

26 OCT 12 PM 2:24

FILED
CLERK OF
THE BOARD 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:

CHRISTINE TAYLOR 3212 LA ENTRADA CT BAKERSFIELD CA 93306

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

3212 LA ENTRADA CT BAKERSFIELD CA 93306

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

Incident Report 2026-00067092

May 14, 2026, at my home 3212 La Entrada Court, Bakersfield, California. Deputy Cesar Monroy entered my back yard grabbed me off a ladder and handcuffed me telling me i am arrested for trespassing on my own residence without probable cause. I suffered physical injuries, emotional distress, and loss of liberty. The criminal case 26BMA03989 was later dismissed on October 5, 2026.

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

Physical injuries to my wrists, shoulders, and back from the arrest and handcuffing; emotional distress, humiliation, and loss of liberty from being wrongfully arrested on my own property; loss of personal property and damages resulting from my home being left unsecured after my arrest; and time and expenses incurred defending criminal charges that were later dismissed.

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

Deputy Cesar Monroy, Kern County Sheriff's Office, and any other Kern County Sheriff's Office deputies, supervisors, or employees involved in my detention, arrest, transport, booking, and related actions on May 14, 2026, whose identities are currently unknown.

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 **x**

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

Deputy Monroy's narrative shows bias and a retaliatory motive. Rather than focusing on facts supporting probable cause, he complained that I had filed personnel complaints and suggested those complaints could affect promotions. This statement indicates hostility toward my protected right to file complaints and raises concerns that prior complaints influenced the decision to arrest me.

Claimant must date and sign below.

Signed this 12 day of OCT, 2026.

Christ Jayles
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To _____

County Counsel

Leys

name delivered

Copies Furnished _____

Risk Management

Date 10-12-26

Clerk of the Board of Supervisors

By [Signature], Deputy

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

26 OCT 14 PM 1:37

FILED IN THE CLERK OF
THE COUNTY OF KERN
BY

CLAIM AGAINST THE COUNTY OF KERN

(Government Code §§ 910, 910.2 & 910.4)

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1. State the name and mailing address of claimant:

CHRISTINE TAYLOR 3212 LA ENTRADA COURT BAKERSFIELD CA 93306

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

CHRISTINE TAYLOR 3212 LA ENTRADA COURT BAKERSFIELD CA 93306

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

SRR ATTACHNEBT A

8/1/2026 8:49:42 AM 3212 LA ENTRADA CT KERN COUNTY SHERIFF
Deputy Francisco Valdes -
ABUSE OF AUTHORITY, MISAPPLICATON OF THE LAW,
FAILURE TO PROTECT THE VICTIM, CHANGING THE COURT ORDERS
DIRECTIVES,
FAILURE TO ENFORCE A CPO

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

SEE ATTACHMENT A

negligence, failure to protect a victim, failure to enforce court orders, unlawful entry, unlawful search, unlawful seizure of property, invasion of privacy, property damage, and violations of my rights as a victim, witness, and protected party. As a result, I suffered emotional distress, fear for my safety, loss of privacy, loss of use of my vehicle, towing and storage expenses, physical pain and injury, property damage, and other damages according to proof.

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

SEE ATTACHMENT A

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 13 day of OCT, 2025 26

Christ Jaybo
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel

15 pgs

hand delivered

Copies Furnished Risk Management

Date 10-14-26

Clerk of the Board of Supervisors

By [Signature], Deputy

**WARNING! IT IS A CRIMINAL OFFENSE
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CLAIM AGAINST THE COUNTY OF KERN

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1. State the name and mailing address of claimant:

CHRISTINE TAYLOR 3212 LA ENTRADA COURT BAKERSFIELD CA 93306

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

CHRISTINE TAYLOR 3212 LA ENTRADA COURT BAKERSFIELD CA 93306

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

SRR ATTACHNEBT A

On March 17, 2026, KCSO abused Code Compliance yellow tag to unlawfully enter my home at 3212 La Entrada Court, my private bedroom with weapons drawn, unlawfully searched and detained me, threatened me with arrest for trespassing, and ordered me to pack my belongings and leave. without legal authority

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

SEE ATTACHMENT A

negligence, unlawful entry, unlawful search, invasion of privacy, property damage, and violations of my rights as a victim, witness, and protected party. As a result, I suffered emotional distress, fear for my safety, loss of privacy, loss of use of my vehicle, towing and storage expenses, physical pain and injury, property damage, and other damages according to proof.

