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FILED
THE CLERK OF THE
BY

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:

Evelia Alcaraz c/o Yagoubzadeh Law Firm LLP
275 S. Robertson Blvd. Beverly Hills, CA 90211

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

275 S. Robertson Blvd. Beverly Hills, CA 90211

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

On July 20, 2026 around 4:14 pm Mr. Alcaraz was driving southbound on Hughes Lane at or near Robbin Road. Evelia Alcaraz and Claudia Patricia Delgado Marmolejo were passengers in Mr. Alcaraz's Vehicle. Tevin Xavier Castro was operating the city owned vehicle and performed an unsafe U-turn on Hughes Lane. The driver of the subject city owned vehicle failed to exercise due care while operating the subject vehicle and as a result, crashed into claimants' vehicle. As a result of the collision, Ms. Alcaraz and the other occupant's of the vehicle sustained severe injuries to their body and damage to claimants' vehicle.

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

As a result of the collision, Ms. Alcaraz sustained extensive injuries to her body and damage to claimant's vehicle. Ms. Alcaraz is still receiving treatment for her injuries.

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

Among others, Tevin Xavier Castro. Additionally, investigations are still ongoing.

6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed):

Pursuant to Govt. Code § 910(f), no dollar amount shall be included if the claim exceeds ten thousand dollars
If less than ten thousand dollars (\$10,000), state the amount: \$ N/A.

If more than ten thousand dollars, would the claim be a limited civil case (less than \$25,000)? (Circle one)

This claim would NOT be a limited civil case as it exceeds its jurisdictional limits.

Yes

NO

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

Claimant must date and sign below.

Signed this 24 day of September, 2026.



CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To

County Counsel
3 pgs

Copies Furnished

Risk Management
Mailed

Date 9-28-26

Clerk of the Board of Supervisors

By [Signature], Deputy

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