

Filing a Claim with the City of New Bedford

Please follow the procedures listed below to file a claim with the City of New Bedford. 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:

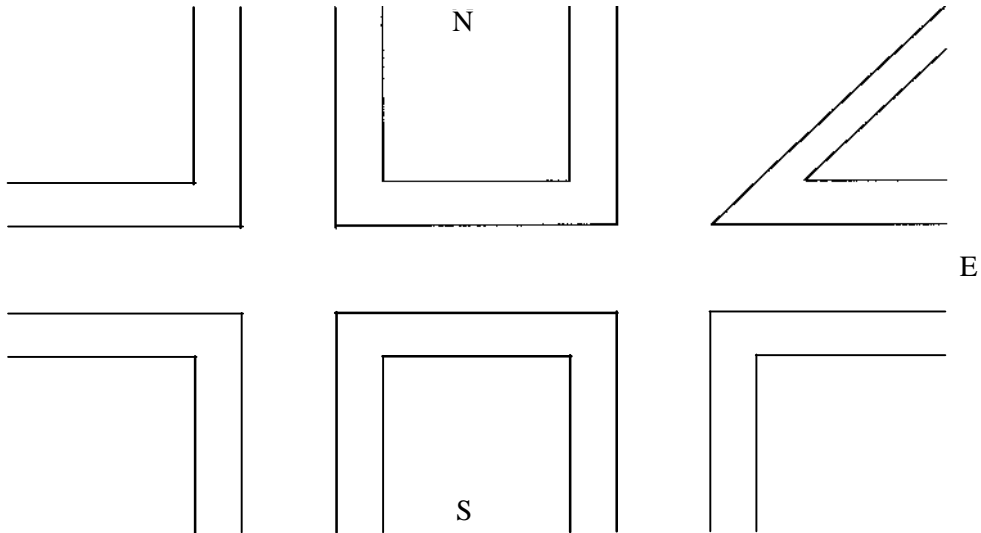
- a. Itemized estimate of damages and/or receipts, if any.
 - b. Copy of Police Report, if applicable.
 - c. Copy of medical bills for personal injuries, if any.
 - d. Photographs, if any.
- ▶ All claims for sidewalk, roadway or pothole incidents **MUST** be filed within **thirty (30) days** of the date 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's Office will **NOT** process claims filed after the statute of limitation dates.

The Mayor's Office is ONLY responsible for the filing of your claim and has no further involvement once it is forwarded to the City Solicitor's Office.

The City Solicitor's Office requires sufficient time to complete an investigation of your claim. Compensation is paid only if the City of New Bedford is found 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 (508) 979-1460.

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



(include street, avenue or blvd/number or name of closest intersecting streets or landmarks)

Describe in detail the nature of the incident or injuries (Use a supplementary sheet if necessary).

City department affiliated w/claim
(unsure leave blank)

Witness Information
(if any)

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(last)
(first)

Street Address:

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City/State/Zip Code:

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Vehicle Owner:
(claimant)

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(last) (first)

Drivers License #

Vehicle Plate #

Vehicle Model

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Make:

--

Year:

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Police Incident Report
(attached)

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(yes)

(no)

Repair receipt or itemized estimate:

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(yes)

(no)

Signature of
Claimant(s)

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Date:

--

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Date:

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Submit all documentation to:

**Mayor's Office
133 William Street
Room 311
New Bedford, MA 02740
ATTN: Claims Division**