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26 NOV -6 AM 8:57

FILED IN THE OFFICE OF THE 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:

Rafael D jimenez (661)-809-6496
637 mountain mist ct.,bakersfield, ca. 93308

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

637 mountain mist ct.
bakersfield ca. 93308

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim. AUGUST 21, 2026 AT 637 MOUNTAIN MIST CT., BAK-CA

the sheriff's office involved in the arrest on this case#2026-00118115 kicked the door off the hinges on my roommates door while they were sound asleep and zero involvement on this case

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

total loss was suffered to the door requiring new door, paint and door knob installation job. A total cost $500 material and labor and waste disposal.

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

officers involved in this arrest case# 2026-00118115

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: $ $500 .

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 November day of 3rd, 20 26.

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
2 Pages

Copies Furnished Risk Management

Hand delivered
Date 11.6.26
Clerk of the Board of Supervisors
By , Deputy

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

(5/15)
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