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FILE ... CLERK OF ... OF SUPERVISORS

B&D LAW GROUP, APLC
10700 SANTA MONICA BOULEVARD, SUITE 200
LOS ANGELES, CALIFORNIA 90025
TEL: (310) 424-5252
FAX: (310) 492-5855

CLAIM FOR DAMAGES

(*Government Code* §911.2)

TO: TO THE CLERK OF THE BOARD

BY ORDER OF THE BD/SUPV
Referred To County Counsel
3 pages
mailed
Copies Furnished RISK Management

Date 10.21.26
Clerk of the Board of Supervisors
By ..., Deputy

VIA PRIORITY MAIL
Clerk of the Board
County of Kern
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3601

RE: Danny Ortiz Martinez
Date of Incident: On or around May 06, 2026
Our File Number 27565

Name of Claimant(s): Danny Ortiz Martinez

Mailing Address of Claimant:
1931 South J St. Apt. 2 Bakersfield, CA 93304

Give Address to Which You Desire Notices or Communications to be Sent regarding this Claim:
B&D LAW GROUP, APLC , 10700 Santa Monica Blvd., Suite 200, Los Angeles, California 90025-4768

How Did Damage or Injury Occur? Give full particulars:
Claimant was a lawfully boarded passenger on Respondents' Golden Empire Transit District (GET) bus when, suddenly and without warning, the bus driver accelerated abruptly and/or otherwise operated the bus in an unsafe manner, causing Claimant to fall on two separate occasions during the same ride and to suffer damages and significant bodily injuries

Name of Agency against which this claim is filed?
Golden Empire Transit District, City of Bakersfield, County of Kern

When Did Damage or Injury Occur? Give full particulars; date, time of day:
On or around May 06, 2026 at approximately 12:00pm

Where Did Damage or Injury Occur? Describe fully.:
City of Bakersfield, approximately in front of 8800 Ming Ave. Bakersfield, CA 93311

What Particular Act or Omission Do You Claim Caused the Injury or Damage?
Claimant was injured due to the negligent and careless operation of the bus by its driver, an employee of Respondent acting within the course and scope of his employment. The driver accelerated the bus abruptly and without warning on two separate occasions while Claimant was in the process of sitting down and returning to his seat, causing Claimant to lose his balance and fall. Respondent, through its employee-driver, failed to operate the bus in a safe and reasonable manner and failed to allow passengers sufficient time and opportunity to be seated safely before accelerating.

The public entity Respondent is liable for Claimant's injuries under the Government Code, including, but not limited to, §§ 815.2, 815.4, 815.6 and 820, in that Claimant's injuries were proximately caused by the negligent act or omission of Respondent's employee, acting within the scope of his employment, for which Respondent is vicariously liable. Respondent, as a common carrier of passengers for reward, further owed Claimant a heightened duty of care under Civil Code §§ 2100, 2101, and 2103 to use the utmost care and diligence for his safe carriage, and breached that duty by operating the bus in the careless and abrupt manner described above.

Give Names of employees causing the injury or Damage, if known:
N/A

Names and Address of Witnesses, Doctors and Hospitals:
Accelerated Urgent Care 4871 White Lane Bakersfield, CA 93306
California Premier Pain Clinics 2375 Montpelier Dr. 10 San Jose, CA 95116
Cedar Pointe Chiropractic Group Alam Inc. 5500 Ming Ave. Ste 374, CA 93309
WS Physical Therapy, Inc. 1800 Westwind Dr. Ste 500 Bakersfield, CA 93301

What Damage or Injuries Do You Claim Resulted? Please give full extent of injuries or damages claimed.
By way of example and without limitation: Injuries to their person and body, including but not limited to left shoulder, neck, head, back, and right hip.

What is the amount of Your Claim? Please itemize your Damages:
Within the jurisdiction of the Superior Court (Unlimited Civil Case). Demand excess of $35,000.00.

DATED: 10/15/26

ELLIOT LABIB, ESQ.
On Behalf of Claimant

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County of Kern
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