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FILED
CLERK OF THE BOARD 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 Avenue, 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 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:

Jacqueline Rodriguez 1409 Royal Way
Bakersfield, CA 93306

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

1409 Royal way Bakersfield, CA 93306

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

08/02/2026
The accident occurred at 1601 Petrol Rd, Bakersfield, CA 93308.
A Kern county fire Department vehicle was backing up and struck my parked vehicle on the driver's side.

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

A fire fighter truck was backing up and hit my car on the side and bent my door and scratched the paint.
I have a video of evidence of the accident.
A preliminary repair estimate has been obtained, since the accident, the steering wheel also shakes when accelerating.
Additional damage may be discovered after further inspection or disassembly of the vehicle.

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

N/A

J.C. Dowell - Kern County Fire Department
(A 5010957)

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: $ 5,256.35

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:

Thats not the final amount claimed they still have to take it to the mechanic to check the Supression of the car so the amount might go up.
The amount claimed also includes the estimated cost of a rental vehicle while my vehicle is being repaired.

Claimant must date and sign below.

8. Signed this Tuesday day of august, 20 26,

CLAIMANT'S SIGNATURE

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

BY ORDER OF THE BD/SUPV
Referred To County Counsel
11 Pages
Hand delivered by claimant
Copies Furnished Risk Management

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