



TOWN OF SOUTHBOROUGH

17 COMMON STREET – SOUTHBOROUGH, MASSACHUSETTS 01772-1802 – (508) 485-0710

PLEASE READ THIS NOTICE BEFORE FILING A CLAIM

Claims Against the Town of Southborough for Property Damage or Personal Injury

(The Massachusetts Tort Claims Act, M.G.L. c. 258)

Please be advised that state law relieves the town of any liability for property damage or personal injury as the result of unknown or unforeseen accidents for which the town was not negligent.¹ For example, damages to an automobile as the result of a pothole in the road, damages to personal property as the result of utility issues or personal injury damages as the result of a slip and fall on a sidewalk, are not injuries for which a claimant may collect damages from the town unless the claimant can prove the town was negligent.

In certain very limited circumstances, the town may be liable for damages to an individual when an investigation shows that the town was negligent, or that a town employee committed a wrongful act or omission. State law governs the procedure the town follows for such claims and limits the city's potential liability in such actions.²

IMPORTANT NOTICE: It is expected and STRONGLY ADVISED that the injured party will make claim to their automobile, homeowners, or medical insurance policy respectively for any such losses. Claimants are advised to speak with their insurance agent and report all claims to their Insurer BEFORE FILING A CLAIM WITH THE TOWN. If you are uncertain about your rights, contact an attorney.

Please submit all forms via mail or in person to:
Town Clerk: Southborough Town Hall
17 Common Street – Southborough, Massachusetts 01772-1802
townclerk@southboroughma.com

¹ See G.L. c. 258, §2.

² See G.L. c. 84, §15 limiting town's liability for defects on a road or sidewalk 1/5th of 1% of the most recent state vehicle valuation, but no more than \$5,000.00. Statute is included below for reference.



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POTHOLE VEHICLE DAMAGE CLAIM FORM

CLAIMANT CONTACT INFORMATION:

First Name: _____
Last Name: _____
Email Address: _____
Street Address: _____
City/Town: _____
State: _____
Zip Code: _____
Phone: _____

Reserved for
Town Clerk Stamp

GENERAL INFORMATION:

Presentment Date: _____ Presentment Time: _____
Date of Damage: _____ Time of Damage: _____
Specific Address /
Location of Damage: _____
Vehicle Make: _____ Vehicle Model: _____
Vehicle Year: _____ Vehicle Registration: _____
Vehicle Location: _____
Estimate of Damage: _____ (attach copy of estimate if available)
Did Police Respond: _____ (attach copy of Police Report if available)

DESCRIPTION OF OCCURRENCE (attach extra pages as necessary):

Total cost incurred: \$ _____ (NOTE: This figure must represent the total amount being requested by the claimant, as this figure, as submitted, will be the only amount under consideration by the Towns insurance provider. Vehicular Claims will be rejected if this item is not filled in. It is the responsibility of the claimant to provide the Towns insurance provider with complete and accurate figures at time of filing this claim. All Claims must be filed within 30 days from the date of the incident.)

(Print Name)

(Signature of Claimant)



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POTHOLE VEHICLE DAMAGE CLAIM FORM

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXIV/Chapter84/Section15>

Chapter 84 Section 15: Personal injuries or property damage from defective ways

Section 15. If a person sustains bodily injury or damage in his property by reason of a defect or a want of repair or a want of a sufficient railing in or upon a way, and such injury or damage might have been prevented, or such defect or want of repair or want of railing might have been remedied by reasonable care and diligence on the part of the county, city, town or person by law obliged to repair the same, he may, if such county, city, town or person had or, by the exercise of proper care and diligence, might have had reasonable notice of the defect or want of repair or want of a sufficient railing, recover damages therefor from such county, city, town or person; but he shall not recover from a county, city, town or local water and sewer commission more than one fifth of one per cent of its state valuation last preceding the commencement of the action nor more than five thousand dollars; nor shall a county, city or town be liable for an injury or damage sustained upon a way laid out and established in the manner prescribed by statute until after an entry has been made for the purpose of constructing the way, or during the construction and repairing thereof, provided that the way shall have been closed, or other sufficient means taken to caution the public against entering thereon. No action shall be maintained under this section by a person the combined weight of whose carriage or vehicle and load exceeds six tons.

**MIIA Member Services**

15 Cabot Road
Woburn, MA 01801-1003
TEL (800) 526-6442
FAX (781) 376-9907
www.emiia.org

MIIA Road Defect (Pothole) Claim – First Report

***To be used for claims as a result of a road defect.**

Member Information			
City/Town:	Southborough	Department:	Public Works
Contact:	William J. Cundiff, P.E.	Phone:	508-485-1210
Email:	WCundiff@Southboroughma.com	Fax:	508-983-7754
Address:	147 Cordaville Road, Southborough, MA 01772-1802		
Report Completed By:			
Today's Date:			
Third Party Information (Claimant)			
Name:		Phone:	
Email:		Fax:	
Address:			
Occurrence Information			
Date of Loss:		Presentment Date:	
Vehicle:		Estimate:	\$
Describe Damages:			
Vehicle Location:			
Did Police Respond?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	Police Report? (please attach)	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Loss Location:			



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Description of Occurrence

Member Questions for Processing of Claim

Is this area under the jurisdiction of the member?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
If not, who has jurisdiction?	
Did the member have knowledge of the alleged defect prior to this incident?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
When was the first notice of the defect received (date and time)?	
Who gave the first notice?	
Was this area under construction?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Was this area controlled by a contractor?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
If so, what is the name, address, and phone number for the contractor? Please forward a copy of their certificate of insurance.	
Were there any warning devices in the area at the time of this loss?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
If so, what types and when/where were they placed?	
When were repairs made to this defect (date and time)?	
Questions Answered By:	