

FILE # 15-111-10000
 THE BOARD OF SUPERVISORS
 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.

1. State the name and mailing address of claimant:

Sherry Slaughter 1301 Chester Ave #319 Bakersfield, CA 93301

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

Akhidenor Law PC, 1701 Westwind Dr. Ste 212, Bakersfield, CA 93301

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

On or about March 13th, 2026
 Around 7:30 p.m., I was removing my bike from the bus rack. I had already taken the back of the bike off and was reaching toward the front, where you have to pull up on the spring-loaded hook that secures the bike. As I was pulling up on the hook to release the bike, the driver lowered the bus, and my arm became jammed in the rack. This occurred at the corner of Chester Ave. and California Ave.
 The Get Bus was on route 22 north at Chester and California.

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

I sustained an arm injury when the bus was lowered while I was removing my bicycle from the front rack. My arm became jammed under the spring-loaded hook, causing pain, swelling, and limited mobility. I am still experiencing discomfort, and the full extent of the injury is not yet known.

BY ORDER OF THE BD/SUPV

Referred To

County Counsel
4pgs

Copies Furnished

Risk Management
Maile

Date 9-28-26

Clerk of the Board of Supervisors

By [Signature], Deputy

TO FILE A PUBLIC CLERK (Code 373)

12/11/26
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