

# CLAIM FOR DAMAGES

## TO PERSON OR PROPERTY

### INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages relating to any other type of occurrence must be filed not later than one year after the occurrence. (Gov. Code Sec. 911.2)
3. Review the claim to confirm your information before submitting.
4. See Page 2 for diagram upon which to detail place of accident
5. You may attach any additional items, if necessary, up to 10MB per attachment
6. This claim form must be signed on Page 2 at bottom.
7. All correspondences or questions regarding your claim should be directed to the City Attorney's Office

TO: CITY OF LOS ANGELES

Name of Claimant		Age
DONALD	MYERS	49
Street Address		Telephone Number
858 Palm Avenue, #215	West Hollywood CA 90069	3107453771
		Business Name
		N/A

Give address to which you desire notices or communications to be sent regarding this claim:

Graham E. Berry, Esq., 3384 McLaughlin Avenue Los Angeles CA 90066

How did DAMAGE or INJURY occur? Please include as much detail as possible.  
Myers engaged in 1st Amendment protesting. Church of Scientology staffer Odo Huber falsely alleged sexual battery and called LAPD so as to stop the protesting. LAPD falsely arrested & detained Myers for 3 days. Myers alleges collusion between LAPD and Scientology dating back to 2009.

When did DAMAGE or INJURY occur? Please include the date and time of the damage or injury.  
11/07/2015

Where did DAMAGE or INJURY occur? Please describe fully, and locate on the diagram on the reverse side of this sheet.  
Where appropriate, please give street names and addresses or measurements from specific landmarks:  
Outside Church of Scientology buildings located on L. Ron Hubbard Way and Sunset Boulevard in Los Angeles, LAPD Inmate Detention Center, LAPD City Hospital, Twin Towers Correctional Facility and related LAPD cars and locations.

What particular ACT or OMISSION do you claim caused the injury or damage? Please give names of City employees causing the injury or damage and identify any vehicles involved by license plate number, if known.  
PPALONGG serial number None and another colluded with Scientology staffer Odo Huber to interfere with Myers 1st Amendment activity by false arrest and false imprisonment of Myers for 3 days such as to take the LAPD outside of any privileges & immunities.

Please list names and address of Witnesses, Doctors and Hospitals:  
No witnesses but area is heavily surveilled by CCTV, fixed microphones, Scientology staff with cameras-all of which should be immediately obtained. LAPD City Hospital. Doctors names not known at this time.

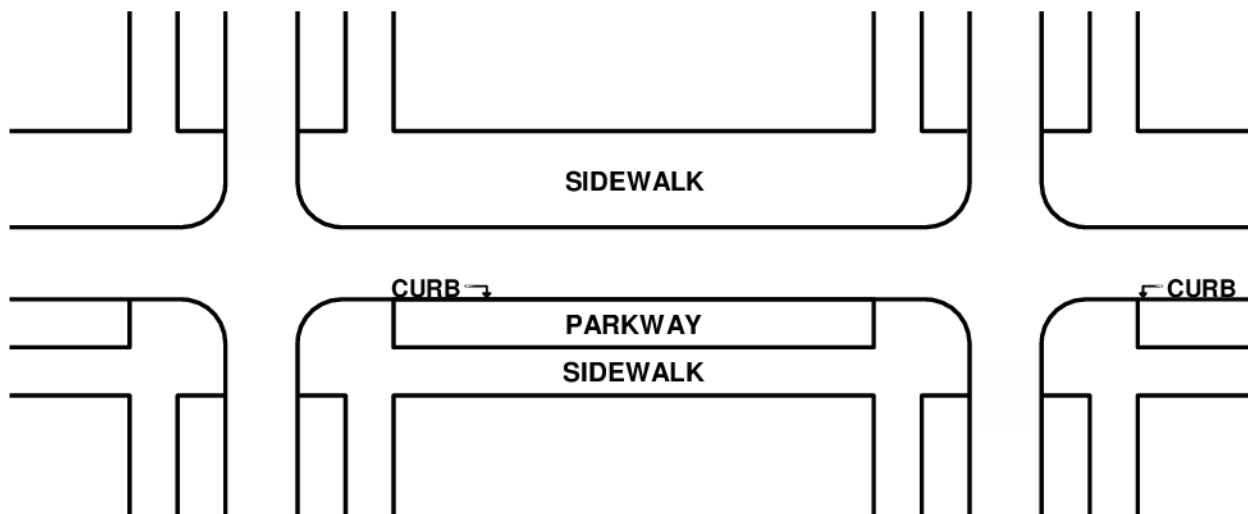
What DAMAGE or INJURIES do you claim resulted? Please give full extent of injuries or damages claimed:  
Interference to and loss of constitutional/civil/human rights, loss of liberty and communication, pain, suffering, defamation, aggravation of serious and chronic health conditions, etc.

What is the AMOUNT of your claim? Please itemize your damages:  
At least \$300,000.00

If you have received any insurance payments, please give the names of the insurance companies:

For all accident claims, please place on the following diagram the names of the streets where the accident occurred and the nearest cross-streets; indicate the place of the accident by an "X" and by showing the nearest address and distances to street corners. Please indicate where North is on the diagram.

Note: If the diagram does not fit the situation, please attach your own diagram.



**I declare, under penalty of perjury, that the foregoing, including any attachments, is TRUE and CORRECT.**

**Note: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72).**

Signature of Claimant or person filing on Claimant's behalf giving relationship to Claimant:

eSigned via SeamlessDocs.com  
*Graham E. Berry*  
Key: 208c6993424029e1e6c3648f73a3f085

Print Name:

Graham E. Berry

Date:

01/26/2016