

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

CITY OF EMERYVILLE  
CITY CLERK'S OFFICE

AUG 26 2024

CLAIM AGAINST City of Emeryville

RECEIVED

(Name of Entity)

Claimant's name Jessica Burgos Fernandez

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: 08/25/24

Date injuries, damages, or losses were discovered: 08/25/24

Location of incident/accident: Same as above

What did entity or employee do to cause this loss, damage, or injury? tree branches from the park located behind the parking area of the cars.

(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? different body damages to my Tesla car and the back glass broken plus the cover of the car was damaged too

(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)]?

not sure will put the claim through my insurance company too

How was this amount calculated (please itemize)?

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

Date Signed: 08/26/2024

Signature:

*Jessica Burgos*

If signed by representative:

Representative's Names

Address

Telephone #

Relationship to Claimant: