



City of Fall River Massachusetts
Office of the City Clerk

RECEIVED

2016 FEB -5 A 9:01

CITY CLERK _____
FALL RIVER, MA

FEBRUARY 5, 2016
MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER, ONE GOVERNMENT CENTER

ALISON M. BOUCHARD
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

TUESDAY, FEBRUARY 9, 2016

6:00 P.M. COMMITTEE ON FINANCE

1. *Comm. from Superintendent of Schools re: Request to amend Fiscal Year 2015 End of Year Report (postponed 1-26-16)
2. *Discussion of loan order for a Municipal Tractor – \$209,375 (referred 1-26-16)
3. *Resolution – possibility of utilizing City-owned assets for the use of advertising (adopted 1-12-16)

AGENDA

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

PRIORITY MATTERS

1. *Mayor and order requesting acceptance of two wall mount electric vehicle chargers from Nissan North America, Inc.
2. *Mayor and proposed amendments to Chapter 82: Waterways

PRIORITY COMMUNICATIONS - none

COMMITTEE REPORTS

Committee on Public Safety recommending:

Grant leave to withdraw:

3. Resolution – review traffic patterns at the intersection of Hamlet Street and Plymouth Avenue

ORDINANCES

Second Reading:

4. *Proposed ordinance – Traffic, Miscellaneous
5. *Proposed ordinance – Committee on Budget Preparation, Revenue and Audits
6. *Proposed ordinance – Amend Committee on Real Estate members
7. *Proposed ordinance – Establish Financial Audit Advisory Committee

RESOLUTIONS

8. *Com. on Ordinances and Legislation invite Dir. of Community Maintenance to future meeting to discuss possibility of establishment of city wide street sweeping program
9. *Administration partner with Sheriff's Office to improve cleanliness of city
10. *City engage services of CVS to offer free drug awareness program to high school students

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

CITATIONS – none

ORDERS – HEARINGS FOR TONIGHT – none

ORDERS – HEARINGS TO BE SCHEDULED – none

ORDERS – NO HEARING REQUIRED – none

ORDERS – MISCELLANEOUS

11. Police Chief's report on licenses

COMMUNICATIONS – INVITATIONS – PETITIONS

12. *Claims
13. Planning Board Minutes – November 5, 2015
14. Structure over a public way – Banner on Bedford Street at South Main Street for
People, Incorporated – Smiles 5K Road Race

BULLETINS – NEWSLETTERS – NOTICES - none


City Clerk

FALL RIVER PUBLIC SCHOOLS

"The Scholarship City"

417 Rock Street, Fall River, MA 02720

Finance
#1

Meg Mayo-Brown, Superintendent

RECEIVED

December 28, 2015

2015 DEC 29 P 2:35

Mayor C. Samuel Sutter, Chairperson
Fall River School Committee
1 Government Center
Fall River, MA 02722

CITY CLERK _____
FALL RIVER, MA

RE: Request to Amend Fiscal Year 2015 End of Year Report

Dear Honorable Mayor Sutter,

I write in response to the letter I received as copy on December 23, 2015, sent by City Administrator, Cathy Ann Viveiros, requesting an amendment to the End of Year Report filed with the Department of Elementary and Secondary Education (DESE) on November 6, 2015.

In her letter the City Administrator highlighted four areas. I've addressed each below.

- For FY 2015, utilize the previously negotiated MOU for indirect cost allocations. The FRPS Finance Team agrees with this statement as it reflects the negotiated MOU.
- For FY 2016, utilize the "per pupil administrative cost allowance" for indirect cost allocations as agreed to by all parties in May 2015. The FRPS Finance Team agrees with this methodology and since our October 1 student enrollment is now certified by DESE, the actual student enrollment is 10,123, not the 10,374 used by the City's Finance Team. The difference between the projected and actual student enrollment is 251 students. This reduces the per-pupil amount from \$1,130,351 to \$1,103,002, resulting in a net change of \$27,349 using the per-pupil cost of \$108.96.
- For FY 2016, in accordance with 603 CMR 10.04, utilize direct premium costs for property insurance. The FRPS Finance Team will not be submitting a request for an amendment for this area for FY16, however the item is open for discussion for Fiscal Year 2017.
- For FY 2016, in accordance with 603 CMR 10.04 and in acknowledgment of the letter from Jay Sullivan, DESE, utilize direct costs for workers' compensation expenses and settlement claims and excludes legal staff costs. The FRPS Finance Team will not be submitting a request for an amendment for this area for FY 2016, however the item is open for discussion for Fiscal Year 2017.

Emailed to Council members 12-29-15

The City Administrator references a letter dated November 19, 2015 written by John Sullivan, Executive Director of School Finance, DESE, clarifying eligible expenses. In his letter to Mr. Kevin Almeida, Chief Financial Officer for FRPS, Mr. Sullivan also states the following:

Your letter states that your understanding of how changes occur to these negotiated agreements is that any change must be agreed to prior to the new fiscal year. Your understanding of how changes occur to these agreements is correct. Changes to a municipal agreement should be negotiated prior to or at the beginning of the fiscal year that the changes will impact. This allows both parties the opportunity to plan the balance of the new year with the changes in mind.

As the City Administrator is requesting changes to the negotiated agreement (MOU) well into Fiscal Year 2016, the FRPS Finance Team is not able to accommodate her request for amendments for Fiscal Year 2016. However, advance planning for Fiscal Year 2017 will allow for negotiating potential changes to the MOU. Further, as we consider changes for Fiscal Year 2017 the FRPS Finance Team would also offer the following for discussion:

- Pension costs to the School Department need review. The current methodology used in the End of Year Report is on the basis of Total Salaries for School Department Employees as a Percentage of the Total of all Salaries for the City's Fall River Retirement System. With the report prepared by PERAC (Massachusetts Public Employee Retirement Administration Commission), we have the Present Value of Pension Benefits or the Actuarial Accrued Liability Figure by Department. Using this actual basis prepared by PERAC, our current expenditure figure would be lowered by \$896,000 to \$1,031,000, depending on the method used.
- After review of the FRPS Health Care account, it is noted that Stop Loss Credits/Reimbursements are fully taken by the City. These credits/reimbursements are done as a reduction to the amounts being charged to the City by Blue Cross/Blue Shield. Credits/Reimbursements related to the School Department should be applied to FRPS.

Additionally, the tuition figure moved to Circuit Breaker was not included in the End of Year report. A total \$73,946 was moved through a journal entry from the Operating Budget to the Circuit Breaker Revolving Fund. This created a surplus within the Operating Budget, thus returning funds to the City for Free Cash and this amount will be amended on the End of Year Report.

In closing, two outstanding areas need to be addressed. First, the City Administrator asserts additional sums for transportation should not be included in the End of Year Report. This matter is comprehensive and historical in nature and a letter from Chief Operating Officer Tom Coogan will be sent under separate cover to address the issue. Second, the City Administrator suggests

there is no need for a MOU. I would caution her recommendation given 603 CMR 10.04, Section 2:

Where the Department's guidelines permit districts to select among two or more permissible methods for allocating the municipal expenditures set forth in 603 CMR 10.04 (1) (a) through (m), one method shall be chosen by the school district and used consistently from year to year. The allocation method used to report expenditures by municipal departments other than the school department may be changed only with the approval of the Commissioner.

As I indicated in my letter to you, dated November 25, 2015, the City's shortfall in meeting required Net School Spending remains at \$1.3 million for Fiscal Year 2016.

Sincerely,



Meg Mayo-Brown
Superintendent of Schools

CC: Fall River School Committee, City Administrator, City Treasurer, City Council Members, John Sullivan

CITY OF FALL RIVER
IN CITY COUNCIL

JAN 12 2016

*Referred to the
Committee on Finance*

*1-26-16
Postponed to 2-9-2016*

City of Fall River, In City Council

CITY OF FALL RIVER LOAN ORDER (Snow Removal/Street Maintenance/Lawn Care Equipment)

ORDERED: That the City hereby appropriates \$209,375.00 (Two hundred nine thousand, three hundred seventy-five dollars) to pay costs of purchasing snow removal/street maintenance/lawn care equipment for the use of the Department of Community Maintenance, 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.

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

JAN 26 2016

*Authorized to be
published and referred
to the Committee on Finance, 9 years*



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

RECEIVED

2016 JAN 21 P 4:13

CITY CLERK _____
FALL RIVER, MA

JASIEL F. CORREIA II
Mayor

January 21, 2016

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

Honorable Council Members:

As we begin to assess our snow removal capabilities, our efforts are focusing on new technology to assist us. Given the congestion in many of our neighborhoods, we are often challenged by the inability to remove excessive amounts of snow from roadways and sidewalks. The following loan order will allow us to begin the process of addressing this problem by modernizing our equipment.

I am respectfully requesting your approval to bond \$209,375 for a Municipal Tractor. In order to maximize the utility of this piece, we are recommending that additional attachments be included that will assist us with street repair and lawn care during the remaining seasons. This equipment will add year round capabilities toward the maintenance our City's infrastructure.

