

Board Members

Lydia Ball (Chair)
James Sly (Vice-Chair)
Whitney Benzian
Daniel Kuperschmid
Monica Montgomery Steppe
Rafael Perez
Esther C. Sanchez
Steve Vaus
Marni von Wilpert

Ex-Officio Board Members

Ann Fox
Col. R. Erik Herrmann
Michele Perrault

President/CEO

Atif Saeed

Board Meeting Agenda

Thursday, October 1, 2026

9:00 AM

San Diego County Regional Airport Authority
Administration Building
First Floor – Boardroom
2417 McCain Road
San Diego, CA 92101

***Live webcasts of Authority Board meetings can be accessed at
<http://www.san.org/Airport-Authority/Meetings-Agendas/Authority-Board>***

Microsoft Teams Meeting Link

<https://teams.microsoft.com/meet/25106163834813?p=aJRIfwzWvvpWmLv3j6>

Meeting ID: 251 061 638 348 13 Passcode: nt7WL9HU

This Agenda contains a brief general description of each item to be considered. The indication of a recommended action does not indicate what action (if any) may be taken.

Please note that Agenda items may be taken out of order. If comments are made to the Board without prior notice or are not listed on the Agenda, no specific answers or responses should be expected at this meeting pursuant to State law.

Staff Reports and documentation relating to each item of business on the Agenda are on file in the Office of the Authority Clerk Department and are available for public inspection.

This Meeting allows remote participation in accordance with State law.

In Person Participation:

- Submit a Speaker Slip to the Authority Clerk staff before the item is called
- Non-Agenda Public Comment submit Speaker Slip before that Section is called
- Any handouts must be provided to Clerk staff prior to item being called

Remote Participation via Teams on a Computer/Smart Device:

- Register using the Microsoft Teams meeting link at the top of the agenda ***(This will be updated once available)***
- Ensure you are using the most current version of the Teams app or an updated web browser
- Certain functionality may be disabled if the app or browser are not updated
- Click "raise hand" when the item you wish to address is called
- Click "unmute" once you have been called to speak

Remote Participation via Telephone Call:

- Call (619) 737-2396 and enter the Conference ID 285 901 562#
- Dial *9 to raise your hand when you wish to speak on an item
- Dial *6 to unmute once you have been called to speak

All participants (in-person and remote) are expected to engage in a respectful and courteous manner. Any behavior that disrupts the Meeting may result in removal.

The Clerk's office does not accept external flash drives or removable media devices. All presentations must be emailed to clerk@san.org by close of business the day prior to the applicable meeting.

CALL TO ORDER:

PLEDGE OF ALLEGIANCE:

ROLL CALL:

PRESENTATIONS:

REPORTS FROM BOARD COMMITTEES, AD HOC COMMITTEES, AND CITIZEN COMMITTEES AND LIAISONS:

- **AUDIT COMMITTEE:**
Committee Members: Huerta, Newsom (Chair), Montgomery Steppe, Perez, Sanchez, Vaus, Unthank
- **CAPITAL IMPROVEMENT PROGRAM OVERSIGHT COMMITTEE:**
Committee Members: Benzian, Kuperschmid, Perez, Sanchez, von Wilpert (Chair)
- **EXECUTIVE PERSONNEL AND COMPENSATION COMMITTEE:**
Committee Members: Ball (Chair), Sly
- **FINANCE COMMITTEE:**
Committee Members: Kuperschmid, Sly (Chair), von Wilpert

ADVISORY COMMITTEES

- **AUTHORITY ADVISORY COMMITTEE:**
Liaison: Benzian
- **ARTS ADVISORY COMMITTEE:**
Liaison: Benzian

LIAISONS

- **CALTRANS:**
Liaison: Fox

- **INTERGOVERNMENTAL AFFAIRS:**
Liaison: Ball
- **MILITARY AFFAIRS:**
Liaison: Col. Herrmann
- **PORT:**
Liaisons: Kuperschmid, von Wilpert (Primary)
- **WORLD TRADE CENTER:**
Representative: Sly

BOARD REPRESENTATIVES (EXTERNAL)

- **SANDAG BOARD OF DIRECTORS:**
Representatives: Ball (Primary), Sly
- **SANDAG TRANSPORTATION COMMITTEE:**
Representatives: Sanchez (Primary), Perez

CHAIR REPORT:

PRESIDENT/CEO REPORT:

NON-AGENDA PUBLIC COMMENT:

Non-Agenda Public Comment is reserved for members of the public wishing to address the Board on matters for which another opportunity to speak **is not provided on the Agenda**, and which is within the jurisdiction of the Board. Please submit a completed speaker slip to the Authority Clerk. ***Each individual speaker is limited to three (3) minutes. Applicants, groups, and jurisdictions referring items to the Board for action are limited to five (5) minutes.***

Note: Persons wishing to speak on specific items should reserve their comments until the specific item is taken up by the Board.

CONSENT AGENDA (ITEMS 1- 18):

The Consent Agenda contains items that are routine in nature and non-controversial. Some items may be referred by a standing Board Committee or approved as part of the budget process. The matters listed under 'Consent Agenda' may be approved by one motion. Any Board Member may remove an item for separate consideration. Items so removed will be heard before the scheduled New Business Items, unless otherwise directed by the Chair.

