

26 OCT -1 PM 3:19

FILE WITH 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. 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:

WILLIAM JAMES BARKER
6477 MESA OAKS CT
SANTA ROSA, CA. 95409

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

6477 MESA OAKS CT,
SANTA ROSA, CA 95409

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

APRIL 2, 2026, 4699 STETSON AVE. ROSAMOND, CA 93560
County worker's made several piles of debris on April 1, 2026, the next morning I was securing my boat into my garage. A large piece of glass from the debris pile cut a deep laceration on the top of my left hand. It severed an artery and finger tendons.

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

Deep laceration to top of my left hand. Loss of use of middle fingers of left hand.

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

Code Enforcement Officer Isaac Garcia + crew of four

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:

April 2, 2024 Admitted to Antelope Valley Hospital @ HAND Surgery
April 13, 2024 SANTA ROSA Surgery Center - Surgery Tendon Repair.
April 28, 2024 SANTA ROSA Surgery Center - Surgery @ HAND
Surgery Center Office Visits 4-30, 5-5, 5-12, 5-26, 5-28, 5-29
6-24, 6-26, 7-8, 7-10, 7-28, 8-11 - 8-25-24
I.V. Antibiotic Therapy 7-13-24 - 8-25-24

Claimant must date and sign below.

Signed this 28 day of September 20 24.

William James Barker
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel
3 pages

Copies Furnished Res Management

Mailed
Date 10-1-24

Clerk of the Board of Supervisors
By Michael Grayson, Deputy

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