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

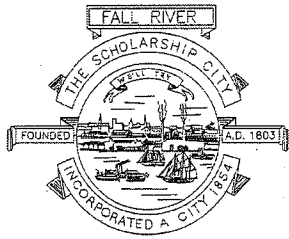
Sincerely,

Jasiel F. Correia II
Mayor

CITY OF FALL RIVER
IN CITY COUNCIL

JAN 26 2016

a/c+ placed on file



City of Fall River Massachusetts

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

JASIEL F. CORREIA II
Mayor

KENNETH C. PACHECO
Director

January 21, 2016

Honorable Jasiel F. Correia II
Mayor of the City of Fall River
One Government Center
Fall River, MA 02722

Dear Mayor Correia:

Your approval is hereby requested to ask the City Council for the appropriation of \$209,375.00 for the purchase of a snow removal / street maintenance / lawn care equipment. The Department of Community Maintenance will use this piece of equipment to facilitate an economical snow hauling operation for small congested areas during a snow event. The department will use the cold planer and lawnmower attachments will enhance our street division ability to repair roads and maintain on and off ramps within the City limits. I have attached pricing for the basic tractor and all desired attachments.

Sincerely,

Kenneth C. Pacheco
Director of Community Maintenance



MUNICIPAL AND CONTRACTORS' EQUIPMENT

200 Merrimac Street
Woburn, MA 01801

PROPOSAL

Tel. (781) 935-1919
Fax. (781) 937-9809

To:

Date:
01/21/16

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

C.N. Wood Co., Inc. is pleased to offer the following quotation for a Trackless MT6 Tractor available through MA State Contract FAC88. FAC88 pricing is valid until November 30, 2016.

New Trackless MT6 Municipal Tractor equipped with:

- | | |
|----------------------------|--------------------------------------|
| *Air Conditioning | *Forward/Neutral/Reverse Switch |
| *Extra Pump & Valve Kit | *Rear License Plate Bracket w/ Light |
| *Rear Washer/Wiper | *Radial Tires/Rims |
| *Intermittent Front Wipers | *Warranty - 1 Year |
| *Battery Disconnect Switch | *All Standard Features |

Sell Price: \$115,995.00

Additional Options:

*51" Ribbon Snow Blower w/ Sidewalk Chute	\$ 14,065.00
*Truck Loading Chute	\$ 1,455.00
*Telescopic Truck Loading Chute	\$ 3,980.00
*5' Trip Edge Plow	\$ 5,795.00
*Rear Sander - Single Auger	\$ 6,260.00
*Rear Sander - Triple Auger	\$ 7,370.00
*Cold Planer - Requires Deep Reduction Gear Box	\$ 22,720.00
*Deep Reduction Gear Box - Required for Cold Planer	\$ 7,565.00
*120" Mower Deck	\$ 15,810.00
*Reversing Engine Fan - Recommended for Mower Deck	\$ 2,620.00
*Summer Tires/Rims - Set of 4	\$ 2,200.00
*Locking Differentials	\$ 3,540.00

Pricing does not include any applicable taxes.

Thank you for considering C.N. Wood for your equipment needs.

No warranties are made other than those extended by the manufacturer of the equipment, and in the event of alleged breach of warranty, expressed or implied, the liability of C. N. Wood Co., Inc., shall be limited to the liability of the manufacturer to it, and shall be subject to all limitations and conditions imposed by the manufacturer.

Seller shall not be liable for any default or delay in delivery, as a result of shipping delays, strikes, fires, lockouts, or inability to procure materials.



By: Tom Fiore
Title: Sales Manager

City of Fall River, In City Council

Finance #3
(Councilor Cliff Ponte)

WHEREAS, the taxpayers of Fall River cannot be continuously relied upon to fund the increasing costs of needed city services, and

WHEREAS, assets owned by the City of Fall River such as buildings, vehicles and vacant land can be further utilized for city advertising, and

WHEREAS, this can be considered a new source of revenue to help enhance city services, and

WHEREAS, this will not cost the City or its taxpayers any money, now therefore

BE IT RESOLVED, that the Administration be invited to a future meeting of the Committee on Finance to discuss the possibility of utilizing City-owned assets for the use of advertising in an effort to increase revenues at no cost to the City.

In City Council, January 12, 2016
Adopted

A true copy. Attest:

Alison M. Bouchard

City Clerk



City of Fall River
Massachusetts
Office of the Mayor

JASIEL F. CORREIA II
Mayor

RECEIVED

2016 FEB -4 P 1:06

CITY CLERK
FALL RIVER, MA

February 4, 2016

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

Dear Members of the City Council:

It is respectfully requested that the City Council approve acceptance of a donation of two AeroVironment wall mount electric vehicle chargers from Nissan North America, Inc.

The City was awarded an Electric Vehicle Incentive Program grant from the Massachusetts Department of Environmental Protection, which enabled the City to lease four Battery Electric Vehicles (BEV) in 2015. The total net cost of the four vehicles is \$9,445. The Nissan Motor Acceptance Corporation will donate one charging station for every two BEVs acquired. Therefore, the City is eligible to receive two donated charging stations valued at approximately \$10,000 each.

The Nissan Motor Acceptance Corporation requires that the City execute a Donation Agreement prior to receipt of the donated charging stations. Your expeditious approval is appreciated.

Best Regards,



Jasiel F. Correia II
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 two AeroVironment wall mount electric vehicle chargers from Nissan North America, Inc. valued at \$20,000.00.



City of Fall River
Massachusetts
Office of the Mayor

RECEIVED

2016 FEB -4 P 3:44

CITY CLERK _____
FALL RIVER, MA

JASIEL F. CORREIA II

Mayor

February 4, 2016

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

Dear Council Members:

Over the past year, our boating amenities have been expanding and contributing to our efforts to bring visitors to our waterfront. The economic benefits boaters bring to our restaurants and historic attractions are also matched by the vitality which increased waterside activities can generate. With this new activity has come a corresponding increase in demand for our Harbormaster services. This all-volunteer staff finds itself unable to provide quality services without additional resources.

After reviewing the revenues received by other waterfront communities, my administration believes that additional revenue sources are both needed and justified. I am proposing an increase in our annual mooring fees and also the creation of a waterway user fee to provide these much needed resources. These fees will enable us to generate additional revenues while also improving the quality and timeliness of our Harbormaster's services.

Your review and approval of these fees is respectfully requested.

Best Regards,

Jasiel F. Correia II

Mayor

Fall River Harbormaster Office

Fall River Police Department, P.O. Box 509, Fall River, MA 02722 -0509

CITY CLERK
FALL RIVER, MA

2016 FEB - 4 P 3:45

RECEIVED

February 4, 2016

Mayor Jasiel Correia II
City of Fall River

Honorable Mayor Correia,

I would like to request the following annual fee changes to the Fall River Harbor Ordinance.

Seasonal Mooring Fees:

\$150 – Mooring in Battleship Cove

\$100 - Mooring outside of Battleship Cove

\$ 50 – Mooring on Watuppa Pond

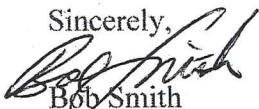
I would also like to request the implementation of an annual \$150 "Waterway Fee" for all seasonal boats that are kept in Fall River waters.

Both these fee schedules are consistent with other coastal communities in Massachusetts. With the increase in activity, events, waterfront nightspots, and more boating traffic, the Fall River Harbormaster Dept. has seen a dramatic increase in our responsibilities. Some of our primary responsibilities are as follows:

- Provide an on-call waste pump out service to all boaters.
- Manage the very active boat ramps at Brownell St. and Dave's Beach.
- Provide and manage the public dinghy docks in Battleship Cove.
- Manage, install and maintain all the city transient moorings.
- Assign and inspect all the privately owned moorings in Fall River.
- We remove all large debris that could cause a hazard in the Taunton River.
- Install and maintain all "No-Wake" zone markers in our jurisdiction.
- The Harbormaster Dept. is the primary point of contact for the Coast Guard. The Harbormaster must make arrangements for all safety and regulatory issues for events in our jurisdiction. Recent events were the visit of the USNS Fall River, the high speed boat races, and 4th of July fireworks.
- Every boating emergency call from this area to the USCG is referred to the Fall River Harbormaster as the closest responder. The closest USCG response is 45 minutes away in Newport. The Fall River Harbormaster Dept. responds to every boating emergency that we are called to. During the summer months. Harbormaster Dept. staff is very often called to participate in all night searches for overdue vessels.

I believe that the fees outlines above are required so that we can continue to provide these important services.

Sincerely,



Bob Smith

Fall River Harbormaster

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

That Section 82-71 of Appendix A – Fee Schedule of the Revised Ordinances of the City of Fall River be amended as follows:

By striking out in sub-section (a) of said section, “\$35.00”, and inserting in place thereof, “\$150 for moorings in Battleship Cove, \$100 for moorings outside Battleship Cove, and \$50 for moorings in Watuppa Pond.

WATERWAYS USER FEE

A.

Boat owners using the waters (salt water only) of Fall River, MA will be subject to a waterways user fee. The waterways user fee is a fee used to help offset the cost of operating services provided by the City of Fall River, MA. Services include, but are not limited to, dredging, maintenance projects, fire, emergency, police security, boater education, environmental protection, enforcement and harbor management services. Additional services may be provided as the need arises.

