

MA4-968AS

RECEIVED  
CLERK OF THE BOARD

SEP 24 2024



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

Received by \_\_\_\_\_ via:  
☐ Mail  
☐ Over the Counter  
☐ Pony Mail  
☐ Other \*\*\* COB USE ONLY\*\*\*

**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: Anna Pevtsova 2. Date of Birth: 3/31/1998  
3. Claimant's Address: 89 Bell Canyon Dr. Trabuco Canyon, CA 92679  
Street (or P.O. Box) City State Zip Code  
4. Phone Number: 949-562-8801  
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: 9/9/2024  
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):  
89 Bell Canyon Dr., Trabuco Canyon / Airport fire in Trabuco Cyn  
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 Airport Fire on 9/9/24, resulting from the negligence of OC Public Works staff, my family and I had to evacuate from our home. This situation not only posed a significant threat to our safety but also created major health hazard. Had this negligence not occurred, we would not have had to endure such a traumatic experience.  
Revised 8/22

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:

Financial damage caused by unexpected expenses  
on accommodation and meals.

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

OC Public Works

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:

\$ 833.63

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

TOTAL AMOUNT CLAIMED:

\$ 833.63

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


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

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): receipts attached. expenses I have personally

incurred include a family of 3 plus pet.

### **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

9/22/24  
Date

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



Pevtsova, Anna

Confirmation Number: 96752138-1

Room Number: 4

Room Type: VS3B

No. of Guests: 3

TAX ID	ARRIVAL	DEPARTURE	RATE PLAN	ACCOUNT
	09/09/2024	09/10/2024	BKC1	176748
DATE	CODE	DESCRIPTION	COMMENT	AMOUNT (USD)
09/09/2024	5040	Pet Fee		100.00
09/09/2024	1000	Room Charge		359.10
09/09/2024	8100	Occupancy Tax		50.27
09/09/2024	8120	CA Tourism Assessment		0.70
09/09/2024	5100	Facilities Fee		30.00
09/09/2024	8500	State Sales Tax		2.33
09/09/2024	3100	Overnight Valet Parking		45.00
09/09/2024	3100	Overnight Valet Parking		45.00
09/10/2024	9005	Mastercard Payment *****8566		(632.40)
				(USD)
			Sub-Total:	579.10
			Total Tax:	53.30
			Total Payments:	(632.40)
			Total Due:	0.00

TERMS:

SIGNATURE:

DATE:

9/10/24



## Transaction Details



Brussels Bistro

Toast

\$133.53

400.59 total rewards points earned



Pay Over Time

## Transaction Details

Type	Sale
Transaction date	Sep 09, 2024
Posted date	Sep 11, 2024



222 Forest Ave,  
Laguna Beach, CA 92651

(949) 376-7955

Description TST\*BRUSSELS BISTRO - LA

Merchant type Restaurants

Method In person

11:23



Breakfast expense



## Transaction Details



MOULIN LAGUNA BEAC

Toast

\$67.70

203.10 total rewards points earned

### Transaction Details

Type Sale

Transaction date Sep 10, 2024

Posted date Sep 11, 2024

Description TST\*MOULIN - LAGUNA BEAC

Merchant type Restaurants

Method In person

Category Food & drink 

Reference number 24510724254108483117695

Memo (optional)

What's it for?

You have 200 of 200 characters remaining.





UNITED STATES  
POSTAL SERVICE®

Click-N-Ship®

**G**

usps.com

\$5.70

US POSTAGE

9400 1036 9930 0063 1782 54 0057 0000 0519 2701

U.S. POSTAGE PAID  
Click-N-Ship®



09/23/2024 0 lb 5 oz

Mailed from 92679

986732373249919

**USPS GROUND ADVANTAGE™**

ANNA PEVTSOVA  
89 BELL CANYON DR  
TRABUCO CYN CA 92679-3807

09/26/2024

**0001**

WAIVER OF SIGNATURE

**C009**



CLERK OF THE BOARD OF SUPERVISORS  
# 6  
400 W CIVIC CENTER DR  
SANTA ANA CA 92701-4521

**USPS TRACKING #**



**9400 1036 9930 0063 1782 54**

Electronic Rate Approved #038555749



RECEIVED SEP 2