



City of Fall River Massachusetts
Office of the City Clerk

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2014 SEP -5 P 1:35

ALISON M. BOUCHARD
CITY CLERK

SEPTEMBER 5, 2014
MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

CITY CLERK
FALL RIVER, MA
ASSISTANT CITY CLERK

TUESDAY, SEPTEMBER 9, 2014

4:00 P.M. COMMITTEE ON REAL ESTATE

5:30 P.M. COMMITTEE ON FINANCE **PLEASE NOTE EARLIER TIME**

1. Discussion of Fiscal Year 2015 Capital Plan Priorities (see #2 below)
2. Discussion of Fiscal Year 2015 Community Preservation Act Budget (see #3 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. *Rescind MGL Chapter 40, Section 22F (Objected to and laid on the table 8-12-14)
2. *Mayor and loan order for the purchase of land adjacent to Maplewood Park
3. *Mayor and Fiscal Year 2015 Capital Plan Priorities (see Finance #1)
4. *Mayor and Fiscal Year 2015 Community Preservation Act Budget (see Finance #2)
5. *Asst. Corporation Counsel and order re: Quequechan River Rail Trail – Father Travassos Eminent Domain Taking

PRIORITY COMMUNICATIONS

6. Traffic Commission recommending amendments to the traffic ordinances
7. Planning Board recommending acceptance of Bailey Street from Mount Hope Avenue to dead end

COMMITTEE REPORTS

Committee on Real Estate recommending:

Grant leave to withdraw:

8. Resolution – City Council take parcels near Maplewood Park by eminent domain

Committee on Regulations recommending:

Grant leave to withdraw:

9. Resolution – Complaints regarding auto repair shop located at 122 Lowell Street

ORDINANCES

Second Reading and Enrollment:

10. *Traffic, miscellaneous

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

RESOLUTIONS

11. *City Council file home rule petition to overturn M.G.L. Chapter 40, Section 22F
12. *Comm. on Economic Development and Tourism invite the Administration and FRGTV to discuss the production of a video to promote the City of Fall River
13. *City Council send letter to Federal Delegation and work collaboratively with several partners to seek relief from Combined Sewer Overflow debt
14. *Maplewood Park land purchase be referred to the Community Preservation Committee for funding consideration
15. *Comm. on Finance invite the Administration's finance team and Department of Revenue to discuss the findings of the pro-forma audit
16. *Members of boards and commissions be residents of the City of Fall River
17. *Comm. on Real Estate meet to receive an update on the disposition of former school properties

CITATIONS – None

ORDERS – HEARINGS FOR TONIGHT

Curb Removals:

18. Sam Silapasay – Removal of 10 feet of curbing with an existing 12.5 foot driveway for a total of 22.5 feet at 92 Dover Street to allow for added access to the parcel

ORDERS – HEARINGS TO BE SCHEDULED – None

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

19. Auto repair shop license renewals
20. Police chief's report on licenses
21. *Light order in front of 17 Lynwood Street

COMMUNICATIONS – INVITATIONS – PETITIONS

22. *Claims
23. *Mass DOT re Work along the South Coast Rail Right-of-Way
24. Planning Board Minutes – July 17, 2014
25. Zoning Board of Appeals Minutes – July 17, 2014

BULLETINS – NEWSLETTERS – NOTICES – None


City Clerk

City of Fall River, In City Council

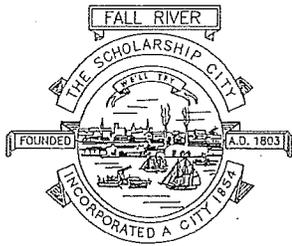
(Councilor Raymond A. Mitchell)
(Council President Joseph D. Camara)
(Councilor Michael L. Miozza)
(Councilor Linda M. Pereira)
(Councilor Daniel M. Rego)

ORDERED, that the provisions of M.G.L. c. 40 § 22F which statute relates to license fees and service charges, adopted by the City Council on May 27, 2008 and approved by the Mayor on May 28, 2008, be hereby rescinded.

CITY OF FALL RIVER
IN CITY COUNCIL
AUG 12 2014

*Objected to and laid
over until the next
meeting in accordance
with the Charter*

2



City of Fall River
Massachusetts
Office of the Mayor

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2014 SEP -5 A 9:54

CITY CLERK _____
FALL RIVER, MA

WILLIAM A. FLANAGAN
Mayor

September 4, 2014

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

Dear Honorable Council Members:

I am placing before you for your consideration and approval a Loan Authorization for the purchase of land adjacent to Maplewood Park.

Your favorable vote is respectfully requested.

Sincerely,

William A. Flanagan
Mayor

City of Fall River, *In City Council*

LOAN ORDER (Land Acquisition)

ORDERED: That the City hereby appropriates Five Hundred Thousand Dollars (\$500,000) to pay costs of purchasing Lots 1, 2, 3, 4, 5 and 6 shown on the Form A subdivision plan, which plan is on record at the Fall River Registry of Deeds at Plan Book 155, Page 60, and recorded on March 21, 2014, and for the payment landscaping said lots and for the payment of all other costs incidental and related thereto. Such parcels of land to be used for general municipal purposes. 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(3) or pursuant to any other enabling authority, and to issue bonds or notes of the City therefor. The Mayor is authorized to apply for, accept and expend any and all grants or gifts from any sources whatsoever that may be available to the City on account of this project; provided, however, that the amount authorized to be borrowed by this order shall be reduced to the extent of any such grants or gifts received by the City.

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
Massachusetts
Office of the Mayor

WILLIAM A. FLANAGAN
Mayor

RECEIVED
2014 SEP -4 A 11: 27
CITY CLERK
FALL RIVER, MA

September 4, 2014

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

Mr. President and Members of the Honorable Council:

In response to the City Council's request for a revised Capital Plan, I am submitting for your review and approval the FY 2015 priority capital items. These expenditures reflect a combination of operating needs, energy efficiencies and capital investments for our City's economic infrastructure.

The attached Debt Schedules show the impact that each of these items will have on our debt service and, consequently, our operating budget. As the Graph shows, the priority items do not add to the total debt service over time. The new debt essentially replaces retiring debt and does not place greater strain on our operating budget. Once completed, many of these priority items are expected to either generate savings in our annual budget or create new revenues through direct community investment.

Your approval of these FY 2015 capital purchases is respectfully requested.

Mayor William A. Flanagan

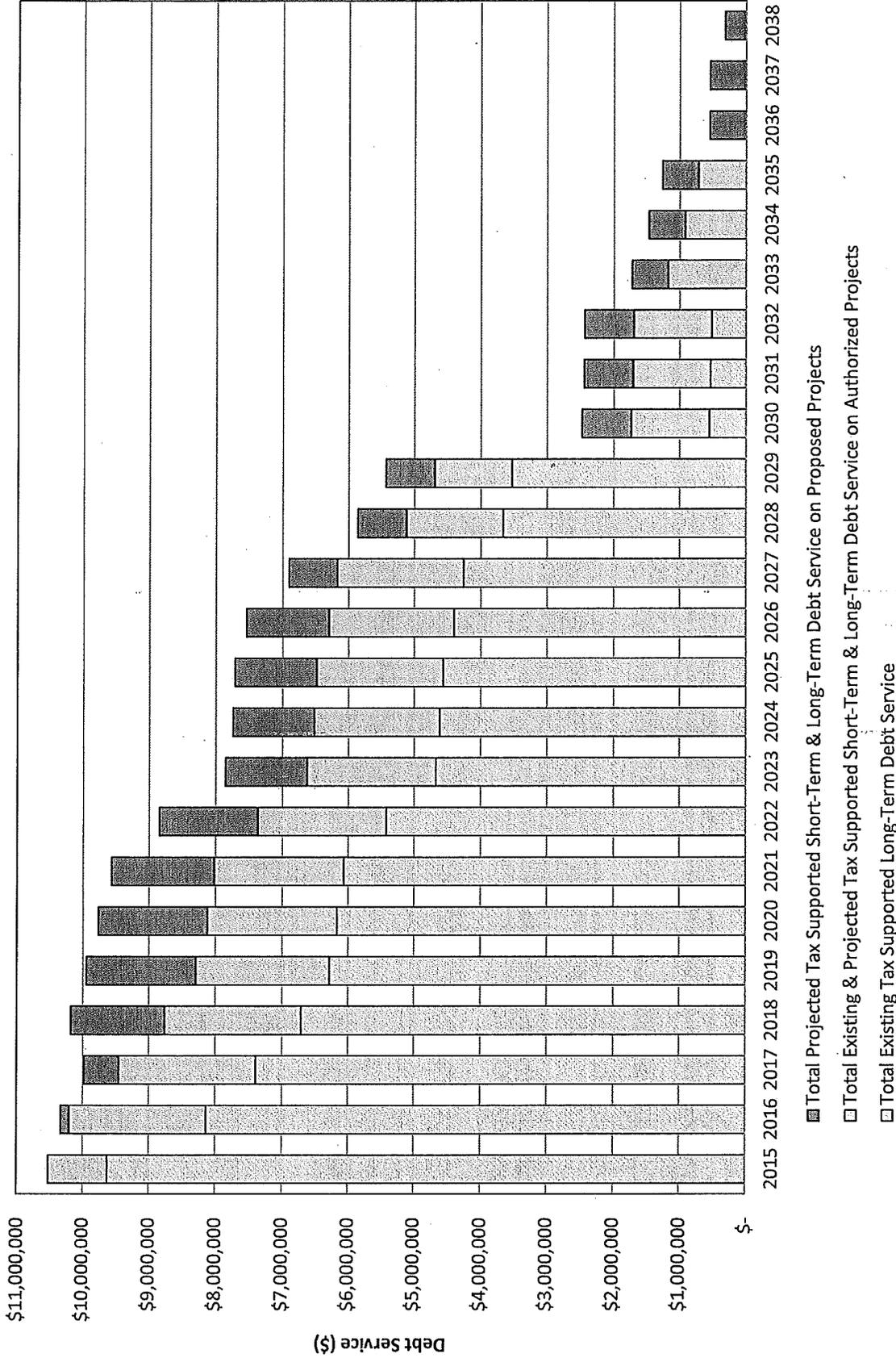
**Capital Improvement Plan
Fiscal Year 2015**

