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:

Estate of Clinton R. Loveless, by and through its personal representatives, Angela Green and Toren R. Loveless.
c/o 2000 Avenue of the Stars Suite 1150S
Los Angeles, CA 90067

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

Jacoby and Meyers Attorneys, LLP - Attn: Jessica Behmanesh
2000 Avenue of the Stars Suite 1150S
Los Angeles, CA 90067

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

Date: 6/3/2026 at approx. 7:59 pm on Brundage Lane, at or near its intersection with A Street in the City of Bakersfield, County of Kern, State of California, 93304. Please see Attachment "A." Investigation is pending and Claimant's damages are ongoing.

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

Please see Attachment "A." Investigation is pending and Claimant's damages are ongoing.

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

The identities of any public employees involved are unknown at this time. Investigation is pending.

6. Regarding the amount claimed (including estimated amount of any prospective injury, damage or loss known as of the time the claim is filed): N/A - The total is TBD but exceeds

If less than ten thousand dollars ($10,000), state the amount: $$1,000,000.00.

If more than ten thousand dollars, would the claim be a limited civil case (less than $25,000)? (Circle one) TBD, but exceeds $1,000,000.00. This is not a limited civil case. This is an unlimited civil case.

Yes (No)

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

Please see Attachment "A." Investigation is pending and Claimant's damages are ongoing.

Claimant must date and sign below.

Signed this 21st day of October, 20 26.

Jessica S Attorney for Claimant

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
7 Pages
mailed
Copies Furnished Risk Management
Date 10.27.26
Clerk of the Board of Supervisors
By Michelle Rose, Deputy

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

(5/15)
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