



City of Fall River Massachusetts
Office of the City Clerk

RECEIVED
2015 OCT 23 A 10:36

CITY CLERK _____
FALL RIVER, MA

ALISON M. BOUCHARD
CITY CLERK

OCTOBER 23, 2015
MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

INÊS LEITE
ASSISTANT CITY CLERK

TUESDAY, OCTOBER 27, 2015

5:30 P.M. COMMITTEE ON FINANCE

1. Discussion of loan orders as follows:
 - a. *\$475,000 for new fire pumper truck for Fire Dept. (ref. 10-13-15)
 - b. *\$680,000 for self-contained breathing apparatus for Fire Dept. (ref. 10-13-15)
 - c. *\$1,000,000 for Durfee High School Feasibility Study for School Dept. (ref. 10-13-15)
2. Discussion re: Quarterly FY 2016 Budget Report (tabled 10-13-15)

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 – none

PRIORITY COMMUNICATIONS

1. *Mayor and order requesting acceptance of \$900.00 donation to be used to fund the Veterans Memorial Bicentennial Park Improvements.

COMMITTEE REPORTS – none

ORDINANCES – none

RESOLUTIONS

2. *City Council requests Director of Financial Services/Treasurer borrow remaining funds authorized in loan order for five Fall River Police Department SUVs

CITATIONS

3. Fall River Police Department Award Recipients and Retirees

ORDERS – HEARINGS FOR TONIGHT

Second hand article store:

4. Joey & Anna Pacheco d/b/a Pacheco's Used Furniture located at 657 Bedford Street

ORDERS – HEARINGS TO BE SCHEDULED

Revocation of permit for the storage of inflammables:

5. Susan Pedder – 221 East Main Street

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

One Government Center • Fall River, MA 02722

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

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

6. Police Chief's report on licenses
7. Auto Body Shop license renewals
8. Auto Repair Shop license renewals

COMMUNICATIONS – INVITATIONS – PETITIONS

9. *Claims
10. *Street opening request – 276 Maple Street (to install new water line for sprinkler system)
11. *State Representative Alan Silvia req. meeting of Committee on Public Safety with South-End Neighborhood Association

BULLETINS – NEWSLETTERS – NOTICES – none


Assistant City Clerk

City of Fall River, In City Council

Finance 1a

**LOAN ORDER
New Fire Pumper Truck**

ORDERED: That the City hereby appropriates Four Hundred Seventy-Five Thousand Dollars (\$475,000) to pay costs of purchasing and equipping a new fire pumper truck, and for the payment of all other costs incidental and related thereto. To meet this appropriation, the City Treasurer, with the approval of the Mayor, is authorized to borrow said sum under and pursuant to M.G.L. Chapter 44, Section 7(9) or pursuant to any other enabling authority, and to issue bonds or notes of the City therefor, and

BE IT FURTHER 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.

**CITY OF FALL RIVER
IN CITY COUNCIL
OCT 13 2015**

*Authorized to be published
and referred to the
Committee on Finance*

City of Fall River, In City Council

LOAN ORDER Self-Contained Breathing Apparatus

ORDERED: That the City hereby appropriates Six Hundred and Eighty Thousand Dollars (\$680,000) to pay costs of purchasing self-contained breathing apparatus equipment for the Fire Department, and for the payment of all other costs incidental and related thereto. To meet this appropriation, the City Treasurer, with the approval of the Mayor, is authorized to borrow said sum under and pursuant to M.G.L. Chapter 44, Section 7(9) or pursuant to any other enabling authority, and to issue bonds or notes of the City therefor, and

BE IT FURTHER 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.

