHER E. Migneault
2. Claimant's complete address: 405 EASTVIEW AVENUE SOMERSET, MA, 02726
3. Telephone number: Home: 508-525-5554 Work: 508-678-8808
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
POTHOLE, TIRE REPLACEMENT + ALIGNMENT
5. Date and time of accident: 2-19-15 9:30 A.M. Amount of damages claimed: \$ 417.00 TIRE + ALIGNMENT
6. Exact location of the incident: (include as much detail as possible): TRAVELING IN BETWEEN FRANKLIN'S CHERRY ST. PURCHASE ST. NORTH
7. Circumstances of the incident: (attach additional pages if necessary):  
I WAS TRAVELING NORTH ON PURCHASE IN BETWEEN FRANKLIN'S CHERRY ST. WHERE I HIT A LARGE POTHOLE. MY TIRE WAS DAMAGED AND I NEEDED AN ALIGNMENT. THANKFULLY MY RIM WAS NOT DAMAGED.
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: 3/2/15

Claimant's signature: [Signature]

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

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

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

For official use only:

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

Date: 3/6/15



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR -6 P 2:07

CITY CLERK #15-53  
FALL RIVER, MA

- 1. Claimant's name: Kristen Carvalho
- 2. Claimant's complete address: 8 Third St. Somerset MA 02726
- 3. Telephone number: Home: 774-627-5664 Work: same
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Auto Accident (vehicle damage resulting
- 5. Date and time of accident: 02/19/2015 Amount of damages claimed: \$ 581.88
- 6. Exact location of the incident: (include as much detail as possible):  
Charles St after milk St intersection
- 7. Circumstances of the incident: (attach additional pages if necessary):  
I was traveling up Charles St (towards South Main St.) & as I was approaching the intersection of Charles St & Milk St, my vehicle hit a pothole on the passenger hand side. My car was undrivable so I had to get it towed to a body shop. They had to replace two motor mounts & the front passenger side axle. RECEIPT 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).

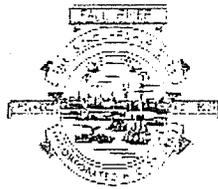
I swear that the facts stated above are true to the best of my knowledge.  
Date: 3/6/2015 Claimant's signature: Kristen Carvalho

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

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

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

For official use only:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: <u>3/6/15</u>
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RECEIVED

City of Fall River  
Notice of Claim

2015 MAR -9 P 2:19

CITY CLERK #15-54  
FALL RIVER, MA

- 1. Claimant's name: William Joerres
- 2. Claimant's complete address: 28 Bourne St. Apt. 1 New Bedford, MA 02740
- 3. Telephone number: Home: 508-498-8721 Work: \_\_\_\_\_
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pothole damage on public way
- 5. Date and time of accident: 2/28/15 Amount of damages claimed: \$ 736.62
- 6. Exact location of the incident: (include as much detail as possible):  
North Davol Street near "The Cove Restaurant"
- 7. Circumstances of the incident: (attach additional pages if necessary):  
Operating vehicle at night on North Davol street and hit a pothole near The Cove Restaurant which bent my rim causing me to replace the whole and alignment required
- 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  
Viveiros Insurance 814 County St. Somerset MA 02726

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: 3/8/15

Claimant's signature: William Joerres

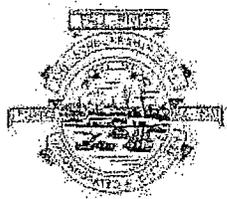
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/9/15</u>

Council 20



City of Fall River  
Notice of Claim

RECEIVED  
2015 MAR -9 A 11:59  
CITY CLERK 15-55  
FALL RIVER, MA

- 1. Claimant's name: Brittany Cowen
- 2. Claimant's complete address: 327 Cambridge St Fall River, MA 02721
- 3. Telephone number: Home: (774) 526-1004 Work: (401) (024) - 4403
- 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: 2/24/15 830pm Amount of damages claimed: \$ 300.00
- 6. Exact location of the incident: (include as much detail as possible):  
557 Brayton Ave Fall River
- 7. Circumstances of the incident: (attach additional pages if necessary):  
I was driving east on Brayton Ave when I hit the pothole with my front passenger side tire and broke the 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: 2/24/2015 Claimant's signature: Brittany Cowen

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

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

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

For official use only:						Date: <u>MAR - 9 2015</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 10 P 2:14

CITY CLERK #15-56  
FALL RIVER, MA

1. Claimant's name: Aaron J. DeCosta
2. Claimant's complete address: 794 Brayton Ave. Apt 1. Somerset, MA 02726
3. Telephone number: Home: 774-930-9729 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pothole Damage
5. Date and time of accident: Feb. 28, 2015 Amount of damages claimed: \$ 163.46
6. Exact location of the incident: (include as much detail as possible):  
Tucker St. about a foot to two feet outside the entrance to Super Buffet 2000.
7. Circumstances of the incident: (attach additional pages if necessary):  
I WAS traveling down tucker st. towards stafford and hit a pothole that WASN'T visible due to it being dark out.
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: 3/10/15 Claimant's signature: Aaron DeCosta

