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FILED
CLERK OF
THE CO. OF SUPERVISORS
BY _____ DEPUTYoriginal
on file
COB**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:

M.E.H.
1502 North Millbrook Avenue, Apartment 7, Fresno CA 93703

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

19935 Ventura Boulevard, Third Floor, Woodland Hills, CA 91364, Attention, Benjamin Drake, Esq.

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

Date of Incident: April 6, 2026 at or about 1:57 AM

Place: East McKinley Avenue, State Route 41, Dry Creek Canal, Fresno CA

Circumstances giving rise to claim: M.E.H. s mother, Martha Patricia Hernandez

was driving a Dodge Journey with her 9-year-old son, (Mikel's younger brother) A.A.H. when an auto accident at the intersection of East McKinley Avenue and SR 41 caused Martha's vehicle to enter the canal, resulting in A.A.H. and Martha suffering fatal injuries. The vehicle was submerged in the Dry Creek Canal, where A.A.H. s body was discovered miles away from point of impact in Kern County.

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

Decedent, A.A.H. suffered total expiration of life by drowning according to the Fresno Deputy Coroner's report. M.E.H. mourns the loss of his only brother and sibling due to the macabre incident of April 6, 2026. He brings forth a wrongful death claim for his brother, A.A.H.

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

Unknown at this time; currently under active investigation

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:

Claimant must date and sign below.

Signed this 14th day of September, 20 26.

Signed by: 

3762EABCD9818E2...

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To

County Counsel

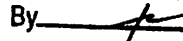
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Copies Furnished

Risk Management

Date 9-16-26

Clerk of the Board of Supervisors

By  Deputy

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