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M24-1203AS

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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: Yong KIM 2. Date of Birth: 09/19/1972
3. Claimant's Address: 26429 Rancho Pkwy S. Ste 130, Lake Forest, CA 92630
Street (or P.O. Box) City State Zip Code
4. Phone Number: 213-820-2399 714-660-0700 _____
Home Work Other
5. Name and address where correspondence should be sent (if different from above):

Name	Street (or P.O. Box)	City	State	Zip Code
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CLAIM INFORMATION

6. Exact date (including year) of the accident/incident/loss: 09/09/2024 - 10/05/2024 (26 days)
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 & Rose Canyon - Trabuco Creek Rd (Airport Fire)

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:

As a business owner/ property owner under flagged zone due to Airport fire. I had to live under constant fear that my property and business & assets within my business could burn down any second. I also had to pay my employees during this duration b/c they could not enter the zone & inhale the fire during their working time. I also looked into relocation during this period of time.

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:

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

12. License number of County vehicle (if applicable): _____

13. Name, address and phone number of any and all witnesses known: _____

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: \$ 10,000

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): * Fear/emotional stress of burny down my Business/property & assets
* Not letting my employees report to work yet paid them
* Inhaling fire Air for 26 days
* living through the circumstances constant fear for 26 days

**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

10/30/24
Date

THIS CLAIM FORM MUST BE SIGNED!!

Yong KIM

26429 Rancho Pkwy S. Ste 130
Lake Forest, CA 92630

SANTA ANA CA 926

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92701-452100