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/10/15</u>

*Council*  
*20*

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2015 MAR 10 P 1:14

CITY CLERK  
FALL RIVER, MA

*15-57*



City of Fall River  
Notice of Claim

1. Claimant's name: Edward Avilla
2. Claimant's complete address: 475 Tower St., Fall River, Ma., 02721
3. Telephone number: Home: 508-67-52234 Work: Same
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pot Hole - Damaged Tire
5. Date and time of accident: 3-2-2015 - 5:15 P.M. Amount of damages claimed: \$ 100.00 +
6. Exact location of the incident: (include as much detail as possible):  
Alden St., and Quequechan St., making turn on to Alden St. Pot Hole
7. Circumstances of the incident: (attach additional pages if necessary):  
Heading North on Quequechan St., Right turn on Alden St.,  
making right turn pot hole on right as making turn, pot hole  
on right as making turn, I turn to left, mist hole with front,  
back passenger tire hit pot hole, inspection of back tire a bubble. or  
side-wall.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No  
I did call DPW + Government Center to report pot hole.

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: 3-6-2015

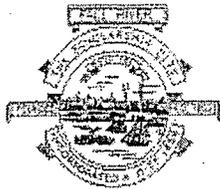
Claimant's signature: Edward Avilla

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

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COPIES

CITY CLERK  LAW  CITY COUNCIL  CITY ADMIN  DPW

MAR 10 2015



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2015 MAR 11 A 11:19

City of Fall River  
Notice of Claim

CITY CLERK #15-58  
FALL RIVER, MA

- 1. Claimant's name: Roy + Wendy Bento
- 2. Claimant's complete address: 4640 NORTH MAIN ST F.R. MASS
- 3. Telephone number: Home: 508-642-1145 Work: 508-493-1098
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
TIRE DAMAGE Due to pothole
- 5. Date and time of accident: 3-4-15 7am Amount of damages claimed: \$ 256.70
- 6. Exact location of the incident: (include as much detail as possible):  
Salsbury Street (off PLYMOUTH AVE)
- 7. Circumstances of the incident: (attach additional pages if necessary):  
Potholes are all over in this street. Went to pick up a relative that lives on this street you move over to get away from one and it's impossible
- 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: 3-5-15 Claimant's signature: Roy Bento

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/11/15</u>



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2015 MAR 11 A 11:20

City of Fall River  
Notice of Claim

CITY CLERK #15-59  
FALL RIVER, MA

1. Claimant's name: Cheri Sisson
2. Claimant's complete address: 133 Fenner St Fall River ma 02724
3. Telephone number: Home: 508-818-3184 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Flat tire bent rim from pot hole
5. Date and time of accident: 3/9/2015 7:30am Amount of damages claimed: \$ 283
6. Exact location of the incident: (include as much detail as possible):  
deval st near Dunkin Donuts before set of lights
7. Circumstances of the incident: (attach additional pages if necessary):  
While driving down deval st near Dunkin Donuts I hit a pot hole, I could not swerve get the way thru was a car on one side of me bent my rim and popped my tire
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 3/9/2015

Claimant's signature: Cheri Sisson

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

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

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For official use only:	
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW
Date:	<u>3/11/15</u>



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City of Fall River  
Notice of Claim

2015 MAR 12 A 11: 16

CITY CLERK 15-60  
FALL RIVER, MA

1. Claimant's name: JAMES ROGERS
2. Claimant's complete address: 428 BUNTINGTON ST FALL RIVER MA 02721
3. Telephone number: Home: 508 673-1118 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
POT HOLE DAMAGE
5. Date and time of accident: MARCH 8, 15 / 9:00 PM Amount of damages claimed: \$ 202.46
6. Exact location of the incident: (include as much detail as possible):  
MANCHESTER ST SOUTH FROM ROMAN ST
7. Circumstances of the incident: (attach additional pages if necessary):  
AS I TURNED RIGHT ONTO MANCHESTER ST FROM ROMAN ST I HAD AT LEAST THREE POT HOLES THAT CAUSED UNDER CARRIAGE DAMAGE TO MY CAR.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: MARCH 12, '15

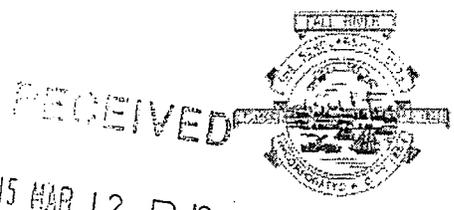
Claimant's signature: James Rogers

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

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

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For official use only:						Date: <u>3/12/15</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	