B.

All boats using the waters of Fall River, MA for more than 14 days per calendar year (cumulative) are subject to the waterways user fee in Fall River, MA. The fee schedule shall be \$150.00 annually. This waterways user fee is a yearly fee and is due by June 30 of each calendar year, or immediately after the fourteen-day benchmark is met if after June 30 of the current calendar year.

C.

Facilities providing services such as mooring space, docking, slips or summer in-and-out services shall, as a condition of their permit to operate as a business in Fall River, MA, notify all of their customers of this required fee to the City of Fall River, MA, when signing a contract or agreements that allows them to keep their boat in the City of Fall River qualifying them for the waterways user fee under the guidelines as described herein.

D.

Payment is to be made in person or via U.S. Mail to the City of Fall River, Harbormaster Office. For those paying in person, a waterways user fee sticker application will be made available by the Harbormaster. The Harbormaster will, upon payment, provide a decal. Such decal shall be affixed approximately eighteen (18) inches from the stem and four (4) inches from the gunnel, on the starboard side. These stickers shall be displayed so as to be clearly visible for inspection by the harbormaster.

E.

Violators will be subject to a fine in the amount of 120% of the water user fee due the City of Fall River, Once paid, the waterway user fee will be considered paid and a waterways user fee sticker will be provided. Fines shall be recovered by indictment, or on complaint before the District Court, or by noncriminal disposition in accordance with § 21D of Chapter 40 of the General Laws.

F.

Exclusions- . Exceptions to the waterways users fee are boats that are on trailers put in and taken out for each occasion of use, "Board boats" as per definition in this regulation, boats belonging to the City of Fall River or used by the City of Fall River, or any other boat used for law enforcement by government agencies and any boat within the waters of Fall River for service work provided by a Fall River marine service company.

G.

Definitions.

Board Boats: For the purposes of these regulations, the following classes of vessels are considered as board

boats: inflatables (under 12' feet in length); kayaks; canoes; dinghies; sailing dinghies; windsurfers; sailboards and

rafts.

DOCKING/SLIPS

Space made available to boat owners to secure their boat.

FACILITY

Any business in Fall River providing marine services, slips, mooring or any summer seasonal

For fee schedule:

Add a Waterways User Fee in the annual amount of \$150.

City of Fall River, *In City Council*

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

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

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

Baker Street, east side, starting at a point 20 feet south of Warren Street, for a distance of 25 feet southerly
 Boutwell Street, west side, starting at a point 107 feet north of Alden Street, for a distance of 20 feet northerly
 Bowen Street, west side, starting at a point 192 feet north of Morse Place, for a distance of 20 feet northerly
 Brayton Avenue, north side, starting at a point 52 feet west of Smith Street, for a distance of 20 feet westerly
 Caroline Street, south side, starting at a point 81 feet east of Napoleon Street, for a distance of 25 feet easterly
 Coral Street, west side, starting at a point 35 feet north of Warren Street, for a distance of 20 feet northerly
 Cottage Street, north side, starting at a point 83 feet west of Second Street, for a distance of 20 feet westerly
 Cottage Street, north side, starting at a point 81 feet east of Whipple Street, for a distance of 20 feet easterly
 Earle Street, south side, starting at a point 96 feet east of Eastern Avenue, for a distance of 20 feet easterly
 Flint Street, west side, starting at a point 137 feet south of Canonicus Street, for a distance of 20 feet southerly
 Fruit Street, north side, starting at a point 60 feet west of Quarry Street, for a distance of 20 feet westerly
 Grace Street, west side, starting at a point 185 feet south of Brayton Avenue, for a distance of 20 feet southerly
 Hicks Street, north side, starting at a point 410 feet west of King Street, for a distance of 20 feet westerly
 Howard Street, west side, starting at a point 20 feet north of Division Street, for a distance of 20 feet northerly
 Jackson Street, east side, starting at a point 34 feet north of Grinnell Street, for a distance of 25 feet northerly
 King Philip Street, north side, starting at a point 221 feet east of South Main Street, for a distance of 20 feet easterly
 Linden Street, west side, starting at a point 238 feet south of Prospect Street, for a distance of 25 feet southerly
 Maple Street, south side, starting at a point 68 feet west of Grove Street, for a distance of 25 feet westerly
 Mott Street, east side, starting at a point 91 feet south of Heath Street, for a distance of 20 feet southerly
 Norfolk Street, north side, starting at a point 168 feet east of Fulton Street, for a distance of 20 feet easterly
 Norwood Street, west side, starting at a point 247 feet north of County Street, for a distance of 20 feet northerly
 Orange Street, east side, starting at a point 160 feet north of Bedford Street, for a distance of 20 feet northerly
 Plymouth Avenue, west side, starting at a point 46 feet north of Hartwell Street, for a distance of 20 feet northerly

Richmond Street, east side, starting at a point 203 feet south of Warren Street, for a distance of 25 feet southerly
Riverview Street, north side, starting at a point 618 feet west of Bay Street, for a distance of 20 feet westerly
Robeson Street, west side, starting at a point 412 feet south of Locust Street, for a distance of 20 feet southerly
Robeson Street, west side, starting at a point 85 feet north of Walnut Street, for a distance of 20 feet northerly
Second Street, west side, starting at a point 247 feet north of Middle Street, for a distance of 20 feet northerly
Shawmut Street, west side, starting at a point 63 feet south of Summerfield Street, for a distance of 20 feet southerly
Slade Street, south side, starting at a point 91 feet east of Butler Street, for a distance of 20 feet easterly
Snell Street, north side, starting at a point 16 feet west of Manchester Street, for a distance of 20 feet westerly
Tecumseh Street, north side, starting at a point 100 feet east of Lawrence Street, for a distance of 20 feet easterly
Whipple Street, west side, starting at a point 79 feet south of Conant Street, for a distance of 20 feet southerly
York Street, west side, starting at a point 24 feet north of Buffinton Street, for a distance of 20 feet northerly

CITY OF FALL RIVER
IN CITY COUNCIL

January 26, 2016
Passed Through first
Reading

City of Fall River, *In City Council*

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

That Chapter 2 of the Revised Ordinances of the City of Fall River, Mass., 1999, which chapter relates to Administration be amended, as follows:

By inserting in Section 2-151, which section relates to standing committees established, the following:

- (10) Committee on Budget Preparation, Revenue and Audits, consisting of three members
 - (a) Recommendations of the committee shall be referred directly to the Committee on Finance

CITY OF FALL RIVER
IN CITY COUNCIL

January 26, 2016
Passed through first
reading

6

City of Fall River, *In City Council*

(President Shawn E. Cadime)

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

That Chapter 2 of the Revised Ordinances of the City of Fall River, Mass., 1999, which chapter relates to Administration be amended, as follows:

By striking out in Section 2-151, which section relates to standing committees established, sub-section (7) in its entirety and inserting in place thereof the following:

- (7) Committee on real estate, consisting of three members.

CITY OF FALL RIVER
IN CITY COUNCIL
JAN 12 2016

*Referred to the
Committee on Ordinances
and Legislation*

CITY OF FALL RIVER
IN CITY COUNCIL

*January 26, 2016
Passed through
first reading*

City of Fall River, *In City Council*

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

That Chapter 2, of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Administration, be amended by inserting therein, the following:

DIVISION 11. FINANCIAL AUDIT ADVISORY COMMITTEE

Section 2-369. Purpose. The Mayor, in collaboration with the City Council, hereby sets out to create a Financial Audit Advisory Committee to assist the City in the review of audit and fiscal accountability matters. The Financial Audit Advisory Committee will advise the Auditor, through the Mayor, and has as its purpose to allow and encourage the Auditor to devote more time to fiscal accountability matters, and thereby elevate the importance of fiscal accountability through strong internal controls, budgetary and other legal compliance, accurate and timely financial reporting and a culture of ethical behavior. The Financial Audit Advisory Committee will assist and advise the Mayor and the Auditor in exercising its oversight responsibilities for the financial reporting process to ensure transparency and integrity, effective systems of internal control, auditing, and monitoring of compliance with laws and regulations.

Section 2-370. Composition and Appointment. The Financial Audit Advisory Committee shall consist of five members as follows:

- (1) Two members of the City Council, to be appointed by the Council President, who shall serve at the pleasure of the Council President.
- (2) Two citizens of the City with financial expertise appointed by the Mayor. Financial expertise may include the person having completed a program of learning in accounting or auditing; having experience as a principal financial officer, comptroller, public accountant or auditor; having experience overseeing or assessing the performance of companies, non-profits or municipal organizations or accountants with respect to the preparation of financial statements; or having other relevant experience. For example, the person may have an understanding of generally accepted accounting principles (GAAP) and financial statements; the ability to apply such principles in connection with the accounting for estimates, accruals, and reserves; experience preparing, auditing, analyzing or evaluating financial statements that present a breadth and level of complexity of accounting issues that can reasonably be expected to be raised by the City's financial statements, or experience actively supervising one or more persons engaged in such activities; and an understanding of internal controls and procedures for financial reporting.
- (3) One School Committee member, appointed by the Mayor upon the recommendation of the School Committee, who shall serve at the pleasure of the Mayor, as Chairperson of the School Committee.

