

EMAIL MEETING OF THE TRINIDAD AMBULANCE DISTRICT BOARD OF DIRECTORS

DATE: December 18, 2018

Emailed: Kathy Bueno
Derek Navarette
Joseph Martinez
James Casias
Nick Mattorano

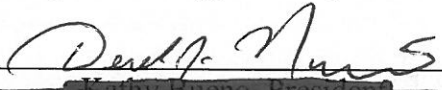
SUBJECT

DISCUSSION

EMAIL DOCUMENTATION ATTACHED

1. Email communication (attached) was provided to the Board of Directors on December 18, 2018 requesting a vote on whether or not to issue a one-time disbursement of \$10,000 Line of Duty Death Benefit to Ed Moreno as the beneficiary to Matthew Moreno's estate.
2. By quorum vote of yes, Nick Mattorano, James Casias, Kathy Bueno and Derek Navarette approved a one-time disbursement of \$10,000 Line of Duty Death Benefit to Ed Moreno, Matthew Moreno's beneficiary. No response was received from Joseph Martinez.

Email correspondence approved by Trinidad Ambulance District Board of Directors.



Derek Navarette, Vice President Presiding

1/30/19
Date

From: Barbara Fisk

To: "DNavarette@tadems.com"; "JCasias@tadems.com"; "Joseph Martinez (J.Martinez@tadems.com)"; "KBueno@tadems.com"; "NMattorano@tadems.com"

Cc: "dan.m@tadems.com"

Subject: TAD Please Respond

Date: Tuesday, December 18, 2018

12:05:00 PM Attachments: [Line of Duty Death Endorsement.pdf](#)

Importance: High

Sensitivity: Confidential

Please Respond To This Email ASAP. Thank you.

Good Morning,

Trinidad Ambulance District carries a Line of Duty Accidental Death Benefit endorsement through VFIS for \$10,000 each person (see attached document). The endorsement is a reimbursement of payment that would be made to Matt's family. I have spoken with our VFIS representative and there is no concern regarding the issuance of reimbursement.

I need everyone to respond to this email with their opinion of the following:

YES to issue a check in the amount of \$10,000 to the Moreno family.

OR

NO do not issue a check in the amount of \$10,000 to the Moreno family.

Thank you for your consideration.

Barbara Fisk

Office Manager

Trinidad Ambulance District

P. O. Box 132 / 939 Robinson Avenue

Trinidad, CO 81082

Office: (719)846-6886

FAX: (719)846-8431

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1. RESPONSE RECEIVED

From: [nick.mattorano](mailto:nick.mattorano@tadems.com)

To: [Barbara Fisk](mailto:Barbara.Fisk@tadems.com); DNavarette@tadems.com; JCasias@tadems.com;
J.Martinez@tadems.com; KBueno@tadems.com;
NMattorano@tadems.com

Cc: dan.m@tadems.com

Subject: Re: TAD Please Respond

Date: Tuesday, December 18, 2018 1:43:50 PM

Sensitivity: Confidential

If there is no issue of reimbursement I say cut the check.

From: Barbara Fisk <barbara.f@tadems.com>

Sent: Tuesday, December 18, 2018 12:05 PM

To: DNavarette@tadems.com; JCasias@tadems.com; 'Joseph Martinez'; KBueno@tadems.com;
NMattorano@tadems.com

Cc: dan.m@tadems.com

Subject: TAD Please Respond

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Good Morning,

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2. RESPONSE RECEIVED

From: jcasias

To: [Barbara Fisk](#)

Subject: Re: FW: TAD Please Respond

Date: Wednesday, December 19, 2018 9:50:38 AM

That's fine
Going ahead and submit it
Jim

Sent via the Samsung Galaxy S8, an AT&T 4G LTE smartphone

----- Original message -----

From: Barbara Fisk <barbara.f@tadems.com>

Date: 12/19/18 8:32 AM (GMT-07:00)

To: JCasias@tadems.com

Subject: FW: TAD Please Respond

Here it is again. It is the actual endorsement stating \$10,000 reimbursement.

