

CITY OF EMERYVILLE  
CLAIM FORM



Please Type or Print and return to:

City Attorney's Office, City of Emeryville  
1333 Park Avenue Emeryville, Ca 94608  
Phone: 510.596.4381 Fax: 510.596.3724  
Email: city\_attorney@emeryville.org

CITY OF EMERYVILLE  
CITY CLERK'S OFFICE

MAY 22 2025

RECEIVED

CLAIM AGAINST CITY OF EMERYVILLE

(Name of Entity)

Claimant's name PE HONE TAY

SS# [REDACTED]

Claimant's date of birth [REDACTED]

Telephone # [REDACTED]

Claimant's address [REDACTED]

Address where notices about claim are to be sent, if different from above: 1835 Libretto ct, San Jose, CA 95131

Date of incident/accident: 05/10/2025 2:00 PM

Date injuries, damages, or losses were discovered: 05/10/2025 3:00 PM

Location of incident/accident: 4300 Adeline St, Emeryville, CA 94608

What did entity or employee do to cause this loss, damage, or injury? Emeryville PD #2505-0094

With my permission, police officers were compelled to force entry into my home after the intruder, Alexander Bailey, barricaded himself inside.

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)?

Emeryville Police Department officers. Police officers were very nice and they did the best for my case

What specific injuries, damages, or losses did claimant receive? Damaged front main door, bathroom door and shower sliding door glass panels.

(Use back of this form or separate sheet if necessary to answer this question in detail)

What amount of money is claimant seeking, or which is the appropriate court of jurisdiction [Government Code 910(f)]?

\$2370

How was this amount calculated (please itemize)? Main entry door \$800, Bathroom Door \$170

Shower glass panels \$400 and labor \$1000. Total \$2370

(Use back of this form or separate sheet if necessary to answer this question in detail)

Date Signed: 05/22/2025

Signature: [Signature]

If signed by representative:

Representative's Names

Address

Telephone #

Relationship to Claimant: