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FILED IN CO. CLERK OF
THE ED. OF SUPERVISORS
BY _____ DEPUT

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.

1. State the name and mailing address of claimant:

Ma De Los Angeles Cruz Molina

c/o 2000 Avenue of the Stars, 1150S, Los Angeles, CA 90067

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

c/o Jacoby & Meyers, ATTN: Maria Gomez

2000 Avenue of the Stars 1150S Los Angeles, CA 90067

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

04/11/2026, at approximately 9:00 p.m., at or near the intersection of Dr. Martin Luther King Jr. Blvd. and Murdock Street in Bakersfield, CA. Please see Attachment "A". Investigation is pending.

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

Please see Attachment "A". Investigation is pending.

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

The exact identity and names of the public employee(s) is unknown to Claimant at this time.

Please see Attachment "A". Investigation is pending.

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: \$ N/A.

This is not a limited civil case.

If more than ten thousand dollars, would the claim be a limited civil case (less than \$25,000)? (Circle one)

Yes

☒ No

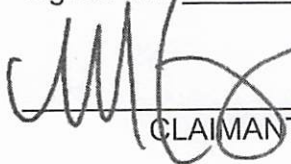
This is not a limited civil case.

7. Please state any additional information which may be helpful in considering this claim:

Please see Attachment "A". Investigation is pending.

Claimant must date and sign below.

8. Signed this 20th day of August, 2026.



Attorney for Claimant

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel

5 pages

David L. Jones, Esq.

Copies Furnished to claimant

Date 8.21.26

Clerk of the Board of Supervisors

By Michael J. Ryan, Deputy

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