



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.  

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**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

  11-04-2024    
\_\_\_\_\_  
Date

**THIS CLAIM FORM MUST BE SIGNED!!**

