

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 Avenue, 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 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:
RYAN SKIDMORE
7045 ROUND MOUNTAIN RD. BAKERSFIELD 93308
2. State the mailing address to which claimant desires notices from the County to be sent:
7045 ROUND MOUNTAIN RD. BAKERSFIELD CA, 93308
3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
THURSDAY SEPTEMBER 24, 2026 AT 7045 ROUND MOUNTAIN RD
A CAR WRECK OCCURED OUTSIDE MY HOUSE (NOT INVOLVING ME)
THE CAR STARTED A GRASS FIRE AND KCFD WERE DISPATCHED.
4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
A KERN COUNTY FIRE TRUCK ENTERED THROUGH MY GATE.
AS THEY PULLED IN IT APPEARS THEY RAN INTO MY
GATE AND POST HOLDING GATE. GATE AND POST NOT WORKING.
5. Provide the name or names of the public employee or employees causing the injury, damage or loss if known:
I DO NOT KNOW NAME OF THE DRIVER, HOWEVER I
SPOKE WITH CAPT. CAMPBELL AND CAPT. STEVENSON STATION 63
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: \$ 3,756.00
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.

8. Signed this WEDNESDAY day of SEPTEMBER 30, 20 26

R. Skidmore
CLAIMANT'S SIGNATURE

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

BY ORDER OF THE BD/SUPV

Referred To County Counsel
3 pages

Trans Delivered

Copies Furnished Risk Management

Date 9-30-26
Clerk of the Board of Supervisors
By Michelle J. [Signature] Deputy

26 SEP 30 PM 3:22

Property Damage Claim Supporting Statement

County of Kern | 7045 Round Mountain Road | Bakersfield, California 93308

Claimant	Ryan Skidmore
Property	7045 Round Mountain Road, Bakersfield, CA 93308
Incident date	09-24-2026
County vehicle or unit	Kern County Fire Station 63

Estimated Restoration Costs

Item	Calculation	Estimated cost
Removal of existing gate and posts	10 hours × \$20/hour	\$200.00
Welding, fabrication and installation	10 hours × \$150/hour	\$1,500.00
16-foot Powder River gate	1 × \$550.00	\$550.00
Two 6-inch × 8-foot steel posts	2 × \$725.00	\$1,450.00
Concrete	8 bags × \$7.00	\$56.00
Estimated direct restoration cost		\$3,756.00