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:

Forouzandeh Nouri

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

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

Jacoby & Meyers LLP, Attn: Jessica Behmanesh

2000 Ave of the Stars, Suite 1150S, Los Angeles, CA 90067

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

Date of Incident: 5/18/2026 at approx. 10:00 am

Location: Ming Ave, at or near its intersection with Buena Vista Road in the City of Bakersfield, County of Kern, State of California 93311. See photo.

Please see Attachment "A." Investigation is pending and Claimant's treatment is ongoing.

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 and Claimant's treatment is ongoing.

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

The identities of any public employees involved are unknown at this time. 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 an unlimited civil case.

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

Yes X No

This is an unlimited civil case. The total amount of damages is TBD but it exceeds $35,000.00.

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

Please see Attachment "A." Investigation is pending and Claimant's treatment is ongoing.

Claimant must date and sign below.

8. Signed this 18th day of August, 20 26.

Jessica S Attorney for Claimant

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
5 pages
hand delivered to desk
Copies Furnished Risk Management

Date 8-19-26
Clerk of the Board of Supervisors
By Michelle Frazen, Deputy

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

(3/03)
Doc #126393