



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

1124-1436
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, 6th 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: CHRISTIAN JAMES ANDERSON 2. Date of Birth: 07/19/1991
3. Claimant's Address: 1610 WEST OCEANFRONT Newport Beach, CALIF, 92663
Street (or P.O. Box) City State Zip Code
4. Phone Number: 949-675-6377 714-396-6935 (FATHER - PETER ANDERSON)
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
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CLAIM INFORMATION

6. Exact date (including year) of the accident/incident/loss: SEPTEMBER 9TH, 2024
(AIRPORT FIRE)
7. Exact location of the accident/incident/loss (Be as specific as possible; Example: On the southeast corner of 6th and Broadway in the City of Santa Ana):
CASIN #25, HOLY TIM CANYON, TRABUCO CANYON, CALIFORNIA 92679
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:
AIRPORT FIRE - STARTED BY ORANGE COUNTY ROAD CREW
135 ACCIDENT

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:

COMPLETE DESTRUCTION OF CASIN AND STORAGE SHED

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

UNKNOWN

12. License number of County vehicle (if applicable): N/A

13. Name, address and phone number of any and all witnesses known: N/A

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: \$ \$500,000 STRUCTURES, \$75,000 PERSONAL

TOTAL AMOUNT CLAIMED: \$ _____

\$575,000

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): _____

SEE ATTACHMENTS FOR FURTHER INFORMATION

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.

SA
Signature of Claimant/Claimant's Representative

11/26/2024
Date

THIS CLAIM FORM MUST BE SIGNED!!



725 S. Figueroa St., Ste. 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

October 8, 2024

Christian James Anderson
1610 W Oceanfront ,
Newport Beach, California 92663-4518

RE:	Insured:	Christian James Anderson -
	Policy No.:	CFP 0100653223
	Loss Location:	Lot 25, Holy Jim Recreation Residence, Trabuco Canyon, California 92679
	Date of Loss:	09/09/2024
	Cause of Loss:	Fire
	Claim No.:	D2401380

Dear Christian James Anderson:

This letter is to provide a status of the above claim. The following items are needed to resolve your claim:

- We are pending the inspection report to continue with the evaluation of your loss.

Once the needed information is received, we will contact you regarding resolution of your claim. If you have any questions, please contact me at the number below.

Sincerely,
Thelma Montoya
Claims Professional
(213)-261-4877
tmontoya@cfpnet.com



725 S. Figueroa Street, Suite 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

DATE ISSUED 06/13/2024
POLICY NUMBER CFP 0100653223 04
POLICY PERIOD 08/15/2024 To 08/15/2025
12.01 a.m. at the property location

INSURED NAME AND MAILING ADDRESS
CHRISTIAN JAMES ANDERSON
1610 W OCEANFRONT
NEWPORT BEACH, CA 92663-4518

California FAIR Plan Association DWELLING INSURANCE POLICY DECLARATIONS

TRANSACTION TYPE Dwelling - Renewal Offer

YOUR INSURANCE BROKER
SAFE LIFE FINANCIAL GROUP INC.
232 AVENIDA FABRICANTE STE 105
SAN CLEMENTE, CA 92672
PHONE NUMBER (888) 633-6632

PROPERTY LOCATION
LOT 25, HOLY JIM RECREATION
RESIDENCE TRACK CLEVELAND
NATIONAL FOREST
TRABUCO CANYON, CA 92679

IMPORTANT NOTICE TO INSURED

The FAIR Plan does not estimate the cost to rebuild your home, or the cost of labor and materials in your (or any other) area, or determine the appropriateness of the coverage you select. Instead, those are your responsibilities. However, we are required by law to tell you that, "The limit of liability for this structure (Coverage A) is based on an estimate of the cost to rebuild your home, including an approximate cost for labor and materials in your area, and specific information that you have provided about your home".

RATING INFORMATION

YEAR BUILT	OCCUPANCY	# OF UNITS	CONSTRUCTION TYPE	DEDUCTIBLE
1981	SEASONALOW NER	1	FRAME	\$2,500

COVERAGE AND PREMIUM INFORMATION

In case of loss we cover only that part of the loss which exceeds the deductible shown. We provide only those coverages, endorsements and perils shown below as (✓). These are brief summary descriptions; please read the entire policy for details. Ask your broker for assistance if you wish to obtain information about coverages you have not purchased.

