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:

   Wes Funk 15918 La Strada Ct
   Bakersfield CA

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

   15918 La Strada Ct Bakersfield CA 93314

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

   8/18/15 on the corner of Reina and Wegis Ave.
   I hit a Pot-Hole and destroyed two rim and tires.

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

   Two Bent and cracked Rims and flat tires, passenger inner tire seat damage.
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):

[Signature]

If less than ten thousand dollars ($10,000), state the amount: $ 194.

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:

[Signature]

Claimant must date and sign below.

Signed this 18 day of August, 2015.

[Signature]  CLAIMANT'S SIGNATURE

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72)
GOLDEN EMPIRE TOWING, INC.
1915 South Union Ave. • Bakersfield, CA 93307
8200 Buena Vista Blvd. • Lamont, CA 93241
14089 South Union Ave. • Bakersfield, CA 93307
133 Price St. • Bakersfield, CA 93307
14922 Hwy. 178 • Lake Isabella, CA 93240
(661) 834-8697

REQUESTED BY
Owner
LOCATION OF VEHICLE
Keira St • Weyia Rd
YEAR, MAKE, MODEL
GMC envoy
COLOR
Blue
DRIVER / TRUCK #
1115
STATE L.I.C. PLATE NO.
LA 7031652
VIN
2GLEC19T521243

DESCRIPTION OF WORK
Agm #171214

MILEAGE: FINISH 280176 START 280171 TOTAL 55
SERVICE TIME: FINISH START TOTAL
EXTRA PERSON: FINISH START TOTAL

VEHICLE TOWED TO
FIRST TOW: 10411 1st Roseville Hwy
SECOND TOW:

CONDITION OF VEHICLE:
1-MINOR 2-MODERATE 3-EXTREME

KEYS LEFT:
Y N
RADIO
Y N

TYPE OF TOW:
☐ SLINGHOIST TOW
☐ FLAT BED RAMP
☐ WHEEL LIFT
☐ Owner
☐ DEALER

TOWED PER ORDER OF:
☐ STATE POLICE
☐ LOCAL POLICE
☐ OWNER
☐ DEALER

REASON FOR TOW:
☐ Accident
☐ Abandoned
☐ No Start
☐ Flat Tire
☐ Lock Out
☐ Tow Zone
☐ Stolen
☐ Snow Removal
☐ Breakdown
☐ Unregistered
☐ Out Of Gas
☐ Fire Lane
☐ No Trespass
☐ Arrest
☐ Impounded

Upon request, you are entitled to receive a copy of the towing fees and access notice.

METHOD OF PAYMENT
☐ CASH ☐ CHECK ☐ DRIVER LIC. #
☐ VISA ☐ MASTERCARD ☐ EXP. DATE

SIGNATURE

Thank You

Carrier Identification No. CA #0324688
**AUTO REPAIR ORDER**

**Customer Information**
- **Name:** Wes Funk
- **Make:** GMC
- **Model:** Sierra 2500
- **License:** 7031651
- **Odometer:** 173,476
- **Written By:** Manuel

**Labor Description**
- **Date:** 8/18/15

<table>
<thead>
<tr>
<th>Labor Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lube</td>
<td>40.00</td>
</tr>
<tr>
<td>Engine Oil Change</td>
<td></td>
</tr>
<tr>
<td>A/C Service</td>
<td>82.75</td>
</tr>
<tr>
<td>Flat Repair</td>
<td></td>
</tr>
</tbody>
</table>

**Parts Description**
- **1 - Used Tire**
- **235/75/16**
- **Prairie Rose**
- **1 - Used Rim**
- **16" stock**

**Total Parts:** Estimate Amount-Parts & Labor

**Total:** 60.00

**MECHANIC RECOMMENDATIONS**

**Labor Only:**
- **Parts:**
- **Disposal Fee:**
- **Tire Fee:**
- **Tax:**
- **Total:**

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*Please save your receipt for warranty purposes*
08/18/2015

CREDIT CARD

CARD # XXXXXXXX8275
Chip Card AID: A000000031010
ATC: 0001
TC: 1F935CB60C948136
INVOICE 0001
SEQ #: 0001
Batch #: 000091
Approval Code: 35221B
Entry Method: Chip Read
Mode: Issuer

SALE AMOUNT $60.00

CUSTOMER COPY
# AUTO REPAIR ORDER

**Name:** Wes Funk

<table>
<thead>
<tr>
<th>QUAN</th>
<th>PARTS DESCRIPTION</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>New 265/35R22</td>
<td>290.00</td>
</tr>
<tr>
<td></td>
<td>Triangle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Passenger inner</td>
<td>129.00</td>
</tr>
<tr>
<td></td>
<td>tie rod</td>
<td></td>
</tr>
</tbody>
</table>

**DATE:** 08-18-15  
**PHONE:** 679-4831  
**TECH NAME:** Archiro

**CUSTOMER INFORMATION**

- **MAKE:** GMC
- **MODEL:** Sierra 2WD
- **LICENSE:** 703165
- **ODOMETER:** 173,136
- **WRITTEN BY:** Archiro

**LUBE**

**ENGINE OIL CHANGE**

**A/C SERVICE**

**ALIGNMENT**

**TOTAL:**

**MECHANIC RECOMMENDATIONS**

**DEPOSIT:**

**BALANCE DUE:**

**LABOR ONLY:**

**PARTS:**

**DISPOSAL FEE:**

**TIRES:**

**TAX:**

**TOTAL:** 1048.00

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*PLEASE SAVE YOUR RECEIPT FOR WARRANTY PURPOSES*