1. **APPROVAL OF MINUTES:**
RECOMMENDATION: Approve the Minutes of the September 3, 2026, Regular Meeting.

2. ACCEPTANCE OF BOARD AND COMMITTEE MEMBERS' WRITTEN REPORTS ON THEIR ATTENDANCE AT APPROVED MEETINGS AND PRE-APPROVAL OF ATTENDANCE AT OTHER MEETINGS NOT COVERED BY THE CURRENT RESOLUTION:

RECOMMENDATION: Accept the reports and pre-approve Board Member attendance at other meetings, trainings and events not covered by the current Resolution.

(Office of the Authority Clerk: Annette Fagan Ortiz, Authority Clerk)

3. AWARDED CONTRACTS AND APPROVED CHANGE ORDERS FROM AUGUST 7, 2026, THROUGH SEPTEMBER 2, 2026, AND REAL PROPERTY AGREEMENTS GRANTED AND ACCEPTED FROM AUGUST 7, 2026, THROUGH SEPTEMBER 2, 2026:

RECOMMENDATION: Receive the report.

(Procurement: Jana Vargas, Director)

4. OCTOBER 2026 LEGISLATIVE REPORT:

RECOMMENDATION: Adopt Resolution No. 2026-0079, approving the October 2026 Legislative Report.

(Government Relations & Strategy: Matt Harris, Director)

5. APPOINTMENT OF AUTHORITY ADVISORY COMMITTEE MEMBERS:

RECOMMENDATION: Adopt Resolution No. 2026-0080, appointing members to the Authority Advisory Committee.

(Government Relations & Strategy: Matt Harris, Director)

6. REVISED ANNUAL REVIEW AND NOTIFICATION OF BOARD MEMBER WEIGHTED VOTE POINT ALLOCATION AS REQUESTED BY SECTION 070014 OF THE CALIFORNIA PUBLIC UTILITIES CODE:

RECOMMENDATION: Adopt Resolution No. 2026-0091, accepting the Board Member Weighted Vote Point Allocation as required by Section 170014 of the California Public Utilities Code.

(Office of the Authority Clerk: Annette Fagan Ortiz, Authority Clerk)

CLAIMS:

7. REJECT THE CLAIM OF MALCHIEL MELCHIOR P. LA' VIOLETTE:

RECOMMENDATION: Adopt Resolution No. 2026-0081, rejecting the claim of Malchiel Melchior P. La' Viollette.

(General Counsel: Lee Kaminetz)

8. REJECT THE CLAIM OF SHANI CRAWLEY:

RECOMMENDATION: Adopt Resolution No. 2026-0082, rejecting the claim of Shani Crawley.

(General Counsel: Lee Kaminetz)

9. REJECT THE CLAIM OF MOHAMED ABDULLAHI AHMED:

RECOMMENDATION: Adopt Resolution No. 2026-0083, rejecting the claim of Mohamed Abdullahi Ahmed.

(General Counsel: Lee Kaminetz)

COMMITTEE RECOMMENDATIONS:

10. ESTABLISH THE DATE AND TIME OF BOARD AND ALUC MEETINGS FOR 2027, AS INDICATED ON THE PROPOSED 2027 MASTER CALENDAR OF BOARD AND COMMITTEE MEETINGS:

RECOMMENDATION: The Executive Committee recommends that the Board adopt Resolution No. 2026-0084, establishing the date and time of Board and ALUC Meetings, and Committee Meetings for 2027 as indicated on the proposed 2027 Master Calendar of Board and Committee Meetings.

(Office of the Authority Clerk: Annette Fagan Ortiz, Authority Clerk)

11. FISCAL YEAR 2026 ANNUAL REPORT FROM THE AUDIT COMMITTEE:

RECOMMENDATION: The Audit Committee recommends that the Board accept the report.

(Audit: Lee Parravano, Chief Auditor)

12. FISCAL YEAR 2026 ANNUAL REPORT FROM THE OFFICE OF THE CHIEF AUDITOR:

RECOMMENDATION: The Audit Committee recommends that the Board accept the report.

(Audit: Lee Parravano, Chief Auditor)

13. REVISION TO THE CHARTER OF THE AUDIT COMMITTEE:

RECOMMENDATION: The Audit Committee recommends that the Board adopt Resolution No. 2026-0085, approving the revision to the Charter of the Audit Committee.

(Audit: Lee Parravano, Chief Auditor)

14. REVISION TO THE CHARTER FOR THE OFFICE OF THE CHIEF AUDITOR:

RECOMMENDATION: The Audit Committee recommends that the Board adopt Resolution No. 2026-0086, approving the revision to the Charter for the Office of the Chief Auditor.

(Audit: Lee Parravano, Chief Auditor)

15. REVISION TO THE FISCAL YEAR 2027 AUDIT PLAN OF THE OFFICE OF THE CHIEF AUDITOR:

RECOMMENDATION: The Audit Committee recommends that the Board adopt Resolution No. 2026-0087, approving the revision to the Fiscal Year 2027 Audit Plan of the Office of the Chief Auditor.

