26 NOV -6 PM 2:39

FILED WITH THE 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:
JULIE A WALSH - 209-602-1478
14012 CASTLEMAINE AVE, BF, CA 93314
PROPERTY MANAGER AND POWER OF ATTORNEY FOR OWNER WILLIAM LWIMMER, OWNER AND FATHER

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

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
8/28/2026, 5705 NOMI ST, BF, CA 93308
POLICE BROKE BEDROOM DOOR LOOKING FOR SOMEONE. CASE # 2026-00121436

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

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

OFFICERS AT THE SCENE AT THE TIME

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: $ 400.00

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 2ND day of NOV, 2026

CLAIMANT'S SIGNATURE

PROPERTY MANAGER AND POA FOR FATHER (OWNER)
WILLIAM L WIMMER

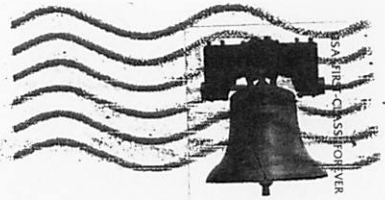
WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72)

BY ORDER OF THE BOARD
Referred To: County Counsel
2 Pages
Copies Furnished Risk Mgmt original
Mailed
Date 11-6-26
Clerk of the Board of Supervisors
By Michelle Hagman, Deputy

(5/15)
2249137

JULIE A WALSH
14012 CASTLEMAINE AVE
BAKERSFIELD, CA 93314

SANTA CLARITA CA 913
4 NOV 2026 PM 1 L



CLERK OF THE BOARD OF SUPERVISORS
1115 TRUXTON AVE., 5th FLOOR
BAKERSFIELD, CA, 93301

26 NOV -6 PM 2:38

FILE KEPT IN THE BD. OF SUPERVISORS
BY _____ DEPUTY

93301-462999