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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:
Jose Cortez, 27304 Crossglade Avenue, Santa Clarita, CA 91351

2. State the mailing address to which claimant desires notices from the County to be sent:
Morgan & Morgan, Batkhand Zoljargal, Esq., 633 W. 5th Street, Suite 2200, Los Angeles, CA 90071

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
On May 31, 2026, Jose Cortez was leaving a wedding reception at Villa Punta Del Cielo, 7837 E. White Lane, Bakersfield, California 93307. The roadway/parking area was allegedly unlit, and Mr. Cortez reported that it was "pitch black," such that he could not see the ground near the parked vehicle. As Mr. Cortez walked toward the passenger side of the pickup truck, which was parked along the edge of the roadway next to an open field, he stepped into and fell approximately five to six feet into a concealed, deep hole/well/manhole area that was obscured by brush and vegetation. Mr. Cortez sustained serious injuries.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
Jose Cortez sustained blunt trauma when he fell into an open well/large concrete pipe and struck a metal crossbar. He was evaluated in the emergency department for lower-chest and upper-abdominal trauma and was diagnosed with a chest-wall contusion and blunt abdominal trauma.

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: $_____.

If more than ten thousand dollars, would the claim be a limited civil case (less than $25,000)? (Circle one)

~~Yes~~ No No, it is unlimited case

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

Claimant must date and sign below.

Signed this 4 day of November, 2026.

JOSE ORTEZ

CLAIMANT'S SIGNATURE

BY ORDER OF THE BD/SUPV
Referred To County Counsel
2 pages
Hand delivered
Copies Furnished Risk Management
Date 11-6-26
Clerk of the Board of Supervisors
By Michelle Frazier, Deputy

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

(5/15)
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