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FILED CLERK OF THE BD. OF SUPERVISORS
BY _____ DEPUTY

SP hand delivered

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:

Willard Hobbs
225 Justin Ct. Shafter, CA 93263

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

225 Justin Ct. Shafter, CA 93263

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

On May 18, 2026, at 30162 San Diego St. in Shafter, CA., members of the County sheriff's office raided my place of work - C.A.L. Ag Solutions. They were acting on a tip that Donny Webb, who was residing there, was in possession of stolen property. During the raid, instead of asking me for a key to enter my 5th wheel travel trailer, they kicked in two doors and broke out a window, and damaged a ladder on the interior of the trailer.
When asked for a seach warrant, deputies said it was "sealed" and would not present it.

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

Damage to outside of trailer - 2 doors and a window.
Damage to inside " " - ladder, and trim, which was caused by the ladder

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

Deputy Cedeno
Deputy Miller, N.

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:

Donny Webb resided on the opposite side of the work site, which was known to deputies. I also informed them Donny was at the other end, and my property was totally seperate from his.
case no: 2026-0005794

Claimant must date and sign below.

8. Signed this 7th day of June, 2026.

Willard E. Holder
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
4 pages
Waived Interest
Copies Furnished Risk Management

Date 6-9-26
Clerk of the Board of Supervisors
By _____, Deputy

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

(3/03)
Doc #126393