The Mayor shall be the Chairman of this Audit Committee, ex officio and may, at his pleasure, appoint any other member of the Committee to be Chairman. Initial citizen terms shall be staggered as follows: one for a term of one year and one for a term of two years. Thereafter, each citizen appointment shall be for a term of three years. No citizen member shall be eligible to serve as a member for more than two consecutive full terms, not counting any initial one or two year term appointment.

Sec. 2-371. Meetings. The Committee is expected to meet at least four times a year, customarily on the Wednesday following the fourth Monday of the month. The Committee may invite members of the Executive Department, management, auditors, or others to attend meetings and provide pertinent information, as necessary. It may hold meetings with auditors and, when appropriate, with the City Administrator, the Chief Financial Officer, the Auditor, the Corporation Counsel, or others. City employees shall attend such meetings upon request.

Sec. 2-372. Duties. The Financial Audit Advisory Committee will advise and assist the Auditor, acting through the Mayor, by:

- (1) Recommending to the Mayor appointment of a registered public accounting firm to be employed by the City for auditing and financial review.
- (2) Assisting in oversight of registered public accounting firms employed by the City for auditing and financial review.
- (3) Assisting in resolving any disagreements between the City and the Auditor regarding financial reporting.
- (4) Pre-approving auditing and non-audit services by outside firms.
- (5) Advising the Auditor as to when and whether it is appropriate to request funding from the Mayor to retain independent counsel, accountants, or others to advise the Financial Audit Advisory Committee.
- (6) Requesting information from employees or external parties.
- (7) Meeting with City officials, external auditors, or outside counsel, as necessary.
- (8) The Financial Audit Advisory Committee will report and make recommendations to the Mayor. The Mayor will receive and, if appropriate, act upon recommendations from the Financial Audit Advisory Committee.
- (9) In its advisory function, the Committee will carry out the following responsibilities:
 - (a) Financial Statements Obtain from Auditor and/or external auditors information on significant accounting and reporting issues, including complex or unusual transactions and highly judgmental areas, and recent professional and regulatory pronouncements, and understand their impact on the financial statements.
 - (i) Review the external annual financial statements, and consider whether they are complete, consistent with information known to Committee members, and reflect appropriate accounting principles.
 - (ii) Review with City officials and the external auditors all matters required to be communicated to the Committee under generally accepted auditing standards.
 - (iii) Review draft external financial reports with appropriate City officials and City management and the external auditors before filing, and consider whether they are complete and consistent with the information known to Committee members.
 - (b) Internal Control Consider the effectiveness of the City's internal control systems, including information technology security and control.
 - (i) Evaluate areas of significant risk or exposure facing the City; assess the steps City officials have taken or propose to take to minimize such risks; and periodically review compliance with such steps.
 - (ii) Understand the scope of external auditors' review of internal control over financial reporting, and obtain reports on significant findings and recommendations,

together with City's management responses.

- (iii) Review with the Executive and School Departments the policies and procedures with respect to use of appropriated monies and funds within its control.
- (c) External Audit Review the external auditors' proposed audit scope, approach, and fees, including coordination of audit effort with internal employees.
 - (i) Review the performance of the external auditors, and make recommendations as to the appointment, replacement, reassignment, or dismissal of the external auditors.
 - (ii) Review and confirm the independence of the external auditors by obtaining statements from the auditors on relationships between the auditors and the City, including non-audit services, and discussing the relationships with the auditors.
 - (iii) Establish a regular schedule for periodically discussing whether to re-bid the audit contract with an outside CPA firm.
 - (iv) Review with City officials and the external auditors the results of the audit, including any difficulties encountered.
 - (v) Review City's responses to the audit.
 - (vi) Review with the independent auditor all critical accounting policies and practices used and alternative treatments of financial information within generally accepted accounting principles.
 - (vii) On a regular basis, meet with the external auditors to discuss any matters that the Committee or auditors believe should be discussed.
- (d) Compliance Review the effectiveness of the system for monitoring compliance with laws and regulations and the results of City management's investigation and follow-up (including disciplinary action) of any instances of noncompliance.
 - (i) Review the findings of any examinations by regulatory agencies, and any auditor observations.
 - (ii) Review the procedures for the receipt, retention, and treatment of complaints (including confidential or anonymous ones) received by the City regarding accounting, internal accounting controls, auditing matters, or suspected fraud that may be submitted by internal or external parties; as well as assisting any City official with review of any complaints that have been received, current status, and resolution.
- (e) Reporting Responsibilities Report regularly to the Mayor and City Council Finance Committee about Committee activities, issues, and related recommendations. Provide an open avenue of communication between the Auditor, the external auditors, the Executive branch, the City Council, and the School Committee on financial and audit matters.

- (f) Other Responsibilities Perform other activities related to this Ordinance as requested by the Mayor.
- (i) Assist in any special investigations relating to the Financial Audit Advisory Committee's scope of responsibilities, as requested.
 - (ii) Review and assess the adequacy of these Financial Audit Advisory Committee purposes and duties annually, requesting Mayor's approval for proposed changes, and appropriate disclosure as may be required by law or regulation.
 - (iii) Report annually confirming that the responsibilities outlined in these purposes and duties have been carried out.

CITY OF FALL RIVER
IN CITY COUNCIL
JAN 26 2016

*Passed through
first reading*

City of Fall River, *In City Council*

(Councilor Pam Laliberte-Lebeau)
(Councilor Cliff Ponte)

WHEREAS, the City of Fall River owns two street sweepers to assist in keeping the city clean, and

WHEREAS, a street sweeping schedule would improve the cleanliness of the City, and

WHEREAS, keeping Fall River clean should be a collaborative effort between the City and the residents, now therefore

BE IT RESOLVED, that the Department of Community Maintenance be invited to a future meeting of the Committee on Ordinances and Legislation to discuss the implementation and enforcement of a city wide street sweeping program.

9

City of Fall River, *In City Council*

(Councilor Cliff Ponte)

WHEREAS, our on ramps, streets, sidewalks, parks, intersections and several parcels of land owned by the City of Fall River have often become unmanageable, and

WHEREAS, the residents in this City deserve to have a clean, safe and attractive place to live, and

WHEREAS, the City should partner with other agencies to improve the quality of life for all citizens, and

WHEREAS, the Bristol County Sherriff's Office has expressed interest in partnering with the City of Fall River to assist with improving cleanliness as they would remove debris, trash and graffiti, perform landscaping and work on school safety programs as well as senior citizen initiatives and equipment needs, and

WHEREAS, the Bristol County Sheriff's Office is willing to partner with the City of Fall River to offer services and resources that are at no additional cost, now therefore

BE IT RESOLVED, that the administration engage the services of the Bristol County Sheriff's Office to assist with the beautification of our city in an effort to restore community pride and improve cleanliness.

City of Fall River, In City Council

(Councilor Cliff Ponte)
(Councilor Pam Laliberte-Lebeau)

WHEREAS, the City of Fall River is committed to protecting the safety, health and wellbeing of our residents, and

WHEREAS, substance abuse and opioid use are an on-going epidemic both locally and nationally, and

WHEREAS, the City of Fall River should take the lead in community awareness to help bring awareness to this ongoing epidemic, and

WHEREAS, CVS Health is committed to fighting against the nationwide epidemic of prescription drug abuse as they are offering a "One Choice Changes Everything Program" free of charge to high school students, now therefore

BE IT RESOLVED, that the Fall River City Council in cooperation with the Mayor, Superintendent and School Committee engage the services of CVS Health, free of charge-- to bring this program into our High-School, in an effort to bring awareness to our high school students.



Allstate
You're in good hands.

Roanoke National Subrogation Claim Cntr
PO BOX 21169
ROANOKE VA 24018

RECEIVED

2016 JAN 28 A 11:18

CITY CLERK 15-250 A
FALL RIVER, MA

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

January 21, 2016

CLAIM NUMBER: 0394077408 F5K
DATE OF LOSS: November 30, 2015
OUR INSURED: JILLIAN SZYNDLAR
YOUR FILE NUMBER:
YOUR INSURED: Michael Perry
ADDRESS:

PHONE NUMBER: 800-776-2615
FAX NUMBER: 540-725-6193
OFFICE HOURS: Mon - Fri 7:30 am - 6:00 pm

CITY STATE ZIP: , ,
LOSS LOCATION: Chavenson, Fall River, , MA
AMOUNT OF LOSS: \$1,893.74

Re: Subrogation Claim Notice

Dear CITY OF FALL RIVER,

Our investigation indicates your insured was responsible for the loss referenced above.

Please accept this letter as notice of our subrogation claim. Enclosed, you will find copies of the supporting documents for which we are seeking reimbursement. To assist you in your review, the following is a breakdown of our subrogation demand:

Auto Damage (Company Paid):	\$993.74
Rental:	\$
Towing:	\$
Other:	\$
Deductible (Customer Paid):	\$900.00
Salvage Recovery:	\$
Insured Out of Pocket (please send directly to our Insured):	\$

Please forward your payment with our claim number to:

Allstate Payment Processing Center
P.O. BOX 650271
Dallas, TX 75265 0271

- City Clerk
- Law
- City Council
- Fire Dept

0394077408 F5K

JAN 28 2016



Be advised that any amounts received from you for less than the amount demanded will be considered an undisputed partial payment amount only, and we retain the right to pursue full payment.

