

TP 26 OCT -8 AM 10:07

FILE RECD BY CLERK OF
THE BO. 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. 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:

ROBERTO BASURTO
basurto

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

5601 S. UNION AV #190
Bakersfield CA 93307

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

04/23/26 A WHITE CHEVY MALIBU HIT OUR
HONDA PILOT IN THE BACK LICENSE PLATE 1360
LOCAL CODE 26-79431 AGENCY ~~AND~~ SHERIFF

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

GETTING OUT OF THE PARKING LOT ON MONITOR ST
FROM HORIZONT ELEMENTARY SCHOOL IN THE MORNING
A CHEVY MALIBU HIT THE VEHICLE IN THE BACK CAUSING
DAMAGE TO THE BUMPER ALSO I WASN'T ABLE TO
DRIVE AROUND THE NEXT OR 2 DAYS A BIG NOISE
CAME UNDER THE MOTOR THE CHEVY MALIBU
WAS DRIVING FAST AROUND 40 MPH. HIS VEHICLE
WAS MORE DAMAGE AT THE FRONT BUT THE IMPACT
DAMAGE OUR VEHICLE.

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

to 30 Hodges I took a picture of his drivers license BUT IT'S NOT CLEAR BUT I HAVE THIS INFORMATION LICENSE PLATE 1360, Local Code 26-79431 AGENCY DPD

6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed):

I DON'T KNOW

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:

I'M WORKING IN THE PRICE OF THE DAMAGE WITH IT'S NOT FEAR IN THE OTHER EXPERIENCE WITH ACCIDENTS THE PEOPLE WHO HAS THE FOULT THEY ARE THE ONES TO TAKE CARE OF THE QUOTE MY VEHICLE IT'S BEEN SITTING FOR LONG TIME ALSO I'M NOT WORKING BECAUSE I HAVE TO GO TO GET QUOTES IT'S BEEN STRESSFUL

Claimant must date and sign below.

Signed this 08 day of OCT, 20 26

I NEED YOUR HELP

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

2 pages

Copies Furnished: 2 pages

Hand delivered

Date

Clerk of the Board of Supervisors

By: [Signature], Deputy