2015 MAR 12 P 12: City of Fall River  
CITY CLERK 15-61 Notice of Claim  
FALL RIVER, MA

- 1. Claimant's name: Blake Stangor
- 2. Claimant's complete address: 15 Shadow Farm Ln. Rochester, MA 02770
- 3. Telephone number: Home: 508-728-6139 Work: 401-847-9600
- 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: 3-1-15 11:30PM Amount of damages claimed: \$ 683.33
- 6. Exact location of the incident: (include as much detail as possible):  
Parked outside of 46 Freedom St. Fall River, MA
- 7. Circumstances of the incident: (attach additional pages if necessary):  
My car was parked against the curb on the proper side of street during a snowstorm while a parking ban was in effect. The street was being plowed due to the heavy snow fall. A Black Plow truck struck
- 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: 3-12-15 Claimant's signature: [Signature]

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

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

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For official use only:						
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<u>DPW</u>	Date: <u>3/12/15</u>

I continued my drivers side mirror while plowing the road,  
My drivers side mirror was completely destroyed. I 20  
paid full expenses because I have a \$1,000 insurance  
deductible. The driver kept going and didn't return.  
I witnessed the accident from the 2nd floor  
apartment window on Freedom st, I wasn't able  
to get the license plate # due to the poor  
visibility.

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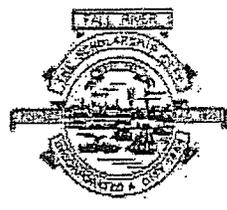
2015 MAR 12 P 12:12

CITY CLERK 15-61  
EAST RIVER MA

Thank you,

Blake Stango  
~~BLAKE STANGO~~

Council 20



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City of Fall River  
Notice of Claim

2015 MAR 12 P 12:22

CITY CLERK 15-62  
FALL RIVER, MA

1. Claimant's name: Matthew Faria
  2. Claimant's complete address: 400 Blossom Hill Dr
  3. Telephone number: Home: 508 676 9682 Work: 508 493-1320
  4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Auto - cracked oil pan on huge bump
  5. Date and time of accident: 3/10/15 Amount of damages claimed: \$
  6. Exact location of the incident: (include as much detail as possible):  
400 Blossom Hill Dr going up hill
  7. Circumstances of the incident: (attach additional pages if necessary):  
broken oil pan
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: 3/12/15 Claimant's signature: [Signature]

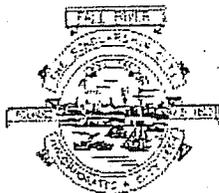
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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

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

For official use only:	<b>MAR 12 2015</b>
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: _____

council  
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2015 MAR 12 P 12:52

City of Fall River  
Notice of Claim

CITY CLERK 15-63  
FALL RIVER, MA

1. Claimant's name: ELSIE BETTENCOURT
2. Claimant's complete address: 2 ORLANDO AVE WESTPORT, MA 02790
3. Telephone number: Home: 774-264-9336 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
BLOW OUT TIRE CW LARGE POT HOLE
5. Date and time of accident: 2/25/2015 Amount of damages claimed: \$ 127,20
6. Exact location of the incident: (include as much detail as possible):  
WEST BOUND ON TUCKER ST NEAR SENIOR CENTER TOWARD STAFFORD
7. Circumstances of the incident: (attach additional pages if necessary):  
WAS DRIVING WESTBOUND ON TUCKER ST - POT HOLE COULD NOT BE SEEN - WAS FILLED WITH WATER - HIT POT HOLE AND TIRE BLEW OUT
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: 3-6-2015 Claimant's signature: Elsie Bettencourt

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

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

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

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



Council 20

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City of Fall River  
Notice of Claim

2015 MAR 12 P 12:53

CITY CLERK 15-64  
FALL RIVER, MA

1. Claimant's name: Michelle Cateon
2. Claimant's complete address: 274 Robeson St
3. Telephone number: Home: 508 9334385 Work:
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Damaged to CAR FRONT TIRE
5. Date and time of accident: 3-6-2015 Amount of damages claimed: \$ 50.00
6. Exact location of the incident: (include as much detail as possible):  
Robeson St NEAR NEW ENGLAND PIZZA and Rug STORE
7. Circumstances of the incident: (attach additional pages if necessary):  
While Driving North on Robeson St I Hit A Big POT Hole and my TIRE BLEW out. I just bought the tires 3 WEEK AGO RETURNED TO TIRE SHOP TO FIX I had Road HAZZARD SO I ONLY Cost ME \$50.00
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: 3-10-2015 Claimant's signature: Michelle Cateon

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

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

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



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2015 MAR 12 P 1:2

City of Fall River  
Notice of Claim

CITY CLERK 15-65  
FALL RIVER, MA

- 1. Claimant's name: NANCY E CARPENTER
- 2. Claimant's complete address: 927 Maple Street Fall River, MA
- 3. Telephone number: Home: 508-676-1034 Work: \_\_\_\_\_
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
property damage to vehicle due to pothole
- 5. Date and time of accident: 3-5-15 3:35 AM Amount of damages claimed: \$ 418.43
- 6. Exact location of the incident: (include as much detail as possible):  
359 ROBESON ST. F.R. MASS IN NORTH BOUND TRAVEL LANE
- 7. Circumstances of the incident: (attach additional pages if necessary):  
DROVE INTO POTHOLEDUE TO TRAFFIC CONGESTION DUE TO NARROWED ROADWAY BECAUSE OFSNOW
- 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: 3-12-2015

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.