**CITY OF FALL RIVER
IN CITY COUNCIL
OCT 13 2015**

*Authorized to be published
& Referred to the Committee
on Finance*

City of Fall River, In City Council

LOAN ORDER
(Durfee High School Feasibility Study)

ORDERED: That the City appropriates the amount of One Million Dollars (\$1,000,000) for the purpose of paying costs of a feasibility study for the Durfee High School Project, located at 360 Elsbree Street, Fall River, Massachusetts, including the payment of all costs incidental or related thereto, and for which the City may be eligible for a grant from the Massachusetts School Building Authority ("MSBA"), said amount to be expended under the direction of the Durfee High School Project Building Committee. To meet this appropriation, the City Treasurer, with the approval of the Mayor, is authorized to borrow said amount under and pursuant to M.G.L. Chapter 44, or pursuant to any other enabling authority. The City acknowledges that the MSBA's grant program is a non-entitlement, discretionary program based on need, as determined by the MSBA, and any costs the City incurs in excess of any grant approved by and received from the MSBA shall be the sole responsibility of the City, and that the amount of borrowing authorized pursuant to this vote shall be reduced by any grant amount set forth in the Feasibility Study Agreement that may be executed between the City and the MSBA, and

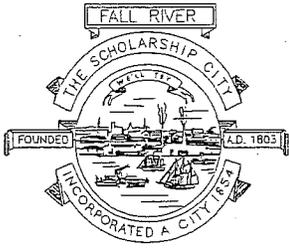
BE IT FURTHER ORDERED: That the Treasurer is authorized to file an application with the appropriate officials of The Commonwealth of Massachusetts (the "Commonwealth") to qualify under Chapter 44A of the General Laws any and all bonds of the City to be issued pursuant to this Order, and to provide such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

CITY OF FALL RIVER
IN CITY COUNCIL
SEP 29 2015

Tabled

CITY OF FALL RIVER
IN CITY COUNCIL
OCT 13 2015

Authorized to be published.
and referred to the committee
on Finance, 9 years.



City of Fall River
Massachusetts
Office of the Mayor

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2015 OCT 21 P 12: 22

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

October 20, 2015

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

Mr. President and Honorable Members of the Council:

My office has received a request from an individual requesting that the City accept a donation amount of \$900 to be used to fund the Veterans Memorial Bicentennial Park Improvements.

Would you kindly place this on the next City Council agenda for acceptance.

Sincerely,

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 City of Fall River be and the same is hereby authorized to accept a gift of \$900.00 to be used to fund the improvements at the Veterans Memorial Bicentennial Park.

City of Fall River, *In City Council*

2

(Councilor Stephen R. Long)

WHEREAS, a loan order in the amount of \$365,000 was adopted by the City Council on April 8, 2014 for the purchase and outfitting of ten SUVs to be used as police cruisers, and

WHEREAS, funds were borrowed for the purchase of five vehicles, and

WHEREAS, at this time the Fall River Police Department is in need of five additional vehicles, now therefore

BE IT RESOLVED, that the City Council hereby requests that the Director of Financial Services/Treasurer borrow the remaining funds allowed by such loan order for the purchase of these vehicles.

#15-223A 9

MetLife Auto & Home[®]
Subrogation - Warwick
Mail Processing Center
PO Box 2204
Charlotte, NC 28241-2204
800-634-9740

MetLife[®]

10/05/2015

City Of Fall River
Attn: Alison M. Bouchard
One Government Center Room 227
Fall River, MA 02722

NOTICE OF SUPPLEMENTAL SUBROGATION

Your Insured: City Of Fall River Our Customer: Eric Durham
Your Policy Number: Our Claim Number: ALH91692
Your Claim Number: 15-3085 : Driver Neil Rodrigues Date of Accident: 07/16/2015

We recently submitted a subrogation notice to you for consideration of our claim.

Please note that we have issued a supplemental payment on this loss. Therefore, we are seeking further reimbursement from you as follows:

Total Amount of Supplement:	\$370.00
Original Amount:	\$2140.00
Amount Received to Date:	\$0.00
Total Amount Owed this claim:	\$2,510.00

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2015 OCT 13 A 11:47
CITY CLERK
FALL RIVER, MA

Please put claim number ALH91692 on all payments. Thank You.

Thank You.

Sincerely,

Skylar Paris
METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY
SUBROGATION ADJUSTER, Ext: 6041, Fax: 866-260-1662

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its Affiliates, Warwick, RI

9

PROGRESSIVE

P.O. Box 512929
Los Angeles, CA 90051-0929
Phone: (877) 818-0139
Fax: (888) 781-6947

10/15/2015 5:41:00 PM

CITY OF FALL RIVER
CITY CLERK 2ND FL
ONE GOVERNMENT CENTER
FALL RIVER, MA 02722

RE: **Date Of Loss:** 08-11-15
 Our Insured: FORKNALL, DEIDRE
 Our Claim Number: 15-4637951
 Your Insured: CITY OF FALL RIVER
 Your Claim Number: 15-4637951

Dear CITY OF FALL RIVER
CITY CLERK 2ND FL,

To date, Progressive Direct Insurance Company has paid \$564.25 for Personal Injury Protection ("PIP") benefits resulting from a loss, which occurred on or about 08-11-15. Progressive Direct Insurance Company is entitled to rights of recovery. We request ONE GOVERNMENT CENTER to notice, acknowledge, protect and preserve these rights.

Our rights of recovery include, but are not limited to, indemnity or contribution created by the payment of claims or benefits to insureds or qualified third parties under automobile accident reparations statuses or common law.

For your reference, PIP benefits already paid, include:

<u>Party Name</u>	<u>PIP Total</u>
FORKNALL, DEIDRE	\$564.25

Please contact me about any inquires regarding our rights to recover at (877) 818-0139 ext 37096. Payment may be sent to Subrogation Payment Processing Center 24344 Network Place Chicago, IL 60673-1243.

Sincerely,

Edward Ward
Subrogation Representative
440-910-5515
Fax: 888-781-6947
Email: Edward_P_Ward@Progressive.com
Progressive Direct Insurance Company

RECEIVED
2015 OCT 22 A 11: 20
CITY CLERK 15-22414
FALL RIVER, MA

October 6, 2015

City of Fall River
Alison M Bouchard, City Clerk
1 Government Center Room 627
Fall River MA 02722

RECEIVED
2015 OCT -9 A 11:19
CITY CLERK
FALL RIVER, MA
15-225

Named Insured: Leonel M Carreiro
Claim Number: KRWW47
Date of Loss: 9/14/2015
Time of Loss: 10:00 am
Loss Location: Rodman St, Fall River MA
Type of Loss: motor vehicle
Responsible Party: City of Fall River – driver Glenn Smith
Reimbursement Due: \$901.38
Property Damage: \$901.38
PIP Medical/Wage: N/A

Dear Ms. Bouchard:

Please accept this letter of presentment as required by M.G.L. c. 258 §4. Our investigation reveals that your driver Glenn Smith is responsible for damages sustained by our insured.

Attached are our supports for this loss. If you require additional documentation to investigate this claim pursuant to your statutory obligation, please contact us. If you are inclined to discuss settlement of this claim or deny this claim within the six (6) month statutory period, please forward the appropriate communication to my attention.

Loss description: Your driver collided with our insured's parked vehicle.

We have settled the loss with our insured and would appreciate your immediate payment of the amount listed above. Please make your check payable to The Commerce Insurance Company in the amount of \$901.38 and be sure to note our file number to ensure proper credit.

10/9
1 copy & 1 original - Law
1 copy to Fire
1 copy to Clerk
1 copy to City Council
1 copy to City Admin

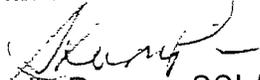
#15-225-9

If you have any questions, please call me at 1-800-221-1605, ext. 15466, or email me at the address below.

Thank you.

Sincerely,

THE COMMERCE INSURANCE COMPANY



Sheila Parsons SCLA

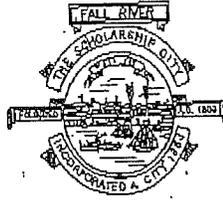
Claim Representative II, Subrogation
sparsons@mapfreusa.com

MAIL: 11 Gore Rd, Webster, MA 01570

SP/mrl

Enclosure(s)

CERTIFIED MAIL/RETURN RECEIPT REQUESTED



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City of Fall River
Notice of Claim

2015 OCT 13 A 11:46

#15-226

CITY CLERK
FALL RIVER, MA

1. Claimant's name: Nancy Cassiere

2. Claimant's complete address: 53 Palmer St Fall River MA 02724

3. Telephone number: Home: 774-319-891 Work: 774-294-4418

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Property Damage 1 2 tires

5. Date and time of accident: 10/5/15 2:30pm Amount of damages claimed: \$ 550

6. Exact location of the incident: (include as much detail as possible):
Warren St Middle at the intersection near Body Shop

7. Circumstances of the Incident: (attach additional pages if necessary):
I was driving on there was a huge pot hole that I didnt see which cause two flat tire passenger side front & back & rims.

