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FILE ... 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:

Kenneth Roberts
13143 Flint St. Edwards, CA 93523

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

13143 Flint St. Edwards, CA 93523

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

At my home, the address above, on 9.4.26 my 1991 Toyota Pick up truck was hit by a Kern County work truck.

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

There IS damage to the left fender, hood and running light as well as the front grill.
Please see all Pictures (18 pictures) provided showing the damage to my truck by the Kern county work truck.
Please take a close look at the picture showing the matching marks on pavement.

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: $ 3,188.45.

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:

All pictures of proof provided is helpful for this claim.

Claimant must date and sign below.

Signed this 15th day of Sept, 2026.

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
10pgs
Copies Furnished Risk Management
Hand delivered
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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