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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	Date: <u>3/12/15</u> <u>3/12/15</u>



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City of Fall River  
Notice of Claim

2015 MAR 13 A 11: 28

CITY CLERK 15-66  
FALL RIVER, MA

- 1. Claimant's name: Kevin M Vieira
  - 2. Claimant's complete address: 60 Thornton Way N. Kingstown, RI 02852
  - 3. Telephone number: Home: 401-294-2316 Work: 508-676-3442
  - 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Flat tire due to Pothole on Plymouth Ave
  - 5. Date and time of accident: 3/10/15 9:45 AM Amount of damages claimed: \$ 304.60
  - 6. Exact location of the incident: (include as much detail as possible):  
Headed North on Plymouth Ave just before Audi dealership
  - 7. Circumstances of the incident: (attach additional pages if necessary):  
Hit Pothole and ripped my tire. Tried to avoid Potholes but didn't want to cause an accident
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: 3/13/15

Claimant's signature: [Signature]

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

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For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> [Signature]	Date: <u>3/16/15</u>
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City of Fall River  
Notice of Claim

RECEIVED

2015 MAR 13 A 11:45

CITY CLERK 15-67  
FALL RIVER, MA

1. Claimant's name: HOWARD D. COPPER
  2. Claimant's complete address: 1308 COUNTY ST
  3. Telephone number: Home: 508-623-2414 Work: \_\_\_\_\_
  4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
POT HOLE
  5. Date and time of accident: 3-5-15 Amount of damages claimed: \$ 20,99
  6. Exact location of the incident: (include as much detail as possible):  
TUCKER ST. F.R. (500 BLOCK AREA)
  7. Circumstances of the incident: (attach additional pages if necessary):  
POT HOLE NORTH SIDE - OF ST.
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: 3-18-15 Claimant's signature: Howard D. Copper

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

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

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For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/13/15</u>

Council  
20



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City of Fall River  
Notice of Claim

2015 MAR 13 P 1:06

CITY CLERK 15-68  
FALL RIVER, MA

1. Claimant's name: John Orlando DORVILLE
2. Claimant's complete address: 1247 North main st Fall river ma 02721
3. Telephone number: Home: 973-558-9087 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall, on public way or property damage):  
Pole Hole Front wheel came off a my plow got broke
5. Date and time of accident: \_\_\_\_\_ Amount of damages claimed: \$ 8000.00
6. Exact location of the incident: (include as much detail as possible):  
\_\_\_\_\_
7. Circumstances of the incident: (attach additional pages if necessary):  
I had to ask people to let me borrow money to fix my truck on plow Towing was \$100
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: 3-13-2015

Claimant's signature: \_\_\_\_\_

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

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

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

For official use only:		Date: <b>MAR 13 2015</b>
Copies forwarded to:	<input type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	

counsel  
20



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 16 A 9:40

CITY CLERK 15-69  
FALL RIVER, MA

1. Claimant's name: Sandra Feitelberg
2. Claimant's complete address: 202 OSBORN ST #3 FALL RIVER, MA 02724
3. Telephone number: Home: 508 642-7782 Work: (508) 675-8917
4. Nature of claim; (e.g., auto accident, slip and fall on public way or property damage):  
Right front auto tire damaged by pothole
5. Date and time of accident: 3-14-15 2 o'clock Amount of damages claimed: \$114.25
6. Exact location of the incident: (include as much detail as possible):  
LAUREL ST NEAR TOWER ST FALL RIVER MA.
7. Circumstances of the incident: (attach additional pages if necessary):  
heading north on LAUREL ST CAR hit large pothole  
blew out right front tire. unable to avoid the hole.  
bumper was damaged as well - \$500<sup>00</sup> deductible.
- \* I have photo's in my cell phone of the incident location & time.
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 \$500<sup>00</sup> deductible

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.

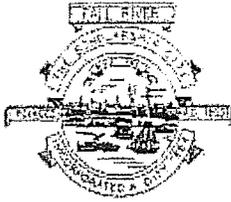
Date: 3-16-15 Claimant's signature: Sandra Feitelberg

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

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

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

For official use only:	
Copies forwarded to:	Date: <u>MAR 16 2015</u>
<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> DPW
<input checked="" type="checkbox"/> Law	
<input checked="" type="checkbox"/> City Council	
<input checked="" type="checkbox"/> City Administrator	



*Counsel*  
20

RECEIVED

**City of Fall River  
Notice of Claim**

2015 MAR 16 P 1:22

1. Claimant's name: JAMES Silvia CITY CLERK 15-70  
FALL RIVER, MA
2. Claimant's complete address: 644 POKROSS ST FALL RIVER, MA 02724
3. Telephone number: Home: 508-642-3045 Work: 508-676-8511
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
FLAT TIRE FROM pothole. TIRE NOT REPAIRABLE
5. Date and time of accident: 3/10/15 6:30am Amount of damages claimed: \$ 146.81
6. Exact location of the incident: (include as much detail as possible):  
Charles St. between King St AND So. MAIN ST.
7. Circumstances of the incident: (attach additional pages if necessary):  
WENT IN AN UNAVOIDABLE pothole THAT went whole  
length of street. UNAVOIDABLE because of cars  
parked on both sides of street.  
Tire needed to be Replaced.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 3/15/14

