



CSAA Insurance Exchange
P.O. Box 24523
Oakland, CA 94623-1523

Report of Stolen, Embezzled or Burned Vehicle

The purpose of the following statement is to file my claim with the CSAA Insurance Exchange for loss under the circumstances as described below.

INSURED ESTELLA ORTEZA		
CLAIM NUMBER 1004-46-0473	EXPOSURE 1	COVERAGE CPR

INSURED ADDRESS 3262 Floresta Dr CA		CITY: San Jose STATE: CA	
ZIP CODE 95148	RESIDENCE PHONE NO. (408) 674-5964	BUSINESS PHONE NO. (---) --- - ---	POLICY EFFECTIVE DATE
TYPE <input checked="" type="checkbox"/> Theft <input type="checkbox"/> Embezzlement <input type="checkbox"/> Fire	DATE OF LOSS 11/18/21	HOUR 11:40 PM	LOCATION OF LOSS (STREET & CITY) 10th & San Antonio St., San Jose
INSURED NAME OF REGISTERED OWNER Ralph Orteza		ADDRESS 3262 Floresta Dr	AGE 26
MAKE Mazda	MODEL MX-5 Miata	YEAR 2002	BODY TYPE 2dr 2 door
LICENSE NO. F5165816	STATE CA	EXPIRES (MONTH/YEAR) 02/2022	COLOR INTERIOR Blk & Beige
LIEN HOLDER		COLOR EXTERIOR White	APPROX. MILEAGE 95000
PHONE (---) --- - ---		COMPLETE VEHICLE IDENTIFICATION NO.	
ACCOUNT NO.			
BALANCE DUE \$	MONTHLY PAYMENT \$	CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PURCHASED FROM		ADDRESS	PURCHASE DATE
PURCHASE PRICE \$	DOWN PAYMENT \$	<input type="checkbox"/> CASH <input type="checkbox"/> TRADE	AMOUNT ALLOWED FOR VEH. TRADED \$
THE FOLLOWING PERSON(S) HAD PERMISSION TO DRIVE THIS CAR AT TIME OF LOSS (IF NONE, STATE)			OTHER PROPERTY DAMAGED
NAME	ADDRESS	PHONE NUMBER	AGE
		(---) --- - ---	
		(---) --- - ---	
		(---) --- - ---	
		(---) --- - ---	

I HAVE 3 SET OF KEYS FOR THIS VEHICLE. THEY ARE LOCATED

1) 3262 Floresta Dr 2) 3262 Floresta Dr 3) 3262 Floresta Dr

MY CAR HAD THE FOLLOWING EQUIPMENT

LAST MECHANICAL REPAIR

Date:


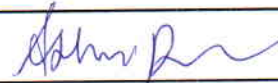
Place:

Cost: \$

LAST SERVICE

Date:	Place:	Cost: \$		
POLICE OR FIRE DEPARTMENT <u>Santa Clara Police Dept</u>	REPORTED BY <u>Duagner #4211</u>	DEPT. AND REPORT NO. <u>21-322-1013</u>	DATE <u>11/18/2021</u>	TIME <u>11:59 pm</u>
CAR LOCKED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WINDOWS CLOSED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OLD DAMAGE <u>N/A</u>		
LOSS DETAILS:				
CIRCUMSTANCES OF LOSS				

I declare under penalty of perjury, under the laws of the State of California, that the foregoing information is true and correct to the best of my knowledge and belief.

	<u>11/14/2021</u>		<u>11/19/2021</u>
INSURED'S SIGNATURE	DATE	WITNESSED	DATE

DRIVER'S LICENSE NO. <u>FS765816</u>	Please Print Witness Name: <u>ASHANA PATEL</u>
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IMPORTANT - READ OTHER PAGE BEFORE SIGNING

For your protection California law requires the following to appear on this form: "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

STATE OF CALIFORNIA)
COUNTY OF Santa Clara) ss.

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)