(Audit: Lee Parravano, Chief Auditor)

CONTRACTS AND AGREEMENTS:

16. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO EXECUTE AGREEMENTS FOR ENVIRONMENTAL LEGAL COUNSEL:

RECOMMENDATION: Adopt Resolution No. 2026-0088, approving and authorizing the President/CEO to execute environmental legal services agreements with Best Best & Krieger LLP, Gatzke Dillon & Ballance LLP, Kaplan Kirsch LLP, and Nossaman LLP, each for a term of three years with two one-year options to extend and a not-to-exceed compensation amount of \$500,000.

(General Counsel: Lee Kaminetz)

CONTRACTS AND AGREEMENTS AND/OR AMENDMENTS TO CONTRACTS AND AGREEMENTS EXCEEDING \$1 MILLION:

17. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO EXECUTE ON-CALL PLUMBING SERVICE AGREEMENTS WITH ACCENT ENGINEERING & CONSTRUCTION, INC; AMERI-MEX PLUMBING, INC; AND BANNING AND SON, INC:

RECOMMENDATION: Adopt Resolution No. 2026-0089, approving and authorizing the President/CEO to execute On-Call Plumbing Service Agreements with Accent Engineering & Construction Inc.; Ameri-Mex Plumbing Inc.; and Banning and Son Inc. – each agreement, for a term of three years, with the options for two one-year extensions exercisable at the discretion of the President/CEO, for an aggregate total not-to-exceed amount of \$1,250,000.00, to provide on-call plumbing services at San Diego International Airport (“SDIA”).

(Facilities Management: Stephen Mosca, Director)

18. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO NEGOTIATE AND EXECUTE THREE ON-CALL AIRPORT PLANNING SERVICES AGREEMENTS AT SAN DIEGO INTERNATIONAL AIRPORT:

RECOMMENDATION: Adopt Resolution 2026-0090, approving and authorizing the President/CEO to negotiate and execute three On-Call Airport Planning Services agreements, one with Jacobsen Daniels Associates, LLC, one with Landrum & Brown, Inc., and one with Ricondo & Associates, Inc. each for a term of three (3) years, with the option for two (2) one-year extensions, in a maximum total aggregate amount not-to-exceed \$12,000,000 in support of numerous airport planning and environmental review efforts at San Diego International Airport.

(Planning, Noise, and Environment: Sjohnna Knack, Director)

PUBLIC HEARINGS:

CONTINUED BUSINESS:

NEW BUSINESS:

CLOSED SESSION:

19. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9
Number of potential Cases: 2

20. CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION:

Paragraph (1) of subdivision (d) of Cal. Gov. Code §54956.9
Name of Case: Kimberly Rodriguez v. San Diego County Regional Airport Authority,
et al., San Diego Superior Court Case No. 26CLO49231C

21. CONFERENCE WITH REAL PROPERTY NEGOTIATORS:

Property: Airline Operating and Lease Agreement - San Diego International Airport
Agency Negotiator: Atif Saeed, Scott Brickner, Maya Dayan, John Dillon,
Lee Kaminetz
Negotiating Parties: Alaska Airlines, American Airlines, Breeze Airlines, British
Airways, Delta Airlines, FedEx, Frontier Airlines, Hawaiian Airlines, Japan Airlines,
JetBlue Airlines, Lufthansa, Southwest Airlines, United Airlines, KLM, Copa Airlines,
Air Canada, WestJet, Sun Country
Under Negotiation: price and terms of payment

REPORT ON CLOSED SESSION:

GENERAL COUNSEL REPORT:

BOARD COMMENT:

ADJOURNMENT:

Policy for Public Participation in Board, Airport Land Use Commission (ALUC), and Committee Meetings (Public Comment)

- 1) Persons wishing to address the Board, ALUC, and Committees shall submit a speaker slip to the Clerk prior to the initiation of the portion of the Agenda containing the item to be addressed (e.g., Public Comment and General Items), or may submit a request electronically by emailing the Authority Clerk at clerk@san.org or calling 619-400-2550. Failure to submit a speaker slip or submit an electronic request shall not preclude testimony, if permission to address the Board is granted by the Chair.
- 2) The Public Comment Section at the beginning of the Agenda is reserved for persons wishing to address the Board, ALUC, and Committees on any matter for which another opportunity to speak is not provided on the Agenda, and on matters that are within the jurisdiction of the Board. Members of the public participating remotely shall be provided with the same opportunity to address the Board as members of the public participating in-person.
- 3) Persons wishing to speak on specific Items listed on the Agenda will be afforded an opportunity to speak during the presentation of individual items. Persons wishing to speak on specific items should reserve their comments until the specific item is taken up by the Board, ALUC and/or Committees.
- 4) If many persons have indicated a desire to address the Board, ALUC and/or Committees on the same issue, then the Chair may suggest that these persons consolidate their respective testimonies. Testimony by members of the public on any item shall be limited to **three (3) minutes per individual speaker and five (5) minutes for applicants, groups and referring jurisdictions. The time limits shall apply equally to in person and remote participants.**
- 5) Pursuant to Authority Policy 1.33(8), recognized groups must register with the Authority Clerk prior to the meeting.
- 6) Pursuant to Authority Policy 1.34, in the event of a technology disruption ("Disruption") that prevents the public from accessing the Meeting via the posted call-in or internet-based service, the Authority will take the following actions:
 - If the Disruption occurs before the Meeting begins, the Meeting will be delayed until access is restored or alternative access is provided.
 - If the Disruption occurs during the Meeting and affects public participation, the Meeting will be recessed for at least one (1) hour or until access is restored, whichever is sooner.
 - If the Disruption is not resolved within one (1) hour, the Board, ALUC, and/or Committee may adjourn the Meeting, or may take a vote of the Board, ALUC, and/or Committee adopting certain findings and to continue the Meeting.

