

26 OCT -6 PM 2:43

FILL IN THE NAME OF THE CLERK OF
THE BOARD OF SUPERVISORS
BY _____ DATE _____

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:

HELEN ORNELAS, 312 TYREE TOLIVER ST. BAKERSFIELD, CA 93307

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

LAW OFFICES OF SHARONA ESLAMBOLY HAKIM
8730 WILSHIRE BLVD., SUITE 500, BEVERLY HILLS, CA 90211

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

04/06/2026 — BETWEEN 2:00 -3:00 AM. — 605 UNION AVE., BAKERSFIELD, CA 93307

CLAIMANT WAS RIDING HER ELECTRIC SCOOTER ON THE SIDEWALK IN FRONT OF 605 UNION AVE., BAKERSFIELD, CA 93307. WHEN DUE TO A DANGEROUS CONDITION OF THE SIDEWALK CONSISTING OF CRACKED, RAISED, AND UNEVEN PAVEMENT, WHICH WAS NOT READILY VISIBLE DUE TO THE LACK OF ADEQUATE LIGHTING, CLAIMANT'S SCOOTER HIT THE CRACKED AND UNEVEN PAVEMENT, CAUSING CLAIMANT TO FALL FORWARD TO THE GROUND AND SUSTAIN INJURIES AND DAMAGES. THE COUNTY OF KERN ALLOWED A DANGEROUS CONDITION OF PUBLIC PROPERTY TO EXIST, FAILED TO PROPERLY MAINTAIN AND REPAIR THE SIDEWALK, FAILED TO PROVIDE ADEQUATE LIGHTING, FAILED TO WARN OF THE DANGEROUS CONDITION, AND PROXIMATELY AND/OR LEGALLY CAUSED CLAIMANT TO FALL AND SUSTAIN INJURIES AND DAMAGES. THE COUNTY OF KERN IS RESPONSIBLE FOR CLAIMANT'S DAMAGES UNDER GOV CODE §§ 830, 835, ET SEQ.

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

CLAIMANT SUSTAINED INJURIES TO HER BODY, INCLUDING INJURIES TO HER RIGHT KNEE, FACE, BOTH RIBS, BOTH SHOULDERS, LEFT ELBOW, NOSE, AND BACK OF NECK, AS WELL AS NOSE CONGESTION, TRAUMA, PAIN AND SUFFERING, PAST/FUTURE MEDICAL EXPENSES, EMOTIONAL DISTRESS, AND GENERAL DAMAGES

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)

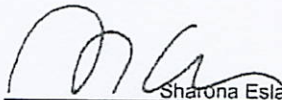
Yes

☒ No

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

Claimant must date and sign below.

Signed this 6th day of October, 2026.



Sharona Eslamboly Hakim, as Attorney for Claimant

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To county counsel
3 pages

Delivered server

Copies Furnished RISK Management

Date 10-6-26

Clerk of the Board of Supervisors

By Michelle Plonzen, Deputy

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