

FILED IN THE CLERK OF
THE CO. OF SUPERVISORS
BY _____

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.

1. State the name and mailing address of claimant:

Melissa Camberis
16012 Sunkist Ct. Bkfd, CA. 93306

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

16012 Sunkist Ct.
Bkfd, CA. 93306

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

On 09/29/2024 at approximately 1439 while approaching intersection
of Golden Gate Hwy & E. St. a black object flew off sheriff fleet vehicle
(plate # 1A99062) w/tag ID=WT445, said object struck my windshield and
cracked it. Picture was taken of fleet vehicle and damage to windshield, call
was placed to sheriff's office where I was advised to file a report. Which was
completed. Report taken by CST Carlile w/report #: 2024-00138132. I was
furthermore instructed to obtain an estimate & cost of repairs. Safelite was contacted
cost of replacement windshield & calibration is \$993.65

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

Cracked front windshield on 2022 Hyundai Palisade

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

Fleet Vehicle # "Citizen Volunteer" License plate #: 1499062 with tag ID: W7445

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: \$ 993.65

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.

8. Signed this 5th day of October, 20 24

Mcambrey

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To

County Counsel

4 pgs

handdelivered

Copies Furnished

Risk Management

Date 10-7-26

Clerk of the Board of Supervisors

By [Signature], Deputy

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