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**CLAIM FOR MONEY OR DAMAGES  
AGAINST THE COUNTY OF ORANGE**  
(Pursuant to Govt. Code section 910 et seq.)

Completed and signed forms must be mailed or delivered to: Clerk of the Board of Supervisors  
400 W. Civic Center Drive, 6<sup>th</sup> Floor  
Santa Ana, CA 92701

**INSTRUCTIONS:** Claims related to personal injury or damage to personal property must be presented within six (6) months from the date of loss. Claims related to any other loss must be presented not later than one (1) year from the date of loss. (See Government Code Section 911.2)  
Please answer all items fully and to the best of your ability. Failure to do so may be grounds for deeming your claim insufficient. If more space is needed, please attach additional pages.

**CLAIMANT INFORMATION**

1. Claimant's Name: Do Yeon Lee 2. Date of Birth: 08/18/1995
3. Claimant's Address: 28406 Boulder Dr, Trabuco Canyon, CA 92679  
Street (or P.O. Box) City State Zip Code
4. Phone Number: 213-503-5613  
Home Work Other
5. Name and address where correspondence should be sent (if different from above):  
Do Yeon Lee 28406 Boulder Dr, Trabuco Canyon, CA 92679  
Name Street (or P.O. Box) City State Zip Code

**CLAIM INFORMATION**

6. Exact date (including year) of the accident/incident/loss: 9/9/2024 - 10/05/2024 (26 days)
7. Exact location of the accident/incident/loss (Be as specific as possible; Example: On the southeast corner of 6<sup>th</sup> and Broadway in the City of Santa Ana): Trabuco Canyon Creek Rd  
Trabuco Canyon & Rose Canyon, Trabuco Canyon (Airport Fire)
8. Describe the circumstances of how the accident/incident/loss occurred including the reason you believe the County of Orange is liable for your damages:  
Due to the Human caused airport fire, Me and my neighbor were  
inhaling fire, burning smell for 26 days & inhaling the air to sleep.  
Constantly, My family and I had to live scared that our house might  
burn down. Constant panic & worry. I had to look for alternative  
living situations due to burning air & fire coming near my home / neighborhood  
temporary A lot of lost, missing work, alternative living cost, food,  
Panic, mental Health concern were spent unexpectedly during the airport fire. Surrounded  
Emotional distress, Risking my life being By fire during sleep.

10. Describe the damage/injuries/loss incurred by you as a result of the loss of this claim  
10/1/2021  
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JUL 20 2021

11. a. If the amount claimed is less than \$10,000, the amount claimed is presumed to be correct.  
b. If the amount claimed is more than \$10,000, the amount claimed is presumed to be correct unless the claimant provides evidence to the contrary.

12. The amount claimed is presumed to be correct unless the claimant provides evidence to the contrary.

13. The amount claimed is presumed to be correct unless the claimant provides evidence to the contrary.

14. The amount claimed is presumed to be correct unless the claimant provides evidence to the contrary.

15. The amount claimed is presumed to be correct unless the claimant provides evidence to the contrary.

9. Jail Booking Number: \_\_\_\_\_ Police Agency/Report Number: \_\_\_\_\_

10. Describe the damage/injury/loss incurred so far as is known as of the time of this claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Name(s) of County employee(s) causing damage/injury/loss, if known: \_\_\_\_\_

12. License number of County vehicle (if applicable): \_\_\_\_\_

13. Name, address and phone number of any and all witnesses known: \_\_\_\_\_

14. Any additional information that may assist us in evaluating your claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### DAMAGES CLAIMED

15. a. If the amount claimed is less than \$10,000:

Amount claimed to present: \$ \_\_\_\_\_

Estimated amount of any prospective damage/injury/loss: \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED: \$ 10,000

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$25,000 or less)?

Check one: Yes X No \_\_\_\_\_

*Had to pay my relatives for sudden & temporary living situations I had to*

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): \* Alternative living situations

<u>* food</u>	<u>-</u>	<u>\$10,000</u>	<i>watch the burning in front of my eyes at my home</i>
<u>* Emotional distress</u>	<u>-</u>	<u>* living through constant fear</u>	
<u>* inhaling fire air for 26 days</u>	<u>-</u>	<u>for 26 days</u>	
<u>* cleaning after fire residue</u>	<u>-</u>	<u>I had to miss work some days to watch fire &amp; my family &amp; home safety</u>	

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM  
(PENAL CODE § 72)**

I have read the matters and statements in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signature of Claimant/Claimant's Representative

10/30/24

Date

**THIS CLAIM FORM MUST BE SIGNED!!**

Do Yeon Lee

28406 Boulder Dr.

Trabuco Canyon, CA 92679

SANTA ANA CA 926

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92701-452100



