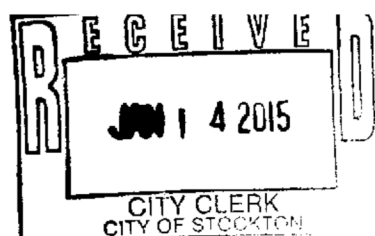


CLAIM FOR DAMAGES

CITY OF STOCKTON



Note: Claims for bodily injury or death, damage to personal property, or damage to growing crops must be filed on City of Stockton form F1366 not later than six months after the occurrence out of which the claims arose. All other claims must be filed on this form not later than one year after the occurrence out of which the claims arose. (Refer to California Government Code sections 910.4 and 911.2)

DIRECTION: The original claim must be filed with the City of Stockton City Clerk's Office, 425 North El Dorado Street, Stockton, California 95202. Retain the yellow copy for your records.

NAME OF CLAIMANT: Mr. Huber Kelly _____ Date of Birth _____
(Last) (First) (Middle)

HOME ADDRESS/PHONE: _____
(Number/Street) (City/State/Zip Code) (Phone Number)

BUSINESS ADDRESS/PHONE: 5250 Clarendon Ave Ste. 119 Stockton, CA 95207 (209) 472-3668
(Number/Street) (City/State/Zip Code) (Phone Number)

DIRECTION: Indicate to which address you wish notice sent HOME BUSINESS

WHEN DID INJURY OR DAMAGE OCCUR? 7-16-2014 _____ A.M. P.M.
(Month/Day/Year) (Day of Week) (Time of Day)

WHERE DID INJURY OR DAMAGE OCCUR?
(Street address, intersecting streets, or other location) _____

Intersection of Thornton Ln., Pacific and Hammer Ln.

HOW DID INJURY OR DAMAGE OCCUR?
(Describe accident or occurrence in complete detail) _____

Robbery @ Bank of West

NAME OF CITY EMPLOYEE(S) INVOLVED? Unknown at this time

WHAT ACTION OR INACTION OF CITY EMPLOYEE(S) CAUSED YOUR INJURY OR DAMAGES? _____

Actions of officers related to robbery at bank of west

WHAT INJURIES OR DAMAGES DID YOU SUFFER? two bullet wounds, broken bones

in one leg; disability; emotional distress; scarring + disfigurement
SEE Exhibit 1 attached hereto.

TOTAL AMOUNT CLAIMED: Unlimited case--over \$25,000.00 Limited case--\$25,000.00 or less

If under \$10,000.00, please specify amount \$ _____

DIRECTION: Sign and date this Claim For Damages below. If the signer is not the claimant, indicate the relationship of the signer to the claimant.

[Signature] _____ 1-14-15 _____
(Signature) (Month/Day/Year) (Social Security Number--optional)

Attorney of Kelly Huber
(Relationship of signer, if not claimant)

DIRECTION: You may attach and include with this completed form any bills for medical treatment and expenses, and any estimates or bills for personal property damage. Questions may be referred to (209) 937-8807.

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY. (Refer to California Penal Code section 72) F1366-4/03

1 Michael J. Dyer, SBN: 109297
2 LAW OFFICES OF MICHAEL J. DYER
3 5250 Claremont Avenue, Ste. 119
4 Stockton, CA 95207
5 Phone: (209) 472-3668
6 Fax: (209) 472-3675

7 Attorney for KELLY HUBER

8 **CLAIM FOR INJURY: CALIFORNIA GOVERNMENT CODE SECTION 905 ET. SEQ.**
9 **AGAINST CITY OF STOCKTON AND STOCKTON POLICE DEPARTMENT**

10 KELLY HUBER)

11 Claimant,)

12 vs.)

13 CITY OF STOCKTON AND THE)
14 STOCKTON POLICE DEPARTMENT)

15 Respondent,)

PERSONAL INJURY CLAIM OF KELLY HUBER

16
17 **TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD:**
18 **PLEASE TAKE NOTICE THAT CLAIMANT KELLY HUBER HEREBY FILES A**
19 **PERSONAL INJURY CLAIM AGAINST CITY OF STOCKTON AND STOCKTON POLICE**
20 **DEPARTMENT PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 905, ET.**
21 **SEQ. AS FOLLOWS:**

22 **Government Code Section 910:**

23 (a) Name and post address of the claimant:

24 Kelly Huber
25 C/O DYER LAW FIRM
26 5250 Claremont Ave. # 119
27 Stockton, CA 95207

28 (b) The post office address to which the person presenting the claim desires notices to be sent:

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CLAIM FOR INJURY: CALIFORNIA GOVERNMENT CODE SECTION 905 ET. SEQ.
AGAINST CITY OF STOCKTON AND STOCKTON POLICE DEPARTMENT

1 Kelly Huber
2 C/O DYER LAW FIRM
3 5250 Claremont Ave. # 119
4 Stockton, CA 95207

5 (209) 472-3668 phone
6 (209) 472-3675 fax
7 mdyer@dyerlawfirm.com

8 (c) The date, place and other circumstances of the occurrence or transaction which gave
9 rise to the claim asserted:

10 On or about July 16, 2014, unidentified officers of the Stockton Police Department
11 interrupted a robbery in progress at the Bank of the West branch located at or about
12 the intersection of Hammer Lane and Thornton Blvd. This interruption was carried
13 out in a negligent manner and in violation of Police Procedures causing the kidnapping
14 and gunshot injury of claimant. The negligence and violation of procedures included
15 but are not limited to: 1) confronting the robbers before they disengaged with claimant
16 and other victims; 2) confronting the robbers without a plan for containment and
17 communication; 3) failing to communicate with bank security which had video
18 cameras in and outside of the bank detailing the robbery in progress; 4) causing a
19 chase to ensue with gunfire; 5) placing Claimant in a more dangerous position upon
20 confrontation by Police; and other procedural violations unknown to Claimant at this
21 time.

22 (d) A general description of the indebtedness, obligation, injury, damage or loss incurred
23 so far as it may be known at the time of presentation of the claim:

24 Claimant was injured by two bullet wounds, one to each leg, which caused severe
25 injuries including, but not limited to, broken bones or bone to one leg; bullet holes and
26 tissue damage to both legs; damage from hardware repair to one leg; disability in
27 limitations to both legs; emotional distress, scarring, disfigurement, and lost wages
28 past and future.

(e) The name or names of the public employee or employees causing the injury, damage,
or loss, if known:

Unknown at this time. Individual police officers and persons directing said officers.

(f) The amount claimed:

Unknown at this time as Claimant is still recovering from her injuries and incurring
wage loss. It is believed the total claim will exceed \$500,000. This amount may
adjust upward or downward depending on future circumstances. The claim will be an
unlimited jurisdiction case.

1 I, declare under penalty of perjury, that to the best of my knowledge, the foregoing is true and
2 correct. Executed this 14th day of January 2015, in Stockton, California,

3 DYER LAW FIRM

4
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6 By: 
7 Michael J. Dyer
8 Attorney for KELLY HUBER, claimant
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