



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

M24-95628  
RECEIVED  
CLERK OF THE BOARD  
Received by \_\_\_\_\_ via \_\_\_\_\_  
☐ Mail  
☐ Over the Counter  
☐ Pony Mail  
☐ Other \*\*\* COB USE ONLY \*\*\*  
SEP 23 2024

**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: Bob + Sharon Dewert 2. Date of Birth: Bob - 10-4-58  
4-9-53 3-17-59  
3. Claimant's Address: 20532 Porter Ranch Rd Trabuco Ca 92675  
Street (or P.O. Box) City State Zip Code  
4. Phone Number: 949-351-6040 (Bob) 949-351-2519  
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: 9/9/24  
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): ZONES - ELC01, ORT01, SM103  
(Airport Fire) - 20532 Porter Ranch Rd (Robinson Ranch)  
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:

The Airport Fire started directly behind our house - The fire department and Sheriff's dept entered our backyard and told us we needed to evacuate immediately. They brought fire hoses in and were stationed in our backyard for 4 days

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:

\$ 1121.55

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

TOTAL AMOUNT CLAIMED:

\$ 1121.55

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

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

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



9/21/24

Date

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

**SPRINGHILL SUITES®**  
BY MARRIOTT  
**SPRINGHILL SUITES BY MARRIOTT® / SAN DIEGO CARLSBAD**  
3136 Carlsbad Blvd, Carlsbad, Ca 92008 P 442.333.9892  
**springhillsuites.com**

Robert/Mr Dewert  
20532 Porter Ranch Rd  
Trabuco Cyn CA 92679-3371

Room: 310  
Room Type: QQST  
Number of Guests: 2  
Rate: \$246.00      Clerk: IVA

Arrive: 11Sep24      Time: 02:40PM      Depart: 12Sep24      Time: 02:30PM      Folio Number: 85318

DATE	DESCRIPTION	CHARGES	CREDITS
11Sep24	Room Charge	246.00	
11Sep24	Occupancy Sales Tax	24.60	
11Sep24	State Occupancy Tax	0.54	
11Sep24	Convention and Tourism Tax	4.92	
11Sep24	Garage Parking	20.00	
12Sep24	Miscellaneous Charge	75.00	
		<b>BALANCE:</b>	<b>371.06</b>

**Marriott Bonvoy Account # XXXXX8635.** Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

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**Courtyard by Marriott® San Diego Carlsbad**  
5835 Owens Avenue, Carlsbad Ca 92008 P 760.431.9399  
Marriott.com/SANCS

Robert/Mr Dewert  
20532 Porter Ranch Rd  
Trabuco Cyn CA 92679-3371  
Business

Room: 303  
Room Type: QNQN  
Number of Guests: 2  
Rate: \$179.00  
Clerk: AUQ

Arrive: 10Sep24      Time: 04:41PM      Depart: 11Sep24      Time: 12:44PM      Folio Number: 98399

DATE	DESCRIPTION	CHARGES	CREDITS
10Sep24	Room Charge	179.00	
10Sep24	Room Tax	17.90	
10Sep24	Visitor Assessment Fee	3.58	
10Sep24	Ca Tourism Assessment	0.36	
11Sep24	Restaurant Room Charge	51.98	
11Sep24	Visa		252.82

Card #: VXXXXXXXXXXXXXXXXX3280XXXX  
Card Type: VISA Card Entry: CHIP Approval Code: 03610D App  
Label: VISA CREDIT AID: A0000000031010

**BALANCE: 0.00**

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## LAGUNA CLIFFS RESORT AND SPA

GUEST FOLIO

208 ROOM	DEWERT/ROBERT/MR NAME	381.65 RATE	09/10/24 DEPART	13:58 TIME	49585 ACCT#
KPOB TYPE	20532 PORTER RANCH R ADDRESS		09/09/24 ARRIVE	21:02 TIME	
161 ROOM CLERK	TRABUCO CYN CA 926793371		PASSPORT: S175 VSXXXXXXXXXXXX3280 PAYMENT		MBV#: XXXXX8635
DATE	REFERENCES	CHARGES -	CREDITS	BALANCES DUE	
09/09	SELFPRK	PARKING			
09/09	CALTRTX	PARKING			
09/09	ROOM	208, 1	52.00		
09/09	ROOM TAX	208, 1	.10		
09/09	CALTRTX	208, 1	381.65		
09/09	DPTBID	208, 1	38.17		
09/10	RESTRANT	1221 208	.75		
09/10	CCARD-VS		5.00		
	SETTLED TO:	VISA XXXXXXXXXXXXXXX3280	20.00	497.67	
					.00

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LAGUNA CLIFFS RESORT AND SPA  
25135 PARK LANTERN  
DANA POINT CA 92629

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



12:55

5G+ 47



**WATCH DUTY**



## Airport Fire



Orange & Riverside Counties



NOTIFICATIONS ON

Share Incident

### ● Evacuation Order - Level 3 - Go

#### Orange County:

*A* Zones: ELC01, ORT01, &  
RSM03, including the areas of:

- Ortega Highway, San Juan Springs, Caspers Park, Quest Diagnostics, Lazy W & Campgrounds.
- Robinson Ranch HOA
- Trabuco Highlands HOA
- Trabuco Highland Apartment Complex
- The areas of Caspers Wilderness Park and Blue Jay campground on Hwy 74 (Ortega Highway)

4:08

◀ Messages

5G+ 72%

AA

app.watchduty.org



Watch Duty App

Receive Real-time Alerts

★★★★★ 4.8

Get



**WATCH DUTY**



## Airport Fire



Orange County, CA

Created by **Watch Duty** • Sep 9, 2024 at 1:16 PM

Share Incident

### ● Evacuation Order - Level 3 - Go

An evacuation order has been issued for residences near:

- Robinson Ranch HOA
- Trabuco Highlands HOA
- Trabuco Highland Apartment Complex

### ● Evacuation Warning - Level 2 - Set



Dave A  
20532 Portes Ranch Rd  
Trabuco Canyon CA  
92679

**CERTIFIED MAIL®**



7022 2410 0002 9862 3576

**Retail**



92701

**RDC 99**

U.S. POSTAGE PAID  
FCM LETTER  
RANCHO SANTA  
MARGARITA, CA 92  
SEP 21, 2024

**\$9.96**

R2305M143708-10

**RETURN RECEIPT  
REQUESTED**

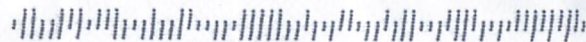
RECEIVED  
CLERK OF THE BOARD

SEP 23 2024

Clerk of the Board of Supervisors  
400 W. Civic Center Dr 6th Floor  
Santa Ana, CA  
92701

RECEIVED SEP 23 2024

92701\$4521 C009





PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT