26 OCT 22 AM 11:47

FILE KERN CO. CLERK OF THE BD. OF SUPERVISORS
BY _____ DEPUTY

Hand delivered MS

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:

Cirino Vazquez Canete
2308 Robinson St Bakersfield CA 93305

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

2308 Robinson st
Bakersfield CA 93305

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

10/19/2024 Bakersfield, CA
Vehicle was towed on 10/19/24 was not called in until 10/21/2024 was given wrong tow yard by the Deputy.

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

was given wrong information, had to drive back two times to get information on vehicle, was told the vehicle was in Golden Towing, called and rep told me it was on in their yard. Drove to Sheriff dept they had in file that the vehicle was in Golden Towing. We had to wait a few hours to have clerck look where the vehicle was towed to.

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

Cirino Vazquez Cañete

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:

Due to given wrong information my vehicle stayed 2 days more than what was supposed to be in the yard. I have to pay extra. for wrong dates and location given from Deputy Castro.

Claimant must date and sign below.

Signed this Oct day of 22, 2026.

X _____
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
4pgs
Copies Furnished
Risk Management
Hand delivered
Date 10-22-26
Clerk of the Board of Supervisors
By _____, Deputy

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

(5/15)
2249137