

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: 510.596.4380 Fax: 510.596.3724

CLAIM AGAINST City of Emeryville  
(Name of Entity)

Claimant's name Steven Goldenberg 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: 3345 Golden Gate Way, Lafayette CA 94549

Date of incident/accident: September 4, 2024

Date injuries, damages, or losses were discovered: September 4, 2024

Location of incident/accident: northbound Horton Street at the intersection of 45th Street

What did entity or employee do to cause this loss, damage, or injury? The road surface was removed without proper signage. Mr. Goldenberg hit a drop off/pothole that knocked him from his bike and caused injury.  
(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)? \_\_\_\_\_

What specific injuries, damages, or losses did claimant receive? Right tibial plateau fracture, right femur fracture, and humerus fracture.  
(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)]? \_\_\_\_\_  
Claimant is seeking in excess of \$500,000 and the case will be pursued in unlimited civil jurisdiction.

How was this amount calculated (please itemize)? To date, Plaintiff's total medical bills exceed \$250,000. He has not fully regained the ability to walk. His recovery is ongoing.  
(Use back of this form or separate sheet if necessary to answer this question in detail)

Date Signed: December 3, 2024

Signature: [Handwritten Signature]

If signed by representative:

Representative's Name Kyle R. Smith Address 3445 Golden Gate Way | Lafayette CA 94549

Telephone # 510.735.6804

Relationship to Claimant: Attorney