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-PK-2251

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Randy J. Richards DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: 6-25-24 9:15 P.M

LOCATION OF LOSS/ACCIDENT: City Parking located at 926 Avenue f

DESCRIPTION OF LOSS/ACCIDENT: Broken toe from improperly ground stump. The stump was ground down but had spots that stuck up out of the ground that came to a point about 8 inches high. I was carrying a box from my truck and struck my foot on one of the points that was protruding from the ground in turn breaking my big toe. I have lost work/ wages and was in pain every time I was on my foot for a month. I have had much correspondence with parks & rec regarding this tree/stump and was told by them that the stump grinding was improperly done and was unactable job. (USE BACK OF FORM IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ Lost wages were 5,600+ if I could recoup that I would be appreciative for that!

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

WAS POLICE REPORT FILED ____ YES X NO

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

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: Attached is some of the correspondence via e-mail and city web site.

LIST INSURANCE PROVIDER AND COVERAGE:

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)

08/08/2024
DATE

Randy J. Richards
CLAIMANT'S SIGNATURE

RECEIVED
AUG 08
CITY ATTORNEY'S OFFICE

Action by Council:
Receive & File:
Date: 8/26/24

Docusign Envelope ID: D49C624C-22BF-43A6-A15A-82F201943031

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-PK-2252

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Angelina Parent DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: 6-29-24

LOCATION OF LOSS/ACCIDENT: Valley View Park

DESCRIPTION OF LOSS/ACCIDENT: Feet got stuck in a crack in the Parks side walk/ curb. fell on knees & face

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $

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

WAS POLICE REPORT FILED ____ YES X NO

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

[redacted]

HAVE YOU RESUMED NORMAL ACTIVITIES? ____ YES X NO

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

RECEIVED
AUG 12 2024
CITY ATTORNEY'S OFFICE

LIST INSURANCE PROVIDER AND COVERAGE:

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8/7/2024
DATE

Signed by:
Angie Parent
CLAIMANT'S SIGNATURE

RECEIVED
AUG 12 2024
CITY CLERK

Action by Council:
Receive & File:
Date: 8/26/24

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-PK-2249

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Royce Doumis DAY PHONE: [redacted]

Property ADDRESS: [redacted] DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: 7/31/24 5:30 P.M

LOCATION OF LOSS/ACCIDENT: 8 Pickard Lane, Council Bluffs, IA 51501

DESCRIPTION OF LOSS/ACCIDENT:
See Attached Description

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ Estimate will be provided when received

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

WAS POLICE REPORT FILED ____ YES X NO

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

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:

LIST INSURANCE PROVIDER AND COVERAGE:

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)

8-2-2024
DATE

Royce Doumis
CLAIMANT'S SIGNATURE
Property owner

RECEIVED
AUG 02 2024
CITY ATTORNEY'S OFFICE

CLERK RCVD
6 AUG'24
PM1:03

Action by Council:
Receive & File:
Date: 8/20/24

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-PK-2350

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Alicia Lobendo DAY PHONE: [redacted]

ADDRESS: [redacted] DOB [redacted]

DATE & TIME OF LOSS/ACCIDENT: 07/07/2024

LOCATION OF LOSS/ACCIDENT: 927 3rd Ave, Council Bluffs, IA 51501

DESCRIPTION OF LOSS/ACCIDENT: Shattered front windshield and damaged front hood of vehicle

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ 1,237.10

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

WAS POLICE REPORT FILED ____ YES X NO

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

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: Please see second paper

LIST INSURANCE PROVIDER AND COVERAGE: [redacted]

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.

CLERK RCVD

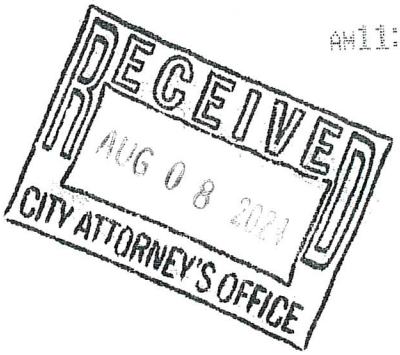
NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3) CODE OF IOWA)

9 AUG'24

07/31/2024
DATE

Alicia Lobendo
CLAIMANT'S SIGNATURE

AM11:34



Action by Council:
Receive & File:
Date: 8/20/24