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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: Do Yeon Lee 2. Date of Birth: 08/18/1995
- 3. Claimant's Address: 28406 Boulder Dr, Trabuco Canyon, CA 92679
Street (or P.O. Box) City State Zip Code
- 4. Phone Number: 213-503-5613
Home Work Other
- 5. Name and address where correspondence should be sent (if different from above):
Do Yeon Lee 28406 Boulder Dr, Trabuco Canyon, CA 92679
Name Street (or P.O. Box) City State Zip Code

CLAIM INFORMATION

- 6. Exact date (including year) of the accident/incident/loss: 9/9/2024 - 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~~ Creek Rd
Trabuco Canyon & Rose Canyon, Trabuco Canyon (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:

Due to the Human caused airport fire, Me and my neighbor were inhaling fire, burning smell for 26 days & inhaling the air to sleep.

Constantly, My family and I had to live scared that our house might burn down. Constant panic & worry. I had to look for alternative living situations due to burning air & fire coming near my home / neighborhood

Revised 8/22
temporary Panic, mental Health concern
A lot of lost, missing work, alternative living cost, food, were spent unexpectedly during the airport fire. Surrounded by fire during sleep.
Emotional distress, Risking my life being By fire sleep.

10. Describe the damage to the property of the Board of Directors of the company as a result of the actions of the Board of Directors.

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

Had to pay my relatives for sudden & temporary living situations & had to

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): * Alternative living situations

watch the bunny in front of my eyes at my home

<i>* food</i>	<i>-</i>	<i>\$ 10,000</i>
<i>* Emotional distress</i>	<i>-</i>	<i>* living through constant fear</i>
<i>* inhaling fire air for 26 days</i>	<i>-</i>	<i>for 26 days</i>
<i>* cleaning after fire residue</i>	<i>-</i>	<i>I had to miss work some days to watch fire & my family & home safety</i>

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!!

Do Yeon Lee
28406 Boulder Dr.
Trabuco canyon, CA 92679

SANTA ANA CA 926
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400 W. CIVIC CENTER DRIVE, 6th Floor
Santa Ana, CA 92701

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