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-1920

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: AMERICAN FAMILY INSURANCE_____ DAY PHONE: __952-562-0675_____ ADDRESS: _6000 AMERICAN PKWY.

MADISON, WI 53783_____ DOB: _N/A_____

DATE & TIME OF LOSS/ACCIDENT: ___10/1/18 7:42_____ LOCATION OF LOSS/ACCIDENT: __MAIN & KANESVILLE

BLVD_____ DESCRIPTION OF LOSS/

ACCIDENT: __OFFICER _(GREG CHASE) WAS RESPONDING TO A CALL AND STRUCK OUR INSURED'S STOPPED VEHICLE.

_____) **TOTAL DAMAGES CLAIMED: $__PENDING (REPAIRS ARE IN PROGRESS)**

_____ WITNESS(ES) (Name(s), Address(es), Phone

No(s).____

_____

_

_____

_WAS POLICE REPORT FILED __X__ YES _____ NO (18-042961)

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

_____

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_____

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_____

_

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)

___10/17/18_____DATE

_PETER LOEHR (CLAIM REP.) CLAIMANT'S SIGNATURE

CLERK RCVD
17 OCT'18
PM2:47

OCT 17