Claimant's signature: *[Signature]*

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>PRW</u>	Date: <u>3/16/15</u>

Counsel  
20



RECEIVED

2015 MAR 16 P 4:22

City of Fall River  
Notice of Claim

CITY CLERK 15-71  
FALL RIVER, MA

1. Claimant's name: Robert Moser
2. Claimant's complete address: 56 St Joseph St, Fall River, Ma.
3. Telephone number: Home: 508-617-4622 Work: Retired/Disabled  
or 508 567 1603
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pot hole Major Damage to vehicle + injury
5. Date and time of accident: 5:05pm Amount of damages claimed: \$ ?
6. Exact location of the incident: (include as much detail as possible):  
Claflin St.
7. Circumstances of the incident: (attach additional pages if necessary):  
Proceeding North up Claflin St when vehicle hit Pot hole See Police Report.  
Air Bags Deployed, windshield Smashed also side drivers side window, and undercarriage damage
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  
Not at this time Insurance Co. notified.

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: 3/16/15 Claimant's signature: Robert Moser

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

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

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

For official use only:						Date: <u>3/16/15</u>
Copies forwarded to:	<input 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	



City of Fall River  
Notice of Claim

RECEIVED

2015 MAR 17 A 9:00

CITY CLERK #15-72  
FALL RIVER, MA

1. Claimant's name: Thomas E. Alecrim
2. Claimant's complete address: 282 MILTON ST FALL RIVER, MA 02720
3. Telephone number: Home: 508 673 9747 Work:
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pothole caused split in tire on New Car 2014 Honda CRU  
Tire had to be replaced
5. Date and time of accident: 3-8-15 4:45 pm Amount of damages claimed: \$ 185.40
6. Exact location of the incident: (include as much detail as possible):  
Pothole Located on the West side of Hartwell St. between  
Rte 195 Hartwell St Exit and Radman St
7. Circumstances of the incident: (attach additional pages if necessary):  
TRAFFIC ON Hartwell St WAS 2 WAY, TRAFFIC WAS  
Moderate in both directions. Pothole WAS UNAVOIDABLE  
Passenger/witness Geraldine Belanger  
818 Middle St Fall River, MA 02721
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

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

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

Date: 3-17-15

Claimant's signature: Thomas E. Alecrim

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW
Date:	<u>3/17/15</u>



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 17 P 12:04

CITY CLERK  
FALL RIVER, MA

15-73

1. Claimant's name: Christopher Benevides
2. Claimant's complete address: 229 Palmer Street
3. Telephone number: Home: 508-324-0545 Work: 774-301-6884
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Flat tire ~ Pothole
5. Date and time of accident: 9:45pm 3/16 Amount of damages claimed: \$ 225.00
6. Exact location of the incident: (include as much detail as possible):  
East Main Street near the Army Reserve Base
7. Circumstances of the incident: (attach additional pages if necessary):  
I was driving on E. Main Street towards the Army Reserve Base on Monday 3/16 at 9:45. I hit a pothole and moments later noticed my tire was flat.
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: 3/17/2015

Claimant's signature: Christopher Benevides

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

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

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

For official use only:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> <u>DIPW</u>	Date: <u>3/17/15</u>
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RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 17 P 1:17

CITY CLERK 15-74  
FALL RIVER, MA

1. Claimant's name: Kyle A. Botelho / Paul A. Botelho
2. Claimant's complete address: 65 Plain St.
3. Telephone number: Home: 774 294 4803 Cell: 774 294 6474 Work: 774 294 6474
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: 3/15/15 Amount of damages claimed: \$ 350.81
6. Exact location of the incident: (include as much detail as possible):  
Route 6 off Horton St right over hill on Route 6
7. Circumstances of the incident: (attach additional pages if necessary):  
There was a deep pot hole that popped ~~front~~ <sup>front</sup> front tire and badly damaged drivers side back tire as well
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: 3/17/15 Claimant's signature: Kyle A Botelho

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>3/17/15</u>



#15-75 20

RECEIVED

2015 MAR 17 A 11:29

City of Fall River  
Notice of Claim

1. Claimant's name: GERMAINE BURKE
2. Claimant's complete address: 887 STAFFORD RD CITY CLERK, FALL RIVER, MA
3. Telephone number: Home 508-674-3427 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
\_\_\_\_\_
5. Date and time of accident: 3-4-15 Amount of damages claimed: \$ 90
6. Exact location of the incident: (include as much detail as possible):  
STAFFORD ROAD
7. Circumstances of the incident: (attach additional pages if necessary):  
POTHOLE Between Seabra + Cumberland Farms
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: 3-17-15 Claimant's signature: Germaine Burke

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

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

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

For official use only:						Date: <u>3/17/15</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	



