

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:

Kevin Byrd

111 Truxtun Ave.
Bakersfield, CA 93301

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

Kevin Byrd

111 Truxtun Ave.
Bakersfield, CA 93301

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

See attached documentation Robbed by Kern County Sheriff's Deputies; to review places and circumstances dates include 5-10-2016 (see page 133-139), 5-11-2016 (pages 143-166), and subsequent dates (pages 167-202).

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

Defrauded of our personal and real property, falsely arrested, then suffered an abuse of process. Made homeless for years as a result of officers' actions.
See pages 203-214 of Robbed by Kern County Sheriff's Deputies.

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

Deputies Leonard Shin, Hector Ruiz, Sergeant Bravo, Josh Cain, unknown African American
Code Compliance Division Inspector, and District Attorney. Other deputies were present on
5-11-2016. See attached documentation.

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:

We poured our hearts and souls into creating our home and garden, and in investing in local
community. We obeyed the law, but were arrested and had our property taken by officers who
violated the law under false pretenses. We traveled hundreds of miles to arrive to our court
appearances in accordance with the promises to appear we signed under duress, but an arrest
warrant was issued regardless. We then stayed outside the state for years in fear that if we were
arrested for the warrant, this case we were building would be compromised by officers who didn't
want to see it come to light. See following page.

Claimant must date and sign below.

Signed this 10th day of March, 2020.

[Redacted Signature]

CLAIMANT'S SIGNATURE

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

Response to #7 continued: This isn't just about all the property we lost, but also the long suffering we've endured and are enduring as a result of the officers' actions. Please review the attached documentation and testimony carefully and with concern and compassion. Again, we strongly suspect officers' actions constituted a hate crime as defined in 11.6 PEN § 422.55.

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1. State the name and mailing address of claimant:

Alex Wilson

1505 GUY C. [REDACTED]
[REDACTED], CA 93302

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

Alex Wilson

1505 GUY C. [REDACTED]
[REDACTED], CA 93302

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AMES
525 KELLOGG AVE
AMES, IA 50010-9998
180270-0510
(800)275-8777
03/12/2020 03:16 PM

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Product	Qty	Unit Price	Price
12.5 x 19 bubble	1	\$2.59	\$2.59
Media Mail®	1	\$3.86	\$3.86
(Domestic)			
(BAKERSFIELD, CA 93301)			
(Weight: 2 Lb 8.70 Oz)			
(Estimated Delivery Date)			
(Wednesday 03/18/2020)			
(USPS Tracking #)			
(9550 2127 7596 0072 3598 26)			
Insurance			\$2.25
(Amount: \$40.00)			

Total: \$8.70

Debit Card Remit'd \$8.70
(Card Name: MasterCard)
(Account #: XXXXXXXXXXXXXXX961)
(Ap
(T #: 47