M24-1184
BA

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

<u>Completed and signed forms must be mailed or delivered to:</u> 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:** Marissa Watt   2. **Date of Birth:** ---

3. **Claimant's Address:** 32443 and 32470 Ortega Highway, Lake Elsinore CA 92530
   Street (or P.O. Box)   City   State   Zip Code

4. **Phone Number:** ----   ---   (619) 531-8700
   Home   Work   Other

5. **Name and address where correspondence should be sent (if different from above):**
   Adler Law Group, APLC, 402 W. Broadway, Suite 810, San Diego, CA 92101
   Name   Street (or P.O. Box)   City   State   Zip Code

CLAIM INFORMATION

6. **Exact date (including year) of the accident/incident/loss:** September 9 - October 5, 2024, approximately

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):**
   On September 9, 2024, a wildfire ignited in the Trabuco Canyon area that burned over 23,000 acres in Orange and Riverside Counties

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:**
   On September 9, 2024, in the Trabuco Canyon area, workers for the Orange County Public Works ignited a wildfire

   that burned over 23,000 acres in Orange County and Riverside County, destroying and damaging homes, structures,

   trees, possessions, personal property and causing personal injuries. Thousands of people were evacuated.

   The "Airport Fire" caused damage to Claimant.

Revised 1/24

9. Jail Booking Number: _____n/a_____ Police Agency/Report Number: _____n/a_____

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

   Damage to real property, personal property, agricultural, alternative living expenses, lost income,

   loss of use, non-economic damages, personal injury, attorneys fees and costs, prejudgment interest, and other harm, as applicable.

   Damages are ongoing.

11. **Name(s) of County employee(s) causing damage/injury/loss, if known:** _____

   Employees or agents of the Orange County Public Works are reported to have started the fire. Names not currently known.

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.

14. **Any additional information that may assist us in evaluating your claim:** n/a

   _____

   _____

DAMAGES CLAIMED

15. **a. If the amount claimed is <u>less than</u> $10,000:**
   Amount claimed to present: $ n/a

   Estimated amount of any prospective damage/injury/loss: $_____

   TOTAL AMOUNT CLAIMED: $_____

   b. If the amount claimed <u>exceeds</u> $10,000, would the case be a limited civil case ($35,000 or less)?
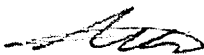   **Check one: Yes _____ No _X_**

   c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): Damage to real property, personal property, agricultural, alternative living expenses, lost income,

   loss of use, non-economic damages, personal injury, attorneys fees and costs, prejudgment interest, and other harm, as applicable.

   Damages are ongoing.

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.

_____   October 30, 2024
Signature of Claimant/Claimant's Representative   **Date**

THIS CLAIM FORM <u>MUST</u> BE SIGNED!!