COVERAGES, LIMITS, PERILS AND PREMIUMS

SELECTED COVERAGES	LIMITS	PERILS INSURED AGAINST	PREMIUM
✓ A - Dwelling	\$ 205,201	✓ Fire or Lightning, Internal Explosion and Smoke Damage	\$ 1,131
B - Other Structures <i>see reverse</i>	\$ 10,000	✓ Extended Coverages	\$ 17
C - Personal Property	\$ 50,000	✓ Vandalism or Malicious Mischief	\$ 16
D - Fair Rental Value	\$ 0		
✓ Ordinance or Law Coverage	\$ 20,520		
✓ Debris Removal (additional)	\$ 9,000		
Extended Dwelling Coverage	\$ 0		
✓ Dwelling Replacement Cost	INCLUDED		
✓ Inflation Guard	INCLUDED		
✓ Personal Property Replacement Cost	INCLUDED		
Fences	\$ 0		
Permitted Incidental Occupancy	\$ 0		
Plants, Shrubs and Trees	\$ 0		
Outdoor Radio and TV Equipment	\$ 0		
Awnings	\$ 0		
Signs	\$ 0		
Improvements, Alterations and Additions	\$ 0		

Total Annual Premium \$ 1,164

THIS IS NOT A BILL

You will be sent a bill approximately 30 days prior to the renewal effective date

THIS POLICY INCLUDES BUILDING CODE UPGRADE COVERAGE (WHICH WE CALL ORDINANCE OR LAW COVERAGE). PLEASE SEE ATTACHED NOTICE



READ YOUR INSURANCE POLICY

Selecting the amount and type of insurance coverage appropriate for your needs is your responsibility.

