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FILE NO. CLERK OF
THE BD. 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. 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:
Angelica Moreno
7340 Walpole Avenue
California City, CA 93505

2. State the mailing address to which claimant desires notices from the County to be sent:
43364 10th Street West
Lancaster, CA 93534

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
June 18, 2026, Central Park in California City. See Attachment "A".

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

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

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:

See Attachment "A".

Claimant must date and sign below.

Signed this 23rd day of October, 2026.

_____
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
7 pgs
mailed
Copies Furnished
Risk Management
Date 10-26-26
Clerk of the Board of Supervisors
By _____, Deputy

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

(5/15)
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