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FILED
THE CLERK OF SUPERVISORS

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:

Dr. Magazine RichWell

1830 Truxtun Avenue, Suite 210

Bakersfield, CA 93301

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

Dr. Magazine RichWell

1830 Truxtun Avenue, Suite 210

Bakersfield, CA 93301

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

Approximately January 2026 (exact day unknown); Lerdo Jail, Kern County.

A Kern County Sheriff deputy restrained me and struck my head against a wall

while I was reaching for a pencil. I was not handcuffed. My eyebrow split

and bled immediately. I was taken to Kern Medical Center that day.

See attached continuation, Paragraph 3.

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

Eyebrow laceration requiring stitches; suspected retained non-dissolvable

suture; ongoing tenderness, sharp pain, swelling, itching, and pain to touch.

Medical follow-up was reportedly not provided as instructed.

See attached continuation, Paragraph 4.

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

Kern County Sheriff deputy (name unknown).

Other involved correctional or medical staff: names presently unknown.

See attached continuation, Paragraph 5.

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:

Kern Medical Center treated my eyebrow on the day of the injury.

I recall instructions to return for follow-up, but was not returned.

I requested care repeatedly; I was examined around March 2026.

I believe a stitch remains embedded; medical confirmation is pending.

See attached continuation, Paragraph 7.

Claimant must date and sign below.

Signed this 15 day of 10, 2026.

Margaret Richwell
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To County Counsel
4 pages

hand delivered
Copies Furnished Risk Management

Date 10.15.26

Clerk of the Board of Supervisors

By Michelle Treynor, Deputy

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