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26 OCT -2 AM 10: 08

FILED IN THE CLERK OF
THE CO. 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.

1. State the name and mailing address of claimant:
Dr. Renee Thomas, c/o Wigger Law Firm, Inc., 8086 Rivers Avenue, Suite A, North Charleston, South Carolina, 29406
2. State the mailing address to which claimant desires notices from the County to be sent:
Wigger Law Firm, Inc., 8086 Rivers Avenue, Suite A, North Charleston, SC, 29406
3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
May 4, 2026. The injuries occurred in the Bakersfield airport at or near the rental car return lot. The employed curb stops are a tripping hazard. At night, based on the lighting of the and the parked cars, the curb stops are not visible. Dr. Thomas was not able to see the curb stop and it tripped her, causing her to hit the ground. There should be video.
4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
Dr. Thomas fell on her face, hands, knees, and the entire front of her body.

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

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:

Claimant must date and sign below.

8. Signed this 1st day of October, 2026.

Renée Thomas MD
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To _____

County Counsel

3pgs

handdelivered UPS

Copies Furnished _____

Risk Management

Date 10-2-26

Clerk of the Board of Supervisors _____

fr, Deputy

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