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FILED IN THE CLERK OF
THE COUNTY OF KERN

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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:

Johnnie Agala Arredondo
8500 Farmers Ln Bakersfield, CA 93307

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

8500 Farmers Ln, Bakersfield, CA 93307

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

10-10-26 at Lord Justice they gave my stuff
to someone else before my release.

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

Phone and wallet, I + was a Galaxy A16 and a black
levi wallet

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: \$ 257.

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:

I had to buy a new phone and it was \$177 and
it will cost me to replace my ID and license

Claimant must date and sign below.

8. Signed this 12th day of October, 2026.



CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel
2 pages

hand delivered
Copies Furnished Risk Management

Date 10.15.26

Clerk of the Board of Supervisors

By Michelle [Signature], Deputy

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