We ask that you direct any future correspondence to the address listed at the top of this letter. Thank you.

Sincerely,

ASHLY PHOENIX

ASHLY PHOENIX
800-776-2615 Ext. 7257128
Allstate Insurance Company

SUBU033

0394077408 F5K



Report Date: 01/21/2016

Payment Ledger

Policy Holder:	JILLIAN SZYNDLAR	Total Amount Paid	\$993.74
Participant:	JILLIAN SZYNDLAR	Medical Deductible:	\$0.00
Date of Loss:	11/30/2015	Co-payment Amount	\$0.00
Claim Number:	0394077408		

Payment/Credit Date	Payee/Payor	Check#	Amount
01/13/2016	ENTERPRISE HOLDINGS INC	12620	\$ 225.89
12/08/2015	JILLIAN SZYNDLAR	553448716	\$ 767.85

RECEIVED
2016 JAN 28 A 11:18
CITY CLERK 15-250 A
FALL RIVER, MA



Rental Company: Enterprise Rent-A-Car
Invoice: 4922 D711979
Alternate Invoice Number: 37QR3Z

Bill To: ALL17A3

ALLSTATE INSURANCE
 ATTN:MANDY QUICK
 1200 AT WATER DR STE 220
 MALVERN, PA 19355

RENTER INFORMATION:

Renter: SZYNDLAR,JILLIAN
 Address: 92 COVELL ST APT 2
 NEW BEDFORD, MA 027456023
 Home Phone: (774) 929-5601
 Office Phone: (508) 558-0355

RENTAL INFORMATION:

Rental Branch Location:

ENTERPRISE RENT-A-CAR(4922)
 430 ASHLEY BLVD
 NEW BEDFORD, MA 027455214

ADDITIONAL CLAIM INFORMATION:

Claim Number: 0394077408
 Claim Type: Insured
 Vehicle Condition: Driveable
 Date Of Loss: 11/30/2015
 Insured Name: SZYNDLAR,JILLIAN
 Owner's Vehicle: 2013 CHEVROLET
 Policy Max Date:
 Total Repair Cost: 767.85
 Escalated Y/N: No
 SLA Start Date: 12082015
 Estimate or Last Supplement Date: 12082015
 MOI: Driveln
 Repair Status: Estimate/SupplementUploaded
 ERAC Reference Only: 4 DAYS
 Date Repair Started:
 SLA End Date: 12082015
 Date Vehicle Delivered:
 Total Loss Indicator: No
 NextGen Occurrence: 1
 ACV Agree Date:
 Claimant ID Number: 01
 Coverage Code: UU
 Policy # of Days Limit:

Repair Facility:

GLASSMAN AUTOMOTIVE
 NEW BEDFORD, MA 02745
 (508) 995-2624

RENTAL DETAIL:

Rental Period: 01/04/2016 to 01/11/2016 (8 days)

Billed Period: 01/04/2016 to 01/11/2016 (8 days)

Description	Rate	Amount
8 DAYS @	\$24.10	\$192.80
8 VLCREC FEE	\$2.40	\$19.20
1 PKGSRCHG	\$0.60	\$0.60
1 SALES TAX	6.25%	\$13.29

Total Charges: \$225.89
Less Amount Received: \$0.00
Total Amount Due: \$225.89

RECEIVED
 2016 JAN 28 A 11:18
 CITY CLERK
 15-260 A
 FALL RIVER, MA

VEHICLES RENTED:

Effective Date	Time	Year	Make	Model	VIN	Mileage
		2015	DODG	DART		0



Rental Invoice

Please Return This Portion with Remittance

Make Payment To:

ENTERPRISE RENT-A-CAR

P.O. BOX 840086

KANSAS CITY, MO 641840086

Federal ID: 43-0724835

Total Charges:

\$225.89

Less Amount Received:

\$0.00

Total Amount Due.....

\$225.89

Please Include on your Check:

Invoice:4922 D711979

RECEIVED
2016 JAN 28 A 11:18
15-25014
CITY CLERK
FALL RIVER, MA





City of Fall River
Notice of Claim

RECEIVED

2016 JAN 25 A 11:35

CITY CLERK 16-5
FALL RIVER, MA

1. Claimant's name: Cory Storer
2. Claimant's complete address: 593 N. Main St. Fall River Ma. 02720
3. Telephone number: Home: 508-558-7363 Work: 508-558-7363
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage to my Vehicle Due to waterbreck on prospect St.
5. Date and time of accident: 1-23-16 Amount of damages claimed: \$ unknown
1-24-16
6. Exact location of the incident: (include as much detail as possible):
prospect St. Closer to N. Main
7. Circumstances of the incident: (attach additional pages if necessary):
water got in the muffler Due to
the water rushing down the hill and now
the vehicle won't start
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: 1-25-16

Claimant's signature: Cory Storer

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

Water

Date: 1/25/16

Council

RECEIVED

2016 JAN 27 P 4:28

CITY CLERK 16-5 A
FALL RIVER, MA



256-260 Bedford Street | Fall River, MA 02720
Tel/Fax: 508-673-3030
fawziraad@hotmail.com

SOLD BY		DATE	
		1-26-16	
YEAR	MODEL	MAKE	
2006	FORD	EXPLOR.	
NAME			
CORREX			
ADDRESS			
508-558-7363			
SOLD BY	C.O.D.	CHARGE	ON ACCT
Oil / Lube / Filter			
FLUSH OIL SYSTEM			
ENGINE + SPARK			
PLUGS + EXHAUST			
SYSTEM FROM			
WATER + CHANGE			
OIL + FILTER			
+ FLUSH			
225.00			
TAX			
LABOR			
TOTAL 225.00			
RECEIVED BY			

All claims and returned goods MUST be accompanied by this bill.

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 thereto. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sales, repair or while road testing.

Signed

Thank You

Ref. No: G 227601248

CAW-1 + orig
Water-1
Council-1
Clerk-1

CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate

RMV Division

16-5 A

PLATE TYPE PAN	REGISTRATION NUMBER 15CR52	REGISTRATION TYPE PASSENGER	EFFECTIVE DATE 03/01/14	EXPIRES LAST DAY OF 02 16	TRANSACTION NUMBER 9240440009063
MFRS MODEL YEAR 2006	MAKE FORD	MODEL EXPLOR	BODY STYLE/TYPE UTIL	COLOR BROWN	Not valid without official signature of Registrar
VEHICLE IDENTIFICATION NUMBER 1FMEU73E56UB04930		INSURANCE COMPANY COMMERCE INSURANCE		TITLE NUMBER BL321210	REGISTRAR <i>Celia J. Blue</i>
RESIDENTIAL ADDRESS (if different)					IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED
NAME(S) OF OWNER(S) AND MAILING ADDRESS *****AUTO**3-DIGIT 028 STORER, CORY G 593 N MAIN ST APT 1W FALL RIVER MA 02720-3536					TOTAL REGISTERED WEIGHT (GROSS) FOR A COMMERCIAL VEHICLE OR TRAILER
FEE SCHEDULE					
REGISTRATION					50.00
TITLE					0.00
SPECIAL PLATES					0.00
SALES TAX					0.00
TOTAL					50.00
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.					

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS CITY, STATE, ZIP CODE
-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

Important Information for Vehicle Owners

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.massrmv.com or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- Return the registration plates to the RMV immediately if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the **Bill of Sale**, **Title**, and completed **Reassignment of Title** for your records to document the transfer.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Transferring Your Plates: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. All the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*. 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.). 3. The newly acquired vehicle is of the **same vehicle type** (passenger vehicle to passenger vehicle, trailer to trailer etc.); the **same registration type** (passenger to passenger, commercial to commercial); and has the **same number of wheels**; and, 4. The **seller and buyer** properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If all the above are met, you may operate the newly acquired vehicle with the transferred plates **up to 5:00 pm of the 7th calendar day** following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During that 7 days, you **must** carry the **Bill of Sale** (or the dealer's **Purchase Contract**) for the newly acquired vehicle **and this Registration Certificate** when operating the vehicle. See **FAQs About the Seven-Day-Registration-Transfer Law** on the RMV's website at www.massrmv.com.

No Insurance Card Required: Massachusetts's law does **not** require an Insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.

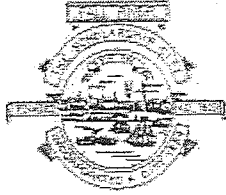
BE FIRST IN LINE BY GOING ONLINE AT WWW.MASSRMV.COM

- | | |
|---------------------------------|----------------------------------|
| Schedule a Road Test | Request a Duplicate Title |
| Renew Your Driver's License | Request a Duplicate Registration |
| Renew Your Registration | Change Your Address |
| Pay Citations/Court Hearing Fee | Cancel My Plate/Registration |
| Replace Your Driver's License | Order a Special Plate |

NEED TO VISIT AN RMV OFFICE?

