26 AUG 21 PM 2:07

FILE KERN ... CLERK OF THE BOARD OF SUPERVISORS
BY ______ DEPUTY

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:

Tej Sandhu - 230 N. Maryland Ave #306 Glendale, CA 91206

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

KJT LAW GROUP - 230 N. Maryland Ave #306 Glendale, CA 91206

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

07/12/2026; Between 12-1pm. Mr. Sandhu was at your land fill location, located at 300 Landfill Rd Lebec, CA to dispose of his household trash. When exiting his vehicle Mr. Sandhu placed his feet on the ground and immediately slipped on a substance that was later determined to be some form of motor oil residue that employees were aware of this oil like substance as they had previously attempted to clean the area but failed to clean completely and sufficiently leaving residue of oil nor did the employees mark the area or provided any warning signs for dangerous slippery conditions of the floor to patrons that visited the premises.

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

lost of consciousness, headaches, Back, left hip, both arms, both elbows, both shoulders, among other injuries.

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

Kern County Landfill - Morgan Collier

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:

Morgan Collier, the Public Works Maintenance Supervisor, Solid Waste Division, witnessed and acknowledged the incident and provided his business card to the claimant.

Claimant must date and sign below.

Signed this 19th day of August, 20 26.

(attorney on behalf of Tej Sandhu)
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
4 pages
Mailed
Copies Furnished Risk Management
Date 8-21-26
Clerk of the Board of Supervisors
By Michelle [illegible], Deputy

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

(5/15)
2249137