After a public hearing or the public comment portion of the meeting has been closed, no person shall address the Board, ALUC, and Committees without first obtaining permission to do so.

Additional Meeting Information

NOTE: This information is available in alternative formats upon request. To request an Agenda in an alternative format, or to request a sign language or oral interpreter, or an Assistive Listening Device (ALD) for the meeting, please telephone the Authority Clerk's Office at (619) 400-2550 at least three (3) working days prior to the meeting to ensure availability.

For your convenience, the Agenda is also available to you on our website at www.san.org.

For those planning to attend the Board meeting, parking is available in the Airport Administration Building Parking Lot (entrance on the east side of McCain Road). Bring your ticket to the first-floor receptionist for validation.

Visitors can park in the lot from 8:00 a.m. to 5:00 p.m.

You may also reach the SDCRAA Building by using public transit via the San Diego MTS System, Route 923. For route and fare information, please call the San Diego MTS at (619) 233-3004 or 511.

NOTE: Pursuant to Authority Code Section 2.15, all Lobbyists shall register as an Authority Lobbyist with the Authority Clerk within ten (10) days of qualifying as a lobbyist. A qualifying lobbyist is any individual who receives \$100 or more in any calendar month to lobby any Board Member or employee of the Authority for the purpose of influencing any action of the Authority. To obtain Lobbyist Registration Statement Forms, contact the Office of the Authority Clerk Department.

DRAFT
SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY BOARD MEETING MINUTES
THURSDAY, SEPTEMBER 3, 2026
SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
BOARDROOM

CALL TO ORDER: Chair Ball called the Meeting of the San Diego County Regional Airport Authority Board to order at 9:11 a.m. on Thursday, September 3, 2026, in the Boardroom at the San Diego County Regional Airport Authority, Administration Building, 2417 McCain Road, San Diego, CA 92101.

PLEDGE OF ALLEGIANCE: Chair Ball led the Pledge of Allegiance.

ROLL CALL:

PRESENT:	Board Members:	Ball (Chair), Benzian, Herrmann (Ex-Officio), Perez, Sanchez, Sly
ABSENT:	Board Members:	Fox (Ex-Officio), Kuperschmid, Montgomery Steppe, Perrault (Ex-Officio), Vaus, von Wilpert
ALSO PRESENT:	Atif Saeed, President/CEO; Lee Kaminetz, General Counsel; Annette Fagan Ortiz, Authority Clerk; Patricia Willis, Assistant Authority Clerk II; Sonja Banks, Assistant Authority Clerk II	

Board Member Benzian arrived at the meeting at 9:15 a.m.

Board Member Sanchez arrived at the meeting at 9:17 a.m.

PRESENTATIONS:

A. REVIEW OF THE UNAUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2026:

Scott Brickner, Vice President/CFO presented a review of the Unaudited Financial Statements for the Fiscal Year Ended June 30, 2026, and 2025. The presentation covered Operating Revenues; Operating Expenses, Non-Operating Revenue and Expenses; Financial Summary; and Statement of Net Position.

REPORTS FROM BOARD COMMITTEES, AD HOC COMMITTEES, AND CITIZEN COMMITTEES AND LIAISONS:

- **AUDIT COMMITTEE:** Board Member Sanchez reported that the Audit Committee has not met since the last Board meeting. The next meeting of the Audit Committee is scheduled for Monday, September 14, 2026, at 10:00 a.m.

- **CAPITAL IMPROVEMENT PROGRAM OVERSIGHT COMMITTEE:** Board Member Perez reported that the last CIPOC meeting was held on July 16, 2026, and included updates on Phase 1B Construction, Budget Status, Community Outreach Efforts, the Terminal 2 Connector, and the Terminal 2 East Project. The next CIPOC meeting is scheduled for October 15, 2026.
- **EXECUTIVE PERSONNEL AND COMPENSATION COMMITTEE:** Chair Ball reported that the committee met on August 6 and received a presentation on the Airport Authority's proposed Renewal of the 2027 Health & Welfare Benefits Program. There are no additional meetings scheduled for the remainder of the year at this time.
- **FINANCE COMMITTEE:** Board Member Sly reported that the Finance Committee last met on August 24, 2026. At the meeting, the committee reviewed the Unaudited Financial Statements for the Fiscal Year Ended June 30, 2026, as well as the Authority Investment Report as of July 31, 2026. The next Finance Committee meeting is scheduled for September 21, 2026.