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: 10/8/15

Claimant's signature: Nancy Cassiere

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

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

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

For official use only:
Copies forwarded to: City Clerk Law City Council City Administrator DPW Date: 10/13/15



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2015 OCT 13 A 11:48

CITY CLERK #15-227
FALL RIVER, MA

City of Fall River
Notice of Claim

Progressive Direct Ins. Also
Francisco Pimentel

- 1. Claimant's name: _____
- 2. Claimant's complete address: PO BOX 512929 Los Angeles, CA 90051-0929
- 3. Telephone number: Home: _____ Work: 440-910
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): _____

5. Date and time of accident: 8/7/15 5:30 PM Amount of damages claimed: \$ 6126.89

6. Exact location of the incident: (include as much detail as possible):
W main St / Araganta St

7. Circumstances of the Incident: (attach additional pages if necessary):
See attached paper

8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No
Info above

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

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

Date: 10-7-15 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:	<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>10/13/15</u>
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15-227

9

Our named insured's 2006 H-D FLSTFI Fat Boy was traveling on West Main St and Araganta St, when our insured's motorcycle struck a pothole. Our insured's motorcycle lost control and slid on the right hand side. We are seeking reimbursement from the City of Fall River for the repairs done to our insured's motorcycle as a result of this loss.



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City of Fall River
Notice of Claim

2015 OCT 15 A 10:29

CITY CLERK 15-228
FALL RIVER, MA

1. Claimant's name: DIANE PAVAS
2. Claimant's complete address: 221 FIELDEN ST. FALL RIVER, MA 02723
3. Telephone number: Home: 5086785598 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Slip + Fall
5. Date and time of accident: 8:30AM 11/14/15 Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
CORNER OF PITMAN + HARRIMAN ST.
7. Circumstances of the incident: (attach additional pages if necessary):
WAS GOING FOR A WALK AND TRIPPED OVER A 3" PIPE OBSTRUCTION IN THE MIDDLE OF SIDEWALK
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: 11-15-15 Claimant's signature: Diane Pavas

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

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

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

For official use only:						Date: <u>10/15/15</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	



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2015 OCT 16 A 10:15

City of Fall River
Notice of Claim

CITY CLERK 15-229
FALL RIVER, MA

1. Claimant's name: Francisco e Luisa Silva
2. Claimant's complete address: 1269 Bedford St
3. Telephone number: Home: 508 837 8218 Work: 508 676-5000
Daughter Diane Diane
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: 9/13/15 Amount of damages claimed: \$ 3,097.19
4:36 pm
6. Exact location of the incident: (include as much detail as possible):
1269 Bedford St. directly across from Seville St
7. Circumstances of the incident: (attach additional pages if necessary):
Water Sewer spillage backed up from the main pipe on or in the street into 1269 Bedford St "in thru toilet, Shower, jacuzzi", Flooding entire home kitchen, two bedrooms and living room. A health hazard is strongly a problem - carpeting, mold, and soiled
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

sewer waste continued on back ->

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

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

Date: 10/16/15

Claimant's signature: Luisa Silva

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

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

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

For official use only:	Date: <u>10/16/15</u>
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>Water</u>	



**City of Fall River
Notice of Claim**

*Council
9*

RECEIVED

2015 OCT 19 P 3:45

CITY CLERK 15-230
FALL RIVER, MA

1. Claimant's name: Kevin Marques
2. Claimant's complete address: 41 michael st, Fall River MA 02721
3. Telephone number: Home: 774-488-1025 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
vehicle Damage due to pothole
5. Date and time of accident: 10/5/15 5:30AM Amount of damages claimed: \$ 31.88

6. Exact location of the incident: (include as much detail as possible):
Taking a right turn from 4th st onto pleasant st. Near city hall

7. Circumstances of the incident: (attach additional pages if necessary):
I was driving on that road as i usually do. I was stopped at the red on 4th meets pleasant st. The light turned green, i took the right and hit a pothole at an angle and it blew my sidewall. It was not repairable.