2015 MAR 18 P 10 00 City of Fall River  
Notice of Claim

#15-76

- 1. Claimant's name: John Cordeiro / Elizabeth Cordeiro
- 2. Claimant's complete address: 291 Cambridge Street
- 3. Telephone number: Home: (508) 6737865 Work: (508) 7264643
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pot hole
- 5. Date and time of accident: 3-13-15 Amount of damages claimed: \$ \_\_\_\_\_
- 6. Exact location of the incident: (include as much detail as possible):  
down hill Quarry Street huge Pot hole
- 7. Circumstances of the incident: (attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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: 3-13-15

Claimant's signature: Elizabeth Cordeiro

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPO	Date: <u>3/18/15</u>



RECEIVED

City of Fall River  
Notice of Claim

2015 MAR 18 A 10:44

CITY CLERK #15-77  
FALL RIVER, MA

1. Claimant's name: Aives DeSousa
2. Claimant's complete address: 624 Prospect St Fall River MA 02720
3. Telephone number: Home: 5086763710 Work: ~~5086763710~~ Cell: 5084932762
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
2 Flat tires and Rim damage due to very deep pot hole on street
5. Date and time of accident: 3-14-15 at 9:00pm and 3-12-15 7:45am Amount of damages claimed: \$549.34  
I got 2 flat tires in one week
6. Exact location of the incident: (include as much detail as possible):  
Driving on Eastern Ave. on left lane heading towards Bedford St. North just where Barnes St crosses  
on left lane went over pot hole on left side heard a pop and
7. Circumstances of the incident: (attach additional pages if necessary):  
Heading North on Eastern ave. on left lane left front tire was flat  
went over pot hole and got flat tire.  
Right front tire driving east on New Boston Rd Fall River  
hit pot hole near Kim Well Nursing Home on 3-12-15 at 7:45 Am
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

2nd Flat  
First Flat

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: 3-17-15

Claimant's signature: Aives de Sousa

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

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

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

For official use only:

Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW Date: 3/18/15

Council  
20



City of Fall River  
Notice of Claim

RECEIVED

2015 MAR 18 P 4: 59

1. Claimant's name: Michele Cabral
2. Claimant's complete address: 242 Washington ST CITY CLERK: 15-78  
FALL RIVER, MA
3. Telephone number: Home: 508 5673886 Work: 508 824-1717
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pothole
5. Date and time of accident: 3/17/15 8:07 Amount of damages claimed: \$ 110.00  
pm
6. Exact location of the incident: (include as much detail as possible):  
Daval ST. left lane next to Almax Plaza before  
the lights
7. Circumstances of the incident: (attach additional pages if necessary):  
was driving trying to avoid potholes  
but did hit one didn't see due to it being  
dark so my hubcap go flying went around  
the block to get hubcap and also saw pothole
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: 3/18/15

Claimant's signature: Michele Cabral

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

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

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For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>MAR 19 2015</u>
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RECEIVED

2015 MAR 19 P 3:08

City of Fall River  
Notice of Claim

CITY CLERK #15-79  
FALL RIVER, MA

1. Claimant's name: Cynthia Belden
2. Claimant's complete address: 710 Windwood Dr. Apt 103
3. Telephone number: Home: 401-816-0919 Work: N/A disabled
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
replacement of punctured tire due to pot hole.
5. Date and time of accident: 3-12-2015 7:15 pm Amount of damages claimed: \$ 118.36
6. Exact location of the incident: (include as much detail as possible):  
Corner of 9 Tucker St + 151 Eclipse St
7. Circumstances of the incident: (attach additional pages if necessary):  
Going west on Tucker St near Eclipse St. when an on coming car from the east <sup>side</sup> so was unable to avoid pot hole. My right front tire where it went into hole immediately went flat. I had to replace the tire, could not be fixed. Street still not repaired.
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: 3-19-2015

Claimant's signature: Cynthia Belden

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

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

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

For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW				Date: <u>3/19/15</u>
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Community Preservation Committee RECEIVED

Minutes: February 23, 2015

City Hall City Council Hearing Room

2015 MAR 18 P 1:28

Hearings on Funding

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

**Members Present:**

Alan Rumsey, Holly Bronhard, Paul Machado, James Souza, Antone Dias, Kenneth Pacheco, John Brandt, Matthew Burke, Mario Lucciola

**Members Absent:**

None

**Hearings:**

1. Lafayette/Durfee House

Presenters: Mr. David Jennings, President of the Lafayette/Durfee House Foundation and Architect Richard Ventrone

The presenters discussed priority issues for this historic property which include first floor framing and the roof. Although the ell was added to the original structure it is still early construction.

In Phase I they are seeking \$164,900 which will enable them to stabilize the structure.

In response to a question about other grant opportunities, Mr. Jennings explained that an entity can only apply a limited number of times from the same grant funding source. The last time this property received a grant was 2011 when a \$15,000 grant provided a new heating system.

This property has never received substantial funding.

