



Office of the Mayor
718 Main Street
Fitchburg, MA 01420
(978) 829-1801

FILING A CLAIM WITH THE CITY OF FITCHBURG

You may file a claim with the City of Fitchburg if you were injured or your property was damaged. To facilitate the processing of your claim, please execute the attached City of Fitchburg Claim Form and provide all information that is requested on that form. This includes attaching any itemized estimates, invoices, receipts, any operator or incident reports and photographs.

Please Note:

- Pursuant to M.G.L. c. 84, most claims for injuries or damages related to roadway and sidewalk defects must be **received** by the City within thirty (30) days of the incident.
- All other negligence-based claims must be **received** by the City within two (2) years of the incident.
- The City is responsible for some, but not all sidewalks and roads within the City. For example, some streets are under the control of the Massachusetts Department of Transportation (MassDOT). The City of Fitchburg uses contractors for certain City services and may not be responsible for damages that those contractors cause.
- Kindly allow approximately 6-9 weeks of processing time from the date in which the City receives your claim, for the City's insurance company to investigate and make a determination.
- Claims for defects in public roads and ways is within the jurisdiction of Massachusetts General Law (M.G.L. c. 84 §15-19). This statute outlines circumstances in which a municipality may be legally liable for damages. In order for the municipality to be liable, they must have had notice of the defect prior to your loss. In addition, the courts have determined that the defect must have been the sole cause of the loss and any negligence on the part of the operator bars recovery.

Please submit the enclosed Claim Form and any supporting documentation to the Mayor's Office, in-person, by mail or email to:

Mayor's Office
Fitchburg City Hall
718 Main Street
Fitchburg, MA 01420
j david@fitchburgma.gov

The Mayor's Office is only responsible for accepting the filing of your claim and has no further involvement once it is forwarded to the City's Law Department. Once you have submitted your claim, please allow 6-9 weeks processing time for the City's insurer to make an investigation and determination about your claim **before** contacting the Law Department about your claim. Please be sure to list your email address on the claim form so any electronic information received by the Law Department from the City's insurer can be forwarded to you directly. The Law Department can be reached at: (978) 342-6081.



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CLAIM TYPE: Road or Sidewalk Defect Collision with City Vehicle Injured Person Property Damage

CLAIMANT:

Name: _____ Email Address: _____
 Address (City, State, Zip Code): _____ Telephone: _____

INCIDENT:

Date: _____ Time: _____
 Location (Include Street Name/Number if Known): _____

Witness Contact Information, If Any (Include Name & Phone Number): _____

Description of Incident (Please include additional pages if required): _____

DAMAGES: Please attach any and all receipts, estimates, invoices, operator or incident reports:

Description of Estimate or Bill	Location of Business Repairing/Provided Service	Amount(s)
		\$
		\$
		\$
		\$

PHOTOGRAPHS/REPORTS:

- Photographs: Are you submitting photographs to support your claim? Yes No
- Hard copies of photographs will not be returned to claimant – please make a copy for your records
- Please email photographs to vpusateri@fitchburgma.gov and jdavid@fitchburgma.gov and include your name and reference the date of incident/loss.
- Police Report filed? Yes No (If you responded yes, please provide a copy of the report when submitting this form)

Signature of Claimant: _____ Date of Submittal: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS – NO PHOTOCOPIES WILL BE PROVIDED

**FILE THIS FORM AND ANY ATTACHMENTS WITH THE OFFICE OF THE MAYOR LOCATED AT:
 FITCHBURG CITY HALL, 718 MAIN STREET, FITCHBURG, MA 01420 OR FORWARD VIA EMAIL
 TO: [JDAVID@FITCHBURGMA.GOV](mailto:jdavid@fitchburgma.gov)**