

26 OCT -5 PM 12:48

FILE
CLERK OF
THE CO. 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.**

1. State the name and mailing address of claimant:

Anthony Rutledge
322 Linda Vista dr 93308

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

322 Linda Vista dr 93308 Bakersfield, CA

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

Police kicked in front door looking for someone who
wasn't on the premises. Threw the WRONG person to
the ground causing scrapes, cuts, and bruises.
Handcuffed me and threw me in a cop car.

This took place at our legal residence on ~~01/30/26~~ 9/30/26
approximately at 22:45. Also before the front door
was kicked in by KCSO there was no ~~announcement~~
announcement of a warrant of any kind no
search or arrest warrant was mentioned.

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

Damage would be the front door and door jam. I
have abrasions on my left shoulder and right
knee. I have bruises on both wrist and right arm
on inside of bicep. Also my right knee is sore from
the position lying in the yard during being searched
and handcuffed.

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

I didnt think to ask for names or sadge numbers

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: \$ 923.40.

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:

when the officers arrived on location I was asleep. When I heard the door knock I wasn't completely aware of what was going on. Just as I said I'm opening the door it was kicked in. At that point I was shoved to the ground and detained and placed in squad car.

Claimant must date and sign below.

8. Signed this 02 day of OCT, 2026.

[Signature]

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To

County Counsel
Spys

Copies Furnished

Risk Management
Hand Delivered

Date 10-5-26

Clerk of the Board of Supervisors

By [Signature], Deputy

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