26 NOV -2 PM 2:41

FILE KERN CO. 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:

Yesica Yakelin Rivera, 5601 Ming Ave., Bakersfield, Ca

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

Ravan Law, 6310 San Vicente Blvd., Ste. 401, Los Angles, Ca 90048

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

On October 9, 2026 Ms. Rivera was stuck by Office James Mark Skiba Jr. while driving a vehicle owned and maintained by Bakersfield police department. Office Skiba crossed the intersection on a red light without his sirens on.

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

On October 9, 2026 Ms. rivera was driving southbound on Mohawk Street and she came into the intersection of California Ave. as she made a legal U-turn onto Mohawk when she was struck by Bakersfield Police Department. Officer Skiba crossed the intersection against a red light without his sirens on and collided with Ms. Rivera's 2020 GMC sierra's passenger side.

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

Officer James Mark Skiba Jr. employed with Bakersfield Police Department

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: $ 1,000,000.00 .

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:

Ms. Rivera,is currently in treatment and has suffered injuries due to Mr. Skiba's negligence.

Claimant must date and sign below.

Signed this 27th day of October, 20 26 .

Ted Ravan, Attorney for Claimant
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
10 pgs
mailed
Copies Furnished Risk Management
Date 11-3-26
Clerk of the Board of Supervisors
By , Deputy

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

(5/15)
2249137

NF

26 NOV -2 PM 2:40

KERN CO. CLERK OF BD. OF SUPERVISORS
BY _____ DEPUTY

LIABILITY CLAIM AGAINST THE CITY OF BAKERSFIELD

For Damages to Persons and Personal Property
(Government Code Sections 905, 910 and 910.2)

BAKERSFIELD

FILE CLAIMS WITH: **CITY CLERK**
CITY OF BAKERSFIELD
1600 TRUXTUN AVENUE
BAKERSFIELD, CALIFORNIA 93301

1. Claim must be filed with the City Clerk, City of Bakersfield within six (6) months after the accident, event or incident occurred.
2. Make certain the claim is against the City of Bakersfield and not another public entity.
3. Completed forms must be mailed or delivered on time to the City Clerk at the address indicated above. Where space is insufficient, use additional paper and identify information by paragraph number.
4. For other claims, consult the Government Code for filing times and complete the appropriate sections of this claim form.
5. You must sign the claim form at the bottom of page 2, and each attached sheet.
6. **WARNING**: Knowingly filing false claims violates Gov. Code §125650 and Penal Code §72 and can be prosecuted as fraud.

TO THE HONORABLE MAYOR AND CITY COUNCIL, CITY OF BAKERSFIELD, CALIFORNIA:
The undersigned respectfully submits the following claim and information:

(A) Claimant's Information:

1. Full Name of Claimant: Yesica Yakelin Rivera	2. Name of Parent or Guardian: (if minor)
3. Date of Birth: 09/27/2003	4. Sex: Male/Female Female
5. Complete Home Address of Claimant: 5601. Ming Ave., Bakersfield, Ca 93309	6. Telephone Numbers: (include area codes) Home: 661-637-9787 Work: Cell:
7. Business/Work Address of Claimant: N/A	8. Preferred Mailing Address: (for notices to be sent) Ravan Law, 6310 San Vicente Blvd., Ste. 401, Los Angeles, Ca 90063

(B) The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted (be precise as to the exact location):

9. DATE: 10/09/2026 10. TIME: 10:11 am

11. PLACE: California Ave. and Mohawk St, Bakersfield, Ca
(EXACT LOCATION)

12. CIRCUMSTANCES:
(SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT OR OMISSION WHICH CAUSED THE INJURY OR DAMAGE)

Ms. Rivera was driving southbound on Mohawk St and she came into the intersection of California Ave, and as she made a legal U-turn onto Mohawk when seh was struck by Bakersfield PD. Officer James Mark Skiba Jr. crossed the intersection and turn his sirens on after crossing the intersection and collided with Ms. Rivera.

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

SEE PAGE 2 (over)

BY ORDER OF THE BD/SUPV
Referred To County Counsel
11pgs.
mailed
Copies Furnished Risk Management

Date 11-3-26
Clerk of the Board of Supervisors
By _____, Deputy

(C) A general description of the injury, damage or loss:

13. NATURE/DESCRIPTION OF INJURIES/DAMAGE: Damages to passenger side of Ms. Rivera's 2020 GMC Sierra

(D) The name, address and telephone number of all witnesses to the injury, damage or loss:

14. NAME ADDRESS TELEPHONE NUMBER

(1)

(2)

(3)

(E) The name(s) of the public employee(s) causing the injury, damage, or loss, if known:

15. NAME(S): James mark Jr Skiba

16. WHAT ACT/ACTION OF CITY EMPLOYEE(S) CAUSED THE INJURY/DAMAGE? Negligence while driving a City vehicle for the Bakersfield PD, and running the intersention on a red light without sirens on.

(F) The amount claimed, as of the date of filing of this claim, including the estimated amount of any prospective injury, damage, or loss as it may be known. For property damage, please provide copies of 2 separate repair estimates.

17. AMOUNT CLAIMED TO DATE: 1,000,000.00

18. ESTIMATED FUTURE COSTS: 1,000,000.00

19. AMOUNT OF TOTAL CLAIM: 2,000,000.00
(INCLUDING ALL KNOWN LOSS DAMAGES)

NOTE: Effective January 1, 2010, the Medicare Secondary Payer Act (Federal Law) requires the City to report claims involving payments for bodily injury and/or medical treatments to Medicare. As such, are you eligible to receive Medicare/MediCal for services rendered for injuries sustained as a result of this incident?

_____Yes X ____No

If your answer is Yes, your Social Security number may be requested during the process of your claim.

The undersigned states that he or she is the person making the above stated claim, or is a person representing said claim and acting on behalf of the claimant above named, and declares under penalty of perjury that the foregoing is true and correct insofar as is known as of this date.

EXECUTED ON: 10/26/2026
(DATE)

EXECUTED AT: Los Angeles, CA
(CITY/STATE)

Ted Ravan, Attorney for Claimant
(SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE)

NOTE: This document is a public record and may be disclosed/released pursuant to the California Public Records Act.