

26 SEP 22 AM 11:49

MS - H/D

FILE KERN CO. CLERK OF
THE BO. OF SUPERVISORS

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:

Tiffany Cameron
10217 Heather Valley Dr.
BKSFid, CA 93312

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

10217 Heather Valley Dr.
BKSFid, CA 93312

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

See attachment

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

See attachment

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

County of Kern & Human Resources/Health & Wellness/
Employee Benefits & County Payroll personnel responsible
for administration of the subject insurance coverage &
payroll deductions

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

See attachment #4 question

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

See attachment

Claimant must date and sign below.

Signed this 22nd day of Sept, 2026.

[Signature]

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel

4 pages

have delivered

Copies Furnished RISK Management

Date 9-22-26

Clerk of the Board of Supervisors

[Signature] Deputy

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