Barbara Fisk

Office Manager

Trinidad Ambulance District

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Trinidad, CO 81082

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From: jcasias [mailto:jcasias@tadems.com]
Sent: Tuesday, December 18, 2018 5:05 PM
To: Barbara Fisk <barbara.f@tadems.com>; DNavarette@tadems.com; J.Martinez@tadems.com;
KBueno@tadems.com; NMattorano@tadems.com
Cc: dan.m@tadems.com
Subject: Re: TAD Please Respond

Can't open the attachment

Sent via the Samsung Galaxy S8, an AT&T 4G LTE smartphone

----- Original message -----

From: Barbara Fisk <barbara.f@tadems.com> Date:

12/18/18 12:05 PM (GMT-07:00)

To: DNavarette@tadems.com, JCasias@tadems.com, 'Joseph Martinez'
<J.Martinez@tadems.com>, KBueno@tadems.com, NMattorano@tadems.com Cc:

dan.m@tadems.com

Subject: TAD Please Respond

Please Respond To This Email ASAP. Thank you. Good

Morning,

Trinidad Ambulance District carries a Line of Duty Accidental Death Benefit endorsement through VFIS for \$10,000 each person (see attached document). The endorsement is a reimbursement of payment that would be made to Matt's family. I have spoken with our VFIS representative and there is no concern regarding the issuance of reimbursement.

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NO do not issue a check in the amount of \$10,000 to the Moreno family.

Thank you for your consideration.

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3. RESPONSE RECEIVED

From: Kathy Bueno

To: [Barbara Fisk](mailto:Barbara.Fisk@tadems.com); DNavarette@tadems.com; JCasias@tadems.com; J.Martinez@tadems.com; NMattorano@tadems.com

Cc: dan.m@tadems.com

Subject: Re: TAD Please Respond

Date: Friday, December 21, 2018 8:02:47 AM

Yes to check for Moreno family. Kbueno

On December 18, 2018 at 2:05 PM Barbara Fisk <barbara.f@tadems.com> wrote:

Please Respond To This Email ASAP. Thank you. Good

Morning,

Trinidad Ambulance District carries a Line of Duty Accidental Death Benefit endorsement through VFIS for \$10,000 each person (see attached document). The endorsement is a reimbursement of payment that would be made to Matt's family. I have spoken with our VFIS representative and there is no concern regarding the issuance of reimbursement.

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Thank you for your consideration. Barbara

Fisk

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4. RESPONSE RECEIVED

From: [Derek Navarette](#)

To: [Barbara Fisk](#); DNavarette@tadems.com; JCasias@tadems.com; J.Martinez@tadems.com; KBueno@tadems.com; NMattorano@tadems.com

Subject: Re: TAD Please Respond

Date: Thursday, December 20, 2018 5:58:35 PM

Yes for the check Sent from my iPhone

On Dec 18, 2018, at 12:05 PM, Barbara Fisk <barbara.f@tadems.com> wrote:
Please Respond To This Email ASAP. Thank you.

Good Morning,

Trinidad Ambulance District carries a Line of Duty Accidental Death Benefit endorsement through VFIS for \$10,000 each person (see attached document). The endorsement is a reimbursement of payment that would be made to Matt's family. I have spoken with our VFIS representative and there is no concern regarding the issuance of reimbursement.

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TRINIDAD AMBULANCE DISTRICT

939 Robinson Ave • P.O. Box 132 • Trinidad, CO 81082



December 19, 2018

Glatfelter Claims Management, Inc.
Attn: Mr. Eric Stuber, Sr. Liability Representative
P. O. Box 5126
York, PA 17405

RE: COTR18120647-00001
Line of Duty Death Benefit Reimbursement

Dear Mr. Stuber,

The community of Las Animas County has lost a valued first responder, friend and father. Matthew Troy Moreno was not only an EMT and past Board Director with Trinidad Ambulance District (District) but also a Las Animas County Sheriff Deputy, Joint Tactical Force Member and Hoehne Volunteer Fire Fighter. As we are a small community, people like Matt often hold multiple titles, duties and responsibilities all of which are called upon at each call response.

