



# The City of Fitchburg Massachusetts

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MAYOR

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OFFICE OF THE MAYOR

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CHIEF OF STAFF

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DEPUTY CHIEF OF STAFF

## Filing a Claim with the City of Fitchburg

Please follow the procedures listed below to file a claim with the City of Fitchburg. If you incurred damages or injuries caused by roadway and sidewalk defects or potholes within city limits, seeking a reimbursement or were involved in a collision with a vehicle owned or leased by the city, you **must** complete attached **Notice of Claim Form** along with **accompanying information, as required**. This claim **must** be submitted either by mail or hand delivered. **Emailed claim forms will not be accepted.**

***Your claim must include the following items:***

- a. Detailed Explanation of damages or injuries suffered.
- b. Exact Location of Incident.
- c. Date of Incident

***Items that should be included with your claim:***

- a. Itemized estimate of damages and/or receipts, if any.
- b. Copy of Police Report, if applicable.
- c. Copy of medical bills for personal injuries, if any.
- d. Photographs, if any.

All claims for sidewalk, roadway or pothole incidents MUST be filed within **thirty (30) days** of the date of the incident per M.G.L. Chapter 84.

All claims involving city owned or leased vehicles or personal injuries MUST be filed within **two (2) years** of the date of the incident per M.G.L. Chapter 258.

The City Solicitor will NOT process claims filed after the statute of limitation dates.

**The Mayor's Office is ONLY responsible for receiving your claim and has no further involvement once it is forwarded to the Insurance Company.**

Compensation is paid only if the insurance company finds that the City of Fitchburg is liable. To preserve your rights, if the City does NOT pay your claim, you may pursue your matter in the appropriate state court within **three (3) years** from the date of the incident.

All subsequent inquiries about your claim must be directed to the City Solicitor's Office at (978) 463-7700 ext 104.

**NONE OF THE FOREGOING IS MEANT TO BE LEAGAL ADVICE AND YOU ARE STRONGLY URGED TO REVIEW THE APPLICABLE LAWS ON YOUR OWN OR SEEK LEGAL COUNSEL.**

## Notice of Claim

**Important Notice:** There is a thirty-day (30) statute of limitations (MGL Chapter 84) from the date of the defected sidewalk/roadway incidents and a two year (2) statute of limitations (MGL Chapter 258) from the date of the motor vehicle accident or other similar event to file a Notice of Claim related to these incidents. Claims must be filed in the Mayor's Office, prior to the statute of limitation dates. Your claim will be rejected by the City Solicitor if it arrives after the statute dates.

**THIS IS NOT INTENDED TO BE LEGAL ADVICE. YOU SHOULD CONTACT AN ATTORNEY FOR A MORE DETAILED EXPLANATION OF YOUR LEGAL RIGHTS.**

(This document contains fillable spaces to provide information. If you are unable to populate the form electronically you may also print and handwrite the information. Please print all information legibly in order to avoid processing delays)

Type of Claim:      **Vehicle Accident:**  **Vehicle Accident with City Vehicle**   
**Road/Sidewalk Defect**  **Other**

Claimants Name:

(last)

(first)

(last)

(first)

Street Address:

City/State/Zip Code:

Telephone Number:

(daytime)

Attorney/Insurance Company  
(if applicable).

Street Address:

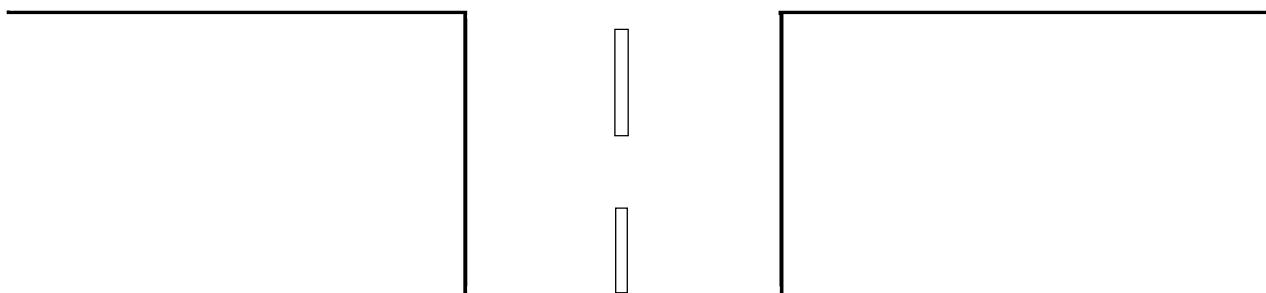
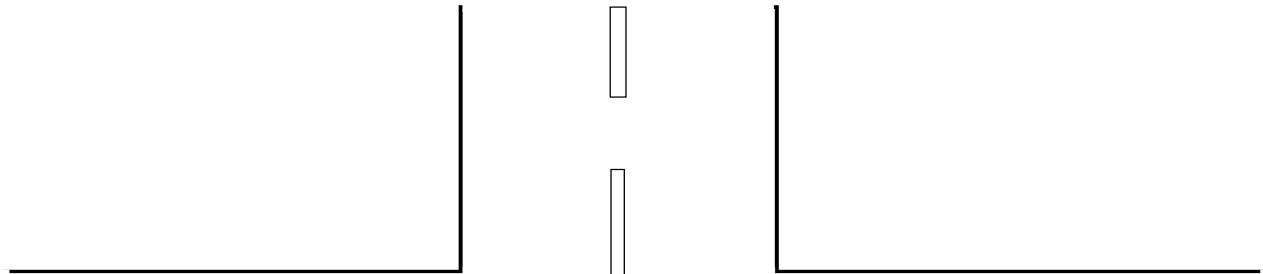
City/State/Zip Code:

Date and Time of Incident:   a.m./p.m.

Location of Incident:

City Department affiliated with claim  
(if unsure leave blank)

If applicable, please use the following directional diagram to describe the actual location of the sidewalk/ roadway defect or place of injuries, resulting from defects only. Please fill in the following information as completely as possible and include landmarks. Failure to provide this information may delay the adjudication of your claim. The city investigator will use this description to inspect the alleged defects or place of injuries. *You may also create a directional diagram using an accurate printed map or use a supplementary sheet if necessary.*



Include Street Names, building numbers, or closest intersecting streets or landmarks.

**Describe in detail the nature of the incident or injuries (use supplementary sheet if necessary)**

## **Witness Information**

(if any)

\_\_\_\_\_

(last)

1. *What is the name of the author?*

(first)

**Street Address:**

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or [research@iastate.edu](mailto:research@iastate.edu).

**City/State/Zip Code:**

## ANSWER

\_\_\_\_\_

1. **What is the primary purpose of the study?**

**Vehicle Owner:**

(claimant)

## ANSWER

## ANSWER

(last)

(first)

Drivers License #

## ANSWER

**Vehicle License Plate:**

\_\_\_\_\_

**Police Report Attached: Yes  No**

**Repair Estimate or Receipt Attached: Yes  No**

**Signature of**  **Date:**   
**Claimant(s)**

**Date:**

**Submit all documentation in person or via mail to:**

Fitchburg Mayor's Office  
718 Main St #304,  
Fitchburg, MA 01420  
ATTN: Claims Division