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
this has happened in the city. City is full of potholes/

Insurance will not pay for damages under my 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: 10/6/2015

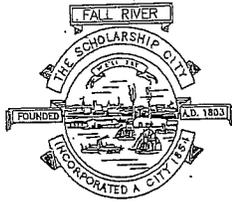
Claimant's signature: Kevin Marques

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

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

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For official use only:	<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>DEM</u>	Date: <u>10-19-15</u>
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RECEIVED

City of Fall River
Notice of Claim

2015 OCT 22 A 9 56

CITY CLERK 15-231
FALL RIVER, MA

1. Claimant's name: Elsie Gouveia
2. Claimant's complete address: 130 Lynwood St
3. Telephone number: Home: 50812783519 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pothole - Damage to vehicle
5. Date and time of accident: early Sept, 2015 Amount of damages claimed: \$ 241.47
6. Exact location of the incident: (include as much detail as possible):
half way down street - drove into flooded pot holes.
7. Circumstances of the incident: (attach additional pages if necessary):
by rain storm - no damage on Lynwood St. coming home from work around about 8:30 PM. drove into big pot holes not realizing where they were. The street in that area was flooded out. vehicle made a noise, next morning not opening good.
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: 10-22-15

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: City Clerk Law City Council City Administrator DPW

Date: 10/22/15

10-22-15

9

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2015 OCT 22 A 9:56

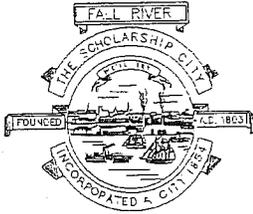
15-231

CITY CLERK
FRANKLIN RIVER, MA

To whom it may concern

early Sept. 2015 we had a ~~bad~~ storm
 a couple of days long. The street (Lynwood) is full
 of pot holes some big & deep. one night coming home
 from work unable to see the holes, the whole
 street was pretty much flooded - no drainage
 here. they're finally working on it. I ended
 up driving into 2 of them. my vehicle made a
 noise & it damaged it. Please refund me
 for the damage due to the big potholes. Here
 is the estimated damage!

Thank You
 Elsie Gourea
 130 Lynwood St.
 F. R. Ma. 02721



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

Engineering Division

C. SAMUEL SUTTER
Mayor

KENNETH C. PACHECO
Director
BYRON R. HOLMES, P.E.
City Engineer

MEMO

To: Fall River City Council
From: Byron Holmes, P.E.
City Engineer
Date: October 15, 2015
Subject: Street Opening Request for Pavement less than 5 years old.

CITY CLERK
FALL RIVER, MA

2015 OCT 15 P 12:23

RECEIVED

Comments:

The Department of Community Maintenance is requesting permission to install a new water line for a sprinkler system at 276 Maple Street, with the excavation being in School Street. This is the location of the Westall School.

School Street was last paved in 2012, so is a street under the City's five year ordinance. If the Council agrees to this request, the following conditions would apply:

1. Trench repair work shall be done by a licensed drainlayer within the city of Fall River.
2. Flowable fill will be required.
3. The engineering division shall be notified prior to excavation in order to assure city inspection of this work.
4. An infrared patch will be used for repair of the asphalt surface.

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2015 OCT 13 A 11:46

CITY CLERK _____
FALL RIVER, MA

October 8, 2015

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

Attn: President Joseph Camara

Dear Ms. Bouchard,

The South-End Neighborhood Association is requesting a Public Safety Meeting to be held at one of our Neighborhood Meetings in response to many requests from residents who attend our monthly meetings. At our October meeting due to the high number of crimes occurring in the south end it was unanimous that we contact the council. People would appreciate the opportunity to speak too many of the safety issues in their neighborhood. Our meetings are held the first Thursday of every month.

One of the ongoing issues that we would like to have on the agenda is the King Phillip Mill complex, and an update of what the city is doing in accordance with the building.

Thank You for your response to this matter, feel free to contact me at 774-526-1122.

Best,



Alan Silvia, State Representative
President South-End Neighborhood Association

10/13
C: Co Rego + Co Camara