		TOTAL	Useful Life	PURCHASE	Short Term	Long Term
Building and Grounds						
	New Roof for GC	\$ 400,000	20	3/2015-07/2015	6/20/2015	2/1/2018
	Replace Bucket Truck	\$ 85,000	10	10/1/2014	10/1/2014	2/1/2016
	Ameresco Energy Street Lights	\$ 2,400,000	15	1/1/2015	2/14/2015	2/1/2017
	Building Environmental Remediation	\$ 750,000	15	1/1/2015	2/14/2015	2/1/2017
	Building Demolition/Open Space	\$ 250,000	15	11/1/2015	2/14/2015	2/1/2017
Elections						
	New Voting Equipment	\$ 330,000	10	4/1/2015	6/20/2015	2/14/2017
Fire Department						
	New Engine	\$ 475,000	10	1/1/2015	1/1/2015	2/14/2017
Streets and Highways						
	Wheeled Loader	\$ 170,000	10	11/1/2014	2/14/2015	2/14/2017
	Backhoe	\$ 123,000	10	11/1/2014	2/14/2015	2/14/2017
	New Mechanic Shop / Equipment	\$ 210,000	10	11/1/2014	2/14/2015	2/14/2017
	Cab & Chassis / Snow Equipment	\$ 95,000	10	11/1/2014	2/14/2015	2/14/2017
	New Generator for Complex	\$ 75,000	10	5/1/2015	6/20/2015	2/14/2017
Central Garage/ DCM Complex		\$ 3,600,000	20	11/1/2015	2/14/2016	2/1/2018
MIS						
	New Computer System	\$ 280,000	5	2/1/2015	2/14/2015	2/14/2016
Sidewalk Repair Plan	1/3 Split with HO, 2/3 City	\$ 500,000	5	4/1/2015	6/20/2015	2/14/2016
Street Repair Plan	Ch 90 Match	\$ 2,000,000	15	4/1/2015	6/20/2015	2/14/2017
Industrial Park						
	Curbing for beautification	\$ 104,000	10	4/1/2015	6/20/2015	2/14/2016
	Road Resurfacing	\$ 930,000	10	4/1/2015	6/20/2015	2/14/2016
Sanitation						
	Loader	\$ 170,000	10	10/1/2014	2/14/2015	2/14/2017
	Yard Waste Carts	\$ 900,000	10	10/1/2014	2/14/2015	2/14/2017
	Dumpsters-2	\$ 20,000	10	10/1/2014	2/14/2015	2/14/2017
	Total:	\$ 13,867,000				

CITY OF FALL RIVER, MASSACHUSETTS

plan 2 - updated 8/26/2014

Tax-Supported Debt Service Existing vs. Authorized vs. Proposed



Total Net Debt Service as of 6-30-2014

	General Fund		School		Existing ST Debt being converted to LT	GF City + School	Impact of Proposed Projects	Total GF Debt Service	Water		Sewer		
	Principal	Interest	Principal	Interest					Principal	Interest	Principal	Interest	
2015	3,260,751	430,328	3,842,507	2,089,580	2,059,200	9,623,165	10,333,494	2,423,133	891,952	5,212,735	2,695,634	2015	
2016	1,956,000	305,432	3,942,507	1,935,251	2,052,250	10,198,390	9,976,369	2,478,884	800,501	4,813,606	2,491,986	2016	
2017	1,355,000	239,061	4,005,907	1,794,969	2,044,625	9,447,186	10,182,211	2,351,042	716,716	4,939,500	2,344,310	2017	
2018	761,000	208,175	4,061,707	1,678,047	2,010,375	8,753,554	9,941,833	2,403,278	653,829	5,061,220	2,208,007	2018	
2019	750,000	190,005	3,785,207	1,556,113	1,949,625	8,291,699	9,765,118	2,455,515	591,973	5,188,475	2,080,783	2019	
2020	730,000	161,376	3,867,107	1,407,010	1,955,625	8,121,118	9,568,892	2,503,550	514,374	5,337,130	1,899,920	2020	
2021	729,800	132,623	3,949,407	1,251,306	1,941,125	8,012,761	8,842,857	2,551,734	439,997	5,477,054	1,726,715	2021	
2022	724,000	103,134	3,497,907	1,097,053	1,949,625	7,363,219	7,858,314	2,639,894	364,198	5,495,091	1,540,523	2022	
2023	430,000	73,731	3,201,907	964,214	1,908,125	6,619,476	7,746,516	2,436,457	283,228	5,658,102	1,167,200	2023	
2024	435,000	53,999	3,292,907	831,360	1,915,000	6,514,266	7,717,622	2,477,696	265,691	5,685,929	1,014,457	2024	
2025	440,000	37,818	3,382,907	703,453	1,895,750	6,479,178	7,542,497	1,658,734	211,010	5,860,915	870,853	2025	
2026	320,000	21,864	3,487,907	570,070	1,908,125	6,295,590	6,906,972	1,535,890	228,945	6,050,987	760,201	2026	
2027	210,000	10,897	3,607,907	428,931	1,453,125	6,165,859	5,861,854	1,446,412	188,992	6,227,180	567,845	2027	
2028	140,000	4,331	3,232,907	284,791	1,171,625	5,115,154	5,437,209	1,130,983	152,032	6,194,712	375,453	2028	
2029	35,000	875	3,347,907	138,833	1,178,875	4,691,365	4,731,375	1,067,212	120,238	6,383,519	379,973	2029	
2030	-	-	500,000	52,500	1,177,000	1,731,375	2,446,819	1,080,420	92,068	5,376,892	1,123,149	2030	
2031	-	-	500,000	35,000	1,174,750	1,706,625	2,439,638	810,427	63,818	5,146,829	872,260	2031	
2032	-	-	500,000	17,500	916,500	1,694,500	1,723,375	503,369	37,861	5,158,655	635,506	2032	
2033	-	-	-	-	717,500	1,174,750	1,264,531	135,000	2,700	5,255,421	447,818	2033	
2034	-	-	-	-	-	-	551,831	-	-	4,486,600	293,062	2034	
2035	-	-	-	-	-	-	550,188	-	-	2,352,553	229,700	2035	
2036	-	-	-	-	-	-	323,269	-	-	2,409,375	172,967	2036	
2037	-	-	-	-	-	-	-	-	-	2,467,573	114,862	2037	
2038	-	-	-	-	-	-	-	-	-	1,744,963	64,356	2038	
2039	-	-	-	-	-	-	-	-	-	1,787,791	21,625	2039	
Totals	12,276,551	1,973,648	56,006,600	16,835,982	32,540,450	119,633,231	130,923,878	36,680,229	6,634,351	119,772,808	25,899,161		
	5.5%		24.9%					16.3%		53.3%			

Grand Total (Existing)

Principal	Interest	P & I
224,736,188	51,343,142	276,079,329

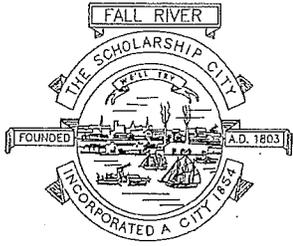
\\fvrmsis3\g\Auditors New\DEBT\FY14\14-08-07 Fall River debt as of 6-30-14 (City format)

City of Fall River, Massachusetts

Projected Tax Supported Short-Term Debt on Proposed Projects
Bond Anticipation Note Schedule

