

FILE WITH CLERK OF
THE BD. OF SUPERVISORS
BY _____ DEPUTY

This is a late Claim Form

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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:

Floyd Boyd Jr.
12505 Willowdale Dr
Cell Number (661) 304-4414

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

12505 Willowdale Dr
Bakersfield
California
93312

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

December 9, 2025 Rosedale and Allen
I sustain permanent nerve damage due to the officer
keeping me in handcuffs almost 30 min Strapped on
my wrist, really tight. And I was pulled out of
my car for no reason and put in cuffs and in the
back of a police car the whole time.

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

Due to the defendant's actions, I have suffered
on going hand pain, numbness and loss of feeling, which
has required multiple doctor and medical visits. These
symptoms have affected my daily functioning and caused
physical discomfort and emotional stress. As a result
of these injuries, I have incurred expenses and
hardship for which the defendant should be held
financially responsible for. And I have documents
proving that I have permanent nerve damage.

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

Issac Azua He works for Kern County
Sheriff Department.

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:

I have provided all of my paper work showing
what has happened ~~to~~ to me.

Also this a late claim, But I went to
Court on this and filed it wrong so the Judge
said she was starting my Statute of limitations over.
And the Court date for that was 06/12/26
Claimant must date and sign below.

Signed this September day of 16, 20 26.

[Signature]
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
2 pages

Copies Furnished Risk Management

Hand delivered
Date 9-17-26

Clerk of the Board of Supervisors
By Michael [Signature], Deputy

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