

26 SEP 17 PM 2:56

FILE KERN CO. CLERK OF
THE BO. 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:

NATHAN HAMMONDS IV
5104 SHERMAN AVE
BAKERSFIELD CA 93309

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

5104 SHERMAN AVE
BAKERSFIELD CA 93309

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

ON APRIL 21 2026 I WAS ATTENDING A CLASS AT THE FOC.
ON ENTERING THE FACILITY I WAS GIVEN ACCESS +
THE BARRIER ARM WENT UP + AS I STARTED
MOVING THE ARM CAME DOWN REPEATEDLY ON
MY VEHICLE AS I DROVE THROUGH.

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

AS A RESULT OF THE BARRIER HITTING THE
TOP OF THE VEHICLE IT LEFT MARKS DOWN
THE ROOF OF THE VEHICLE

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

THERE WERE NO EMPLOYEES INVOLVED

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: \$ 2600.

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:

WHEN I TALKED TO THE MAINTENANCE DEPARTMENT I WAS INFORMED THAT THEY HAD BEEN HAVING PROBLEMS WITH THAT BARRIER + PUT IN FOR IT TO BE REPAIRED, BUT WORK HADN'T BEEN COMPLETED. MY VEHICLE WASN'T THE ONLY ON DAMAGED OTHER PEOPLE IN CLASS HAD THE SAME THING HAPPEN

Claimant must date and sign below.

Signed this 16th day of SEPT, 20 26.

Nath. H. P. IV
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To Courty Counsel
Spager

Copies Furnished Risk Management

Hand delivered
Date 9-17-26
Clerk of the Board of Supervisors
By Michelle Frazer, Deputy

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