

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:

Gabriela Mejia, 5416 Pembroke Ave 93308,
Bakersfield CA

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

5416 Pembroke Ave, Bakersfield, CA 93308
United States

email: gmejia8@CSUB.edu cell: (661) 404-9458

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

October 9, 2026 at around 1:00AM my car was parked in
the driveway of 5416 Pembroke Ave, Bakersfield, CA 93308, where
I live. There was a police/Sheriff incident NOT involving me
and they shot a bullet that landed on the hood of my car.
Detective used pliers to remove the bullet and removed the
padding that goes under the hood. They told me to open a claim to get
damages paid for.

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

Detectives had to remove bullet for evidence, which
left a big ~~car~~ hole on my hood. The padding under the
hood was ripped off as well. Bullet made additional
holes on areas of the hood. Claim number of
case that was given to me is : R 026-00142540.
This case number was given by detective Angel Leiva
from Sheriff department.

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

I don't know the names of the officers involved
but the detective's name is Angel Leiva.

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: \$ 3,544.64.

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 10/14 day of October, 2020.


CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel
3 pages

hand delivered
Copies Furnished Risk Management

Date 10.14.20

Clerk of the Board of Supervisors

By Michelle Mayer, Deputy

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