

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:

Carmelo Casas Gonzalez
631 Jane St. Bakersfield, CA 93306

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

631 Jane St. Bakersfield, CA 93306

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

On April 19, 2026, an incident occurred at 631 Jane St., Bakersfield, CA 93306, involving the Kern County Sheriff's Department. While complying with deputies' orders to exit my vehicle, law enforcement deployed a K-9 against me. I was unarmed, and there were no weapons on my person or inside my vehicle to justify the use of a K-9. As a result of this deployment, I sustained severe physical injuries. These injuries have incapacitated me and directly prevented me from operating my self-owned business.

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

On April 19, 2026, an incident occurred at 631 Jane St., Bakersfield, CA 93306, involving the Kern County Sheriff's Department. While complying with deputies' orders to exit my vehicle, law enforcement deployed a K-9 against me. I was unarmed, and there were no weapons on my person or inside my vehicle to justify this action. The K-9 attacked me, inflicting severe bite wounds to my left arm, my left armpit area, my neck, and my leg. Due to the severity of these injuries, I am experiencing severe functional limitations and have been forced to completely cease operations of my self-owned business.

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

At this time, I do not possess the names or badge numbers of the individual deputies involved;
however, the responding agency was the Kern County Sheriff's Department.

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:

While strictly adhering to deputies' instructions to exit my vehicle, law enforcement deployed a K-9 against me. I was entirely compliant and unarmed, yet the deployment of the K-9 inflicted severe physical injuries. Due to the magnitude of these injuries, I am physically incapacitated, leaving me completely unable to operate or reopen my self-owned business

Claimant must date and sign below.

Signed this 29 day of September, 20 26.

Corneil Sanchez

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To Court Counsel

2 pages

Hand Delivered

Copies Furnished Risk Management

Date 9/29/26

Clerk of the Board of Supervisors

By Michelle Hagen, Deputy

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