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:
Jose Luis Castillo Ceja
714 Adelaide Ave Bakersfield, CA 93307-7002

2. State the mailing address to which claimant desires notices from the County to be sent:
ME Lawyers 11110 Ohio ave suite 201 Los Angeles CA 90025

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
02/26/2026
The Defendant was backing out of a parking space in the Lowe's parking lot when a piece of wood protruding from the rear of the vehicle struck the Client in the face as he was riding his bicycle past the vehicle.
the impact caused the Client to fall to the ground.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
Injuries and damages are but not limited to :
Loss wages, Loss of earning capacity, Bodily Injury, and pain and suffering.

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

Bryan Greenoe 601 24th street bakersfield CA 93301

661-428-1092/ bgreenoe@kernha.org office 661-631-8500

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:

Claimant must date and sign below.

Signed this August day of 13, 2026.

Jose Luis Castillo Ceja

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
7pgs

Copies Furnished
Risk Management
Mailed

Date 8-17-26
Clerk of the Board of Supervisors
By _____, Deputy

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

(5/15)
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