While on duty December 12, 2018, Matt was dispatched to a domestic violence call. Tragically a motor vehicle accident took his life on the way to the call.

Matt leaves behind three young children for whom the District is dedicated to helping provide future financial security.

Sincerely,

Barbara Fisk
Office Manager

FILE COPY OF DEATH CERTIFICATE

This is not a legal document.To be used for administrative purposes only.

STATE FILE NUMBER

1052018037152

DECEDENT'S LEGAL NAME(Include AKA's if any) (First, Middle,Last) MATTHEW TROY MORENO MATTHEW T MORENO, MATTHEW MORENO,							DATE OF DEATH 12/12/2018	
SEX MALE	SOCIAL SECURITY NUMBER 523-55-9502	AGE-Last Birthday (Years) 37	UNDER 1 YEAR Months Days Minutes Hours		DATE OF BIRTH (MO/Day/Yr) 06/15/1981	BIRTHPLACE (State or Foreign Country) COLORADO		
IF DEATH OCCURRED IN HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input checked="" type="checkbox"/> Dead on arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):					
Facility Name (If not institution give Street & number) MT SAN RAFAEL HOSPITAL				CITY,TOWN OR LOCATION OF DEATH TRINIDAD		COUNTY OF DEATH LAS ANIMAS		
RESIDENCE - STREET AND NUMBER 20755 COUNTY RD. 83.3						APT. NO.	ZIP CODE 81082-	IS INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESIDENCE -STATE COLORADO		COUNTY LAS ANIMAS				CITY OR TOWN TRINIDAD		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of woking life. Do not use retired) DEPUTY SHERIFF					KIND OF BUSINESS/INDUSTRY LAW ENFORCEMENT		DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED	
DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO					DECEDENT'S RACE WHITE			
EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Civil Union <input type="checkbox"/> Unknown			SPOUSE/PARTNER NAME (If wife give name prior to first marriage)			
FATHER'S NAME PRIOR TO FIRST MARRIAGE EDWARD MORENO					MOTHER'S NAME PRIOR TO FIRST MARRIAGE CHRISTY DAGNILLO			
INFORMANT NAME EDWARD MORENO					RELATIONSHIP TO DECEDENT FATHER			
NAME OF FUNERAL HOME MONTGOMERY & STEWARD FUNERAL DIRECTORS, INC.					CITY AND STATE OF FUNERAL HOME PUEBLO COLORADO		WAS CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE OF FUNERAL DIRECTOR GERRY MONTGOMERY					DATE OF FUNERAL DIRECTOR SIGNATURE 12/18/2018			
METHOD OF DISPOSITION <input type="checkbox"/> Burial -Cemetery <input type="checkbox"/> Burial-Private Land <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Alkaline Hydrolysis <input type="checkbox"/> Removal from State <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Other (Specify):					PLACE OF DISPOSITION(Name of cemetery,crematory or other place) MONTGOMERY & STEWARD CREMATORIUM		LOCATION - CITY,COUNTY, STATE PUEBLO, PUEBLO, COLORADO	
INJURY AT WORK <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IF TRANSPORTATION INJURY SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):			DATE OF INJURY 12/12/2018		TIME OF INJURY EARLY PM	
PLACE OF INJURY STREET / HIGHWAY								
LOCATION OF INJURY(Street & Number, Apt. No., City or Town,County, State,Zip Code) HIGHWAY 12 W HIGHWAY 12 MM 57.5 HIGHWAY S NA TRINIDAD LAS ANIMAS COLORADO 81082-8614								
DESCRIBE HOW INJURY OCCURRED: MULTIPLE MVC								
WAS DECEDENT UNDER HOSPICE CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ACTUAL OR PRESUMED TIME OF DEATH EARLY PM		DATE PRONOUNCED DEAD (MO/DAY/YR) 12/12/2018		TIME PRONOUNCED DEAD 20:56 MILITARY		
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			WAS AN AUTOPSY PERFORMED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown						
CAUSE OF DEATH								
Part 1. IMMEDIATE Cause (Final disease or condition resulting in death)		Enter the chain of events-diseases,injuries or complication- that directly caused the death					Approximate interval:Onset to death	
a		PENDING						
b								
c								
d								
Sequentially list conditions, If any leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)								
PARTII. Enter other significant conditions contributed to death but not resulting in the underlying cause given in PartI								
TITLE. NAME ADDRESS. AND ZIP CODE OF PHYSICIAN							DATE SIGNED	
TITLE. NAME. ADDRESS. AND ZIP CODE OF CORONER COUNTY CORONER DOMINIC A VERQUER,PO BOX 134,TRINIDAD,COLORADO 81082							DATE SIGNED 12/15/2018	