SAVE TIME
Complete Your
Application Online!

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS



RECEIVED

2016 JAN 26 P 1:17

CITY CLERK 16-6
FALL RIVER, MA

City of Fall River
Notice of Claim

1. Claimant's name: EDWARD PACHECO
 2. Claimant's complete address: 203 WILLIAM ST.
 3. Telephone number: Home: 508-673-7593 Work: Retired
 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: 11:30 PM Amount of damages claimed: \$ 3,614.61
 6. Exact location of the incident: (include as much detail as possible):
Diamond Dimar ST. Next to 109 Dimar ST.
 7. Circumstances of the incident: (attach additional pages if necessary):
Front Loader slid into my Car Parked. Mass Plate # M87-387 DCM was a Witness. He stayed at the scene for 2 Hours waiting for Police, then left with Supervisor.
 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
Metropolitan Property and Casualty Insurance Company (PO Box 6060 Scranton PA 18505)
- 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: 1-26-16

Claimant's signature: Edward Pacheco

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

DCM

Date:

1-26-16

Fall River Front Loader. 1-18-16

~~2016~~ 2016

Sunday Night about 11:30 PM.

A Front Loader truck slid into my Car.
The door is banged up the Fender
is Busted, Mirror also Busted.

The Person driving the Front Loader did not
stay, A driver of a DCM truck stayed
about 2 Hours waiting for the Police.

About 2 AM the Police showed up and took
the information, The Plate # of the
driver of the DCM truck that stayed
is M87-387 DCM.

The Police had Vick's tow the Car,
because it wasn't safe to drive.

Police Report: 16-145-AC

Donald Medeiros Ins Agent

508-678-1271

CITY CLERK
FALL RIVER, MA

2016 JAN 26 11:17

RECEIVED



RECEIVED

2016 JAN 26 P 1:17

CITY CLERK
FALL RIVER, MA

RECEIVED

FALL RIVER AUTO BODY & SALES, INC
155 WILLISTON ST
FALL RIVER, MA 02721
PHONE: 508-679-4690 FAX: 508-679-1701

2016 JAN 26 P 1:17

CITY CLERK
FALL RIVER, MA

*** ESTIMATE ***

01/20/2016 04:46 PM

Owner

Owner: EDWARD PACHECO
Address: 203 WILLIAM ST
City State Zip: Fall River, MA 02721

Work/Day: (508)673-7593
FAX:

Control Information

Claim #: ALI42384
Loss Date/Time: 01/17/2016
Deductible: \$500.00

Insured Policy #:
Loss Type: Collision

Inspection

Inspection Date: 01/20/2016
Inspection Location: FALL RIVER AUTO BODY
Address: 155 WILLISTON STREET
City State Zip: Fall River, MA 02721
Email: fallriverautobody@comcast.net
Primary Impact: Right Front Side
Driveable: No

Inspection Type:
Contact:
Work/Day: (508)679-4690x
FAX: (508)679-1701x

Secondary Impact:
Rental Assisted:

Appraiser Name: WAYNE PEREIRA
Address: 155 WILLISTON STREET
City State Zip: Fall River, MA 02721
Email: fallriverautobody@comcast.net

Appraiser License #: 013385
Work/Day: (508)679-4690
FAX: (508)679-1701

Repairer

Repairer: FALL RIVER AUTO BODY
Address: 155 WILLISTON STREET
City State Zip: Fall River, MA 02721
Email: fallriverautobody@comcast.net
License #: 0133885

Contact:
Work/Day: (508)679-4690
FAX: (508)679-1701

Regulation ID: RS865

Repair Start Date/Time: 01/20/2016
Target Complete Date/Time:

Vehicle Drop Off Date/Time: 01/19/2016 03:00 PM
Days To Repair: 9

Remarks

VEHICLE TOWED TO SHOP
WRITTEN FOR METLIFE AUTO & HOME
DTP ON FILE
UPON COMPLETION OF REPAIRS, ESTIMATE AND ANY SUPPLEMENT IN HAND TO CUSTOMER
DTP UPLOADED WITH PHOTOS, WHERE APPLICABLE
NO PERMISSION FROM OWNER TO REMOVE INSECTION STICKER

Vehicle

2008 Toyota Corolla CE 4 DR Sedan
Claim #: ALJ42384

01/20/2016 04:46 PM

2008 Toyota Corolla CE 4 DR Sedan
4cyl Gasoline 1.8
4 Speed Automatic

Lic.Plates: 774FXD
Lic Expire:
Prod Date: 06/2007
Veh Insp# :
Condition: Good
Ext. Color: GRAY
Ext. Refinish: Two-Stage
Ext. Paint Code: 1E3

Lic State: MA
VIN: 2T1BR30E78C867778
Mileage: 18,936
Mileage Type: Actual
Code: Y2114A
Int. Color:
Int. Refinish: Two-Stage
Int. Trim Code:

Options

AM/FM CD Player	Air Conditioning	Bucket Seats
Cargo/Trunk Mat	Center Console	Digital Clock
Digital Signal Processor	Dual Airbags	Floor Mats
Intermittent Wipers	Lighted Entry System	Power Brakes
Power Mirrors	Power Steering	Rear Window Defroster
Rem Trunk-L/Gate Release	Split Folding Rear Seat	Tachometer
Theft Deterrent System	Tilt Steering Wheel	Tinted Glass
Tire Pressure Monitor	Velour/Cloth Seats	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Stripes And Mouldings									
1	RI	10		Midg,Front Door Side RT	R & I Assembly			0.4	SM
2	RI	200		Midg,Rear Door Side RT	R & I Assembly			0.4	SM
Front Bumper									
3	E	15		Supt,Frt Bumper Cover RT >> CRACKED	5211502061	\$26.00		1.6	SM
Front End Panel And Lamps									
4	E	42		Headlamp Assy,Halogen RT >> CRACKED	8111002360	\$233.59		INC	SM
5	N	973		Headlamps Aim	Additional Labor			0.4	SM
Front Body And Windshield									
6	I	83		Panel,Hood >> CHIPPED @ FENDER EDGE >> HAS PRIOR DENTS	Repair			0.5*	SM
7	L	83	#	Panel,Hood	Refinish 2.3 Surface 0.6 Two-stage setup 0.5 Two-stage			3.4*	RF
# = 10, 13 >> MODIFIED REFINISH / BLEND WITHIN PANEL									
8	E	104		Fender,Front RT >> MASHED	5380102060	\$255.71		1.7	SM
9	L	104		Fender,Front RT	Refinish 1.8 Surface 0.5 Edge 0.5 Two-stage			2.8	RF
10	E	108	01	Seal,Front Fender RT >> TORN	5382702030	\$45.63		INC	SM

Estimate Total & Entries

Gross Parts			
Other Parts		\$1,499.32	
Paint & Materials		\$156.69	
Parts & Material Total	11.8 Hours @ \$25.00	\$295.00	
Tax on Parts & Material	@ 6.250%		\$1,951.01
			\$121.94

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$40.00	10.7	5.0	15.7	\$628.00
Mech/Elec (ME)	\$40.00				
Frame (FR)	\$43.00				
Refinish (RF)	\$40.00	11.8		11.8	\$472.00
Labor Total				27.5 Hours	
Sublet Repairs					\$1,100.00
Gross Total					\$441.66
Less: Deductible					\$3,614.61
Net Total					\$500.00-
					\$3,114.61

Alternate Parts C/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 02721 Default

Audatex Estimating 7.0.712 ES 01/21/2016 10:43 AM REL 7.0.712 DT 12/01/2015 DB 01/15/2016
Copyright (C) 2016 Audatex North America, Inc.

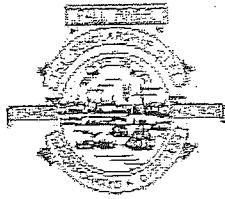
2.8 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

BY PROVIDING A COPY OF KNOWN DAMAGES THIS IS NOT AN ACCEPTANCE OF LIABILITY OR A CONFIRMATION OF COVERAGE,
OR
THAT PAYMENT IS TO FOLLOW.

THE REPAIR ESTIMATE IS BASED IN PART ON THE USE OF REPLACEMENT PARTS WHICH
ARE NOT MADE BY THE ORIGINAL MANUFACTURER OF THE DAMAGED PARTS IN YOUR
VEHICLE. WARRANTIES, IF ANY, APPLICABLE TO THESE REPLACEMENT PARTS ARE
PROVIDED BY THEIR MANUFACTURER OR SUPPLIER RATHER THAN THE MANUFACTURER OF
YOUR VEHICLE.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = Replace Recycled
TE = Partial Replace Price	PM = Replace PXN Reman/Rebtl	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



RECEIVED

2016 JAN 26 P 1:17

CITY CLERK 16-6
FALL RIVER, MACity of Fall River
Notice of Claim

1. Claimant's name: EDWARD PACHECO
 2. Claimant's complete address: 203 WILLIAM ST.
 3. Telephone number: Home: 508-673-7593 Work: Retired
 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: 11:30 PM Amount of damages claimed: \$ 3,614.61
 6. Exact location of the incident: (include as much detail as possible):
Diamond Diman ST. Next to 109 Diman ST.
 7. Circumstances of the incident: (attach additional pages if necessary):
Front Loader slid into my Car Parked. Mass Plate # M87-387 DCM was a Witness. He stayed at the scene for 2 hours waiting for Police, then left with Supervisor.
 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
Metropolitan Property and Casualty Insurance Company (PO Box 6060 Scranton PA 18505)
- 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: 1-26-16Claimant's signature: Edward Pacheco

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

DCM

Date:

1-26-16

Fall River Front Loader. 1-18-16

~~2016~~ 2016

Sunday Night about 11:30 PM.