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY NUMBER CFP 0100653223 04

SCHEDULE OF OTHER STRUCTURES

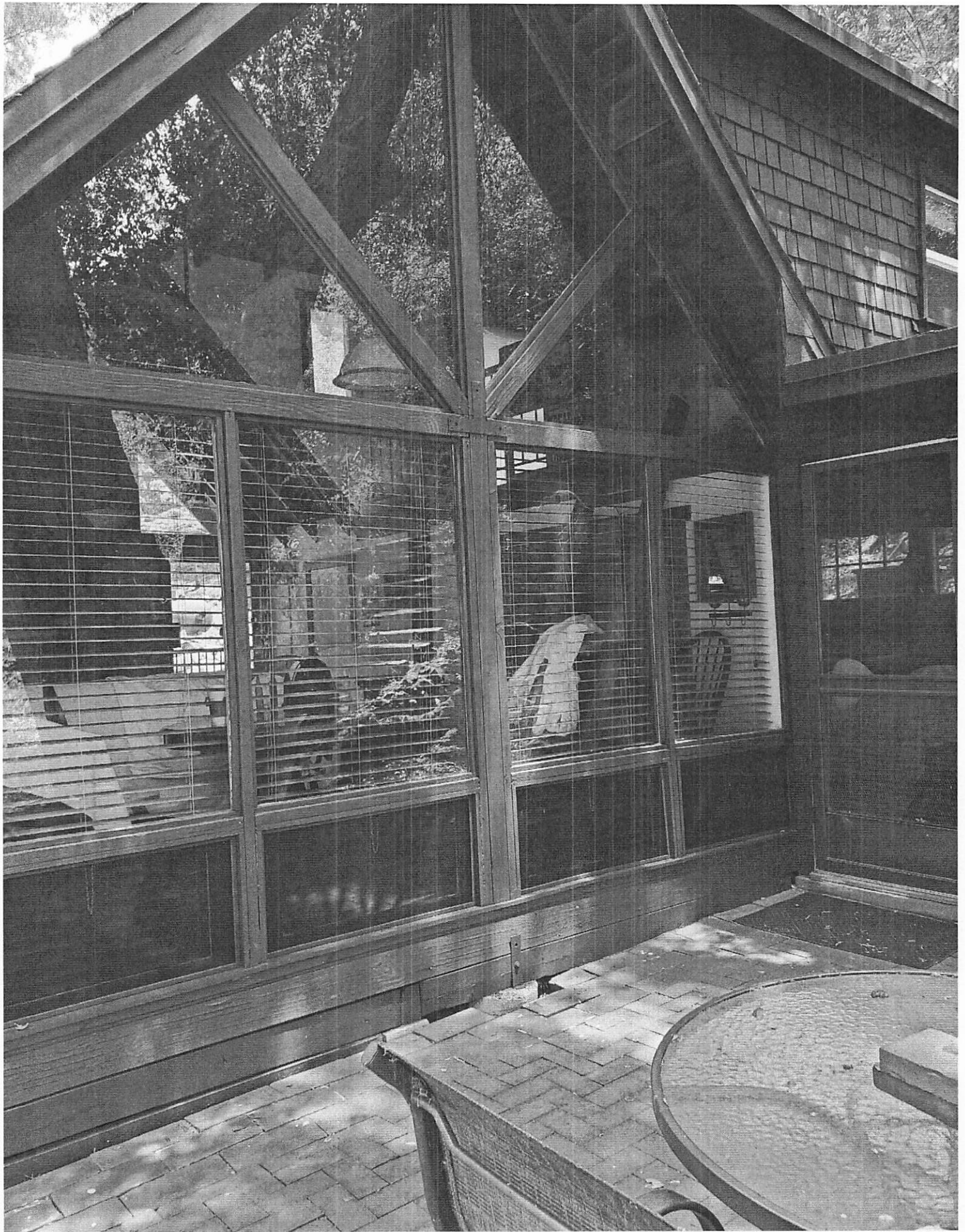
ITEM	DESCRIPTION OF COVERED PROPERTY	LIMIT OF LIABILITY
1.	SHED	\$ 10,000

THESE DECLARATIONS WITH FORMS AND ENDORSEMENTS LISTED ABOVE ARE YOUR INSURANCE POLICY

MESSAGE BOARD

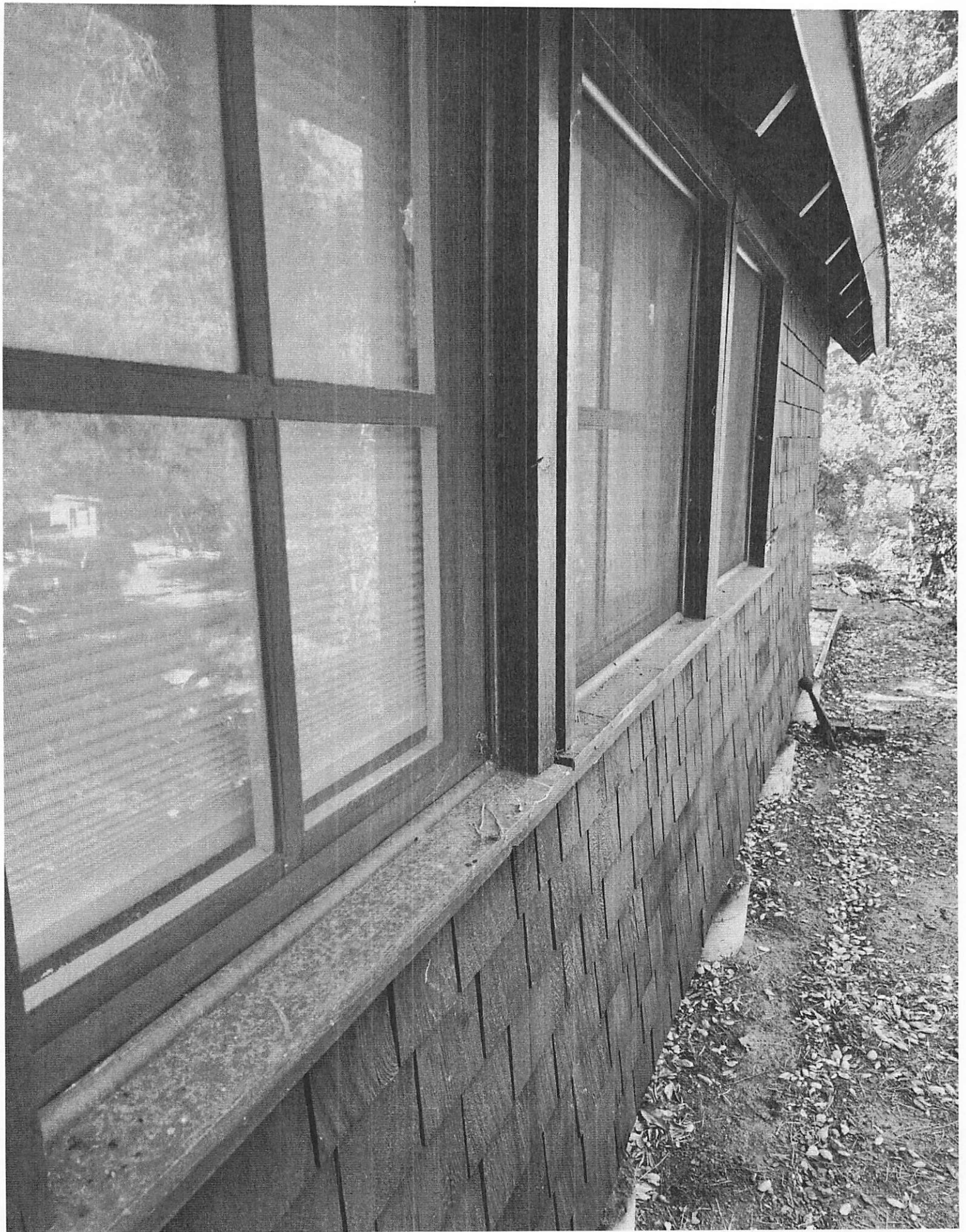
- ✓ This policy is a contract between us and the Named Insured(s) and any loss payees identified on this Declarations Page. This policy does not provide coverage to any person or entity not named here.
- ✓ New Personal Property Replacement Cost Coverage Available! You can now purchase replacement cost coverage for your personal property. Contact your agent or broker for more details.













WE ARE HERE TO HELP!

Please DO NOT RETURN this water heater to the store. If you have any questions or problems with the product, or need a replacement part, please call toll-free 1-800-432-8373. We will be happy to help you.

1-800-432-8373

ENERGYGUIDE

Estimated Yearly Energy Cost
\$551

Cost Range of Similar Models

Maximum Gallons Per Minute of Hot Water
(at 120°F)

Very Good Good Medium High
4.8 GPM

- Hot water will decrease your energy bills \$551 per year.
- This is a 4.8 GPM water heater. To get the most out of it, use 120°F water.
- Estimated energy cost is based on a standard average of 100°F water.
- See the ENERGYGUIDE for more information.

