

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 Public Works City of Emeryville
(Name of Entity)

Claimant's name Sunny Pak SS# _____

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: June 17th, 2022

Date injuries, damages, or losses were discovered: June 17th, 2022 at 3:35PM

Location of incident/accident: 2300 block of Powell St (facing eastbound)

What did entity or employee do to cause this loss, damage, or injury? Weed wacking/grass cutting was done on side walk
of where the car was parked. Visible freshly cut weeds/grass was on vehicle as well as multiple rocks all over the vehicle with rock chips and shattered windows.

(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)? Public Works of Emeryville
Unable to specify employees that worked that block

What specific injuries, damages, or losses did claimant receive? Shattered front passenger window, damages
on hood, windshield, both passenger doors, fender, and quarter panel.

(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)]? _____
Amount towards damages to the vehicle per insurance claim and other expenses due to damages

How was this amount calculated (please itemize)? Please refer to insurance claim adjuster and total estimate.

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

Date Signed: 08/31/2022

Signature: Sunny Pak

If signed by representative:

Representative's Names _____ Address _____

Telephone # _____

Relationship to Claimant: _____