

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:
 Dianna Coryell 3420 Cedar Canyon St. Bakersfield, CA 93306

2. State the mailing address to which claimant desires notices from the County to be sent:
 LYNX LAW FIRM APC 500 N. Brand Blvd. Ste. 920 Glendale, CA 91203

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
 Date and time: April 2, 2026 at 3p.m.

 The premises of Mister Car Wash located at 2619 Mount Vernon Ave, Bakersfield, Kern County, California, including its wash tunnel, entrance, exit, and adjacent drive lanes.

 Claimant was the driver and sole occupant of her vehicle when a vehicle owned by the County of Kern and assigned to the Kern County Probation Department (Bearing County Unit No. J1325) was positioned directly ahead of Claimant's vehicle.

 The County employee vehicle reversed and backed into the front of Claimant's vehicle.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
 Bodily injuries including a whiplash-type injury and strain of the cervical spine (neck) and injury to the upper back, with associated muscle spasm, requiring medical evaluation (April 8 and April 16, 2026), prescription medication, cervical and thoracic spine radiographs (April 10, 2026), an orthopaedic referral, and ongoing physical therapy; property damage to and loss of use of Claimant's vehicle; past and future medical expenses; pain and suffering; and related general and special damages, the full extent of which is not yet known.

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

Presently unknown to Claimant; the operator of Kern County Probation Department Unit No.

J1325 on April 2, 2026, whose identity is known to the County. Supervisor Christopher Dick of the Kern County Probation Department identified the vehicle as Unit No. J1325.

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:

Liability rests with the County under Gov. Code § 815.2(a) and Veh. Code § 17001. The County's own Motor Vehicle Accident Report and records for Unit No. J1325 will confirm the operator and the mechanism of the collision; Mister Car Wash (through CorVel, Claim No. 1987-GL-26-0300288-001) has likewise identified the County vehicle as the one that reversed. Claimant demands preservation of all vehicle, camera, telematics, dispatch, and incident-report evidence and requests that the County identify the operator in its response.

Claimant must date and sign below.

Signed this 2nd day of September, 2026.

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel
4 pages

mailed
Copies Furnished Risk Management

Date 9-8-26

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

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