

MF

26 OCT -5 AM 11:46

FILE WITH THE CLERK OF
THE BOARD 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. 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:
____Nakesha High 2770 West Devonshire Ave #N5 Hemet Ca. 92544

2. State the mailing address to which claimant desires notices from the County to be sent:
____41182 MCDowell St. Hemet Ca. 92544_____

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
____3/28/2026____ Houghton-Gostord at 8:30pm Both myself and my - husband were driving to the gas station on Houghton until we both felt the right side of the car dip to one side briefly causing a loud bangh, we immediately knew we had a flat tire, we stopped to see how bad it was and realized that our whole tire rim was cracked due to the pothole we had just drove into. we proceeded to drive to the nearest gas station slowly and that's where we were able to call roadside assistance though AAA.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
____The right rear tire and rim sustained damage as a result in a cracked rim and a deflated tire. the vehicle was originally equipped with 20 inch custom rims that are no longer available for replacement. Consequently, we opted to procure 18-inch rims as a suitable alternative to replace the specialized rims

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: \$ 1785.07

If more than ten thousand dollars, would the claim be a limited civil case (less than \$25,000)? (Circle one)

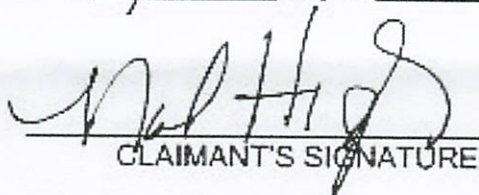
Yes

No

7. Please state any additional information which may be helpful in considering this claim:

Claimant must date and sign below.

Signed this 10 day of 1, 2026


CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Council

SPAS

hand delivered

Copies Furnished Risk Management

Date 10-5-26

Clerk of the Board of Supervisors

By fu, Deputy

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