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

RECEIVED
JUN 12 2024
CITY ATTORNEY'S OFFICE

CITY CLAIM NO. 24-PW-2235

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: SUSAN C. DOWNS

DAY PHON [redacted]

ADDRESS: [redacted]

DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: June 4, 2024 - 5:30 PM

LOCATION OF LOSS/ACCIDENT: Between Mercy Hospital and Harrison St. on Kanesville Blvd.

DESCRIPTION OF LOSS/ACCIDENT: See Attached Sheet

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ 528.99

WITNESS(ES) (Name(s), Address(es), Phone No(s).: [redacted]

WAS POLICE REPORT FILED ____ YES ✓ NO

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

NONE

HAVE YOU RESUMED NORMAL ACTIVITIES? ✓ YES ____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION: See Attached Sheets with Photos

LIST INSURANCE PROVIDER AND COVERAGE: Progressive Insurance - Liability Only
We Paid Repair Bill in Cash - No Claim Filed with Progressive Insurance

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)

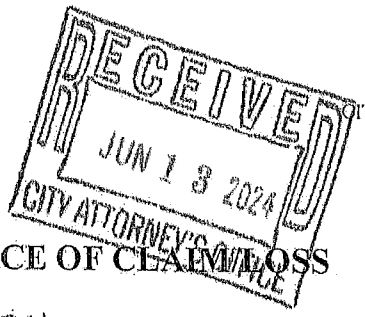
June 12, 2024
DATE

Susan Downs
CLAIMANT'S SIGNATURE

CLERK 2024 JUN 12 PM 2:15

Dear Sirs...On Wednesday, June 4th, 2024, as I was traveling West on Kanesville Blvd. I struck a deep pothole located between Mercy Hospital And Harrison Street..I was unable to swerve to avoid it because of traffic to my Left side, and a cyclist on my immediate Right side...My Husband, Lon, who was a passenger, shouted a warning at me, but too late to avoid the pothole...The impact caused the right front wheel bearings and hub to fail on our 2010 Chrysler Town and Country van, but we managed to get home with it at 2031 Avenue D...My husband managed to carefully drive it to Brakes Plus on 27th & Broadway the next morning, June 5th, where they repaired the damage incurred from hitting the pothole...My husband is a 75 year old lifelong resident of Council Bluffs, and we have never filed a claim against the city in all that time until now, but we feel it is justified in this case...Please find 3 photos of the damaged parts taken at Brakes Plus, along with the Bill, and we ask that the city reimburse us for the $528.99 expense we incurred as a result of the city's failure to properly maintain the streets...Thank you for your consideration....Susan & Lon Downs

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CITY CLAIM NO. 24-PW-2236

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: TONY MAJEFSKI DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: 6-7-24 1100 PM

LOCATION OF LOSS/ACCIDENT: CITY RECYCLE CENTER

DESCRIPTION OF LOSS/ACCIDENT: FRONT END LOADER BACKED INTO TRAILER

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ 390 - Pay M&R Welding

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

WAS POLICE REPORT FILED ✓ YES _____ 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? ✓ YES _____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, AND ANY OTHER RELEVANT INFORMATION: SEE ATTACHED

LIST INSURANCE PROVIDER AND COVERAGE: _____

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6-13-24
DATE

Tony Majefski
CLAIMANT'S SIGNATURE

PERSONAL
ATTACHED
CMO-SS