A Front Loader truck slid into my Car.
The door is banged up, the Fender
is Busted, Mirror also Busted.

The Person driving the Front Loader did not
stay. A driver of a DCM truck stayed
about 2 Hours waiting for the Police.

About 2 AM the Police showed up and took
the information. The Plate # of the
driver of the DCM truck that stayed
is M87-387 DCM.

The Police had Vick's tow the Car,
because it wasn't safe to drive.

Police Report : 16-145-AC

Donald Medicino Ins Agent

508-678-1271

CITY CLERK
FALL RIVER
MA

2016 JAN 26

1:17

RECEIVED



RECEIVED

2016 JAN 26 P 1:17

CITY CLERK
FALL RIVER, MA

RECEIVED

FALL RIVER AUTO BODY & SALES, INC
155 WILLISTON ST
FALL RIVER, MA 02721
PHONE: 508-679-4690 FAX: 508-679-1701

2016 JAN 26 P 1:17

CITY CLERK
FALL RIVER, MA

*** ESTIMATE ***

01/20/2016 04:46 PM

Owner

Owner: EDWARD PACHECO
Address: 203 WILLIAM ST
City State Zip: Fall River, MA 02721

Work/Day: (508)673-7593
FAX:

Control Information

Claim #: ALI42384
Loss Date/Time: 01/17/2016
Deductible: \$500.00

Insured Policy # :
Loss Type: Collision

Inspection

Inspection Date: 01/20/2016
Inspection Location: FALL RIVER AUTO BODY
Address: 155 WILLISTON STREET
City State Zip: Fall River, MA 02721
Email: fallriverautobody@comcast.net
Primary Impact: Right Front Side
Driveable: No

Inspection Type:
Contact:
Work/Day: (508)679-4690x
FAX: (508)679-1701x

Secondary Impact:
Rental Assisted:

Appraiser Name: WAYNE PEREIRA
Address: 155 WILLISTON STREET
City State Zip: Fall River, MA 02721
Email: fallriverautobody@comcast.net

Appraiser License #: 013385
Work/Day: (508)679-4690
FAX: (508)679-1701

Repairer

Repairer: FALL RIVER AUTO BODY
Address: 155 WILLISTON STREET
City State Zip: Fall River, MA 02721
Email: fallriverautobody@comcast.net
License #: 0133885

Contact:
Work/Day: (508)679-4690
FAX: (508)679-1701

Regulation ID: RS865

Repair Start Date/Time: 01/20/2016
Target Complete Date/Time:

Vehicle Drop Off Date/Time: 01/19/2016 03:00 PM
Days To Repair: 9

Remarks

VEHICLE TOWED TO SHOP
WRITTEN FOR METLIFE AUTO & HOME
DTP ON FILE
UPON COMPLETION OF REPAIRS, ESTIMATE AND ANY SUPPLEMENT IN HAND TO CUSTOMER
DTP UPLOADED WITH PHOTOS, WHERE APPLICABLE
NO PERMISSION FROM OWNER TO REMOVE INSECTION STICKER

Vehicle

2008 Toyota Corolla CE 4 DR Sedan
Claim #: ALI42384

01/20/2016 04:46 PM

2008 Toyota Corolla CE 4 DR Sedan
4cyl Gasoline 1.8
4 Speed Automatic

Lic.Plates: 774FXD
Lic Expire:
Prod Date: 06/2007
Veh Insp# :
Condition: Good
Ext. Color: GRAY
Ext. Refinish: Two-Stage
Ext. Paint Code: 1E3

Lic State: MA
VIN: 2T1BR30E78C867778
Mileage: 18,936
Mileage Type: Actual
Code: Y2114A
Int. Color:
Int. Refinish: Two-Stage
Int. Trim Code:

Options

AM/FM CD Player	Air Conditioning	Bucket Seats
Cargo/Trunk Mat	Center Console	Digital Clock
Digital Signal Processor	Dual Airbags	Floor Mats
Intermittent Wipers	Lighted Entry System	Power Brakes
Power Mirrors	Power Steering	Rear Window Defroster
Rem Trunk-L/Gate Release	Split Folding Rear Seat	Tachometer
Theft Deterrent System	Tilt Steering Wheel	Tinted Glass
Tire Pressure Monitor	Velour/Cloth Seats	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Stripes And Mouldings									
1	RI	10		Mldg,Front Door Side RT	R & I Assembly			0.4	SM
2	RI	200		Mldg,Rear Door,Side RT	R & I Assembly			0.4	SM
Front Bumper									
3	E	15		Supt,Frt Bumper Cover RT >> CRACKED	5211502061	\$26.00		1.6	SM
Front End Panel And Lamps									
4	E	42		Headlamp Assy,Halogen RT >> CRACKED	8111002360	\$233.59		INC	SM
5	N	973		Headlamps Aim	Additional Labor			0.4	SM
Front Body And Windshield									
6	I	83		Panel,Hood >> CHIPPED @ FENDER EDGE >> HAS PRIOR DENTS	Repair			0.5*	SM
7	L	83	#	Panel,Hood # = 10, 13 >> MODIFIED REFINISH / BLEND WITHIN PANEL	Refinish 2.3 Surface 0.6 Two-stage setup 0.5 Two-stage			3.4*	RF
8	E	104		Fender,Front RT >> MASHED	5380102060	\$255.71		1.7	SM
9	L	104		Fender,Front RT	Refinish 1.8 Surface 0.5 Edge 0.5 Two-stage			2.8	RF
10	E	108	01	Seal,Front Fender RT >> TORN	5382702030	\$45.63		INC	SM

Estimate Total & Entries

Gross Parts					
Other Parts				\$1,499.32	
Paint & Materials				\$156.69	
Parts & Material Total	11.8 Hours @	\$25.00		\$295.00	
Tax on Parts & Material		@ 6.250%			\$1,951.01
					\$121.94
Labor	Rate	Replace	Repair Hrs	Total Hrs	
		Hrs			
Sheet Metal (SM)	\$40.00	10.7	5.0	15.7	\$628.00
Mech/Elec (ME)	\$40.00				
Frame (FR)	\$43.00				
Refinish (RF)	\$40.00	11.8		11.8	\$472.00
Labor Total				27.5 Hours	
Sublet Repairs					\$1,100.00
Gross Total					\$441.66
Less: Deductible					\$3,614.61
Net Total					\$500.00-
					\$3,114.61

Alternate Parts C/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 02721 Default

Audatex Estimating 7.0.712 ES 01/21/2016 10:43 AM REL 7.0.712 DT 12/01/2015 DB 01/15/2016
Copyright (C) 2016 Audatex North America, Inc.

2.8 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

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PROVIDED BY THEIR MANUFACTURER OR SUPPLIER RATHER THAN THE MANUFACTURER OF
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Op Codes

* = User-Entered Value
EC = Replace Economy
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TE = Partial Replace Price
L = Refinish
TT = Two-Tone
BR = Blend Refinish
CG = Chipguard
AA = Appearance Allowance

E = Replace OEM
OE = Replace PXN OE Srpls
EP = Replace PXN
PM = Replace PXN Reman/Rebld
PC = Replace PXN Reconditioned
SB = Sublet Repair
I = Repair
RI = R & I Assembly
RP = Related Prior Damage

NG = Replace NAGS
UE = Replace OE Surplus
EU = Replace Recycled
UM = Replace Reman/Rebuilt
UC = Replace Reconditioned
N = Additional Labor
IT = Partial Repair
P = Check



City of Fall River
Notice of Claim

RECEIVED

2016 JAN 27 P 12:46

CITY CLERK 16-7
FALL RIVER, MA

1. Claimant's name: Angela Cruz
2. Claimant's complete address: 106 Cash St.
3. Telephone number: Home: 7744881492 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage
5. Date and time of accident: 1/26/16 5:30pm Amount of damages claimed: \$ 123.82
6. Exact location of the incident: (include as much detail as possible):
Stafford Rd. in front of park near Seabra Food Store
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving on Stafford Rd. home from work. I was driving 20mph. I hit the huge hole in the street. my tire popped right away.
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: 1/27/16

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:	
Copies forwarded to:	<input type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> [Redacted] <input checked="" type="checkbox"/> DPW
Date: <u>1/27/16</u>	