When asked about the popularity of the site, Mr. Jennings commented that hundreds of Fall River school children benefit

from after school programs held there each year. He indicated that if properly restored the house would be a major stop on a Discover Fall River tour. Mr. Ventrone commented that unlike some historic structures, the programs offered here make this venue vital and engaging, particularly for children. Mr. Jennings reminded the Board that this property is "...Fall River's link to the American Revolution".

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 FALL RIVER, MA

2. Columbus Park

Presenter: Mr. Rodney Jacques, Architect

Chairman Kenneth Pacheco indicated that Columbus Park is not part of the City's next phase for park improvements. ADA compliance is required if substantial improvements are made. ADA compliance is part of this plan but will be phased in as the plan progresses. The initial fund request involves the replacement of the basketball court. Mr. Jacques indicated that this park is located in a densely populated neighborhood and that the current basketball court, even in disrepair, is regularly used.

3. Kosciusko Square

No presenter appeared. Although there was some delay in receipt of the notifying letters, Holly Bronhard called and e-mailed each of this evening's applicants.

4. Children's Museum

Presenters: Ms. Joanne Sbrega, Executive Director and Mr. Tafa Awolaju, Board member.

In response to a question by Antone Dias, Ms. Sbrega indicated that the current air conditioning system is window units in each of the rooms. The heating system is all on one zone. The plan would involve minimal penetrations, all in the rear of the building and all through the existing window openings.

Ms. Sbrega indicated that she has been told that the noise level should be low as the units will be in the rear of the

building, there is sufficient distance to the nearest neighbor and there is a grassy knoll to provide some noise buffering.

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The Children's Museum has a five year lease with the County but expect that the lease will be regularly renewed. The Museum expects to expand to the second floor where the main courtroom will house exhibits dealing with outer space.

Over 400 families are members of the museum. The museum partners with the local schools. During school vacations there are as many as 200 children visiting. It is a popular location for birthday parties.

The funds sought here will enable the Museum to collect \$187,000 from a Massachusetts Cultural Society matching grant.

5. Watuppa Pond

Presenter: Mr. Michael LaBossierre, Fall River Water Department

Mr. LaBossierre explained that the parcels are zoned R-80 which means that they are buildable if the lot is 2 acres with at least 300 feet of road frontage. The purpose of these sought restrictions is to prohibit development. One parcel is the back ten acres of a farm. The restriction would maintain this as farmland.

Mr. LaBossiere expects that the city would be in a good position to obtain matching funds from the EOEEA, drinking water supply grant. The Water Board is in favor of this application.

6. St. Vincent's Farm

Presenter: Mr. Michael LaBossierre, Fall River Water Board

Chairman Kenneth Pacheco indicated that this parcel is in very buildable condition and acquisition would preserve its character. If acquired the Park Board could retain title.

Mr. LaBossierre also indicated that there is a drainage issue in that area and is concerned that development could increase the run-off problems associated with Steep Brook.

Mr. LaBossierre expects that the City would be able to obtain matching funds from the state agricultural grant program.

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**Adjournment:** A motion was made by James Souza, seconded by Alan Rumsey and unanimously approved to adjourn at 8:15 PM.

CITY CLERK \_\_\_\_\_  
SOUZA, MA



By: Paul J. Machado  
Clerk

Community Preservation Act Board  
March 8, 2015

Community Preservation Committee RECEIVED

Minutes: March 16, 2015

City Hall City Council Hearing Room 105 MAR 18 P 1:28

Hearings on Funding CITY CLERK FALL RIVER, MA

**Members Present:**

Alan Rumsey, Holly Bronhard, Paul Machado, James Souza, Antone Dias, Kenneth Pacheco, Matthew Burke, Mario Lucciola

**Members Absent:**

John Brandt

**Hearings:**

1. Little Theater

Presenters: Beverly Robinson, President of the Board  
Katherine Castor, Member of the Board

The presenters responded that they had not obtained any estimates for repairing rather than replacing the windows. There are ten windows and they were not sure if they were the original windows.

Antone Dias explained, that to qualify for CPA funds the replacement windows must meet the Secretary of the Interior's Historical Preservation standards.

A Motion was made by Paul Machado, seconded by Matthew Burke, to allow these applicants, like other applicants have been allowed to do, to supplement their materials by the next meeting of the CPA Board on April 6, 2015.

2. Kennedy Park Basketball Courts

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Presenter: Melanie Leite, St. Anne's Neighborhood Association Representative

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As a result of the park grant the basketball courts here and in two other city parks will receive \$33,500 offset funding, reducing the request made for CPA funds.

Ms. Leite explained that many of the basketball courts in the south end of the city are, like the ones at Kennedy Park, in disrepair.

In response to questions about the expected use of the restored basketball courts, Ms. Leite indicated that they are regularly used even in their current condition. She indicated that the surrounding area is five times more densely populated, per square mile, than the rest of the city. Fifty-five percent of the neighborhood population is under the age of eighteen.

They receive complaints that the teenagers at the park are just hanging around, having nothing constructive to do.

