



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

M24-1003
Received by _____ via: *su*
 Mail
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*** COB-USE ONLY ***

2024 OCT 10 PM 12:49
RECEIVED
CENTRAL BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS
Initial *su*
Date *10/10/24*
HAND DELIVERED OVER THE COUNTER

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

Phone *714-319-0072*
NUMBER

- Claimant's Name: Johanna Browne 2. Date of Birth: July 29/1954
- Claimant's Address: #12 Holy Jim Cyn., CA Trabuco Cyn, CA 92678
Street (or P.O. Box) City State Zip Code
- Phone Number: 714-319-0072 same same
Home Work Other
- Name and address where correspondence should be sent (if different from above):
Johanna Browne P.O. Box 184 Trabuco Cyn., CA 92678
Name Street (or P.O. Box) City State Zip Code

CLAIM INFORMATION

- Exact date (including year) of the accident/incident/loss: SEPT 9/10/2024
- 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): Along Trabuco Creek Trail Rd at Holy Jim Cyn 3 miles from start of fire, #12 Holy Jim Cyn., Trabuco Cyn., CA 92678
- Describe the circumstances of how the accident/incident/loss occurred including the reason you believe the County of Orange is liable for your damages:
OCPW were doing roadwork, moving bidders with a tractor on a day, very hot day, over 100°. Tractor caught fire, fire travelled up the road to my house 3 to 4 miles away.

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:

Total loss of a custom built home, shed, solar system, personal belongings, ^{chandeliers} antiques + collections, work related items. 45 years of collection, memorie, and family histories restorations, building etc. all was lost through this fire.

11. Name(s) of County employee(s) causing damage/injury/loss, if known: Orange County Public Works Airport Fire, Trabuco Cyn., CA

12. License number of County vehicle (if applicable): not available at this time

13. Name, address and phone number of any and all witnesses known: not available at this time

14. Any additional information that may assist us in evaluating your claim: _____

My entire retirement plans + future have been affected by this loss, and I have lost everything to plan for my future wellbeing. Home cannot be rebuilt in this area. ^{Custom}

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: \$ ~~4~~ _____

TOTAL AMOUNT CLAIMED: \$ 1,800,000.00

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):

HOUSE, TO REBUILD HOUSE, ENTIRE CONTENT + COLLECTIONS REMOVAL OF ASH + BURNED DEBRIC. PLEASE CONTACT ME FOR OTHER PAPERWORK I DO NOT KNOW THE SCOPE OF CLEAN UP FEES + OTHER FEES RECEIPT, VALUATIONS GATHERING ALL WORK + VALUATIONS + RECEIPTS + PRICE TO REBUILD SOME OTHERS ELSE

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.

Johanna Browne
Signature of Claimant/Claimant's Representative

October 4/2024
Date

THIS CLAIM FORM MUST BE SIGNED!!

Johanna Browne
P.O. Box 184
Trabuco Cyn., CA
92678

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