25 OCT 19 PM 2:1

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:
John Knox; 107 S Mill Hand drive Bakersfield, CA 93307

2. State the mailing address to which claimant desires notices from the County to be sent:
12300 Wilshire Blvd, Ste 200,Los Angeles, CA 90025

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

Intersection: Wilkins St & Milham Dr. Bakersfield, CA 93307
The claimant was walking home along the street when two dogs began chasing him. He turned around to see what was happening and, in doing so, tripped and fell into a hole. When his foot stepped into the hole , he lost his balance and fell, landing on his back. At the time of the incident, the weather was clear, and the concrete surface was dry. There were no obstructions in the area, no warning signs or caution tape present, and no construction or active work being performed on the street. The claimant reserves the right to amend or supplement this claim as additional information becomes available.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
As a result of the fall, the claimant sustained injuries to his back and neck.
After the incident, he sought medical treatment at Accelerated Urgent Care located at: 2400 K St, Bakersfield, CA 93301.
The claimant later returned to Kamaljeet K. Gill,NP located at 5801 Truxtun Ave, Bakersfield, CA.
The claimant reserves the right to amend or supplement this claim as additional information becomes available.

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

Unknown at this time.

6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed): 5,000,000.00

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 xx

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

Unknown at this time.

Claimant must date and sign below.

8. Signed this 16th day of October, 2026

N Ven

Nelson Ventura, Esq. (Attorney of Record)

BY ORDER OF THE BD/SUPV
Referred To County Counsel
fpgs
delivered process server
Copies Furnished Risk Management
Date 10-19-26
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