

26 SEP 16 4 26 SEP 16 AM 10:00

FILED IN THE CLERK OF
THE CO. 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:

Jennifer Gilcrease, 3017 N Halfmoon Dr., Apt B, Bakersfield, CA 93313

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

Brian Felten, Esq., Coast Law Group, LLP, 1140 S Coast Hwy. 101, Encinitas, CA

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

03/18/2026 at 1948; at Brimhall Road, 53 feet east of Rudd Avenue.

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

Jennifer suffered spinal fractures. See attached claim for damages summary.

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

Unknown. See enclosed claim for damages summary.

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:

See enclosed claim for damages summary.

Claimant must date and sign below.

Signed this 15th day of Sept., 2026.



CLAIMANT'S SIGNATURE

Brian Felten, Esq.
Attorney for Claimant

BY ORDER OF THE BD/SUPV

Referred To _____

County Counsel

34 pgs

mailed today

Copies Furnished _____

Risk Management

Date 9-16-26

Clerk of the Board of Supervisors

By [Signature], Deputy

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

TP
26 SEP 17 PM 1:52

FILE KERN CO. CLERK OF
THE BO. OF SUPERVISORS
BY _____ DEPUTY

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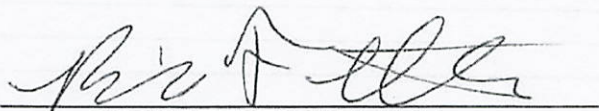
☒ No

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CLAIMANT'S SIGNATURE

Brian Felten, Esq.

Attorney for Claimant

BY ORDER OF THE BD/SUPV

Referred To County Counsel
33 pages

Copies Furnished Miss Mangum

Hand Delivered

Date _____

Clerk of the Board of Supervisors

By 2-17-26, Deputy

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