FY 2016 - Proposed Short-Term Interest

DATED	DUE	AMOUNT	TYPE	TERM (IN DAYS)	RATE	GROSS INTEREST & PAYDOWNS	FY TOTAL
2/13/2015	2/12/2016	\$ 85,000	New Money - Bucket Truck	359	1.50%	\$ 1,271	
2/13/2015	2/12/2016	2,700,000	New Money - Ameresco Energy: Street Lights	359	1.50%	40,388	
2/13/2015	2/12/2016	750,000	New Money - Building Environmental Remediation	359	1.50%	11,219	
2/13/2015	2/12/2016	250,000	New Money - Building Demo/Open Space	359	1.50%	3,740	
2/13/2015	2/12/2016	475,000	New Money - Fire Engine	359	1.50%	7,105	
2/13/2015	2/12/2016	170,000	New Money - Wheeled Loader	359	1.50%	2,543	
2/13/2015	2/12/2016	123,000	New Money - Backhoe	359	1.50%	1,840	
2/13/2015	2/12/2016	210,000	New Money - Mechanic Shop/Equipment	359	1.50%	3,141	
2/13/2015	2/12/2016	95,000	New Money - Cab & Chassis (Snow Equipment)	359	1.50%	1,421	
2/13/2015	2/12/2016	280,000	New Money - Computer System	359	1.50%	4,188	
2/13/2015	2/12/2016	170,000	New Money - Loader (Sanitation)	359	1.50%	2,543	
2/13/2015	2/12/2016	900,000	New Money - Yard Waste Carts (Sanitation)	359	1.50%	13,463	
2/13/2015	2/12/2016	20,000	New Money - Dumpsters (Sanitation)	359	1.50%	299	
6/20/2015	2/12/2016	400,000	New Money - GC Roof	232	1.50%	3,867	
6/20/2015	2/12/2016	330,000	New Money - Voting Machine	232	1.50%	3,190	
6/20/2015	2/12/2016	75,000	New Money - Generator	232	1.50%	725	
6/20/2015	2/12/2016	500,000	New Money - Sidewalk Repair (2/3 City Share)	232	1.50%	4,833	
6/20/2015	2/12/2016	2,000,000	New Money - Street Repair	232	1.50%	19,333	
6/20/2015	2/12/2016	104,000	New Money - Curbing (Industrial Park)	232	1.50%	1,005	
6/20/2015	2/12/2016	930,000	New Money - Road Resurfacing (Industrial Park)	232	1.50%	8,990	
						\$	135,104 FISCAL 2016



WILLIAM A. FLANAGAN
Mayor

City of Fall River
Massachusetts
Office of the Mayor

4

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2014 SEP -4 P 5:07

CITY CLERK _____
FALL RIVER, MA

September 4, 2014

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

Dear Honorable Council Members:

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

1. The CPA Budget for FY 15

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

Sincerely,

William A. Flanagan
Mayor

City of Fall River, *In City Council*

APPROPRIATION ORDER

ORDERED, that the following FY 15 appropriations be provided through the Community Preservation Act (CPA), revenues under the MGL Chapter 44B Sections 4 to 7 in the aggregate, amounting to \$280,000 to be appropriated as follows:

Voted: That the following sums be appropriated from the CPA Fund Annual Revenue

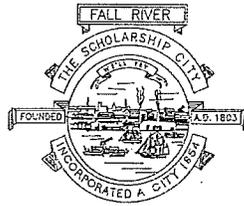
For CPA Administrative Expenditures	\$40,000
For CPA Open Space RESERVE	\$80,000
For CPA Historic Resources RESERVE	\$80,000
For CPA Community Housing RESERVE	<u>\$80,000</u>
TOTAL	<u>\$280,000</u>

And that \$280,000 be raised as follows:

CPA Revenues	<u>\$280,000</u>
	<u>\$280,000</u>

Note: This is the second year of CPA implementation. The anticipated CPA Surcharge revenue is \$800,000. The balance \$520,000 plus the supplemental state trust fund distributions would remain in the CPA fund as un-appropriated and un-reserved fund balance.

City of Fall River
Office of the Corporation Counsel



WILLIAM A. FLANAGAN
Mayor

ELIZABETH SOUSA
Corporation Counsel

GARY P. HOWAYECK
Assistant Corporation Counsel

CHRISTY M. DIORIO
Assistant Corporation Counsel

RECEIVED
SEP - 3 P 3:43
CITY CLERK
FALL RIVER, MA

September 3, 2014

Joseph Camara
Council President
City of Fall River
One Government Center
Fall River, MA 02722

Re: Quequechan River Rail Trail – Fr. Travassos Eminent Domain Taking

Dear Council President Camara:

Enclosed please find a proposed Order taking the fee interest in a private way known as Dean Street for improvements at Father Travassos Park for the Council’s review and consideration on Tuesday, September 9, 2014. As you are aware, the Taking was previously withdrawn from the Council’s August 12th agenda. The matter was withdrawn because the parcel owner’s attorney was on vacation and unable to provide pertinent documentation to the Planning Board for its endorsement of a Form A plan prior to the Council’s last meeting.

Due to the potential impact on the timeline as well as possible loss of funding, this delay caused the City, in conjunction with and at the urging of the Commonwealth’s Office of Energy and Environmental Affairs (“EEA”), to place this portion of the project (Phase IV) out for bid on August 27, 2014. Bid openings will occur on or about September 17, 2014, with construction following shortly thereafter. Should the Council not pass the measure on September 9th, the improvements to Father Travassos Park may not be realized.

Finally, it has come to the undersigned’s attention that following public input during the last council meeting, there may be some questions regarding the purpose of the taking and how Father Travassos Park connects to the future bike path. Attached correspondence from EEA addresses these concerns and further explains the necessity of the taking.

Very truly yours,

Christy M. DiOrio

Enclosures (3)

City of Fall River, *In City Council*

ORDER OF TAKING

WHEREAS, the City of Fall River (hereinafter the "City") is a duly organized municipal corporation under the General Laws of the Commonwealth of Massachusetts, with offices at One Government Center, Fall River, Massachusetts; and

WHEREAS, the City has determined that it is a public purpose to acquire the fee interest in a certain parcel of land in the City consisting of the a portion of the westerly half of the private way known as Dean Street to enhance public access to the public park known as Fr. Travassos Park and for other municipal purposes reasonably related thereto, now therefore

BE IT ORDERED, that the City of Fall River, Massachusetts, under authority of Massachusetts General Laws Chapters 79 & 82 respectively, does hereby take the fee interest by eminent domain by a Taking pursuant to General Laws Chapters 79 and 82, respectively, for the public recreational purpose of the construction, maintenance, and operation of a public park in certain land in the City of Fall River, Massachusetts as more fully described below:

Fr. Travassos Park Parcel 1-C:

Paula Desmarais

The northerly portion of the parcel shown on the Fall River Assessors Maps as Parcel ID# J-27-0001 being the westerly half of the private way known as Dean Street, consisting of 6,173 square feet, more or less, as more fully shown as Parcel No. 1-C on the plan attached hereto entitled:

"Plan of Lands in the City of Fall River, MA, Bristol County (Fall River Registry District) Showing Location of Easements to Be Taken Between Alden Street and Interstate Highway (Route 195) By the City of Fall River" prepared for Fay, Spofford & Thorndike, LLC. by Surveying and Mapping Consultants, dated August 5, 2014 and recorded herewith.

Being a portion of the land now or formerly owned by Paula Desmarais f/k/a Paula Oliveira and described in a deed recorded in the Bristol County (Fall River District) Registry of Deeds in Book 2595, Page 100.

BE IT FURTHER ORDERED, that an award of damages for said taking is hereby made in the amount of Thirteen Thousand and 00/100 (\$13,000.00) Dollars for any damages sustained by the supposed owner, Paula Desmarais, and all other persons having an interest in said land who are entitled to damages for said taking.

BE IT FURTHER ORDERED, that this Order of Taking shall be filed with the Bristol County (Fall River District) Registry of Deeds in accordance with the provisions of Massachusetts General Laws Chapter 79, Section 3.

City of Fall River, *In City Council*

ORDERED, that the Corporation Counsel be, and is hereby requested to take all necessary steps to acquire the fee interest by eminent domain by a Taking pursuant to General Laws Chapters 79 and 82, respectively, for the public recreational purpose of the construction, maintenance, and operation of a public park in certain land in the City of Fall River, Massachusetts as more fully described below or take the fee interest pursuant to Chapter 79 or accept a deed in the fee interest for all municipal and other purposes reasonably related thereto in said land as more fully described below:

Fr. Travassos Park Parcel 1-C:

Paula Desmarais

The northerly portion of the parcel shown on the Fall River Assessors Maps as Parcel ID# J-27-0001 being the westerly half of the private way known as Dean Street, consisting of 6,173 square feet, more or less, as more fully shown as Parcel No. 1-C on the plan attached hereto entitled:

“Plan of Lands in the City of Fall River, MA, Bristol County (Fall River Registry District) Showing Location of Easements to Be Taken Between Alden Street and Interstate Highway (Route 195) By the City of Fall River” prepared for Fay, Spofford & Thorndike, LLC. By Surveying and Mapping Consultants, dated August 5, 2014 and recorded herewith.



The Commonwealth of Massachusetts
Executive Office of Energy and Environmental Affairs
 100 Cambridge Street, Suite 900
 Boston, MA 02114

Deval L. Patrick
 GOVERNOR

Maeve Vallely Bartlett
 SECRETARY

RECEIVED
 JUN 23 3 44
 CITY CLERK, MA
 Tel: (617) 821-1000
 Fax: (617) 821-1181
<http://www.mass.gov/envir>

September 2, 2014

President Joseph Camara and Council Members
 Fall River City Council
 1 Government Center
 Fall River, MA 02722

Dear President Camara and Council Members:

As you are aware, the Executive Office of Energy and Environmental Affairs (EEA) and the City of Fall River have been cooperatively working to build a network of parks and trails that will benefit the community for many years to come. Building and improving urban parks is a major priority of the Patrick Administration, with a particular emphasis on the Commonwealth's 26 Gateway Cities, including Fall River. The Administration is providing grant funding to advance the Quequechan Trail project, which includes conversion of the former Watuppa Secondary rail line from Brayton Avenue to Britland Park into a multi-use trail, and renovation of Father Travassos Park.

