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CLERK OF THE BOARD

SEP 17 2024

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124-936AS

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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: Fred + Diane Neubauer
2. Date of Birth: 10-27-59 + 7-12-58
3. Claimant's Address: 32892 Brookscnd Dr. Trabuco Cyn, CA 92679  
Street (or P.O. Box) City State Zip Code
4. Phone Number: (949) 589-0414 (714) 897-7000 (cell) 562-755-2079  
Home Work Other
5. Name and address where correspondence should be sent (if different from above):

\_\_\_\_\_  
Name Street (or P.O. Box) City State Zip Code

**CLAIM INFORMATION**

6. Exact date (including year) of the accident/incident/loss: Airport Fire Sept 9, 10, 11, 2024
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):  
32000 Trabuco Creek, Trabuco canyon (Fire started)
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:

A spark from the heavy equipment that  
was being operated by Public <sup>Orange County</sup> Work crews  
that were moving boulders started the fire.

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:

Due to mandatory evacuation order  
of zone RSM 03 WE were unable to return  
home after the fire had started.

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

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

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

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

This resulted in 3 nights stay in hotels  
due to WE ~~was~~ <sup>were</sup> unable to return home because  
of the mandatory order.

**DAMAGES CLAIMED**

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

Amount claimed to present: \$ \$ 1,043.75

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

TOTAL AMOUNT CLAIMED: \$ \$ 1,043.75

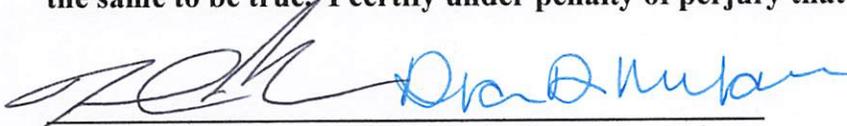
b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$35,000 or less)?

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

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): Hotel receipts.

**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

9-16-2024  
Date

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



Mr. Fred Neubauer  
United States

Room No. : 0914  
Arrival : 09-09-24  
Departure : 09-10-24  
Folio No. : 211329  
Conf. No. : 11059267  
Cashier No. : 2741  
CRS # : 10053SE180156

Company Name:

Group Name:

**INFORMATION INVOICE**

Date	Description	Charges	Credits
09-09-24	Room Charge	229.00	
09-09-24	State Tourism Assessment	23.35	
09-09-24	Hotel Guest Parking	78.00	
09-09-24	Destination Fee	20.00	
09-09-24	Destination State Tourism Assessment	0.04	
09-10-24	American Express XXXXXXXXXXXX6006 XX/XX		350.39
		<b>Total Charges</b>	<b>350.39</b>
		<b>Total Credits</b>	<b>350.39</b>
		<b>Balance</b>	<b>0.00</b>

Guest Signature: \_\_\_\_\_

Start earning points towards free nights with the Sonesta World Mastercard. For information about rates and fees or to apply, visit [bofa.com/sonesta](http://bofa.com/sonesta). Residents of the US and its territories only. See full disclosure for details.

CA

# AYRES HOTEL

SEAL BEACH

12850 Seal Beach Blvd.  
Seal Beach, CA 90740  
562-596-8330 / 562-596-8310  
www.ayreshotels.com

TAX ID:

Diane Neubauer  
32892 Brookseed Dr  
Trabuco Canyon, CA 92679

Room	Folio	CheckIn	CheckOut	Balance
236	332775	09/10/2024	09/11/2024	0.00
Room And Tax			AAA Rate	

Date	Room	Description / Voucher	Charges	Credits	Balance
09/10/2024	236	American Express - ...3011 AP: 813825	0.00	287.22	-287.22
09/10/2024	236	Room Taxable	256.00	0.00	-31.22
09/10/2024	236	Occupancy Tax - 12%	30.72	0.00	-0.50
09/10/2024	236	CA Tourism Assessment - 0.195%	0.50	0.00	0.00
<b>Summary and Taxes</b>					
		Room	256.00		
		Room Tax	31.22		
		<b>Total Charges</b>	<b>287.22</b>		
		Payments	-287.22		
		<b>Balance Due</b>	<b>0.00</b>		

\_\_\_\_\_  
*Guest Signature:*  
Thank you for staying with us!



Residence Inn® Cypress Los Alamitos  
 4931 Katella Avenue, Los Alamitos, CA 90720 P 714.484.5700  
 Marriott.com/SNAOC

Fred Neubauer 32892 Brookseed Trabuco Canyon CA 92679		Room: 114 Room Type: ONBT Number of Guests: 2	
Fire Evac		Rate: \$360.00	Clerk: SEW
Arrive: 11Sep24	Time: 05:00PM	Depart: 12Sep24	Time: 11:25AM
			Folio Number: 67856

DATE	DESCRIPTION	CHARGES	CREDITS
11Sep24	Room Charge	360.00	
11Sep24	City Tax	36.00	
11Sep24	Calif/Local Tourism Fee	0.14	
11Sep24	Daily Parking	10.00	
12Sep24	American Express		406.14

Card #: AXXXXXXXXXXXXXXXXX6006/XXXX  
 Card Type: AMEX Card Entry: CHIP Approval Code: 802397 App  
 Label: AMERICAN EXPRESS AID: A000000025010801

<b>BALANCE:</b>	<b>0.00</b>
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**NEUBAUER**  
32892 BROOKSEED DRIVE  
TRABUCO CANYON, CA 92679



7020 0090 0001 3386 4889

**Retail**



92701

RDC 99

U.S. POSTAGE PAID  
FCM LG ENV  
RANCHO SANTA  
MARGARITA, CA 92688  
SEP 16, 2024

**\$10.72**

R2305M143394-11

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