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FILED IN THE CLERK OF
THE CO. 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:

So# 2392593 Timothy LYLE COONS JR ADDRESS 17695 IND. Farm
ROAD Pre Trial FACILITY B204

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

17695 IND. Farm Road Pre Trial B204
BOOKING NUMBER 2392593

ACCESS Corrections is The WEBSITE Money is ADDED

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

I WAS INVOLVED IN A PHYSICAL Altercation with a Nother
INCARCERATED PERSON DURING my REHOUSING My PROPERTY WAS
Left, Lost ForGOTEN By KESO
Stolen By other INMATES

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

I ONLY wore these Shoes to Court
They 13.25 + TAX
for CANVAS Shoes I Lost much more
BUT ONLY want is
See GRIVANCE CLAME NUMBER 00020097

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

SR VASQUEZ, A ID 203485
IS RESPONDING TO THE GRIEVANCE
I DO NOT RECALL THE DEPUTY WHO CAUSED THE LOSS
BUT KCSO AS A HOLE PROHIBITS NOT TO LET ME BACK IN THE HOLDING UNIT

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: \$ 13,25 + TAX

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:

ITS TAKEN ME A MONTH TO GET THIS FORM
ON 08/06/2026 THE INCIDENT HAPPEND
I'VE BEEN INCARCERATED FOR A LONG TIME SINCE
2-2-25 FIGHTING THIS CASE I'VE GOT NO ONE THAT HELPS
ME BESIDE MY MOTHER SO IT'S ROUGH TO TAKE A LOSS
LIKE THIS SO PLEASE ADD TO MY INMATE ACCOUNTS

Claimant must date and sign below.

Signed this September day of 23, 2026.

Timothy Coons
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel

4 pgs

mailed

Copies Furnished Risk Management

Date 10-7-26

Clerk of the Board of Supervisors

By [Signature], Deputy

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