On September 9th the Council is scheduled to vote on the taking of a portion of parcel J-27-1 presently owned by Paula Desmarais (Oliveria). This sliver of land, effectively half of the "paper" section of Dean Street beginning 500 feet south of the intersection of Dean and Alden Streets, is needed for the renovation of Father Travassos Park and the future construction of Phase IV of the Quequechan Trail. I thought it would be helpful to address several questions the Council might have about this taking and its importance to the Quequechan Trail Project.

Is this land necessary for park and trail construction?

Yes. The parcel is outlined in red on the attached Taking Explanation Plan. As illustrated the driveway into the park, the electrical utility connection for the park, and the Quequechan Phase IV trail all cross this parcel. Re-routing the driveway and utilities is more expensive than the acquisition, and impractical. In addition to these practical considerations, the Phase IV trail will provide easy access from Father Travassos Park to the bike path to be built along the Quequechan. I assure you, EEA is careful and judicious to ensure that public funds from our programs are only used to advance park and conservation goals. To be clear, this parcel meets this standard.

Is the price reasonable for the property acquired? Where is the money coming from?

Yes. The property has been appraised by a 3rd party appraiser, and valued at \$13,000. The fair and independently derived price is being paid, nothing more. A Gateway City Parks Program grant from EEA to the City is being used to pay for the property.

Is this a "fair" deal for the property owner and the City?

Yes, this taking is not "hostile" as the property owner and City have agreed on sale terms. This action will serve as the means of legally formalizing arrangements already agreed to by the property owner. The land will be owned by the City and become part of Father Travassos Park.

In sum, the land, while small in size, is essential to the renovation of Father Travassos Park, and to the future construction of Phase IV of the Quequechan Trail. The access drive and utilities for Father Travassos Park, and the future trail will all cross this sliver of land at the end of Dean Street. The trail will allow travel along the river between Quequechan Street and Father Travassos Park - which will provide good access to the Park and allows for looped walks along the river by way of the Quequechan bike path. Finally, a renovated Father Travassos Park - including a new spray feature, dek hockey court, and a restored soccer field - will be a tremendous asset to the City.

An affirmative vote on the part of Council will allow this project to proceed, and I am grateful to the Council for your consideration of this matter.

Sincerely,



Kurt Gaertner, Manager
Gateway City Parks Program

RECEIVED

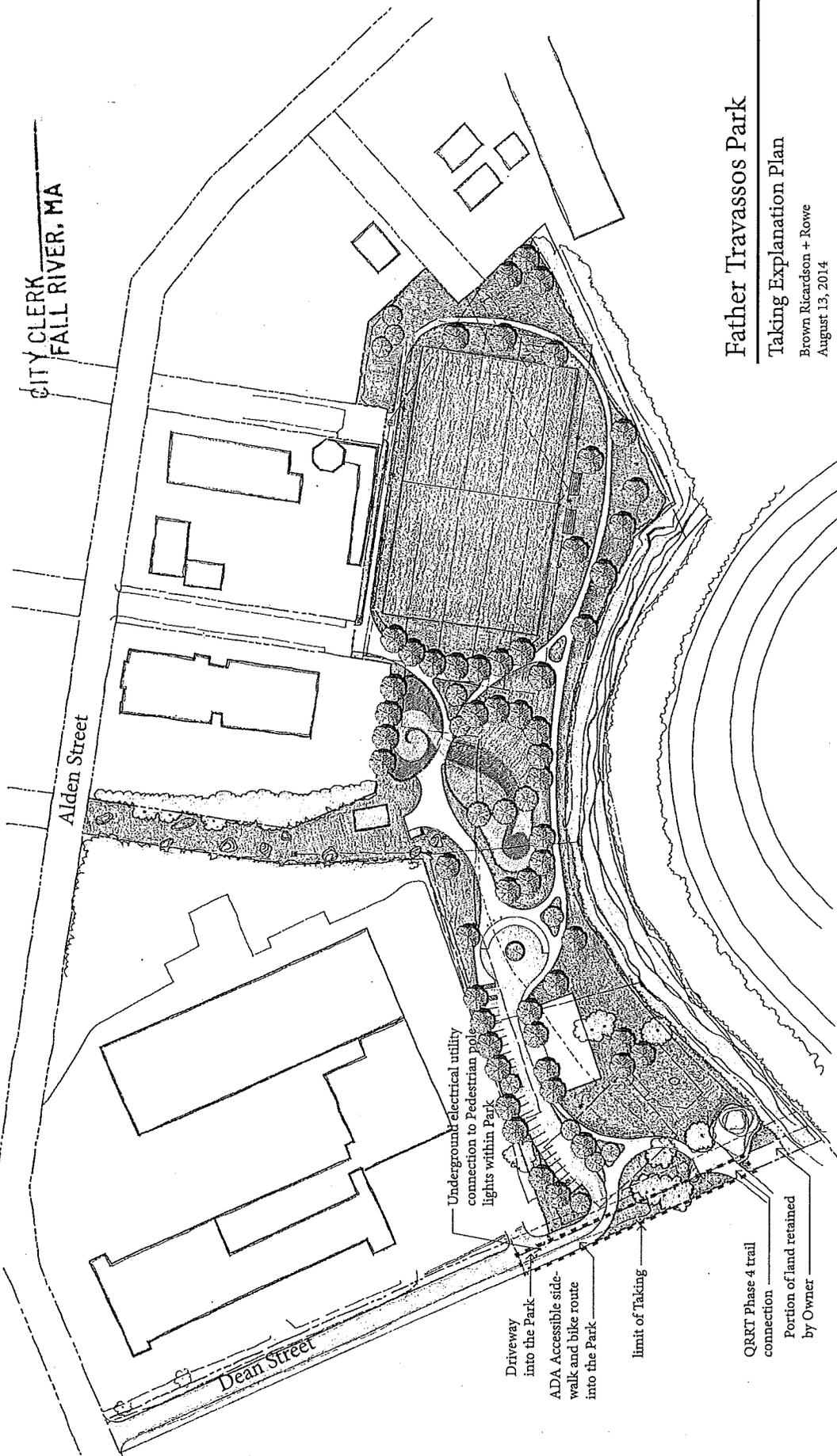
2014 SEP -3 P 3:44

CITY CLERK
FALL RIVER, MA

RECEIVED

2014 SEP -3 P 3:44

CITY CLERK
FALL RIVER, MA



Father Travassos Park

Taking Explanation Plan

Brown Ricardson + Rowe
August 13, 2014

Underground electrical utility
connection to Pedestrian pole
lights within Park

Driveway
into the Park

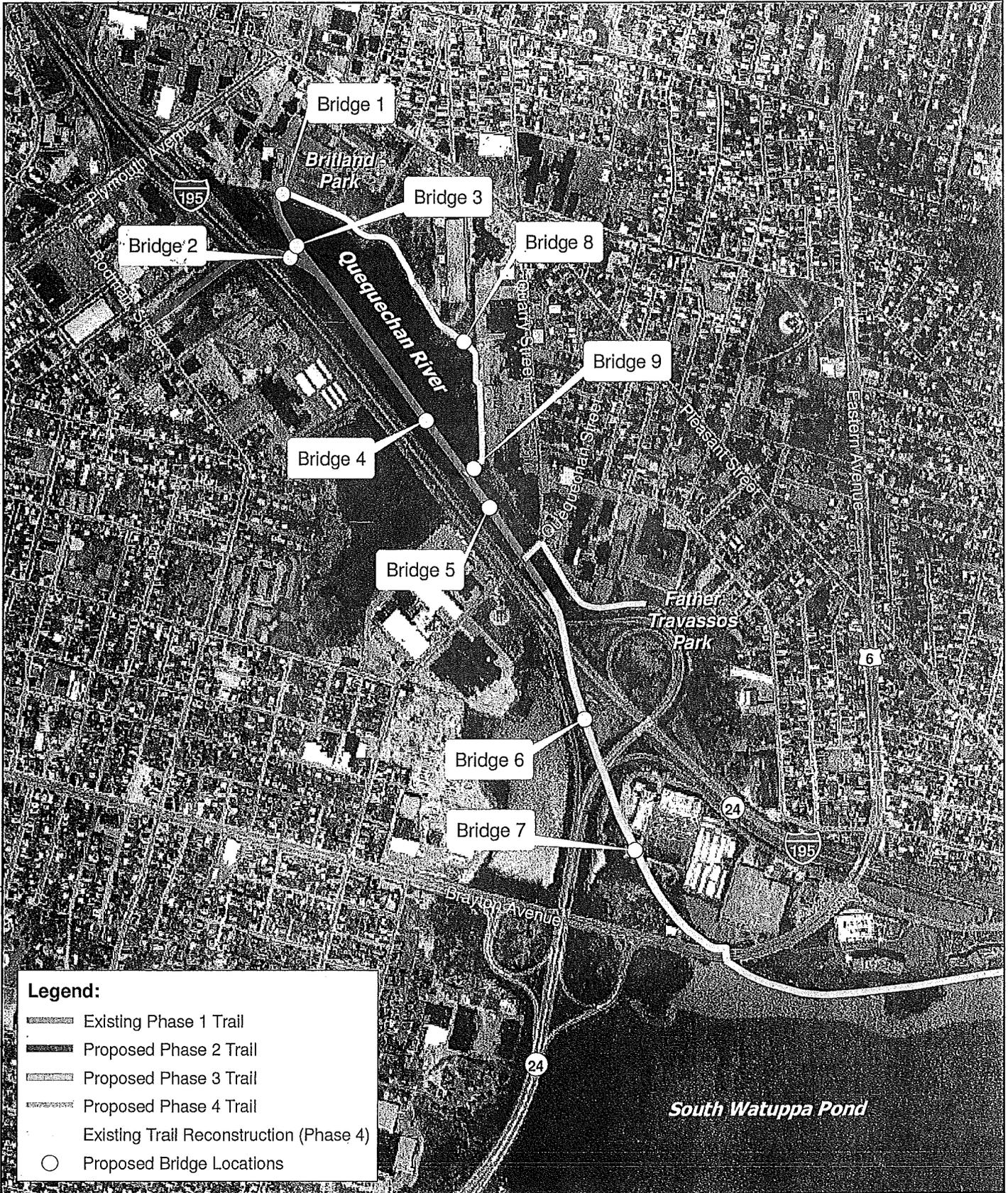
ADA Accessible side-
walk and bike route
into the Park

