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*** COB USE ONLY***

**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: _____ 2. Date of Birth: 12/28/2021

3. Claimant's Address: _____
Street (or P.O. Box) City State Zip Code

4. Phone Number: To be contacted solely through counsel at Fox Law, APC (858) 256-7616
Home Work Other

5. Name and address where correspondence should be sent (if different from above):

Fox Law, APC 201 Lomas Santa Fe Drive, Suite 420 Solana Beach, CA 92075
Name Street (or P.O. Box) City State Zip Code

CLAIM INFORMATION

6. Exact date (including year) of the accident/incident/loss: On or about 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): The incident was the Airport Fire, which ignited near Trabuco Canyon Road.

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: Upon information and belief, Orange County Public Works employees were negligently moving rock boulders with heavy machinery, in high fire risk conditions with inadequate fire suppression tools, on or about September 9, 2024. A spark ignited and caused the Airport Fire. The Airport Fire spread and burned over 23,000 acres and damaged claimant's property.

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 of Claimant/Claimant's Representative

11-04-2024

Date

THIS CLAIM FORM MUST BE SIGNED!!

EXHIBIT A

Claimant Name: [REDACTED]

Loss Address: [REDACTED]

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

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