

**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 Michael Miranda 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: 8/25/2024

Date injuries, damages, or losses were discovered: 8/25/2024

Location of incident/accident: 1043 48th st Emeryville CA 94608. Private parking

What did entity or employee do to cause this loss, damage, or injury?
Back of form # 1
(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)?
Not Applicable.

What specific injuries, damages, or losses did claimant receive? 1 2003 infiniti G35 coupe.
Vehicle. color black
(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)]?
14,375.24

How was this amount calculated (please itemize)?
Back of form # 2
(Use back of this form or separate sheet if necessary to answer this question in detail)

Date Signed: 09/06/24 Signature: [Signature]

If signed by representative:
Representative's Names _____ Address _____
Telephone # _____
Relationship to Claimant: _____

1 A tree located at Temescal park Had
A branch fall and damage the right/passenger
side of my vehicle.

2 - vehicle on the market

11,750.90

- Rims 3rd party
\$800

- Suspension, coilovers
\$499

- Bucket seats
pair
\$324.11

- sound system
\$1,001.23

Total

14,375.24