ADVISORY COMMITTEES

- **AUTHORITY ADVISORY COMMITTEE:** Board Member Benzian reported that the Authority Advisory Committee met on July 23, 2026, where members were introduced to President and CEO Atif Saeed and received updates on New Terminal 1 Phase 1B construction and finances, the Terminal 2 East Connector project, and SAN's record passenger demand, airline network growth, and 2027 air service development goals. The committee's next meeting is scheduled for November 19, 2026.
- **ARTS ADVISORY COMMITTEE:** None.

LIAISONS

- **CALTRANS:** None.
- **INTERGOVERNMENTAL AFFAIRS:** Chair Ball reported that the California Legislature concluded its 2026 session, sending hundreds of bills to the Governor for consideration, including Senate Bill 661, a key legislative priority for the Airport Authority. Introduced by Senator Melissa Hurtado, the bill would end California's long-standing diversion of aviation fuel tax revenues to the State General Fund and bring the state into compliance with Federal Aviation Administration requirements that aviation fuel tax revenues be used for airport or aviation-related purposes. California is currently one of only four states that remains

noncompliant. The Authority's legislative team actively participated in negotiations on the measure, which passed its final legislative vote on August 28 and has been forwarded to the Governor. The Authority is submitting a letter urging the Governor's signature and will continue coordinating with Caltrans, the California Airports Council, and other stakeholders, with additional updates expected at a future meeting.

- **MILITARY AFFAIRS:** Board Member Col. Herrmann reported that an F-35 crashed short of Runway 24L on July 31. The pilot ejected safely and sustained only minor injuries, and first responders quickly extinguished the fire. He expressed appreciation to the San Diego community for its support following the incident. MCAS Miramar's America's Air Show is 22 days away, with more than 350,000 visitors expected over the three-day event, and the public was thanked in advance for its patience with anticipated traffic congestion. In preparation for the air show, a prescribed burn between the runways is planned for this weekend, pending weather and regulatory approval, to support pyrotechnic activities. Additionally, Naval Air Station North Island is expected to welcome home the USS *Abraham Lincoln* in October following its deployment.
- **PORT:** None
- **WORLD TRADE CENTER:** None

BOARD REPRESENTATIVES (EXTERNAL)

- **SANDAG BOARD OF DIRECTORS:** Chair Ball reported that the SANDAG Board of Directors met twice since the last Board Meeting. At the first meeting, the Board approved the submission of Federal Transit Administration grant applications for the San Diego region. At the second meeting, the Board was asked to approve the release of the draft 2027 Regional Transportation Improvement Program for a 30-day public review and comment period and to set a public hearing for the September 18, 2026, Transportation Committee meeting. The next SANDAG Board meeting is scheduled for September 11, 2026.
- **SANDAG TRANSPORTATION COMMITTEE:** Board Member Sanchez reported that the SANDAG Transportation Committee met twice since the last Board meeting. SANDAG staff provided an update on the Downtown Multiuse and Bus Layover Facility project, including plans to evaluate potential development alternatives. The Committee also considered funding approval for North County Transit District, San Diego Railroad, and Metropolitan Transit System FY 2027 operating budgets. The next Transportation Committee meeting is scheduled for September 18, 2026, where staff will present an update on the Airport Transit Connection project.

CHAIR REPORT: Chair Ball welcomed attendees and noted the transition from the summer season, acknowledging staff efforts to maintain efficient airport operations during a busy travel period while advancing major capital projects. She also expressed appreciation for the continued dedication of airport employees and noted that updates on these efforts had been provided through committee reports, with additional highlights to be presented in the President/CEO's report.

PRESIDENT/CEO REPORT: Atif Saeed, President/CEO, reported record passenger activity in Fiscal Year 2026, serving 26.6 million passengers, a 5.5% increase over the previous year, with June and July marking the busiest months in the airport's history. Fall seat capacity is projected to increase 14% year over year, supported by continued route expansion from airline partners, including new and enhanced nonstop service options. He reported that the Grape Street improvement project has begun and is expected to improve airport access, traffic circulation, and connectivity. Outreach efforts with community stakeholders and construction updates continue as the project progresses. Additionally, the Authority highlighted the successful annual Meet the Primes event, which promotes opportunities for small, veteran-owned, and underrepresented businesses. The Airport Authority also received several recognitions, including the Achievement of Excellence in Procurement Award for the 17th consecutive year, United Way of San Diego County's Corporate Partner of the Year Award, and the San Diego Society for Human Resource Management's Workplace Excellence Grand Champion Award. These awards recognize excellence in procurement, community engagement, employee giving, and workplace practices.

NON-AGENDA PUBLIC COMMENT:

ADRIAN KWIATKOWSKI, President and CEO of the Transportation Alliance Group, provided a handout and PowerPoint presentation and reported that while the airport continues to experience record passenger growth, legacy ground transportation providers are experiencing significant declines in business. Mr. Kwiatkowski expressed concerns about the financial impact of declining demand and potential new fees on taxi, shuttle, and other transportation providers. He also highlighted the anticipated arrival of autonomous vehicle services, including Waymo and other autonomous vehicle companies, and requested that any future authorization for autonomous operations at the airport be brought before the Board for discussion and approval due to the potential impacts on existing transportation providers and airport operations.

