

26 OCT 14 PM 2:26

original
on file
with COB

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:

A.B. - aminor

618 Regency CT, Ridgecrest, CA 9355

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

DTLA Law Group

540 S Santa Fe Ave., Los Angeles, CA 90013

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

04/10/2026 3-6 PM

At or near 500 E French Ave, Ridgecrest, CA 93555

On or about April 10, 2026, A.B. minor and student at Burroughs High School, was participating in an afterschool program's tryouts when she fell after jumping, after ongoing harassment and mistreatment from school staff and/or employees. This caused A.B. to sustain injuries.

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

Injuries include, but are not limited to: Right hip, PTSD and mental and emotional distress.

BY ORDER OF THE BD/SUPV

Referred To _____

County Counsel

4 pgs.

minutes

Copies Furnished _____

Risk Management

Date 10-14-21

Clerk of the Board of Supervisors

By [Signature], Deputy

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

Unknown

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:

The Kern County Superintendent of Schools failed to properly train their employees and their supervise staff, failed to monitor students, failed to provide a safe and secure environment and failed to immediately contact parents or medical assistance.

Claimant must date and sign below.

Signed this Fri day of Oct, 2026.
10/09/2026

Mia Newman Legal Asst. Mia Newman OBO
CLAIMANT'S SIGNATURE A.B.

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

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Downtown LA Law Group
Downtown LA Law Group
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LOS ANGELES CA 90013-2233

USPS CERTIFIED MAIL



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Clerk of the Board of Supervisors
1115 TRUXTUN AVE # 5
BAKERSFIELD CA 93301-4629



Aliyah Bonaless

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