When asked about future maintenance, Ms. Leite indicated that the St. Anne's Neighborhood Association has a history of participation in clean-ups, gathering between 150-200 people for the city-wide clean-up. Neighbors walk the park and pick up trash. The association encourages teenagers to take pride in their neighborhood and to help keep it clean.

3. Abbott Court

No presenter was present for this hearing. The Board will consider the application on the basis of the written submissions.

4. Fall River Fire Museum

Preenters: Michael LePage, President of the Association  
Kenneth Leger, Secretary of the Association

When asked about the top priorities Mr. LePage indicated that the building evaluation and assessment were essential to the proper restoration of the building.

In light of the limited CPA budget, the presenters did prioritize the list of emergency repairs. In order they would be Exterior masonry repairs, HVAC installation, basement structural repairs, basement waterproofing, hazardous materials removal, and temporary window protection.

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 FALL RIVER, MA

In response to a question by Antone Dias, Mr. LePage answered that the plan was not to reuse the cast iron radiators, but rather to install a new forced hot air system. Mr. Dias indicated that CPA guidelines would require the reuse of the radiators. Alan Rumsey questioned this, noting that that might not be the most energy efficient manner of heating the building. James Souza also questioned this requirement and indicated that it may be an appropriate question to pose to Stuart Saginore. Antone Dias indicated that the building might be 'used' to a certain type of heating system and that a new system could cause deterioration.

Antone Dias noted that as the City owns the building and leases it to the Fall River Fire Museum, that as a landlord they would be required to provide heat and hot water. Kenneth Pacheco indicated that the city could supply that by utilizing space heaters, likely taken from some other city property.

Although the organization had not applied for other grants, with a completed professional building assessment those applications would be possible.

5. Cook Pond

Presenters: Rosemary LaPlante, President and Brian Curt, member of the Father Kelly Neighborhood Association.

Ms. LaPlante indicated that as a result of the winter weather the condition of the wall is deteriorating. Although the age of the wall is uncertain, it is made of large blocks of local granite with concrete mortar. If repaired it would likely provide a very durable barrier between Dwelly Street and the slope to the pond.

In response to a question by Paul Machado about the progress of the planned walkway around the pond, the presenters did not have specific information about the current progress of that project, but did indicate that it along with the resurfacing of the roadway to the boat ramp, would likely bring increased usage of this relatively undeveloped recreation area. Other than Sandy Beach, Cook Pond is the only large open space area in the south end of the city.

The presenters also indicated that the Father Kelly Neighborhood Association is very active in clean-ups around the Pond. The removal of dead brush and invasive plants will promote the health of the existing vegetation and will open the view to the water from Dwelly Street.

Matthew Burke made a motion to allow these applicants to supplement their materials by the next CPA meeting on April 6, 2015. The motion was seconded by Antone Dias, and unanimously approved.

6. Abbey Grill

Presenter: Mr. Andrew Lombardi

After purchasing the Abbey Grill building Mr. Lombardi has invested over \$350,000 to restore this historic church complex. He has been acting as general contractor for crews that have been continuously working on this building.

The restaurant is near completion and will likely open within the next three to four months.

He plans to use the church space as an event center and museum.

The most serious current problem is to the hall's roof where the original slate tiles have been replaced by asphalt shingles in some areas.

Mr. Lombardi described the manner that he has been restoring this building using the services of a number of preservation artisans. These artisans have already restored etched glass and stained glass and plans are to recreate the original doors that had been replaced in some places.

Mr. Lombardi estimates that he will spend an additional \$350,000 to complete the restoration.

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7. Oak Grove Cemetery

CITY CLERK  
FALL RIVER, MA

Presenter, Mr. Michael Keane, Friends of Oak Grove Cemetery

When asked if there was any way to reduce the amount of the sought funding, Mr. Keane indicated that it could be bifurcated into the iron work and stone work projects. He did indicate that if he had to choose it would be to go forward with the iron work because the final placement of the gates is dependent on the completion of the stone work.

The cemetery is an example of one of the first garden cemeteries in the country, and these precursors to the modern park system. In addition to its historic significance, the cemetery is frequently used for recreation, Mr. Keane indicating that people from the hospital will use the property for peaceful walks.

**Agenda:**

Chairman Pacheco indicated that he would invite City Treasurer, John Nunes to the April meeting to discuss CPA finances and the bonding process. The Board will also consider renewal of dues for the CPA Coalition, and begin discussions on project funding and the reporting process.

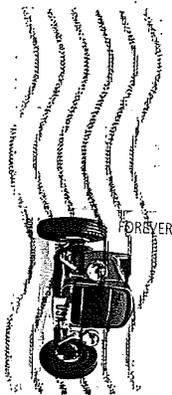
**Adjournment:** A motion was made by Paul Machado, seconded by Matthew Lopes and unanimously approved to adjourn at 8:30 PM.



By: Paul J. Machado  
Clerk  
Community Preservation Act Board  
March 16, 2015

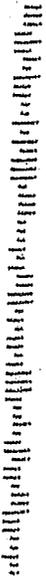


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Good Luck.

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