ERIC CHRISTEN, Executive Director of the Coalition for Fair Employment in Construction, expressed opposition to expanding the use of Project Labor Agreements (PLAs) on airport projects valued at \$2 million or more.

BRAD ANDERSON, Bergelectric, spoke in opposition to applying Project Labor Agreements (PLAs) to projects valued at \$2 million or more.

ROB CARTER, Bergelectric, expressed concern that requiring Project Labor Agreements (PLAs) could limit competition and place non-union contractors at a disadvantage.

JOHN MCKITTRICK, Bergelectric, spoke in opposition to Project Labor Agreements (PLAs), and expressed concern that PLAs could limit opportunities for qualified non-union contractors and employees and emphasized the importance of maintaining fair competition and equal access to public construction projects.

TONY RUSSELL, a retired Airport Authority employee with 21 years of service, addressed the Board to welcome Chairperson Ball, new CEO Atif Saeed, and other recently appointed leaders. He congratulated the Airport Authority on receiving United Way of San Diego County's Corporate Partner of the Year Award and commended its longstanding commitment to supporting nonprofit organizations and underserved communities. Speaking as a board member and former chair of United Way of San Diego County and chair of the YMCA of San Diego County, Mr. Russell expressed appreciation for the Airport Authority's community engagement efforts and encouraged continued support of local charitable and community service initiatives.

CONSENT AGENDA (ITEMS 1-17):

ACTION: Moved by Board Member Sly and seconded by Board Member Perez to approve the Consent Agenda. Motion carried by the following votes: YES – Ball, Benzian, Perez, Sanchez, Sly; NO – None; ABSENT – Kuperschmid, Montgomery Steppe, Vaus, von WilPert (Weighted Vote Points: YES – 54; NO – 0; ABSENT – 46)

1. APPROVAL OF MINUTES:

RECOMMENDATION: Approve the Minutes of the July 9, 2026, Regular Meeting.

2. ACCEPTANCE OF BOARD AND COMMITTEE MEMBERS' WRITTEN REPORTS ON THEIR ATTENDANCE AT APPROVED MEETINGS AND PRE-APPROVAL OF ATTENDANCE AT OTHER MEETINGS NOT COVERED BY THE CURRENT RESOLUTION:

RECOMMENDATION: Accept the reports and pre-approve Board Member attendance at other meetings, trainings and events not covered by the current Resolution.

3. AWARDED CONTRACTS AND APPROVED CHANGE ORDERS FROM JUNE 5, 2026, THROUGH AUGUST 6, 2026, AND REAL PROPERTY AGREEMENTS GRANTED AND ACCEPTED FROM JUNE 5, 2026, THROUGH AUGUST 6, 2026:

RECOMMENDATION: Receive the report.

4. SEPTEMBER 2026 LEGISLATIVE REPORT:

RECOMMENDATION: Adopt Resolution No. 2026-0062, approving the September 2026 Legislative Report.

5. ANNUAL REVIEW AND NOTIFICATION OF BOARD MEMBER WEIGHTED VOTE POINT ALLOCATION AS REQUESTED BY SECTION 170014 OF THE CALIFORNIA PUBLIC UTILITIES CODE:

RECOMMENDATION: Adopt Resolution No. 2026-0063, accepting the Board Member Weighted Vote Point Allocation as required by Section 170014 of the California Public Utilities Code.

6. BIENNIAL REVIEW AND AMENDMENT TO AUTHORITY CODE SECTION 2.30- CONFLICT OF INTEREST:

RECOMMENDATION: Adopt Resolution No 2026-0064, approving amending Authority Code Section 2.30 – Conflict of Interest Code.

7. APPROVE AMENDMENTS TO THE AIRPORT AUTHORITY’S RECORDS AND INFORMATION MANAGEMENT PROGRAM AND RECORDS RETENTION SCHEDULE:

RECOMMENDATION: Adopt Resolution No 2026-0067, approving amendments to the Authority’s Records and Information Management Program and Records Retention Schedule.

CLAIMS:

8. REJECT CLAIM OF OSCAR RODRIGUEZ:

RECOMMENDATION: Adopt Resolution No. 2026-0069, rejecting the claim of Oscar Rodriguez.

9. REJECT CLAIM OF SHELBY MAGRUDER:

RECOMMENDATION: Adopt Resolution No. 2026-0070, rejecting the claim of Shelby Magruder.

COMMITTEE RECOMMENDATIONS:

10. ACCEPT THE UNAUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2026:

RECOMMENDATION: The Finance Committee recommends that the Board accept the report.

11. ACCEPT THE AUTHORITY INVESTMENT REPORT AS OF JULY 31, 2026:

RECOMMENDATION: Accept the report.

