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:
   
   **City of Bakersfield - Risk Management**
   
   1100 Truxtun Ave
   
   Bakersfield, CA 93301

2. State the mailing address to which claimant desires notices from the County to be sent:
   
   1100 Truxtun Ave
   
   Bakersfield, CA 93301

3. State the date, place and other circumstances of the accident or event(s) giving rise to the claim.
   
   On 6-17-15 Willie Garcia ran a red light, and damaged a Crosswalk Pole.

4. Provide a general description of the injury, damage or loss incurred so far as it may be known:
   
   Crosswalk Button on pole knocked down and damaged due to Willie Garcia running a red light.
5. Provide the name or names of the public employee or employees causing the injury, damage or loss, if known:

Willie Garcia

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: $491.37

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 3rd day of August, 2015.

[Signature]

CLAIMANT'S SIGNATURE

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72)
To: RISK MANAGEMENT  
From: Peter Martin  
Date: 07/29/15  
Subject: PROPERTY DAMAGED COST REPORT

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
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| Responsible Party: County of Kern  
Date of Loss: 6/17/2015  
Location: Beale Ave. & Niles Street  
Property Damage: Pedestrian Ped. Pole & Button  
Police Report No: 15-138589  
Driver: Willie Garcia |

<table>
<thead>
<tr>
<th>REPAIR COST BREAKDOWN</th>
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<tr>
<td>(A) Outside Services:</td>
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| 1. $  
2. $  
3. $  
TOTAL OUTSIDE SERVICES $ |
| (B) Direct Departmental Cost |
| Materials:  
1. Ped Pole, 1 - Top mount Ped push button frame, $  
2. Ped push button, Misc. consumables, tape, connectors, wire nuts etc., $  
TOTAL MATERIALS $ 209.50 |
| Equipment: |
| Bucket Truck #4803 3hrs@$10.75 $  
TOTAL EQUIPMENT $ 32.25 |
| Labor: |
| Traffic Signal Technician 3hrs@$57.38 $  
TOTAL LABOR $ 172.14 |
| SUB-TOTAL $ 413.89 |
| (C) Administrative Expenses $ 77.48 |
| (D) Downtime (Fleet Only) $ |
| TOTAL DUE: $ 491.37 |

Prepared by: P. Martin  
Date: 07/29/2015
CROSSWALK BUTTON SHEARED FROM POLE AND KNOCKED DOWN LOCATED AT THE S/W CORNER OF INTERSECTION

### SEATING POSITION

1 - DRIVER  
2 - PASSENGER 1  
3 - PASSENGER 2  
4 - PASSENGER 3  
5 - PASSENGER 4  
6 - PASSENGER 5  
7 - PASSENGER 6  
8 - OCC. TRUCK OR VAN  
9 - POSITION UNKNOWN  
6 - OTHER

### SAFETY EQUIPMENT

- A - AIR BAG DEPLOYED
- B - AIR BAG NOT DEPLOYED
- C - AIR BAG NOT AIR BAG NOT DEPLOYED
- D - AIR BAG NOT DEPLOYED
- E - SHOULDER HARNESS USED
- F - SHOULDER HARNESS NOT USED
- G - IN VEHICLE USED
- H - IN VEHICLE USED
- I - IN VEHICLE IMPROPER USE
- J - PASSIVE RESTRAINT USED
- K - PASSIVE RESTRAINT NOT USED
- L - NO IN VEHICLE
- M - NO IN VEHICLE
- N - NO IN VEHICLE
- O - NO IN VEHICLE
- P - NO IN VEHICLE
- Q - NO IN VEHICLE
- R - NO IN VEHICLE
- S - NO IN VEHICLE
- T - NO IN VEHICLE
- U - NO IN VEHICLE
- V - NO IN VEHICLE
- W - NO IN VEHICLE
- X - NO IN VEHICLE
- Y - NO IN VEHICLE
- Z - NO IN VEHICLE

### INATTENTION CODES

- A - CELL PHONE HANDHELD
- B - CELL PHONE HANDHELD
- C - CELL PHONE HANDHELD
- D - CELL PHONE HANDHELD
- E - CELL PHONE HANDHELD
- F - CELL PHONE HANDHELD
- G - CELL PHONE HANDHELD
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- X - CELL PHONE HANDHELD
- Y - CELL PHONE HANDHELD
- Z - CELL PHONE HANDHELD

### INCIDENT DETAILS

- PRIMARY COLLISION FACTOR
- LIST NUMBER OF PARTY AT FAULT

### TRAFFIC CONTROL DEVICES

- 1 - HAZARDOUS MATERIAL
- 2 - CELL PHONE HANDHELD
- 3 - CELL PHONE HANDHELD

### SPECIAL INFORMATION

- A - STOPPED
- B - PROCEEDING STRAIGHT
- C - CARRIAGE ROAD
- D - MAKING RIGHT TURN
- E - SCHOOL BUS
- F - MOTOR VEHICLE INVOLVED
- G - MAKING LEFT TURN
- H - SLOWING / STOPPING

### WEATHER (MARK 1 TO 2 ITEMS)

- A - CLEAR
- B - CLOUDY
- C - RAINING
- D - SNOWING
- E - FOG / VISIBILITY

### ROADWAY SURFACE

- A - DRY
- B - WET
- C - SNOWY / ICY
- D - SLIPPERY (MUD, DILLY, ETC.)

### ROADWAY CONDITIONS

- A - HOLES, DEEP RUTS
- B - LOOSE MATERIAL ON ROADWAY
- C - OBSTRUCTION ON ROADWAY
- D - CONSTRUCTION-REPAIR ZONE
- E - REDUCED ROADWAY WIDTH
- F - FLOODED
- G - OTHER
- H - NO UNUSUAL CONDITIONS

### PEDESTRIAN'S ACTION

- I - FIXED OBJECT
- J - OTHER OBJECT
- K - PREVIOUS COLLISION
- L - UNINVOLVED VEHICLE
- M - OTHER: RAN RED LIGHT
- N - NONE APPARENT
- O - RUNAWAY VEHICLE

### OTHER ASSOCIATED FACTOR

- P - MERGING
- Q - TRAVELING WRONG WAY
- R - OTHER
- S - HAD BEEN DRINKING
- T - DRUG PHYSICAL
- U - IMPAIRED PHYSICAL
- V - IMPAIRED NOT KNOWN
- W - IMPAIRED NOT APPLICABLE
- X - IMPAIRED NOT APPLICABLE
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<th>#</th>
<th>AGE</th>
<th>SEX</th>
<th>EXTENT OF INJURY</th>
<th>INJURED WAS</th>
<th>PARTY NUMBER</th>
<th>SEAT POS</th>
<th>AIR BAG</th>
<th>SAFETY EQUIP</th>
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**NAME / D.O.B. / ADDRESS**

RAUL SALCEDA 5/20/1960, 1125 CALIFORNIA AVE APT 102A, BAKERSFIELD, CA, 93306, USA

JASMINE VAZQUEZ 11/29/1996, 322 S KING ST, BAKERSFIELD, CA, 93307, USA

**INJURED ONLY TRANSPORTED BY:**

**TAKEN TO:**

**DESCRIBE INJURIES**
RETURN SERVICE REQUESTED

Country of Kern - Risk Management
1115 Truxtun Ave., 5th Floor
Bakersfield, CA 93301