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

SEE ATTACHMENT A

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 14 day of OCT, 2026.

Christa Sanyal
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel
23 pages

Copies Furnished Risk Management

Hand delivered
Date 10-15-26

Clerk of the Board of Supervisors
By Michelle Frey, Deputy

**WARNING! IT IS A CRIMINAL OFFENSE
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JP

26 OCT 15 PM 12:5

CLAIM AGAINST THE COUNTY OF KERN

(Government Code §§ 910, 910.2 & 910.4)

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1. State the name and mailing address of claimant:

CHRISTINE TAYLOR 3212 LA ENTRADA COURT BAKERSFIELD CA 93306

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

CHRISTINE TAYLOR 3212 LA ENTRADA COURT BAKERSFIELD CA 93306

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

SRR ATTACHNEBT A

EXHIBIT A INCIDENT REPORT

EXHIBIT B DVTRO

EXHIBIT C WITNESS CASE 26BFA0195

EXHIBIT D TOWING AND STORYAGE FEES

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

SEE ATTACHMENT A

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

SEE ATTACHMENT A

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 14 day of OCT, 2025.

Christa Layb
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel
33 pages

Copies Furnished Risk Management

Hand delivered
Date 10-15-26

Clerk of the Board of Supervisors
By Michelle Grayson, Deputy

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BY _____ DEPUTY

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1. State the name and mailing address of claimant:
CHRISTINE TAYLOR - 3212 LA ENTRADA COURT BAKERSFIELD CA 93306
2. State the mailing address to which claimant desires notices from the County to be sent:
3212 LA ENTRADA COURT BAKERSFIELD CA 93306
3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim. unlawful arrest

On May 9, 2026, at approximately 9:00 p.m., at 3212 La Entrada Court, Bakersfield, California, I was the victim of a physical assault by Alfred Martinez. Deputy Jesse Norez documented that Alfred Martinez punched and choked me before I used pepper spray in self-defense. I repeatedly told deputies that Alfred hit me first. Despite evidence that I was the victim and had acted in self-defense, Deputy Norez failed to protect me arrested me for alleged unlawful use of pepper spray, and transported me to jail. As a result of the arrest, my 2006 Mini Cooper was impounded and held in storage, causing financial loss and hardship. The criminal case arising from this arrest was subsequently dismissed on October 5, 2026.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
I suffered unlawful arrest, false imprisonment, emotional distress, humiliation, loss of liberty, and financial damages. My 2006 Mini Cooper was impounded and held in storage, causing towing fees, storage charges, and loss of use of my vehicle. I incurred expenses and hardship defending against criminal charges that were later dismissed on October 5, 2026. As the victim of an assault, I was not protected and was instead arrested.

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

Deputy Jesse Norez (#203593), Kern County Sheriff's Office

Deputy Perez, Kern County Sheriff's Office, impounded and caused my 2006 Mini Cooper to be towed and held in storage following the arrest.

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:

Amount exceeds \$10,000 and is within the jurisdictional limits of the appropriate court.
The exact amount is to be determined according to proof.

Claimant must date and sign below.

8. Signed this 12 day of OCT, 2026.

Christ Zangh
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To

County Counsel

6 pgs

non-delivered

Copies Furnished

Risk Management

Date 10-12-26

Clerk of the Board of Supervisors

By [Signature], Deputy

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