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

CITY CLAIM NO. 18-PD-1916

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Jasmine Renée Rodriguez DAY PHONE: (402)214-3904

ADDRESS: 3392 center st. Omaha NE 68105 DOB: 09.17.1991

DATE & TIME OF LOSS/ACCIDENT: 1:90am 9.15.2018

LOCATION OF LOSS/ACCIDENT: 155 N. Broadway

DESCRIPTION OF LOSS/ACCIDENT: Will attach description in seperate email.

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ Haven't had it inspected

WITNESS(ES) (Name(s), Address(es), Phone No(s): Mitch Myers, (402)650-9826
Virginia Barnette (712)898-7466

WAS POLICE REPORT FILED X YES ____ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:
UNMc emergency Room 4305 Dewey ave 68198 Omaha NE

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: I have not had the means to take action on my behalf, I've even lost my job because of this. I will as soon as this claim is filed through CBPD, or I can get drivers insurance info

LIST INSURANCE PROVIDER AND COVERAGE: Allstate. Danny Schultz. (402)332-0449 Full Cov.

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)

09-18-18
DATE

CLAIMANT'S SIGNATURE

CLERK RCVD
19 SEP'18
PM2:20

SEP 19

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA
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COUNCL BLUFFS, IA 51503

CITY CLAIM NO. 18-PK-1915

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: CATHLEEN TIMM DAY PHONE: 402-699-1929

ADDRESS: 4624 NAVAJO ST, APT 12 DOB: 9-9-42

DATE & TIME OF LOSS/ACCIDENT: WEEK OF SEPT 1, 2018

LOCATION OF LOSS/ACCIDENT: 3725 & 3727 4TH AVE

DESCRIPTION OF LOSS/ACCIDENT: CITY IS DOING WORK TO DODGE RIVERSIDE GOLF COURSE. DURING WEEK OF SEPT 1ST, AREA EXPERIENCED HEAVY RAIN STORMS. DUE TO GOLF COURSE WORK, WATER SPILLED OFF OF WORK AREA AND INTO/ONTO MY DUPLEX PROPERTY. HAS NEVER HAPPENED BEFORE (USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $

WITNESS(ES) (Name(s), Address(es), Phone No(s). SUZANNE DAVIDSON 712 328 3296

WAS POLICE REPORT FILED ____ YES X NO

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

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: DAMAGE TO EXTERIOR PAINTING & WOOD) WATER DAMAGE TO INTERIOR. SEE ESTIMATES OF ALL DAMAGED ITEMS.

LIST INSURANCE PROVIDER AND COVERAGE:

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9/17/18
DATE

Cathleen Timm
CLAIMANT'S SIGNATURE

With the other (last) two floods in this area, they had no run off from Dodge Park

SEP 18
4:57 pm

CLERK RCVD
19 SEP'18
PM2:19

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COUNCL BLUFFS, IA 51503

CITY CLAIM NO. 18-PW-1917

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: John Shull DAY PHONE: 402-813-1110

ADDRESS: 813 College Road DOB: 12-26-54

DATE & TIME OF LOSS/ACCIDENT: 1995 to 2018

LOCATION OF LOSS/ACCIDENT: 813 College Road driveway and street

DESCRIPTION OF LOSS/ACCIDENT: Drainage tube pushing up driveway approach as the results of cleaning ditch by digging. Every time dirt is removed the tube pushes up causing a large and dangerous bump. (USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ estimated @ 300.00 if done by road crew repairing street now

WITNESS(ES) (Name(s), Address(es), Phone No(s). Gerald Pond, 3444 3rd Ave CB, IA 51501 402-517-0423
Lynn Skank, 813 College Road CB, IA 515103 402-547-9307
Arlen Ellis 30214 Victoria Drive 712-322-7255, Many more upon request

WAS POLICE REPORT FILED ____ YES X NO N/A

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 N/A

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: State Farm Insurance - Property 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)

9-19-18
DATE

John Shull
CLAIMANT'S SIGNATURE

CLERK RCVD
19 SEP'18
PM2:19

SEP 19