

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

Amended

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:

David Rodriguez

1505 Shamrock Court Wasco, CA 93280

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

Tishbi Law Firm, APC

~~1505 Shamrock Court Wasco, CA 93280~~

5757 Wilshire Blvd., Suite 600
Los Angeles, CA 90036

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

03/21/2026 at 3:30pm Belle Terrace Park - 1101 E Belle Terrace, Bakersfield, CA 93307

Coordinates: 35.345866, -118.988729

I was walking my dog at Belle Terrace Park in Bakersfield and walked between two bushes to get my dog, where an unmarked, massive sinkhole was hidden. As soon as I stepped forward, the ground gave way and I fell right in. There were zero warning signs, cones, or any indication that the area wasn't safe or walkable.

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

My injuries include but are not limited to my back, knees, right shoulder, and wrist.

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

~~Belle Terrace Park~~ Employees of Kern County; names unknown

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)

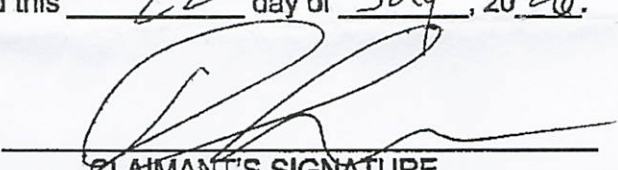
Yes

No

7. Please state any additional information which may be helpful in considering this claim:

Claimant must date and sign below.

Signed this 22nd day of July, 2026.


CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel

2 pages

Copies Furnished Risk Management

Mailed

Date 9-17-26

Clerk of the Board of Supervisors

By Michelle Gray, Deputy

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