

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



RECEIVED

AUG 06 2025

CITY MANAGER'S OFFICE
CITY OF EMERYVILLE

CLAIM AGAINST City of Emeryville Public Works

(Name of Entity)

Claimant's name Marcia Morse

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: _____

Date of incident/accident: 6/12/25

Date injuries, damages, or losses were discovered: 6/12/25

Location of incident/accident: 45th Street near cross street Adeline

What did entity or employee do to cause this loss, damage, or injury? Failure to trim old tree

(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? Damage to my car

(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)]? _____

\$230.07

How was this amount calculated (please itemize)? \$100 auto insurance deductible + \$130.07 out of pocket for rental car

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

Date Signed: 08/05/2025

Signature: Marcia Morse

Digitally signed by Marcia Morse
DN: cn=Marcia Morse, o=HPPG, Inc., ou,
email=mandian@hppg.com, c=US
Date: 2025.08.05 03:40:16 -0700

If signed by representative:

Representative's Names _____

Address _____

Telephone # _____

Relationship to Claimant: _____