



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

1124-1077-08
Received by _____
☐ Mail
☐ Over the Counter
☐ Pony Mail
☐ Other
RECEIVED
CLERK OF THE BOARD
OCT 28 2024
*** 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: Manuel T. Camarena 2. Date of Birth: 1/16/1964
3. Claimant's Address: 32770 Orinda Hwy Lake Elsinore, CA 92530
Street (or P.O. Box) City State Zip Code
4. Phone Number: 714.981-3500 714.981.3500 —
Home Work Other
5. Name and address where correspondence should be sent (if different from above):
Manuel T. Camarena 32315 Saint Michel Ln, CA 92591-5911
Name Street (or P.O. Box) City State Zip Code

CLAIM INFORMATION

6. Exact date (including year) of the accident/incident/loss: 9/10/2024
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):
South Side of 32770 Orinda Hwy Lake Elsinore, CA 92530
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:
Air Port fire on 9/10/2024 started by the County of Orange Construction Crew. Our Lot was burnt to the ground leaving all our property in ruins. The County of Orange is 100% at fault for my losses.

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:

my loss is my R-350 Ford Truck 79' loaded
with all of my Construction Equipment burnt
to the ground leaving nothing to salvage

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

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

13. Name, address and phone number of any and all witnesses known: not known

14. Any additional information that may assist us in evaluating your claim: I Also have
not been work in my Construction Trade Since the
loss of my Truck and Equipment

DAMAGES CLAIMED

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

Amount claimed to present:

\$ 4,000.00 wages

Estimated amount of any prospective damage/injury/loss: \$ 35,000 Truck/Equip.

TOTAL AMOUNT CLAIMED:

\$ 39,000

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

Check one: Yes ☒ No ☐

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

\$ 25,000 Truck Loss \$10,000 Equipment
Loss

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]
Signature of Claimant/Claimant's Representative

9/15/2024
Date

THIS CLAIM FORM MUST BE SIGNED!!

C

Mr Manny Camarena
34145 Pacific Coast Hwy
Dana Point, CA 92629

SN BERNARDINO CA 923

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

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