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124-93645

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*** COB USE ONLY ***

**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, 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: 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 6th 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 ^{Orange County} 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~~ were 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
		Total Charges	350.39
		Total Credits	350.39
		Balance	0.00

Guest Signature: _____

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CA
AYRES HOTEL
SEAL BEACH

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

Page 1 of 1

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

Summary and Taxes

Room	256.00
Room Tax	31.22
Total Charges	287.22
Payments	-287.22
Balance Due	0.00



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

Fire Evac

Room: 114
Room Type: ONBT
Number of Guests: 2
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 #: XXXXXXXXXXXXXXX6006/XXXX			
Card Type: AMEX Card Entry: CHIP Approval Code: 802397 App			
Label: AMERICAN EXPRESS AID: A000000025010801			

BALANCE: 0.00

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TRABUCO CANYON, CA 92679



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Retail



92701

RDC 99

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RANCHO SANTA
MARGARITA, CA 92688
SEP 16, 2024

\$10.72

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