

**Acuna, Sonia**

*email sa*  
RECEIVED  
CLERK OF THE BOARD  
OCT 25 2024

**From:** COB\_Response  
**Sent:** Monday, October 28, 2024 7:31 AM  
**To:** Acevedo, Benjamin; Saroya, Ashley; Esquivel, Alessandra; Acuna, Sonia  
**Subject:** FW: Claim number: 20240873/ AAA Claim number: 016707005  
**Attachments:** signed cover letter.pdf; signed claim form OC.pdf; adjuster notes 2.pdf

**Please process attached claim**

**From:** Pate.LaKaisha <Pate.LaKaisha@ace.aaa.com>  
**Sent:** Friday, October 25, 2024 10:53 AM  
**To:** COB\_Response <COB.Response@ocgov.com>  
**Subject:** Claim number: 20240873/ AAA Claim number: 016707005

**Attention:** This email originated from outside the County of Orange. Use caution when opening attachments or links.

Sincerely,

LaKaisha Pate, AINS  
Subrogation Claims  
Office 469-221-7361  
Toll Free (888) 896-9962 ext. 2217361 Fax: 972-630-7758  
Manager: Robert Lemke Phone Number 469-221-2364  
Email address: [Pate.LaKaisha@ace.aaa.com](mailto:Pate.LaKaisha@ace.aaa.com)  
*"We're always with you"*  
Interinsurance Exchange of the Automobile Club

[View claim details](#)



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

**RECEIVED**  
**CLERK OF THE BOARD**

Received by \_\_\_\_\_ Via \_\_\_\_\_

☐ Mail

☐ Over the Counter

☐ Pony Mail

☒ Other *email* **\*\*\* COB USE ONLY\*\*\***

**OCT 25 2024**

**Completed and signed forms must be mailed or delivered to:** Clerk of the Board of Supervisors  
400 W. Civic Center Drive, 6<sup>th</sup> 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: Interinsurance Exchange of the Automobile Club
2. Date of Birth: \_\_\_\_\_
3. Claimant's Address: P O Box 25024 Santa Ana, CA 92799
- Street (or P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Phone Number: 469-221-7361
- 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 \_\_\_\_\_

**CLAIM INFORMATION**

6. Exact date (including year) of the accident/incident/loss: 09/09/2024
7. Exact location of the accident/incident/loss (Be as specific as possible; Example: On the southeast corner of 6<sup>th</sup> and Broadway in the City of Santa Ana):  
32929 Pacifica Pl Lake Elsinore, CA 92530
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:  
AAA's policyholder's home is the area of wildfire. The wildfire was started by County Public works.  
AAA's policyholder suffered smoke damage.

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: \_\_\_\_\_

n/a

\_\_\_\_\_

**DAMAGES CLAIMED**

15. a. If the amount claimed is less than \$10,000:

Amount claimed to present: \$2,200.40

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

\$2,200.40

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 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

DocuSigned by:

Lakaisha Pate

93FEAE2805BD4A0...

10/1/2024

Signature of Claimant/Claimant's Representative

Date

**THIS CLAIM FORM MUST BE SIGNED!!**





## Interinsurance Exchange of the Automobile Club

PO BOX 9023, Coppell, TX 75019

October 1, 2024

### INITIAL DEMAND

ORANGE COUNTY PUBLIC WORK  
400 W CIVIC CENTER DRIVE, 6TH FLOOR  
SANTA ANA CA 92701

RE: Insured : Jeffrey Foy  
Claim Number : 016707005  
Date of Loss : 09/09/2024  
Type of Loss : Property

Dear Orange County Public Work:

The Interinsurance Exchange of the Automobile Club has a claim against your company resulting from the loss that has occurred on the above date. The claim consists of:

DWEL - Dwelling	\$1360.40
LOU - Loss of Use	\$840.00
DEDUCTIBLE	\$1000.00
<b>TOTAL DUE</b>	<b>\$3200.40</b>

Enclosed are the necessary documents to support our subrogation claim:

- Estimate(s)
- Photos
- Proof of payment(s)

**To ensure timely and prompt credit to the claim, please note our Claim Number and Date of Loss on your payment, and forward to:**

Interinsurance Exchange of the Automobile Club  
016707005  
Corporate Cashiering, Mail Stop A118,  
PO Box 25024  
Santa Ana, CA 92799

Should you have any questions or need additional information regarding this matter, do not hesitate to contact the undersigned.

Thank you in advance for your prompt attention to this matter.

October 1, 2024

Page 2 of 2

Claim Number: 016707005

Sincerely,

DocuSigned by:

  
93FEAE2005BB4A0...

LaKaisha Pate

Claims Service Representative 3 - Subrogation Home

Phone No: 469-221-7361

Fax No: 972-630-7758

Email Address: [pate.laKaisha@ace.aaa.com](mailto:pate.laKaisha@ace.aaa.com)

**By:** Rosa Figueroa  
**Topic:** Management  
**Related To:** 016707005  
**Subject:**

Sep 30, 2024 1:57 PM  
**Confidential:** No

Smoke loss due to Airport fire.

FPE inspection found

FPE inspection of interior and exterior found ash in opening and hardscapes. insured advised they could smell smoke through HVAC vents.

Covered claim bases on inspection findings

Cleaning and ozone recommendations for faint smell in the home. Insured's children are asthmatic.  
LOU while home for Ozone

agree to resolve based on csc/fpe estimate of repairs

No prior losses

\$2,360.40  
(\$1,000) ded

-----  
\$1,360.40 DW  
(\$840) 2 days of LOU within guideline. 2 hotel rooms \$165 for 2 days and meals

-----  
\$2,200.40

Meals  
\$30 x 6= \$180

Hotel  
\$165 x 2rooms= \$330 per day x 2days= \$660