Sullivan Tire Fall River
456 Rodman Street
FALL RIVER, MA 02721
(508)674-4068

PAGE 1



RECEIVED

2016 JAN 27 P 12:46

Customer ID: 0032019177
Name: MARIA BRUM / Angela Cruz
Address: 159 DANFORTH ST 106 Cash St
Address 2:
City, State, Zip/Postal Code: FALL RIVER, MA, 02721
Home Phone: (774) 488-1492
Work Phone: (774) -
Other Phone: () -
Tax Exempt #:

Year: 15
Make: Hyundai
Model: Elantra SE
Lic No: 1EZ148
VIN: 5NPDH4AE8FH557102
Color:
Engine: L4-1797cc 1.8L
Mileage In: 0

Date/Time: 01/26/16 11:54:27
Workorder #: 174800
Invoice #: 122089
Key Tag: FALL RIVER, MA
PO Number:
Email Address: na
Fleet/Wholesale: N
Unit Number:

Mileage Out: 23841

Service comments:

Salesperson: S. PAIVA

TIRE PRESSURE: LF NA RF NA LR NA RR NA SPARE NA

TREAD DEPTH: LF NA/32 RF NA/32 LR NA/32 RR NA/32 SPARE NA/32

Qty.	Part #	RFR	Loc	Description	Parts	Labor	Total	WARRANTY EXCLUSION - To the extent permitted by state and local law, any warranty on products sold herein are those made by the manufacturer. EXCEPT FOR CONSUMER SALES, SELLER HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. In states that do not allow the disclaimer of implied warranties, the foregoing disclaimer of such warranties will not apply to you. Limited Lifetime Warranty on Mufflers, Shocks, Struts
FINAL INVOICE APPROVAL:								WORK AUTHORIZATION - I HEREBY AUTHORIZE THE REPAIR WORK SHOWN ON THIS WORK ORDER TO BE DONE ALONG WITH THE NECESSARY MATERIAL(S). I hereby grant you and/or your employees permission to operate the vehicle described on streets, highways or elsewhere for the purpose of testing and/or inspection. I am hereby notified of and acknowledge that under state law you have a mechanic's lien on the above vehicle to secure the amount of repairs thereto which I have authorized and are not covered by my warranty. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your reasonable control. Notice: Wheel Torque Validation Wheel fastener torque must be checked within the first 50 miles following this service
PASSENGER TIRES								
1	1549464		RF	AltMAX RT43 91T SL	82.00	0.00	82.00	
				Tire Size: 1956515 Speed Rating: T				
				Ply: SL Walls: BSW Load Rating: 91				
UPC: 15321				Regular Price: 88.00				
				DOT Numbers: 6GAEWBKT4015				
				TOTAL PASSENGER TIRES:	82.00			
TIRE SERVICE								
1	CWB			Computer Wheel Balance	2.00	8.00	10.00	
1	TPMSKIT			TPMS VALVE SERVICE KIT	9.95	0.00	9.95	
- 1	TORQUE			Torqued to MFG Specs.	0.00	0.00	0.00	
				TOTAL TIRE SERVICE:	19.95			
PREVENTATIVE MAINTENANCE								
1	VVI			VISUAL VEHICLE INSPECT	0.00	0.00	0.00	
				TOTAL PREVENTATIVE MAINTENANCE:	0.00			
TIRE MAINTENANCE AND PROTECTION PLAN								
1	TMPP			MAINT AND PROTECTION	12.00	0.00	12.00	
				TOTAL TIRE MAINTENANCE AND PROTECTION PLAN:	12.00			
DISPOSAL FEES								
1	95942			CHARGE PASS TIRE DISP	4.00	0.00	4.00	
				TOTAL DISPOSAL FEES:	4.00			

SEE NEXT PAGE

For house charge accounts,
Please remit all payments:
Sullivan Tire Co. Inc.
Attn: Credit Department
PO BOX 370
Rockland, MA 02370

Now featuring Gift Cards!

INVOICE INVOICE Sullivan Tire Fall River INVOICE
CUSTOMER COPY



Sullivan Tire Fall River
456 Rodman Street
FALL RIVER, MA 02721
(508)674-4068

PAGE 2

RECEIVED

2016 JAN 27 P 12:46

Customer ID: 0032019177
Name: MARIA BRUM
Address: 159 DANFORTH ST
Address 2:
City, State, Zip/Postal Code: FALL RIVER, MA, 02721
Home Phone: (774) 488-1492
Work Phone: (774) -
Other Phone: () -
Tax Exempt #:

Year: 15
Make: Hyundai
Model: Elantra SE
Lic No: 1EZ148
VIN: 5NPDH4AE8FH557102
Color:
Engine: L4-1797cc 1.8L
Mileage In: 0

Date/Time: 01/26/16 17:54:22
Workorder #: CLE 174800
Invoice #: 122089
Key Tag: FALL RIVER, MA
PO Number:
Email Address: na
Fleet/Wholesale: N
Unit Number:

Mileage Out: 23841

Salesperson: S. PAIVA

Qty.	Part #	RFR	Loc	Description	Parts	Labor	Total
These Parts And/Or Services Were Declined by the Customer:							
1	ACC			Alignment Check	0.00	0.00	0.00
1	FWA			Computer 4-Wheel Alignmen	0.00	89.99	89.99
Total Declined Service Recommendations:							89.99

PAY AMOUNT
CASH 200.00
CHANGE (76.18)

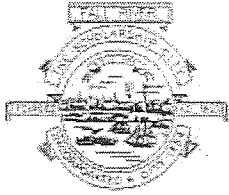
TECH: 007719-0.00 J. CABRAL

PARTS TOTAL 109.95
SALES TAX 5.87
LABOR TOTAL 8.00
GRAND TOTAL 123.82

For house charge accounts,
Please remit all payments:
Sullivan Tire Co. Inc.
Attn: Credit Department
PO BOX 370
Rockland, MA 02370

Now featuring Gift Cards!

INVOICE INVOICE Sullivan Tire Fall River INVOICE
CUSTOMER COPY



City of Fall River
Notice of Claim

RECEIVED

2016 FEB -2 P 4:02

CITY CLERK 16-8
FALL RIVER, MA

1. Claimant's name: PAUL ELIAS
2. Claimant's complete address: 34 HOWLAND ST., FALL RIVER, MA 02724
3. Telephone number: Home: 508-676-8309 Cell Work: 508-415-5575
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
AUTO HIT POT HOLE ON DAVOL ST, SOUTH BOUND
5. Date and time of accident: 1/10/16 @ 4:45p Amount of damages claimed: \$ 1,092.91
6. Exact location of the incident: (include as much detail as possible):
DAVOL ST. SOUTH BOUND, SOUTH OF PRESIDENT AVENUE, FR
7. Circumstances of the incident: (attach additional pages if necessary):
IT WAS DARK AND RAINING, POT HOLE WAS SUBMERGED IN
WATER. CAR HIT POT HOLE WITH THE FRONT DRIVER'S SIDE
WHEEL, THEN WITH THE REAR DRIVER'S SIDE WHEEL.
CAR HAD TO BE 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: 2-2-2016 Claimant's signature: Paul Elias

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>2/2/16</u>

Invoice # 72324 BAY SIDE AUTOMOTIVE CENTER, INC. 1904 BAY STREET FALL RIVER, MA 02724 508-672-5251 DATE 1-12-2016

LNAME:ELIAS TAG:394PE6
FNAME:PAUL HPHONE:508-676-8309 YR:2006 MAKE:TOYOTA
ADRES:34 HOWLAND ST. WPHONE:508-415-5575 MODEL:CAMRY
CY/ST:FALL RIVER, MA ZIP:02724 MILEAGE:120.012
TECH:JOE MANAGER:JEN PO NUMBER: MOTOR:3.3
NOTES: MANUF: VIN:4T1BA32KX6U510813

PART#	DESCRIPTION	QTY	PRICE	DISC	TOTAL
T7030	215-55-17 94V KELLY EDGE AS 356627030	2.00	91.00	0	182.00
MT	MOUNT+BALANCE	2.00	15.00	0	30.00
TD	TD TIRE DISPOSAL	2.00	2.50	0	5.00
AL	ALIGNMENT	1.00	70.00	0	70.00
OP	REAR STRUTS FAP 2701-502755+502756	2.00	189.98	0	379.96
OP	SWAY BAR LINKS 2700-74201	2.00	68.80	0	137.60
ESP	ENVIRONMENTAL+SHOP SUPPLIES OR DISPOSAL	1.00	10.00	0	10.00
L	LABOR	3.00	78.00	0	234.00

01/12/16
Total: \$ 1,092.91
Inv #: 000000003
Apprvd: Online
Appr Code: 00666C
15:03:21
Visa Credit
AID: A0000000031010
TR: 80 80 80 80
TSI: 68 00

VISA
XXXXXXXXXX0205

Sale

BAYSIDE AUTOMOTIVE
1904 BAY ST
FALL RIVER, MA 02724-1656
508-672-5251

Entry Method: Chip

Customer Copy
THANK YOU!

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CITY CLERK
FALL RIVER, MA
16-8

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle for the purposes of testing and inspection. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

Parts	709.56
Labor	339.00
Subtotal	1048.56
Massachusetts	44.35
Total	1092.91

CASH 1092.91

Signature X _____



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FALL RIVER, MA

16-8