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**

OCT 16 2025

CITY MANAGER'S OFFICE

CLAIM AGAINST City of Emeryville	CITY OF EMERYVILLE
(Name of Entity)	
Claimant's name Roberto Aguilera Velazquez	SS#
Claimant's date of birth	Telephone #
Claimant's address	
Address where notices about claim are to be sent, if different from above:	w, 6601 Owens Drive, Ste. 238, Pleasanton, CA 94588
Date of incident/accident: 5/2/2025	
Date injuries, damages, or losses were discovered: 5/2/2025	
Location of incident/accident: Alco Iron & Ivietal, 2140 Davis St., San Leandro, CA 94577	
What did entity or employee do to cause this loss, damage, or injury? See Exh	ibit A, attached herein.
	<u> </u>
(Use back of this form or separate sheet if necessary to answ	
What are the names of the entity's employees who caused this injury, damage, or loss (if known)? Unknown at this	
time. See Exhibit A, attached herein.	
What specific injuries, damages, or losses did claimant receive?	injury, Post Traumatic Stress Disorder,
and sprain of the cervical spine. See Exhibit A, attached herein, for further details.	
(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)]?	
\$5,000,000, Unlimited Civil Jurisdiction in Alameda County Superior Court	
How was this amount calculated (please itemize)? Damages for medical sp	pecials, wage loss, loss of earning
capacity, pain and suffering, emotional distress, inconve	
(Use back of this form or separate sheet if necessary to answer this question in detail)	
Date Signed: 10/08/2025 Signature:	andy Dann
If signed by representative:	U
	rens Drive, Suite 238, Pleasanton, CA 94588
Representative's NamesAddressAddress	
Telephone #_925-460-8484	
Relationship to Claimant: Attorney for Claimant	