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FILED KERN CO. 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: **Claimant is Vardan Akopyan**
c/o Grech, Packer & Hanks
7095 Indiana Ave., Suite 200
Riverside, CA 92506

2. State the mailing address to which claimant desires notices from the County to be sent:
c/o Grech, Packer & Hanks
7095 Indiana Ave., Suite 200
Riverside, CA 92506

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
May 26, 2026, at or around the intersection of Honolulu Avenue and Pennsylvania Avenue in Glendale, California. Please see Attachment A for further explanation.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
On May 26, 2026, Mr. Akopyan was wrongfully arrested after Kern County incorrectly identified Mr. Akopyan as another individual who had an outstanding warrant. Kern County failed to properly confirm identifying information for Mr. Akopyan, despite several characteristics, such as age and driver's license number, differentiating Mr. Akopyan from the wanted individual. Due to the error of the Kern County Sheriff's Department, Mr. Akopyan was forced to post bail to secure his release from a facility where he was being illegally held. Mr. Akopyan then incurred approximately $10,000 in attorney's fees for an attorney to represent him at arraignment and establish that he was not the wanted individual. In addition to the costs Mr. Akopyan incurred from his wrongful arrest, he also lost multiple days of work, resulting in lost income. **Please see Attachment A for further explanation.**

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

Kern County Sheriff's Department deputies and staff

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:

Claimant must date and sign below.

Signed this 28 day of October, 2026.

Trenton C. Packer (Attorney for Claimant)
CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
7pgs
mailed
Copies Furnished Risk Management
Date 11-3-26
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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