CONTRACTS AND AGREEMENTS:

- 12. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO NEGOTIATE AND EXECUTE AN AMENDMENT TO A REIMBURSABLE AGREEMENT WITH THE DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION (FAA) FOR ENGINEERING AND TECHNICAL SUPPORT RELATED TO NEW T1 AIRSIDE IMPROVEMENTS AND RELATED INFRASTRUCTURE:**

RECOMMENDATION: Adopt Resolution No. 2026-0071, approving and authorizing the President/CEO to negotiate and execute an Amendment to a Reimbursable Agreement between the Department of Transportation Federal Aviation Administration (FAA) and the San Diego County Regional Airport Authority for Engineering and Technical Support related to Project No. 411001 New T1 Airside Improvements and related infrastructure.

CONTRACTS AND AGREEMENTS AND/OR AMENDMENTS TO CONTRACTS AND AGREEMENTS EXCEEDING \$1 MILLION:

- 13. AWARD A CONTRACT TO S&L SPECIALTY CONSTRUCTION, INC FOR QUIETER HOME PROGRAM PHASE 14, GROUP 10, PROJECT NO 381410 THIRTY-TWO (32) NON-HISTORIC SINGLE-FAMILY AND MULTI-FAMILY UNITS ON SIXTEEN (16) RESIDENTIAL PROPERTIES LOCATED EAST AND WEST OF THE SAN DIEGO INTERNATIONAL AIRPORT:**

RECOMMENDATION: Adopt Resolution No. 2026-0072, awarding a contract to S&L Specialty Construction, Inc. in the amount of \$3,495,200 for Phase 14, Group 10, Project No. 381410, of the San Diego County Regional Airport Authority's Quieter Home Program and making a finding that the project is exempt from the California Environmental Quality Act.

- 14. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO EXECUTE ON-CALL GENERAL CONSTRUCTION SERVICE AGREEMENTS WITH DYNAMIC CONTRACTING SERVICES; GRAHOVAC CONSTRUCTION COMPANY, INC; AND M.W. VASQUEZ CONSTRUCTION CO, INC. DBA VASQUEZ CONSTRUCTION COMPANY:**

RECOMMENDATION: Adopt Resolution No. 2026-0073, approving and authorizing the President/CEO to execute On-Call General Construction Service Agreements with Dynamic Contracting Services; Grahovac Construction Company, Inc.; and M.W. Vasquez Construction Co., Inc. dba Vasquez Construction Company. The three (3) Agreements will be part of a pool of a not-to-exceed amount of Five Million Dollars (\$5,000,000). Each Agreement shall have an initial three (3) year term with the option for two (2) one-year extensions exercisable at the sole discretion of the Authority.

15. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO AWARD BLANKET PURCHASE ORDERS TO FASTENAL COMPANY FOR FACILITIES MAINTENANCE, REPAIR, AND OPERATION (“MRO”) SUPPLIES:

RECOMMENDATION: Adopt Resolution No. 2026-0074, approving and authorizing the President/CEO to award blanket purchase orders to Fastenal Company, under the NASPO ValuePoint cooperative purchasing agreement (MA 758 2500000414), for an initial three (3) year term, with the option for two (2) one-year extensions exercisable at the sole discretion of the President/CEO, for a total not-to-exceed amount of \$4,000,000.

16. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO EXECUTE A FIRST AMENDMENT TO AGREEMENT NO 211476-OS WITH NETWORK SECURITY ELECTRONICS, INC FOR ACCESS CONTROL SYSTEM MAINTENANCE AND REPAIR SERVICES:

RECOMMENDATION: Adopt Resolution No. 2026-0076, approving and authorizing the President/CEO to execute a First Amendment to Agreement No. 211476-OS with Network Security Electronics, Inc. (“NSEI”) for Access Control System Maintenance and Repair Services, increasing the maximum amount payable by \$7,860,000, resulting in a total maximum amount payable of \$23,460,000 over the entire term of the Agreement.

17. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO EXECUTE A PROFESSIONAL SEASONAL HOLIDAY DECORATION SERVICES AGREEMENT WITH T&G GLOBAL, LLC DBA ST NICKS CHRISTMAS LIGHTING & DÉCOR:

RECOMMENDATION: Adopt Resolution No. 2026-0077, approving and authorizing the President/CEO to execute a Professional Seasonal Holiday Decoration Services Agreement with T&G Global, LLC dba St. Nicks Christmas Lighting & Décor (“St. Nicks”), for a term of three (3) years, with options for two one (1) year extensions exercisable at the sole discretion of the President/CEO, for a total not-to-exceed amount of \$1,050,000, to provide professional seasonal holiday decoration services at San Diego International Airport (SDIA).

NEW BUSINESS:

18. GROUND TRANSPORTATION ADMINISTRATIVE FEES – FISCAL YEAR 2027:

Marc Nichols, Director, Landside Business Development, provided a presentation that included Ground Transportation (GT) Administrative Fees-FY-27 Budget and FY-28 Conceptual, and Recommendation to Eliminate Three (3) Types of Administrative Fees.

PUBLIC COMMENT:

ADRIAN KWIATKOWSKI, President/CEO, Transportation Alliance Group, San Diego, CA, expressed support for the proposed fee structure changes.

