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OCT 09 2024
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**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: Lemonade Insurance Company, c/o Zach Marks, Esq. 2. Date of Birth: _____
3. Claimant's Address: 5 Crosby St, 3rd Floor, New York, NY 10013
Street (or P.O. Box) City State Zip Code
4. Phone Number: _____ 310-525-3592 (for attorney Zach Marks)
Home Work Other
5. Name and address where correspondence should be sent (if different from above):
Zach Marks, Esq., 1900 Avenue of the Stars #300, Los Angeles, CA 90067
Name Street (or P.O. Box) City State Zip Code
↳ email: zmarks@dt-law.com

CLAIM INFORMATION

6. Exact date (including year) of the accident/incident/loss: September 9, 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):
Trabuco Canyon and Rose Canyon
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 OC Public Works Dept. sparked a wild fire (known as the "Airport Wild fire") while moving large boulders. Claimant Lemonade Ins. Co. is an insurance company who insured real property that was damaged by fire + smoke from this wild fire.

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9. Jail Booking Number: NA Police Agency/Report Number: NA

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

Fire and smoke from the Airport Wild fire caused damage to real property insured by the Claimant

11. Name(s) of County employee(s) causing damage/injury/loss, if known: Unknown employees of the OC Public Works Department

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

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 is a subrogation claim. The claimant is Lemonade Insurance Company, c/o its attorney, Zach Marks, Esq.

DAMAGES CLAIMED

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

Amount claimed to present: \$ Unknown at this time

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

TOTAL AMOUNT CLAIMED: \$ Unknown

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$25,000 or less)?

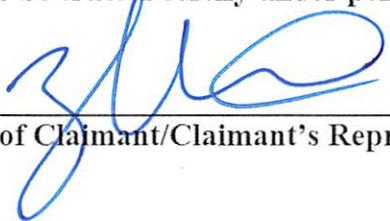
Check one: Yes No

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

Damages are still being determined

**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

10/7/2024
Date

THIS CLAIM FORM MUST BE SIGNED!!

Denenberg Tuffley PLLC
1900 Avenue of the Stars, Suite 300
Los Angeles, CA 90067

CERTIFIED MAIL



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