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FILE WITH THE CLERK OF
THE BOARD 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.*

1. State the name and mailing address of claimant:

Susie Aguilera

6201 Timbercreek Dr., Bakersfield, CA 93308

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

Justin Farahi, Esq.; Mailing Address: Farahi Law Firm, APC; 11661 San Vicente Blvd., Suite 910,
Los Angeles, CA 90049; Telephone: (310) 774-4500

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

Please see Attachment "A"

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

Please see Attachment "A"

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

This claim is presented against the County of Kern, including its respective departments, agencies, employees, representatives, agents, contractors, and/or subcontractors. The specific department involved and the name(s) of the public employee(s) responsible for the damages are currently unknown and will be determined during the course of litigation. At this time, the adverse entity and operator are identified solely by the involved County vehicle, marked as Department No. F19318, VIN 1FD7X2A6XKEF81159.

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:

Total Amount Claimed: \$10,000,000.00; Unlimited Civil Case

Claimant must date and sign below.

8. Signed this 28th day of September, 20 26.

Justin Farahi, Esq.; Attorney for the Claimant

CLAIMANT'S SIGNATURE

BY ORDER OF THE BO/SUPV

Referred To

County Counsel

Illegals

mailed

Copies Furnished

Risk Management

Date 10-2-26

Clerk of the Board / Supervisors

By [Signature] Deputy

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