RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
ATTN: CITY LEGAL DEPARTMENT
OR CITY CLERK
209 PEARL STREET
COUNCL BLUFFS, IA 51503

CITY CLAIM NO. 24-PW-2223

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Tyler D. Olderog DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: 1-25-24 1:00 PM

LOCATION OF LOSS/ACCIDENT: Simms Ave and Sunny Ridge Drive

DESCRIPTION OF LOSS/ACCIDENT: I was traveling South on Simms and ran over this large pothole. Immediately my tire pressure monitor went off and I pulled into the Dillman Place Apts parking lot. My tire was flat; when I changed my tire I noticed the inside of the rim got bent. (USE BACK OF FORM; IF NECESSARY) →

TOTAL DAMAGES CLAIMED: $ 310.30

WITNESS(ES) (Name(s), Address(es), Phone No(s). N/A

WAS POLICE REPORT FILED ____ YES X NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:
N/A

HAVE YOU RESUMED NORMAL ACTIVITIES? X YES ____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION: (See Above)
Receipt for new wheel (Rim), Estimate and Photos Included

LIST INSURANCE PROVIDER AND COVERAGE: Progressive Insurance - no coverage for this

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

2-26-24
DATE

[signature]
CLAIMANT'S SIGNATURE

RECEIVED
FEB 27 2024
CITY ATTORNEY'S OFFICE

Action by Council:
Receive & File:
Date: 3-11-24

CLERK RCVD FEB 26 '24 PM 12:52

NOTICE OF CLAIM/LOSS

Claim No: 24-PD-2222

NAME OF CLAIMANT: Copper Creek Apartments DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: n/A

DATE & TIME OF LOSS/ACCIDENT: 2-25-24 7:32pm.

LOCATION OF LOSS/ACCIDENT: 2704 E. Kanesville Blvd. #56

DESCRIPTION OF LOSS/ACCIDENT: Apartment door & dead bolt damaged by Police kicking in the door to gain entry into Apartment #56

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ #233.25 (Door & Lock) #50.00 (Maintenance Labor)

WITNESS(ES) (Name(s), Address(es), Phone No(s).

WAS POLICE REPORT FILED X YES _____ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

HAVE YOU RESUMED NORMAL ACTIVITIES? X YES _____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION: Door, Dead bolt Lock - will attach photo's to e-mail

LIST INSURANCE PROVIDER AND COVERAGE: No insurance claim - Purchased out of pocket door & Lock

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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2-26-24
DATE

CLAIMANT'S SIGNATURE

RECEIVED
FEB 26 2024
CITY ATTORNEY'S OFFICE

Action by Council:
Receive & File:
Date: 3-11-24

Clerk rcvd 2/29/24 12:32pm