

SEP 23 2024

RECEIVED

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 Adelaide Jenkins SS# _____

Claimant's date of birth _____ Telephone # _____

Claimant's address _____

Address where notices about claim are to be sent, if different from above: _____

Date of incident/accident: 6/12/2024

Date injuries, damages, or losses were discovered: 6/12/2024 - still getting costs

Location of incident/accident: approx. 4080 Horton - near 4065

What did entity or employee do to cause this loss, damage, or injury? metal grate around tree WAS mis-placed and angled up causing trip hazard.
(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)? N/A

What specific injuries, damages, or losses did claimant receive? broken & dislocated wrist and sprained ankle.
(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)]? \$5,000.00

How was this amount calculated (please itemize)? please see attached

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

Date Signed: 9/19/24

Signature: [Handwritten Signature]

If signed by representative:

Representative's Names _____ Address _____

Telephone # _____

Relationship to Claimant: _____