

9. Jail Booking Number: N/A Police Agency/Report Number: Unknown

10. Describe the damage/injury/loss incurred so far as is known as of the time of this claim:

Please see attached Exhibit A.

11. Name(s) of County employee(s) causing damage/injury/loss, if known: The OCPW
 employees' exact names are unknown at this time.

12. License number of County vehicle (if applicable): Unknown at this time.

13. Name, address and phone number of any and all witnesses known: Unknown at this
 time. Upon information and belief, the OCPW employees on the scene witnessed the ignition
 of the fire. Claimant is also a witness to his/her own damages from the fire.

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: \$ _____

TOTAL AMOUNT CLAIMED: \$ _____

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):

The basis of computation is the claimant's damages under California law, which are the
 costs to restore the claimant's property to its pre-fire condition, including but not limited to
 rebuilding structures, restoring land and vegetation, replacing personal property, and
 compensating claimants for loss of use of their property, loss of income, and any emotional
 distress, annoyance, or discomfort caused by the fire.

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

11-04-2024
Date

THIS CLAIM FORM MUST BE SIGNED!!

EXHIBIT A

Claimant Name: _____

Loss Address: _____

10. Describe the damage/injury/loss incurred so far as is known as of the time of this claim:

Claimant's assessment of damage caused by the Airport Fire is still ongoing, and losses will continue to accrue as a result of the fire. Claimant reserves the right to identify additional categories of damage as his/her investigation continues, and to add any such damages to his/her claim against Orange County. Subject to the above, Claimant identifies the following categories of damages caused by the Airport Fire:

Damages Sustained by Claimant

- Dwelling Structure – Damaged or Destroyed
- Other Structures – Damaged or Destroyed
- Property Infrastructure – Damaged or Destroyed
- Trees & Vegetation – Damaged or Destroyed
- Land/Erosion Damage
- Smoke, Soot & Ash Damage
- Personal Property – Damaged or Destroyed
- Evacuation Expenses
- Loss of Use / Alternative Living Expenses
- Lost Income
- Business Losses
- Emotional Distress
- Mental Anguish, Annoyance, Discomfort
- Personal Injury
- Inverse Condemnation Prejudgment Interest/Attorney Fees/Costs