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

CITY CLAIM NO. 21-PW-2099

# NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Zachary Bortolotti DAY PHONE:

ADDRESS: DOB:

DATE & TIME OF LOSS/ACCIDENT: 2/13/21

LOCATION OF LOSS/ACCIDENT: Valley View & Drive

DESCRIPTION OF LOSS/ACCIDENT: City Plow Crossed intersection through red light & dropped a part off truck causing me to either Hit it or the curb so it went under my car (USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ 6183.91

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

me after (City workers) He took part from

WAS POLICE REPORT FILED ____ YES ✓ NO (Police laughed & said they couldnt do anything)

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: Full coverage not claiming not at fault

**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)**

2/21/21
DATE

CLAIMANT'S SIGNATURE

RECEIVED
2-22-21
CITY ATTORNEY'S OFFICE

CLERK RCVD
22 FEB'21
PM 3:20

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

CITY CLAIM NO. 21-PW-2100

# NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Jeremy HULSHIZER DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: 2/23/21 3:24 AM

LOCATION OF LOSS/ACCIDENT: 600 S. Main st. Council Bluffs

DESCRIPTION OF LOSS/ACCIDENT: Car was parked on the road Tuesday morning and was towed. Snow occurred Sunday.

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ 123.44

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(S) OR HOSPITAL:

RECEIVED
2-23-21
CITY ATTORNEY'S OFFICE

HAVE YOU RESUMED NORMAL ACTIVITIES? X YES ____ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS, ETC.:

OTHER RELEVANT INFORMATION: Towed by arrow towing

Invoice attached

LIST INSURANCE PROVIDER AND COVERAGE: Farm Bureau

**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)**

2/23/21
DATE

CLAIMANT'S SIGNATURE

CLERK RCVD
24 FEB'21
AM9:40

Seeking reimbursement for towing cost.
Signage stated "In snow and ice no parking 3-6 AM."
Snow occured Sunday. Any ~~removal~~ parking ban should have occured Monday morning, not Tuesday. Snow was cleared from the roads Monday and significant melting occured Monday and Tuesday.
No communication was made that we should remove our cars 2 days after snow occured.

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COUNCL BLUFFS, IA 51503

CITY CLAIM NO. 21-PW-2101

# NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Kristina Hulshizer DAY PHONE: [redacted]

ADDRESS: [redacted] DOB: [redacted]

DATE & TIME OF LOSS/ACCIDENT: 2/23/21 3:24 AM

LOCATION OF LOSS/ACCIDENT: On street 523 S. Main St.

DESCRIPTION OF LOSS/ACCIDENT: Car was towed without notice

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: $ 123.44

WITNESS(ES) (Name(s), Address(es), Phone No(s). none

WAS POLICE REPORT FILED ____ YES X NO

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

n/a

RECEIVED
2-23-21
CITY ATTORNEY'S OFFICE

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: n/a

LIST INSURANCE PROVIDER AND COVERAGE: n/a

**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 24 FEB 21 AM 9:41

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

2-23-21
DATE

Kristina M Hulshizer
CLAIMANT'S SIGNATURE

I was not notified that cars should not park on the street Monday, Feb 22. Car was towed in the middle of the night to clear sidewalks (at least that's what it looks like). I spent the last 2 weeks not parking on the street due to the snow conditions + keeping room for the plows. It was 48° on Monday & snow on the street had melted & cleared off. It was safe to park there not in the way of the plow. Tuesday's temp was a high of at least 49° - again + left over snow melting. There were no issues on the street + whatever snow left on the driveway sidewalk is melting on its own. While I appreciate the work the street crew does, clearing sidewalks on 2 days of 48° weather seems silly to tow a car. Officer Ken Gotti suggested I come ask for a refund on