

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:

Heidi Valtierra Ortiz
3300 15th St W SPC 17 Rosamond, CA 93560

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

3300 15th St. W SPC 17 Rosamond, CA 93560

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

October 2, 2026, at approximately 11:00 PM while driving on W. Rosamond Blvd near 11101-11199 W. Rosamond Blvd in Rosamond, CA, my vehicle struck roadway debris, including rocks and a large car jack that were in the roadway. The debris was not visible in sufficient time to safely avoid it. Law enforcement officers were present at the scene shortly afterwards. The incident caused damage to my vehicle and tires.

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

Three tires on my vehicle were damaged as a result of striking the roadway debris. The front lip of my vehicle was also damaged during the incident. I incurred expenses to replace the damaged tires and will incur expenses to repair or replace the damaged front lip. There may also be additional damage to the vehicle's underbody and/or related components.

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: \$ 510.00.

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:

Law enforcement officers were present at the scene following the incident. Three tires and the front lip of my vehicle were damaged after striking roadway debris. Receipts and photographs documenting the damage and replacement costs are attached to this claim.

Claimant must date and sign below.

Signed this October day of 6, 20 26

Helen Velazquez
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV

Referred To Santycarsel
11 pages

Copies Furnished R. B. Management

Mailed
Date 10-9-26

Clerk of the Board of Supervisors
By [Signature], Deputy

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