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

CITY CLAIM NO. 23-PW-2187

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Daniel Fienhold DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted] 1977

DATE & TIME OF LOSS/ACCIDENT: 2-16-2023 9:52 PM

LOCATION OF LOSS/ACCIDENT: 717 Stutsman street

DESCRIPTION OF LOSS/ACCIDENT: Road grader was plowing the street in front of my house and slid backwards into the side of my truck

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ 5400

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

[redacted]

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:

LIST INSURANCE PROVIDER AND COVERAGE: American Family Auto 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.

CLERK RCVD
27 FEB'23

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

2-27-23
DATE

Daniel Fienhold
CLAIMANT'S SIGNATURE

RECEIVED
FEB 27 2023
CITY ATTORNEY'S OFFICE
PM 1:40

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

CITY CLAIM NO. 23-PW-2188

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Olivia Russo DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted]98

DATE & TIME OF LOSS/ACCIDENT: February 21, 2023, 1920 hours;

LOCATION OF LOSS/ACCIDENT: Top of Madison Ave., Council Bluffs

DESCRIPTION OF LOSS/ACCIDENT: Driving South (toward I-80) at the top of Madison Avenue, my passenger side front tire hit a deep pothole.

The tire popped and the rim is bent. I encountered another driver stopped near me with both tires popped from potholes in the same location. This same driver told me there were more cars at Walgreens with popped tires.

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ Estimated at Approximately $500.00

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

WAS POLICE REPORT FILED ____ YES __XX__ NO I called the police department on the morning of Feb. 22nd, but they transferred me to the Legal Dept, who advised me to file a claim using pdf form on the legal site.

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

HAVE YOU RESUMED NORMAL ACTIVITIES? XX YES ____ NO However; I am without a car because I have to take the interstate to get to my destination. Donut tire; cannot go above 50 mph.

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

LIST INSURANCE PROVIDER AND COVERAGE: State Farm; Whole 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)

02/26/2023
DATE

Olivia Russo
CLAIMANT'S SIGNATURE

CLERK RCVD
1 MAR 23
PM 4:08

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

CITY CLAIM NO. 23-PW-2186

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Bernadette M. Weaver DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted] 46

DATE & TIME OF LOSS/ACCIDENT: 2-16-23 16:16 Hrs

LOCATION OF LOSS/ACCIDENT: 470 Houston Ave Council Bluffs Ia 51503

DESCRIPTION OF LOSS/ACCIDENT: Driver Side Mirror and Front Bumper

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ Toms Auto Body $1752.72 / Edwards Auto Group $1961.52

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

Photos of Damage - Estimates - Copies of Police Report are included with claim

WAS POLICE REPORT FILED ✓ YES ____ NO There will be a $250.00 Deductable for Insurance Claim

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

CLERK RCVD

27 FEB '23

HAVE YOU RESUMED NORMAL ACTIVITIES? ✓ YES ____ NO

PM 4:40

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

OTHER RELEVANT INFORMATION: David Weaver waved Truck Driver to stop the Truck and let David move the Blazer from the street but the truck Driver went by and struck Blazer. David whistled at Truck Driver and had to follow Diver several Blocks sounding horn for him to stop

LIST INSURANCE PROVIDER AND COVERAGE:

AARP Policy [redacted] Full 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.

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

RECEIVED
FEB 27 2023
CITY ATTORNEY'S OFFICE

2/27/2023
DATE

Bernadette Weaver
CLAIMANT'S SIGNATURE