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:
   
   Ahmed G. Dawlatly
   5310 Silvergate Dr.
   Bakersfield, CA 93313

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

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
   
   On approximately Nov 2014, DPO II Omar Villa hit my BMW motorcycle with his probation dept vehicle, accidentally scratching the side panel. He reported the incident right away to our supervisor Ahmed Bajramovic.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
   
   This incident occurred in the parking lot of the Stockdale building, 5121 Stockdale Hwy. Reports regarding incident were submitted. I also submitted attached form showing cost of replacing panel. No additional cost for labor is submitted because I can replace panel myself.
5. Provide the name or names of the public employee or employees causing the injury, damage or loss, if known:

[Signature]

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: $695.89

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:

Over the past several month I have talked to my supervisor, Fleet Manager and County's Insurance CEI to get this resolved. This is the first time I was informed to complete and submit this form. As you could see from document attached it was submitted 12-2-14 in addition to informing above stated individuals.

Claimant must date and sign below.

Signed this 21st day of August, 2015.

[Signature]

CLAIMANT'S SIGNATURE

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72)
Hi Amar
This is the estimate I got from Fresno BMW to replace the cover, it was about NOW that it happened so I reported it to our dept.

Dawlatly
7-12-15

(This is not an invoice) 12/2/2014 11:37:39 AM
KERN COUNTY PROBATION DEPARTMENT
2005 Ridge Road
P.O. Box 3309
Bakersfield, California 93385-3309

ADDRESS SERVICE REQUESTED

15 AUG 21 AN 8:51

THE B. OF S.VRISORS
BY.DEPUTY

Board of Sup (Tom Rish Mount)
1115 Truxtun Ave 5th Flr

From Ahmed & Dawlat
Ph 661 363 3591

Hand Delivered