limit of Taking

QRRT Phase 4 trail
connection

Portion of land retained
by Owner

T:\LG-407A Quequechan Trail Phase 4\GIS\Projects\QRRTR Phase4 Fig1-Locus.mxd



Legend:

-  Existing Phase 1 Trail
-  Proposed Phase 2 Trail
-  Proposed Phase 3 Trail
-  Proposed Phase 4 Trail
-  Existing Trail Reconstruction (Phase 4)
-  Proposed Bridge Locations



Map Source: Office of Geographic and Environmental Information (MassGIS), Commonwealth of Massachusetts Executive Office of Energy and Environmental Affairs

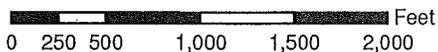
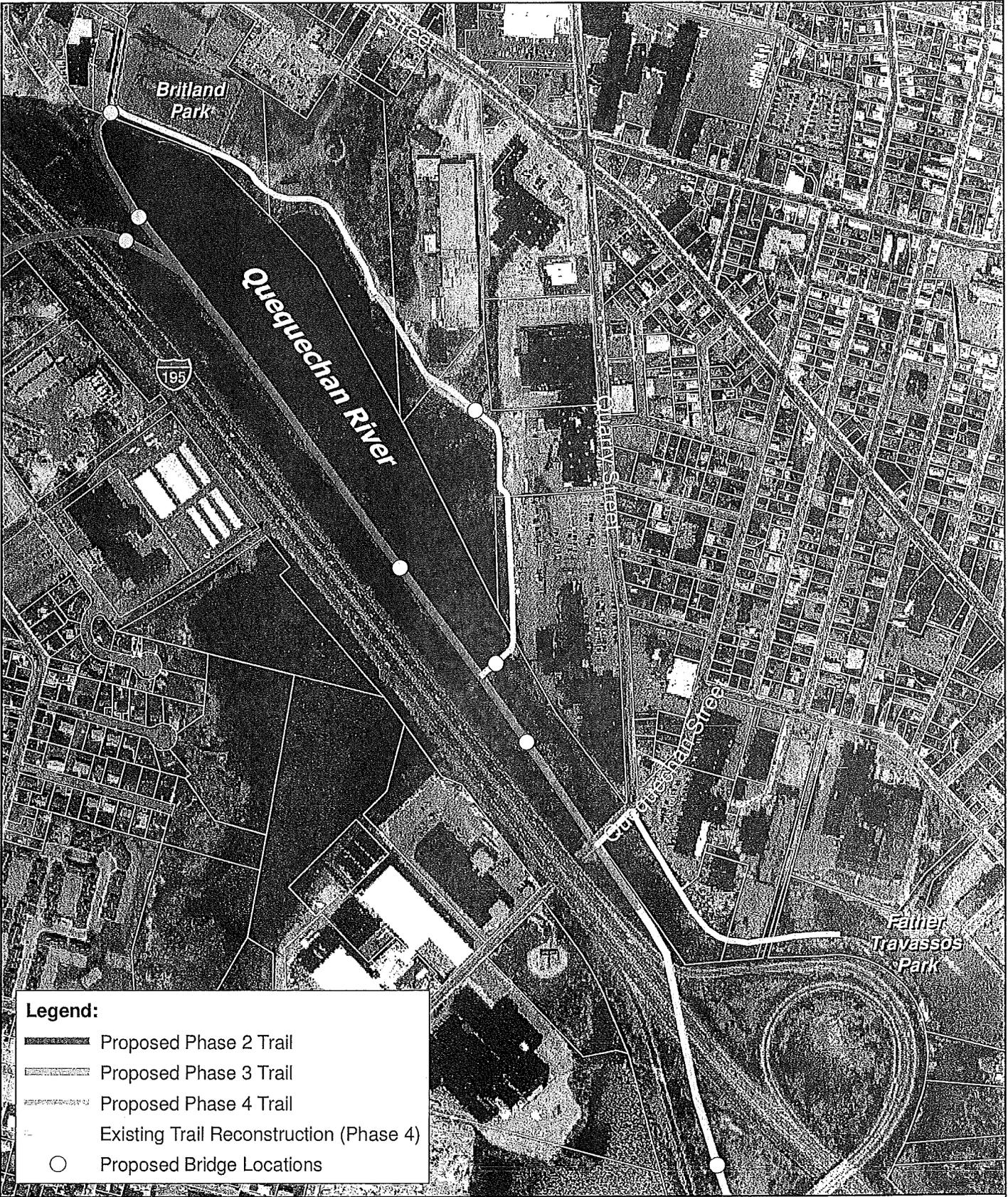


FIGURE 1: LOCUS MAP

Quequechan River Rail Trail Projects
 Fall River, Massachusetts
 March 7, 2014
 Scale: 1" = 1,000'



Legend:

-  Proposed Phase 2 Trail
-  Proposed Phase 3 Trail
-  Proposed Phase 4 Trail
-  Existing Trail Reconstruction (Phase 4)
-  Proposed Bridge Locations



Map Source: Office of Geographic and Environmental Information (MassGIS), Commonwealth of Massachusetts Executive Office of Energy and Environmental Affairs

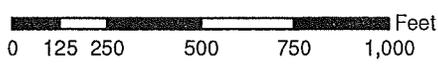


FIGURE 1A: LOCUS MAP

Quequechan River Rail Trail Projects
 Fall River, Massachusetts
 February 24, 2014
 Scale: 1" = 500'

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

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

Section 1.

By inserting in section 70-371, which section relates to parking prohibited at all times, in proper alphabetical order the following:

Everett Street, east side, starting at a point 294 feet south of Pleasant Street,
for a distance of 34 feet southerly

Section 2.

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

County Street, south side, starting at a point 225 feet west of Barre Street,
for a distance of 20 feet westerly

Denver Street, north side, starting at a point 141 feet west of Jefferson Street,
for a distance of 20 feet westerly

Plymouth Avenue, west side, starting at a point 26 feet north of Hartwell Street,
for a distance of 20 feet northerly

Rock Street, east side, starting at a point 201 feet south of French Street,
for a distance of 20 feet southerly

Wall Street, east side, starting at a point 168 feet north of London Street,
for a distance of 20 feet northerly

CITY OF FALL RIVER
IN CITY COUNCIL

AUG 12 2014

Passed through first reading

City of Fall River, In City Council

11

(Councilor Raymond A. Mitchell)

WHEREAS, in that there is an opinion from the State Health Board stating that the only way to overturn Chapter 40, Section 22F is to adopt a home rule petition, now therefore

BE IT RESOLVED, that the City Council go on record to support and file such home rule petition.

City of Fall River, *In City Council*

12

(Councilor Daniel M. Rego)
(Councilor Linda M. Pereira)

WHEREAS, the City of Fall River has the capability of producing commercial videos through FRGTV, now therefore

BE IT RESOLVED, that the Administration and FRGTV be invited to a future City Council Committee on Economic Development and Tourism meeting to discuss the possibility of producing a video promoting the City of Fall River to be used to increase economic development and tourism.

(Councilor Michael L. Miozza)
(Councilor Raymond A. Mitchell)
(Councilor Linda M. Pereira)
(Councilor Daniel M. Rego)
(President Joseph D. Camara)

WHEREAS, the Combined Sewer Overflow abatement project debt makes up nearly 54% of the city's total debt, and

WHEREAS, this debt is strangling the city financially, and

WHEREAS, lowering this debt would allow the city to spend on much needed deteriorating infrastructure, and

WHEREAS, reducing this debt will go a long way in the city becoming self-sufficient and less reliant on grants, and

WHEREAS, this should be a priority issue that all elected officials collectively focus on, now therefore

BE IT RESOLVED, that the Fall River City Council send a letter to the Federal Delegation seeking relief from this debt, and

BE IT FURTHER RESOLVED that the Fall River City Council, the Administration, the State Delegation, the Chamber of Commerce, the Fall River Office of Economic Development and the business community, work collaboratively with the Federal Delegation to seek relief from this debt or help seek federal grants to assist paying for the project.

