

CLAIM
COUNTY OF SANTA BARBARA

PLEASE RETURN ORIGINAL AND ONE COPY TO:

COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS
105 EAST ANAPAMU STREET, SUITE 407
SANTA BARBARA, CA 93101

- * READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING *
* IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE PIECES OF PAPER *

Katherine Douglas
RECEIVED BY (DEPUTY CLERK) ☒ Personal Delivery ☒ Mail ☐ Other _____



JUN -7 P 3:01

CLERK OF THE BOARD TIME STAMP

A. NAME AND ADDRESS OF THE CLAIMANT:

Ruben Lopez Salazar
16455 Ancaldero Ct.
Moreno Valley, CA 92551

TELEPHONE: [REDACTED]

EMAIL (optional): [REDACTED]

B. ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT:

Libra Law Firm
895 Dove St. Suite 111
Newport Beach, CA 92626
TELEPHONE: (855) 542-7255

EMAIL (optional): skelantan@thelibrallawfirm.com

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE: 09/02/2024 TIME: approximately 11:45 p.m.

PLACE: I-215 S/B 0.1 Miles North of Canyon Crest Drive

CIRCUMSTANCES:

Mr. Lopez Salazar's vehicle was traveling southbound on I-215 southbound, north of Martin Luther King Blvd, in lane #3. He proceeded straight when he suddenly felt an impact to the left side of his vehicle.

D. GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:

To date, Mr. Lopez Salazar's has suffered injuries to his neck and low back. Mr. Lopez Salazar is currently treating for his injuries.

E. NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS:

Chris John Chamberlin, on-duty emergency employee and County of Santa Barbara

F. IS THE AMOUNT CURRENTLY CLAIMED LESS THAN \$10,000? YES ___ NO X

IF "YES": STATE THE AMOUNT CLAIMED, AND THE BASIS OF COMPUTATION:

IF "NO": DO NOT STATE A DOLLAR AMOUNT, AND INSTEAD STATE WHETHER THE CLAIM WOULD BE A "LIMITED CIVIL CASE":

No, this case will be filed as an unlimited civil case.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA
THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

[Signature]
SIGNATURE OF CLAIMANT OR REPRESENTATIVE

01/03/2025

DATE SIGNED

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09 MAR -7 P 3:01

CLERK OF THE BOARD TIME STAMP

A. NAME AND ADDRESS OF THE CLAIMANT:

Nadia Medina
16455 Ancaldero Ct.
Moreno Valley, CA 92551

TELEPHONE: [REDACTED]

EMAIL (optional): [REDACTED]

B. ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT:

Libra Law Firm
895 Dove St. Suite 111
Newport Beach, CA 92626
TELEPHONE: (855) 542-7255
EMAIL (optional): skelantan@thelibrallawfirm.com

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE: 09/02/2024 TIME: approximately 11:45 p.m.

PLACE: I-215 S/B 0.1 Miles North of Canyon Crest Drive

CIRCUMSTANCES: Ms. Medina was a passenger in Mr. Lopez Salazar's vehicle. Ms. Lopez Salazar's vehicle was traveling southbound on I-215 southbound, north of Martin Luther King Blvd, in lane #3. His vehicle proceeded straight when he suddenly felt an impact to the left side of his vehicle.

D. GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:

To date, Ms. Medina has suffered injuries to her neck and low back. Ms. Medina is currently treating for her injuries.

E. NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS:

Chris John Chamberlin, on-duty emergency employee and County of Santa Barbara

F. IS THE AMOUNT CURRENTLY CLAIMED LESS THAN \$10,000? YES ___ NO X

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THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

[Signature]
SIGNATURE OF CLAIMANT OR REPRESENTATIVE

01/03/2025
DATE SIGNED