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26 OCT -2 PM 3:15

FILE REPT. & CLERK OF
THE Bd. OF SUPERVISORS
BY _____ DEPUTY**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:

5319 Sugar pine Dr Bakersfield, CA 93313
Jeremy Sanchez

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

North Kern State Prison West Cecil Ave PO Box 5000
Delano, CA 93216 A-2 242L CIDCRX CC4054
Jeremy Sanchez

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

8 p.m. June 14, 2025 There was a riot in 17695 Industrial Farm Rd Bakersfield, CA 93308 while I was in protective custody. The reckless disregard of the Sheriff's office when general population came into pod E4 through 6 doors 1-3 being general population & E4 being protective custody. I was injured and sustained PTSD.

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

I've sustained defensive injuries from the June 14, 2025 pre-trial riot when general population came into the protective custody pod E4 & I've sustained PTSD.

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

The Kern County Sheriff's Dept pre Trial facility left 6 doors unlocked leading to a protective unit

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

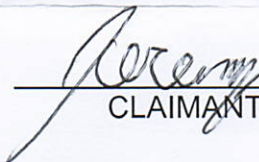
No

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

I've sustained defensive wounds and hospitalized
I diagnosed with PTSD Booking # 2398852
CDCR # CC 4056

Claimant must date and sign below.

Signed this Sept day of 29, 2026.



CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To

County Counsel

3/29/26

M. A. L. L.

Copies Furnished

Risk Management

Date 10-2-26

Clerk of the Board of Supervisors

_____, Deputy

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