

CLAIM AGAINST THE CITY OF DUBUQUE, IOWA

mvm
Legal
John Klostermann
Article Swift

This written report constitutes your claim against the City of Dubuque, Iowa. You should complete this form in full and attach any additional information that supports your claim.

The Claim must be filed with the City Clerk at City Hall, 50 W. 13th St., Dubuque, IA 52001. It will then be referred by the City Council to the appropriate department for investigation. Once that investigation is completed, a report and recommendation will be submitted to the City Council. You will be provided with a copy of that report and recommendation.

THE FINAL DECISION ON ALL CLAIMS IS MADE BY THE CITY COUNCIL. NO EMPLOYEE OF THE CITY OF DUBUQUE HAS THE AUTHORITY TO MAKE ANY REPRESENTATION TO YOU AS TO WHETHER YOUR CLAIM WILL OR WILL NOT BE PAID.

1. Name of Claimant: Progressive Universal Insurance Company A/S/O HAYES, NICOLAS A

2. Address: PO Box 94639

City: Cleveland State: OH Zip: 44101

3. Telephone Number: 877-818-0139

4. Date of Incident: 11/09/2022

5. Time of Incident: 8:00 AM

6. Location of Incident (Be specific): PARKED AT 2109 HEEB ST. IN DUBUQUE, IA

7. DESCRIBE ACCIDENT OR OCCURRENCE THAT CAUSED INJURY OR DAMAGE. (Give full details upon which you base your claim. If a City employee was involved, give the employee's name.)

OUR INSURED'S VEHICLE WAS PARKED AT 2109 HEEB ST. IN DUBUQUE, IA WHEN A CITY WASTE VEHICLE

OPERATED BY CUE, BRIAN, FAILED TO MAINTAIN PROPER LOOKOUT AND CONTROL OF VEHICLE, STRUCK

OUR INSURED'S PARKED VEHICLE. WE ARE SEEKING REIMBURSEMENT FOR OUR INSURED'S VEHICLE DAMAGES.

8. What were weather conditions like?

9. Give name and address of any witnesses:

10. Did police investigate? (If so, give names of officers.)

Police Agency: DUBUQUE PD Police Report #: 2022-007762

11. Was anyone injured? (If so, give names, addresses, and extent of injuries).

NO

12. Was any damage done to property? (If so, describe property and the extent of damages. Attach estimates of damages or describe basis for ascertaining extent of damage.)

2018 CHEVROLET CRUZE - P/S DOORS, MIRROR

13. What other damages do you claim, if any? N/A

14. Have you been compensated for any part or all of your claim by any insurance company? (If so, give name and address of insurance company and amount paid.)

Progressive Universal Insurance Company PO Box 94639 Cleveland, OH 44101 \$7,465.16

15. What amount do you claim from the City of Dubuque?

\$7,465.16

16. Why do you claim the City of Dubuque is responsible?

CITY WASTE VEHICLE OPERATED BY CUE, BRIAN, FAILED TO MAINTAIN PROPER LOOKOUT AND CONTROL OF VEHICLE, STRUCK OUR INSURED'S PARKED VEHICLE

17. Have you made any claim against anyone else for damages as a result of this incident? (If yes, give name and address.)

NO

18. If the answer to Question 17 is yes, have you received any payment from that source, and if so, in what amount?

N/A

Dated at Dubuque, Iowa this 16th day of FEBRUARY, 2023.

Matthew Hayward

(Signature)

MATTHEW HAYWARD
Progressive Universal Insurance Company
SUBROGATION SPECIALIST

(Print Name)

(Rev. 5/18)

RECEIVED
23 MAR - 3 AM 10:04
City Clerk's Office
Dubuque, IA