



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

M24-95608
RECEIVED
CLERK OF THE BOARD
via
SEP 23 2024

Received by _____
 Mail
 Over the Counter
 Pony Mail
 Other *** COB USE ONLY***

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: Bob + Sharon Dewert 2. Date of Birth: 506-10-4-58
4-9-53-17-59
3. Claimant's Address: 20532 Porter Ranch rd Trabuco Ca 92675
Street (or P.O. Box) City State Zip Code
4. Phone Number: 949-351-6040 (Home) (Bob) 949-351-2519 (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

CLAIM INFORMATION

6. Exact date (including year) of the accident/incident/loss: 9/9/24
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): ZONES - ELCO1, ORTO1, SM103
(Airport Fire) - 20532 Porter Ranch rd (Robinson Ranch)

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:
The Airport fire started directly behind our house - The fire department and Sheriff dept entered our backyard and told us we needed to evacuate immediately. They brought fire hoses in and were stationed in our backyard for 4 days

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:

\$ 1121.55

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

TOTAL AMOUNT CLAIMED:

\$ 1121.55

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$35,000 or less)?

Check one: Yes _____ No _____

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): _____

**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.

Marron Dewert
Signature of Claimant/Claimant's Representative

9/21/24
Date

THIS CLAIM FORM MUST BE SIGNED!!

SPRINGHILL SUITES®
BY MARRIOTT

SPRINGHILL SUITES BY MARRIOTT® / SAN DIEGO CARLSBAD
3136 Carlsbad Blvd, Carlsbad, Ca 92008 P 442.333.9892
springhillsuites.com

Robert/Mr Dewert
20532 Porter Ranch Rd
Trabuco Cyn CA 92679-3371

Room: 310
Room Type: QQST
Number of Guests: 2
Rate: \$246.00 Clerk: IVA

Arrive: 11Sep24 Time: 02:40PM Depart: 12Sep24 Time: 02:30PM Folio Number: 85318

DATE	DESCRIPTION	CHARGES	CREDITS
11Sep24	Room Charge	246.00	
11Sep24	Occupancy Sales Tax	24.60	
11Sep24	State Occupancy Tax	0.54	
11Sep24	Convention and Tourism Tax	4.92	
11Sep24	Garage Parking	20.00	
12Sep24	Miscellaneous Charge	75.00	
		BALANCE:	371.06

Marriott Bonvoy Account # XXXXX8635. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

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COURTYARD®

BY MARRIOTT

Courtyard by Marriott® San Diego Carlsbad
 5835 Owens Avenue, Carlsbad Ca 92008 P 760.431.9399
 Marriott.com/SANCS

Robert/Mr Dewert
 20532 Porter Ranch Rd
 Trabuco Cyn CA 92679-3371
 Business

Room: 303
 Room Type: QNQN
 Number of Guests: 2
 Rate: \$179.00
 Clerk: AUQ

Arrive: 10Sep24 Time: 04:41PM Depart: 11Sep24 Time: 12:44PM Folio Number: 98399

DATE	DESCRIPTION	CHARGES	CREDITS
10Sep24	Room Charge	179.00	
10Sep24	Room Tax	17.90	
10Sep24	Visitor Assessment Fee	3.58	
10Sep24	Ca Tourism Assessment	0.36	
11Sep24	Restaurant Room Charge	51.98	
11Sep24	Visa		252.82

Card #: VXXXXXXXXXXXXXXXXX3280/XXXX
 Card Type: VISA Card Entry: CHIP Approval Code: 03610D App
 Label: VISA CREDIT AID: A0000000031010

BALANCE: 0.00

Marriott Bonvoy Account # XXXXX8635. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

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LAGUNA CLIFFS RESORT AND SPA

GUEST FOLIO

208 DEWERT/ROBERT/MR 381.65 09/10/24 13:58 49585
 ROOM NAME RATE DEPART TIME ACCT#
 KPOB 20532 PORTER RANCH R 09/09/24 21:02
 TYPE TRABUCO CYN CA 926793371 ARRIVE TIME
 161 PASSPORT: S175
 ROOM VSXXXXXXXXXXXX3280
 CLERK ADDRESS PAYMENT MBV#: XXXXX8635

DATE	REFERENCES	CHARGES -	CREDITS	BALANCES DUE
09/09	SELFPRK	PARKING	52.00	
09/09	CALTRTX	PARKING	.10	
09/09	ROOM	208, 1	381.65	
09/09	ROOM TAX	208, 1	38.17	
09/09	CALTRTX	208, 1	.75	
09/09	DPTBID	208, 1	5.00	
09/10	RESTRANT	1221 208	20.00	
09/10	CCARD-VS			497.67
	SETTLED TO: VISA XXXXXXXXXXXXXXX3280			.00

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LAGUNA CLIFFS RESORT AND SPA
25135 PARK LANTERN
DANA POINT CA 92629

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

12:55

5G+ 47

WATCH DUTY



Airport Fire

Orange & Riverside Counties

NOTIFICATIONS ON

Share Incident

● Evacuation Order - Level 3 - Go

Orange County:

A Zones: ELC01, ORT01, & RSM03, including the areas of:

- Ortega Highway, San Juan Springs, Caspers Park, Quest Diagnostics, Lazy W & Campgrounds.
- Robinson Ranch HOA
- Trabuco Highlands HOA
- Trabuco Highland Apartment Complex
- The areas of Caspers Wilderness Park and Blue Jay campground on Hwy 74 (Ortega Highway)



Watch Duty App
Receive Real-time Alerts

★★★★★ 4.8

Get



WATCH DUTY



Airport Fire



Orange County, CA

Created by Watch Duty • Sep 9, 2024 at 1:16 PM

Share Incident

● Evacuation Order - Level 3 - Go

An evacuation order has been issued for residences near:

- Robinson Ranch HOA
- Trabuco Highlands HOA
- Trabuco Highland Apartment Complex

● Evacuation Warning - Level 2 - Set



CERTIFIED MAIL

Retail



7022 2410 0002 9862 3576



92701

RDC 99

U.S. POSTAGE PAID
FCM LETTER
RANCHO SANTA
MARGARITA, CA 92701
SEP 21, 2024

\$9.96

R2305M143708-10

Dave A
20532 Portes Ranch Rd
Trabuco Canyon CA
92679

**RETURN RECEIPT
REQUESTED**

RECEIVED
CLERK OF THE BOARD

SEP 23 2024

Clerk of the Board of Supervisors
400 W. Civic Center Dr 6th Floor
Santa Ana, CA
92701

RECEIVED SEP 23 2024

92701\$4521 C009



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT