

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. **GRANDI LUCIANO** (408) 807-52-93
State the name and mailing address of claimant:
16501 S. UNION AV. #190
Bakersfield CA 93307

2. State the mailing address to which claimant desires notices from the County to be sent:
16501 S. UNION AV. #190
Bakersfield CA 93307

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
04/21/26 I WAS GETTING OUT OF THE PARKING ON
HORIZON ELEMENTARY ON MONITOR STOR AV. WHEN
A WHITE MALIBU CHASE HIT MY HONDA PILOT.
HE WAS DRIVING FAST PLATE #1360 C00160
LOCAL 26-79431 AGENCY BPD.

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

THE BACK BUMPER IT GOT DAMAGED ALSO A
NOISE AT THE FRONT UNDER THE MOTOR, MAKES
A NOISE THAT DOESN'T STOP I HAVEN'T USE
THE VEHICLE BECAUSE IT DOESN'T RUN RIGH

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

I HAVE A PHOTO BUT IT'S NOT CLEAR I HAVE HIS DRIVER LICENSE

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: \$ I DON'T KNOW BUT IT'S UNDER \$10,000

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 WOULD YOU'RE HELP PLEASE I WROTE MY VEHICLE TO BE FIX IS THE ONE I USE FOR THE RIES + THIS INFORMATION GAVE ME A OFFICER THAT DOY 04/23/26 / NUMERO 06 PLACA 1360 / COPIA LOCAL 26-7943 / 2962 CID BPD

Claimant must date and sign below.

Signed this 14 day of SEPT, 2026.



CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To

County Council

2 pages - Hand Delivered

Copies Furnished

Risk Management

Date 9/14/2026

Clerk of the Board of Supervisors

By J. De la Cruz, Deputy

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