24277

TRINIDAD AMBULANCE DISTRICT

P.O. BOX 132
TRINIDAD, CO 81082
(719) 846-6886



The First National Bank
IN TRINIDAD
100 E MAIN (719) 846-9881
TRINIDAD, COLORADO 81082

82-13/1021

E2Shield® Check Fraud
Protection for Businesses

1/11/2019

PAY TO THE
ORDER OF Ed Moreno

\$ **10,000.00

Ten Thousand and 00/100*****

DOLLARS

MEMO

WITH DEEPEST REGRETS

AUTHORIZED SIGNATURE

⑈024277⑈ ⑆102100138⑆ 04 927 1⑈

TRINIDAD AMBULANCE DISTRICT

24277

Ed Moreno

Date	Type	Reference	Original Amt.	Balance Due	1/11/2019 Discount	Payment
1/4/2019	Bill	COTR18120647-00001	10,000.00	10,000.00		10,000.00
					Check Amount	10,000.00

1001 - FNB Checking WITH DEEPEST REGRETS

10,000.00

TRINIDAD AMBULANCE DISTRICT

24277

Ed Moreno

Date	Type	Reference	Original Amt.	Balance Due	1/11/2019 Discount	Payment
1/4/2019	Bill	COTR18120647-00001	10,000.00	10,000.00		10,000.00
					Check Amount	10,000.00

1001 - FNB Checking WITH DEEPEST REGRETS

10,000.00

Barbara Fisk

From: Barbara Fisk <barbara.f@tadems.com>
Sent: Friday, January 11, 2019 3:56 PM
To: 'Eric J. Stuber'
Subject: RE: RE: RE: RE: COTR18120647-00001 TRINIDAD AMBULANCE DISTRICT
Attachments: COTR18120647-00001.pdf

Happy Friday Eric,
I've attached the check TAD is prepared to release to Mr. Moreno. Do you need anything else from us?

Barbara Fisk

Office Manager
Trinidad Ambulance District
P. O. Box 132 / 939 Robinson Avenue
Trinidad, CO 81082
Office: (719)846-6886
FAX: (719)846-8431

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From: Eric J. Stuber [mailto:estuber@glatfelters.com]
Sent: Friday, January 04, 2019 10:24 AM
To: 'Barbara Fisk' <barbara.f@tadems.com>
Subject: RE: RE: RE: RE: COTR18120647-00001 TRINIDAD AMBULANCE DISTRICT

Barbara,

No, that copy you attached is fine.
The only other thing I need is the documentation of the payment you made so I can issue the check to reimburse that payment.

Thanks,

Eric Stuber, SCLA, AIC, AIS | Sr. Liability Representative
Glatfelter Claims Management, Inc.
P.O. Box 5126 | York, PA 17405
800.233.1957 x 7719 | F: 717.747.7051 | [Email](mailto:estuber@glatfelters.com)

From: Barbara Fisk [mailto:barbara.f@tadems.com]
Sent: Friday, January 04, 2019 12:17 PM
To: Eric J. Stuber
Subject: [EXTERNAL] RE: RE: RE: COTR18120647-00001 TRINIDAD AMBULANCE DISTRICT