CLAIM AGAINST THE COUNTY OF KERN

(Government Code §§ 910, 910.2 & 910.4)

This claim must be filed with the Clerk of the Board of Supervisors, 1115 Truxtun Ave., 5th Floor, Bakersfield, California 93301. *If it is a claim for death, injury to person, injury to personal property or injury to growing crops, it must be filed within* ***six months after the accident or event giving rise to the claim****. If it is a claim for any other cause of action, it must be filed within one year after the event(s) giving rise to the claim. You must complete both sides and sign the claim form for the claim to be valid. Complete information must be provided. If the space provided is inadequate, please use additional paper and identify information by paragraph number. Do not attach medical records or other confidential records to your claim. ANY COMPLETED CLAIM AND ALL ATTACHMENTS WILL BE TREATED AS A PUBLIC RECORD AND WILL BE AVAILABLE FOR VIEWING BY THE PUBLIC ON THE COUNTY'S WEB SITE.*

1. State the name and mailing address of claimant:

Julie Fackrell
1950 W Rosamond Blvd. unit 430
Rosamond, CA 93560

2. State the mailing address to which claimant desires notices from the County to be sent:

Julie Fackrell
1950 W Rosamond Blvd. unit 430
Rosamond, CA 93560

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.

On May 21–22, 2026, I was at my residence in Rosamond, Kern County,California, when I sustained visible physical injuries during a domestic disturbance. Because I was frightened, injured, and needed assistance and protection, I called 911. Emergency medical personnel and Kern County Sheriff's deputies responded to my residence. Although I was the person who called 911 seeking assistance, I was arrested by the responding deputies. I was transported to the Kern County jail in Bakersfield, booked, detained overnight and released the following morning. This claim concerns the County's arrest, transport, booking, detention, release, and resulting harm.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:

As a result of the County's conduct, I suffered emotional distress, anxiety, humiliation, fear, loss of sleep, and other mental and emotional harm. I also experienced harm associated with my arrest,transportation, booking, overnight detention, and release. I seek compensation for all damages legally recoverable from the County.

See attached documents for additional details and supporting information.

5. Provide the name or names of the public employee or employees causing the injury, damage or loss, if known:

Deputy Corpus (Badge #1650), who responded to my residence and participated in my arrest; the female detention officers involved in my booking and search; and other Kern County Sheriff's Office personnel involved in my arrest, transport, booking, detention, and release, whose identities are presently unknown but may be identified through Agency Case No. 2600070629 and the County's records.
See attached narrative for additional details.

6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed):

If less than ten thousand dollars ($10,000), state the amount: $_____.

If more than ten thousand dollars, would the claim be a limited civil case (less than $25,000)? (Circle one)

Yes ✓ No

7. Please state any additional information which may be helpful in considering this claim:

Please see the attached Government Claim Narrative and supporting attachments, which are incorporated by reference. This claim concerns Agency Case No. 2600070629 and the events surrounding my 911 call, law-enforcement response, arrest, transport, booking, detention, and release, and the resulting harm and damages. I made subsequent efforts to obtain relevant records but was not provided the requested records. Kern County Sheriff's Office records, including body-camera, dispatch, booking, transport, jail-surveillance, and related records, are believed to contain additional information relevant to this claim.

Claimant must date and sign below.

Signed this 17 day of August, 2026.

Julie Jackson
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
32 pages
mailed
Copies Furnished Risk Management

Date 8-19-26
Clerk of the Board of Supervisors
By Michelle Moore, Deputy

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72)

(5/15)
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