City of Fall River, *In City Council*

14

(Councilor Daniel M. Rego)

WHEREAS, the acquisition of additional land for Maplewood Park would be an asset to the Maplewood Neighborhood, now therefore

BE IT RESOLVED, that the request to purchase land from the Diocese of Fall River be referred to the Community Preservation Committee for consideration.

City of Fall River, In City Council

15

(Councilor Michael L. Miozza)
(Councilor Raymond A. Mitchell)

WHEREAS, the City Administrator, Cathy Ann Viveiros, told the City Council Committee on Finance at an August 12, 2014 meeting that the Department of Revenue had completed a pro-forma audit, now therefore

BE IT RESOLVED, that the Administration's finance team and members of the Department of Revenue be invited to a future Fall River City Council Committee on Finance meeting to discuss the finding from that audit.

City of Fall River, *In City Council*

16

(Councilor Raymond A. Mitchell)

WHEREAS, boards and commissions in the City of Fall River make decisions regarding regulations and fees that have an effect on the residents of Fall River, now therefore

BE IT RESOLVED, that all members of boards and commissions be residents of the City of Fall River.

City of Fall River, *In City Council*

17

(Councilor Linda M. Pereira)

WHEREAS, various former school properties have been sold by the City of Fall River over a year ago and closings have not occurred, now therefore

BE IT RESOLVED, that the City Council Committee on Real Estate meet to receive an update on the disposition of these properties.

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

In front of 17 Lynwood Street

(Councilor Leo O. Pelletier)

Pole # 10

TO WHOM IT MAY CONCERN

MY NAME IS PETER SAKELL, I AM SENDING A BILL I HAD TO PAY TO HAVE MY TRUCK FIXED FROM HITTING A HUGE POT HOLE ON CLAFLIN ST.

IT WAS NIGHT TIME AND RAINING SO I DID NOT EVEN KNOW IT WAS THERE. I WENT BY THE FOLLOWING DAY AN IT IS VERY BAD ON THAT STREET THE BILL CAME OUT TO \$1087.50 I AM ASKING TO BE REIMBURSED FOR THE DAMAGES.

THANK YOU
PETER SAKELL
403 QUEQUECHAN ST
FALL RIVER MA

- 1 COPY - city clerk
- 1 COPY & original - Law
- 1 COPY - City Council
- 1 City Administrator
- 1 COPY DPW

RECEIVED
 2014 AUG - 8 A 10:43
 CITY CLERK
 FALL RIVER, MA
 14-250

REPAIR ORDER

ROCHEFORT AUTO REPAIR

Foreign & Domestic
Exhaust • Brakes • Tune-Ups • Electrical • General Repair

127 Eastern Ave.
Fall River, MA 02723

DON ROCHEFORT
(508) 675-6562

NAME Peter Sakell

ADDRESS _____

CITY _____

DATE <u>07.14.14</u>	CUST. ORDER NO.	WHEN PROMISED	PHONE <u>508 496 0896</u>
YEAR & MAKE OF CAR-TYPE OR MODEL <u>97 FORD EXPEDITION</u>			SERIAL NO. <u>514</u>
LICENSE NO. <u>916XZV</u>	MILEAGE <u>120616</u>	MOTOR NO. <u>4WD</u>	
WRITTEN BY			

AMOUNT	PART NO.	NAME OF PART	SALE AMOUNT
		(B) -	
		2 REAR LOWER CONTROL ARMS DOR 905-305	425.00
		1 REAR LEFT UPPER CONTROL ARM DOR 905 304	185.60
		80' + 3/16 COPPER NICKEL LINE	50.00
		8 LINE NO. 3	10.00

DESCRIPTION OF WORK	AMOUNT
IFM FULL FL V L C 06364	
REPLACE BADLY ROTTED LINE TO RT & LEFT FRONT HOSES + REAR FLEX HOSE - BLEED BRAKES	
REPLACE TWO REAR LOWER CONTROL ARMS + LEFT UPPER CONTROL ARM	375.00

NEEDS SHIFT INDICATOR COLUMN IS WORN NEED TO MAKE SURE IT IS IN PARK

(Willshaw U) PAID

RECEIVED
2014 JUL -3 A O 13
CITY CLERK K-250
FALL RIVER MA

GAS, OIL & GREASE	CHECK BELOW LUBRICATE	LABOR ONLY	275.00
GALS. GAS	CHANGE ENGINE OIL	PARTS	670.60
QTS. OIL	TRANSMISSION	ACCESSORIES	
LBS. GREASE	DIFFERENTIAL	GAS, OIL & GREASE	
	WASH	MISC. MERCHANDISE	
	POLISH	SUBLET REPAIRS	
TOTAL PARTS ▶	TOTAL GAS, OIL & GREASE ▶	TOTAL SERVICE ▶	TAX
	AUTHORIZED BY		41.90
		TOTAL ▶	1087.50

ESTIMATES ARE FOR LABOR ONLY MATERIAL ADDITIONAL

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERE TO. IT IS UNDERSTOOD THAT THIS COMPANY ASSUMES NO RESPONSIBILITY FOR LOSS OR DAMAGE BY THEFT OR FIRE TO VEHICLES PLACED WITH THEM FOR STORAGE, SALE, REPAIR OR WHILE ROAD TESTING.

PAY THIS AMOUNT ↑



RECEIVED

City of Fall River
Notice of Claim

2014 AUG 11 P 12:16

CITY CLERK 14-251
FALL RIVER, MA

1. Claimant's name: Russell Abgrab
2. Claimant's complete address: 14 Heritage Dr Westport, MA 02790
3. Telephone number: Home: 508-674-2658 Work: 781-401-0332
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage to auto as a result of pot hole
5. Date and time of accident: 8/7/14 Amount of damages claimed: \$ \$187,45
10:17am
6. Exact location of the incident: (include as much detail as possible):
Pocasset St. Fall River - (in front of Work Out World)
7. Circumstances of the incident: (attach additional pages if necessary):
My daughter was driving up Pocasset St. when she hit a pothole. The ABS and Traction Control warning lights immediately turned on. She pulled over and called me. I asked her to try and
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: 8/8/14 Claimant's signature: Russell Abgrab

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

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

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

For official use only:						
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>8/11/2014</u>



RECEIVED

City of Fall River
Notice of Claim

2014 AUG 11 P 12:16

CITY CLERK 14-252
FALL RIVER, MA

- 1. Claimant's name: Flavio Sampaio
2. Claimant's complete address: 85 Watuppa Rd. Westport, MA 02790
3. Telephone number: Home: (401)252-1548 Work:
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): My vehicle hit pothole on Dwelly St. in Fall River, MA
5. Date and time of accident: 7/28/14 4:40pm Amount of damages claimed: \$ 971.00
6. Exact location of the incident: (include as much detail as possible): Dwelly Street, right before taking a right onto East Main St.
7. Circumstances of the incident: (attach additional pages if necessary): Leaving work to pick up my daughter when traveling on Dwelly St, my driver's side rear tire hit pothole causing my airbag light to come on, breaking left rear strut, & other damages. Please see attached estimate.
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 [x] 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). Witness: Stacy Mendonca 85 Watuppa Rd. Westport, MA. Phone: (508)971-7035. She was in the car with me at the time of occurrence. I swear that the facts stated above are true to the best of my knowledge.

Date: 8/5/14 Claimant's signature: Flavio Sampaio

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: [x] City Clerk [x] Law [x] City Council [x] City Administrator [] DPW Date: 8/11/2014



RECEIVED

City of Fall River
Notice of Claim

2014 AUG 14 A 11:39

CITY CLERK 14-253
FALL RIVER, MA

- 1. Claimant's name: MAURICE A. BEANICK
- 2. Claimant's complete address: 197 WEDDING TRAIL APT 6
WILLIAMS BUNG LA. 23185
- 3. Telephone number: Home: 774-955-4132 Work: _____
- 4. Nature of claim: (e.g. auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 7/30/2013 Amount of damages claimed: \$ 236.88

6. Exact location of the incident: (include as much detail as possible):
ALDEN & WEBSTER STREETS, FALL RIVER, MA...

7. Circumstances of the incident: (attach additional pages if necessary):
TAKING A RIGHT-TURNED TURN FROM ALDEN TO
WEBSTER WENT OVER SOFT PATCH POT HOLE WHEN
IT OPENED UP AND GAVE WAY CAUSING DAMAGE TO
MY FRONT RIGHT SIDED WHEEL, BROKE WHEEL BRIDE.

