

email sa

RECEIVED
CLERK OF THE BOARD

OCT 25 2024

Acuna, Sonia

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
"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 by CLERK OF THE BOARD **RECEIVED**
via **OCT 25 2024**
 Mail
 Over the Counter
 Pony Mail
 Other *email sa* ***** 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: 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 6th 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: \$ _____

TOTAL AMOUNT CLAIMED: \$ \$2,200.40

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

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Signature of Claimant/Claimant's Representative

10/1/2024

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
TOTAL DUE	\$3200.40

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

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