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: 8/11/14 Claimant's signature: Maurice A. Beanick

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

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

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

For official use only:	
Copies forwarded to: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input type="checkbox"/> <u>DPW</u>	Date: <u>8/14/14</u>



RECEIVED

2014 AUG 19 P 3:44

City of Fall River
Notice of Claim

CITY CLERK 14-254
FALL RIVER, MA

1. Claimant's name: Ryan Faria
2. Claimant's complete address: 711 Cambridge St, Fall River, MA, 02721
3. Telephone number: Home: 508-717-9201 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto damage from public road
5. Date and time of accident: 7/23/2014 ^{12:00} noon Amount of damages claimed: \$ 180.00
6. Exact location of the incident: (include as much detail as possible):
Quequechan Street, Fall River, just before bridge if traveling Northeast
7. Circumstances of the incident: (attach additional pages if necessary):
driving on quequechan Street and hit a large pot hole. Could not avoid due to oncoming traffic. Pot hole pazed tire and cracked rim. Picture of crack + breakdown of cost on last page.
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: 8/16/2014 Claimant's signature: Ryan Faria

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

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

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For official use only:	
Copies forwarded to: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>AUG 19 2014</u>



RECEIVED

2014 AUG 20 A 10:57

City of Fall River
Notice of Claim

CITY CLERK 14-255
FALL RIVER, MA

1. Claimant's name: Gillian Gutowski / Brian Cabral
2. Claimant's complete address: 240 Sunset Hill FR MA 02724
3. Telephone number: Home: 774-451-0815 Work: 508-933-7765
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: 7-3-14 5pm Amount of damages claimed: \$ 810.06
6. Exact location of the incident: (include as much detail as possible):
South main street across from baby world
7. Circumstances of the incident: (attach additional pages if necessary):
I was parked and inside baby world. 2 fire fighters found me explaining they took off ^{the} my drivers side mirror because there wasn't enough room to get by due to a truck parked in a bus stop There is
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
We do not have collision so we need to deal with FRFD directly



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: 8-16-14

Claimant's signature: Gillian Gutowski

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

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

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

For official use only:
Copies forwarded to: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> F.R.F.D. Date: <u>8/20/14</u>





City of Fall River
Notice of Claim

RECEIVED

2014 AUG 20 P 4:22

CITY CLERK #14-256
FALL RIVER, MA

1. Claimant's name: Michael Espinola
2. Claimant's complete address: 625 Nichols St. Fall River, MA 02720
3. Telephone number: Home: 508-673-5392 Work: ~~508-673-5392~~ -774-644-0455
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property Damage leaf Blower
5. Date and time of accident: Aug 19 14 9:30 AM Amount of damages claimed: \$ 500.00
6. Exact location of the incident: (include as much detail as possible):
27 cobble stone way fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):
Mr Decosta Was Driving on Cobblestone Way where mike's landscaping TRUCK Was parked The landscaper we put the Blower along side of The Trailer where Mr Decosta Ran Over the leaf Blower
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: 8-20-14

Claimant's signature: Michael Espinola

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: 8/20/14



City of Fall River
Notice of Claim

RECEIVED

2014 AUG 22 A 9:43

CITY CLERK #14-257
FALL RIVER, MA

1. Claimant's name: Jason Resendes
 2. Claimant's complete address: 475 South Beach Street Fall River MA
 3. Telephone number: Home: 774-200-0186 Work: _____
 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Motor vehicle crash involving a police cruiser
 5. Date and time of accident: 7/31/14 Amount of damages claimed: \$ 4075.20
 6. Exact location of the incident: (include as much detail as possible):
685 Pleasant Street in the non-public parking lot
 7. Circumstances of the incident: (attach additional pages if necessary):
See attached documents
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: 8/22/14 Claimant's signature: [Signature]

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

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

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>8/22/14</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>Police</u>	

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash: 07/31/2014
 Time of Crash: 0841
 City/Town: Fall River
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: _____
 Latitude: _____
 Longitude: _____
 State Police
 Local Police
 MBTA Police
 Other: _____

#14-251

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # **685** Name of Roadway/Street **PLEASANT ST**
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **14-1694-AC**

4 1 License # **S86517338** St **MA** DOB/Age **12/03/1972**
 Sex **M** Lic. Class **D** ¹⁹/₁₉ Lic. Restrictions **20** CDL Endorsement _____
 Operator **PACHECO, MATTHEW**
 Last First Middle
 Address **685 PLEASANT APT ST**
 City **FALL RIVER** State **MA** Zip **02720**
 Insurance Company **SELF INSURED**
 5 1 Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 6 1 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **7631** Reg Type **MU** Reg State **MA**
 Veh Year **2011** Veh Make **CHEVROLET** Veh Config. **1** ²¹/₂₁
 Owner **CITY OF FALL RIVER POLICE**
 Last First Middle
 Address **685 PLEASANT ST**
 City **FALL RIVER** State **MA** Zip _____
 Vehicle Action Prior to Crash **10** ²²/₂₂ Damaged Area Code: **6** ²⁷/₂₇ **27** ²⁷/₂₇
 Event Sequence **1** ²³/₂₃ **23** ²³/₂₃ **23** ²³/₂₃ Test Status: **1** ²⁸/₂₈
 Most Harmful Event **1** ²⁴/₂₄ Type of Test: **29** ²⁹/₂₉
 Driver Contributing Code **97** ²⁵/₂₅ **25** ²⁵/₂₅ BAC Test Result: **1** ³⁰/₃₀
 Driver Distracted by **5** ²⁶/₂₆ Susp. Alcohol: **2** ³¹/₃₁ Susp. Drug: **2** ³²/₃₂
 Towed from scene? **2** ³³/₃₃

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		X	X	1	1	4	0	0	1	1	1
Name (Last First Middle)		Address									
See Above		See Above									

2014 AUG 22 A 9 10
 RECEIVED
 CLERK
 FALL RIVER, MA

7 1 Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S41938372** St **MA** DOB/Age **08/13/1982**
 Sex **M** Lic. Class **D** ¹⁹/₁₉ Lic. Restrictions **B** ²⁰/₂₀ CDL Endorsement _____
 Operator **RESENDES, JASON**
 Last First Middle
 Address **685 PLEASANT ST**
 City **FALL RIVER** State **MA** Zip **02720**
 Insurance Company **MASS HOMELAND**
 9 2 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		X	X	1	0	5	3	0	5	1	1
Name (Last First Middle)		Address									
See Above		See Above									

#14-257

FALL RIVER POLICE DEPARTMENT OFFICER'S REPORT

NATURE OF INCIDENT Cruiser accident DIVISION III
 LOCATION FRPD parking lot DATE 07/31/14
 COMPLAINANT Detective Jason Resendes
 TO: Sergeant Kevin Medeiros

SIR:

On 07/31/14 I, Detective Jason Resendes was involved in a cruiser accident. I was operating my 2007 Victory Vegas traveling West in the Southeast parking lot. My motorcycle was struck by Uniform Cruiser 2 which was operated by Officer Matthew Pacheco. Officer Pacheco was parked in the vehicle's assigned parking space as I passed him. I did not notice that the vehicle was in reverse as it did not move before I was behind it. As Officer Pacheco backed out of his space, I attempted to accelerate to avoid a collision. The cruiser backed at an angle and first struck my side mounted license plate with the driver's side of the rear bumper cover. As my motorcycle tipped, I jumped off of it and got a safe distance away to avoid any personal injury. While jumping off, my holstered Walther PPKS fell to the pavement and was damaged. I observed damage to the motorcycle on both sides and noticed a somewhat loud rattle when I started the engine to move the vehicle. Sergeant Richard Costa responded to document the incident.

RECEIVED
 2014 AUG 22 A 9:46
 CITY CLERK
 FALL RIVER, MA

RESPECTFULLY SUBMITTED,



City of Fall River
Notice of Claim

RECEIVED

2014 AUG 29 A 11:48

CITY CLERK #14-258
FALL RIVER, MA

1. Claimant's name: Joseph Paul Tomlin JB
2. Claimant's complete address: 423 Milford Rd Swansea MA 02777
3. Telephone number: Home: 508-730-2008 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Basisc Manhole cover cracked oil pan
5. Date and time of accident: 11AM 8/02/14 Amount of damages claimed: \$516.42
6. Exact location of the incident: (include as much detail as possible):
Brownell st off of North Main street Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):
Bottomed out oil pan on manhole cover on Brownell St
~~was~~ the basisc cracked oil pan had to get towed
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: 8/29/14

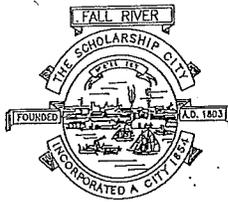
Claimant's signature: Joseph Tomlin

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:	<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>8/29/14</u>
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City of Fall River
Notice of Claim

RECEIVED

1. Claimant's name: Cynthia Pelletier 2014 AUG 29 P 4:48
2. Claimant's complete address: 12 Roper St Fall River, Ma 02723
CITY CLERK 14-259
3. Telephone number: Home: 978 853 1604 Work: FALL RIVER, MA
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Fall
5. Date and time of accident: 31 July 14 Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
Sidewalk in front of 129 Horton St
7. Circumstances of the incident: (attach additional pages if necessary):
Water meter protruding from sidewalk approx 4in. Poor lighting made it unnoticeable while walking, and caused the fall.
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: 8-29-2014

Claimant's signature: Cynthia Pelletier

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: 8/29/14



City of Fall River
Notice of Claim

RECEIVED

2014 SEP -2 A 10:23

CITY CLERK 14-260
FALL RIVER, MA

- 1. Claimant's name: Sandra Corleiro
- 2. Claimant's complete address: 45 Fourwinds Dr FALL RIVER, MA 02720
- 3. Telephone number: Home: 508 558 6106 Work: 508 324-2802
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 8/27/14 Amount of damages claimed: \$ 1,367.05

6. Exact location of the incident: (include as much detail as possible):
360 Elsbree St, Dufferin High School

7. Circumstances of the incident: (attach additional pages if necessary):
CAR WAS PARKED UNOCCUPIED. CAME OUT OF SCHOOL AND CITY WORKER SAID SORRY & BACKED INTO YOUR CAR. SEE F.R.P.T. ACCIDENT REPORT 14-1900-AC

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: 9-2-14 Claimant's signature: Sandra Corleiro

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>9/2/14</u>
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City of Fall River
Notice of Claim

RECEIVED

2014 SEP -2 A 11: 04

CITY CLERK 14-261
FALL RIVER, MA

1. Claimant's name: MetLife Auto & Home a/s/o Manuel
2. Claimant's complete address: PO Box 2205, Charlotte, NC 28241
3. Telephone number: Home: _____ Work: (800) 854-6011 x 8732
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto accident
5. Date and time of accident: 8/11/2014 1:52 pm Amount of damages claimed: \$ Unknown
6. Exact location of the incident: (include as much detail as possible):
S Main St, Fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):
Your driver, Ronald Fitzgerald, had on wrong turn signal and our insured tried to pass him and collided with him.
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: 8/28/2014

Claimant's signature: Douglas Miller

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

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

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For official use only:	
Copies forwarded to: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input type="checkbox"/> <u>DPW</u>	Date: <u>9/2/14</u>



RECEIVED

City of Fall River
Notice of Claim

2014 SEP -4 A 11: 27

CITY CLERK 14-260
FALL RIVER, MA

1. Claimant's name: Josephine Esposito
2. Claimant's complete address: 384 Ridge St F.R. Ma 02724
3. Telephone number: Home: 508-324-0238 Work: 508-496-4026
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 8-5-14 6:45 PM Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
Sprague St.
7. Circumstances of the incident: (attach additional pages if necessary):
See attached paper for details

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: 9-2-14

Claimant's signature: Josephine Esposito

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

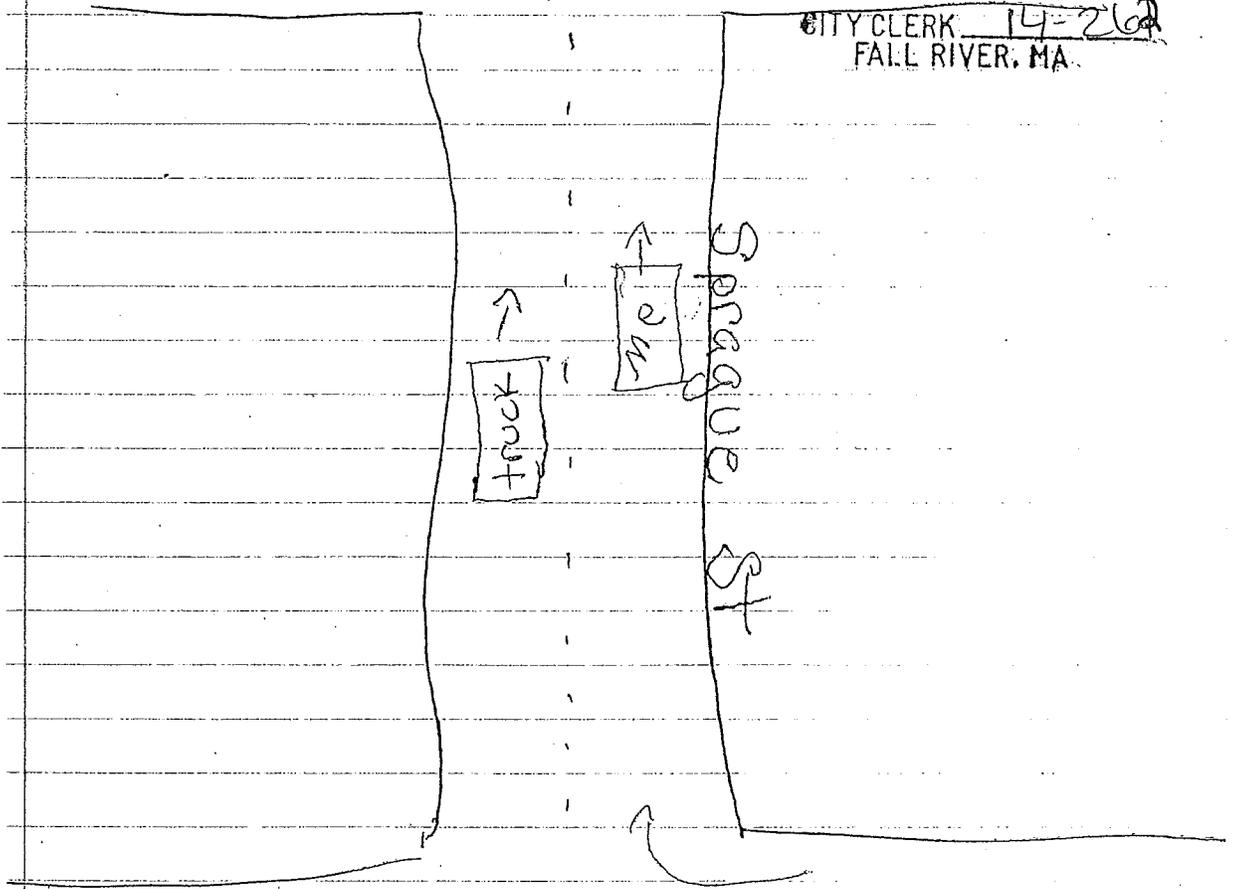
Date: 9/4/2014

RECEIVED

Bay St.

2014 SEP -4 A 11: 27

CITY CLERK 14-262
FALL RIVER, MA.



Broadway

I was going Down Sprague St and I stoped to let the man doing trash cross. The truck was going Down on the wrong Side of the road. It appears he didnt See me because he pulled out and hit me. There is damage to the fender and the piece across the bottom is under the door to the fender is unattached. when I open my door it hits the fender and Bends. Thank you.

Josephine Esposito

Council



**City of Fall River
Notice of Claim**

RECEIVED

2014 SEP -4 P 2:14

CITY CLERK 14-263
FALL RIVER, MA

1. Claimant's name: MIDLITE Corporation
2. Claimant's complete address: 115 Wordell Street
3. Telephone number: Home: None Work: 508-676-5169
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Pot Hole Damage to wheel rims and blown tire
5. Date and time of accident: Sept 2, 2014 Amount of damages claimed: \$ 986.92 + 35
6. Exact location of the incident: (include as much detail as possible):
At corner of Sixteenth Street and Pleasant FR and RR tire.
7. Circumstances of the incident: (attach additional pages if necessary):
Pot Hole is in and around a Gas Cap as attached. Both Tires were dent from this incident.
the Left Front Tire was done in February time frame - large pot hole at corner of North Main
and Bedford, or it could be Seabury Street Pot Hole on West side of Ruggles Park. I hit these
but never had my rims checked until now.
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: Spet 4 2014

Claimant's signature: *Tom De Costa*
Tom De Costa

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: SEP - 4 2014



Deval L. Patrick, Governor
Richard A. Davey, MassDOT Secretary & CEO
Beverly A. Scott, Ph.D., General Manager
and Rail & Transit Administrator



Ms. Alison Bourchard
Clerk, City of Fall River
1 Government Center
Room 227
Fall River, MA 02722

August 20, 2014

Re: Work along the South Coast Rail Right-of-Way

Dear Ms. Bourchard,

As you may know, the MBTA has begun the final design and permitting phase of the South Coast Rail project, which will bring Commuter Rail service to your community. I am writing to inform you of work that will begin to take place along and near the Right-of-Way (ROW). The MBTA is notifying South Coast communities of this work so you are aware of the efforts and can respond to any questions that may arise.

Over the next few months, the MBTA and its consultants will enter upon segments of the railroad ROW through Fall River to gather survey and geotechnical information. The purpose of these activities is to advance data collection to support design of the project. The survey and geotechnical program will be conducted by a small field crew who will access the area from public roadways. The information collected will be used by the MBTA in further developing design for the South Coast Rail project.

These efforts are initial steps in advancing the permitting and final design. As other elements of the project advance, the MBTA will be contacting communities for discussions about a variety of issues. In the meantime, we will be updating the project website early this fall and continuing to provide information about the ongoing work. You can review project information at www.mass.gov/southcoastrail. If you have questions about this work, please contact Jean Fox, MassDOT South Coast Rail Project Manager, via e-mail at Jean.Fox@state.ma.us or by phone at (857) 368-8853.

Very truly yours,

Kim Dobosz
MBTA
South Coast Rail Project Manager

Certified Mail:
Return Receipt Requested

RECEIVED
2014 AUG 22 A 10:44
CITY CLERK
FALL RIVER, MA