TONY HUESO, San Diego, CA, USA Cab and a member of the Transportation Alliance Group expressed support for the proposed fee structure changes and commended staff for moving in a positive direction. In addition to fee reductions, he emphasized the importance of timely access to staff assistance when addressing issues such as malfunctioning transponders or enforcement matters, noting that delays can leave operators temporarily out of service.

ALFRED BANKS, San Diego, CA expressed support for reducing administrative requirements for commercial ground transportation operators and suggested eliminating permit expiration dates altogether rather than requiring annual renewals. Mr. Banks noted that the renewal process can be burdensome due to documentation requirements and administrative delays and stated that a permanent permit structure could reduce operational challenges and improve efficiency for operators.

CARELYN REYNOLDS, San Diego, CA expressed support for the proposed changes and acknowledged staff's ongoing efforts despite limited resources and competing priorities.

Board Member Sanchez expressed appreciation for the ongoing dialogue with transportation providers and noted that one of their key concerns had been limited opportunities to discuss proposed changes and access staff. She encouraged continued engagement and suggested exploring ways to provide more timely responses to provider inquiries.

RECOMMENDATION: Adopt Resolution No. 2026-0068, approving the Amended Fiscal Year Ground Transportation Administrative Fee Schedule.

ACTION: Moved by Board Member Sanchez and seconded by Board Member Benzian to approve the staff's recommendation. Motion carried by the following votes: YES – Ball, Benzian, Perez, Sanchez, Sly; NO – None; ABSENT – Kuperschmid, Montgomery Steppe, Vaus, von Wilpert (Weighted Vote Points: YES – 54; NO – 0; ABSENT – 46)

19. RENEWAL OF HEALTH & WELFARE BENEFITS FOR 2027:

Monty Bell, Director of Human Resources, provided a presentation on the Health and Welfare Renewal Benefits Program for 2027 that included Medical Renewal History, Current Program Overview, Market Solution, Ancillary Overview, and Additional Benefits.

RECOMMENDATION: Adopt Resolution No. 2026-0078, approving the renewal of the Health and Welfare Benefits Program for 2027.

ACTION: Moved by Board Member Sly and seconded by Board Member Benzian to approve the staff's recommendation. Motion carried by the following votes: YES – Ball, Benzian, Perez, Sanchez, Sly; NO – None; ABSENT – Kuperschmid; Montgomery Steppe; Vaus, von Wilpert (Weighted Vote Points: YES – 54; NO – 0; ABSENT – 46)

20. APPROVE AND AUTHORIZE THE PRESIDENT/CEO TO NEGOTIATE AND EXECUTE A VALIDATION AMENDMENT AND A FUTURE GUARANTEED MAXIMUM PRICE AMENDMENT TO THE CONTRACT WITH SUNDT CONSTRUCTION, INC, FOR DESIGN AND CONSTRUCTION OF TERMINAL 2 EAST CONNECTOR:

Bob Bolton, Director, Airport Design and Construction and Ajay Babla, Program Manager, Airport Design and Construction, provided a presentation on Terminal 2 East Connector that included T2E Connector-Overview, Apron Level Plan, Concourse Level Plan, Preliminary Exterior and Interior Rendering, Off-Site Construction Approach, Major Project Schedule, Maximum Contract Price, and Overall Budget.

Chair Ball asked how frequently change orders occur on projects like this and sought a better understanding of the typical need for contingency-funded adjustments. She requested that staff communicate any change orders to the Board.

Mr. Bolton stated that the GMP already includes funding for routine contractor changes. Contingency funds are typically reserved for unforeseen events, such as severe weather, catastrophic incidents, or scope increases requested by stakeholders such as airlines, TSA, or the Airport Authority

RECOMMENDATION: Adopt Resolution No. 2026-0075, approving and authorizing the President/CEO to negotiate and execute (1) a Validation Amendment to the Contract with Sundt Construction, Inc., for design and construction of Terminal 2 East Connector establishing a Maximum Contract Price not to exceed \$141,000,000 and a Master Project Schedule; (2) a Guaranteed Maximum Price Amendment within the Maximum Contract Price after the issuance of the Validation Amendment; and (3) future change orders using uncommitted program

contingency funds within the Terminal 2 East Connector Budget.

ACTION: Moved by Board Member Perez and seconded by Board Member Sly to approve the staff's recommendation. Motion carried by the following votes: YES – Ball, Benzian, Perez, Sanchez, Sly; NO – None; ABSENT – Kuperschmid, Montgomery Steppe, Vaus, von Wilpert (Weighted Vote Points: YES – 54; NO – 0; ABSENT – 46)

The Board recessed at 11:01 a.m. and reconvened at 11:02 a.m.

CLOSED SESSION: The Board recessed into Closed Session at 11:03 a.m. to hear Items 21-23.

21. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9 Number of potential Cases: 2

22. CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION:

Paragraph (1) of subdivision (d) of Cal. Gov. Code §54956.9
Name of Case: *Flandez v. San Diego County Regional Airport Authority*, San Diego Superior Court Case No. 25CU010276C

23. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Cal. Gov. Code §54957
Title: General Counsel

REPORT ON CLOSED SESSION: The Board reconvened out of Closed Session at 12:17 p.m.

GENERAL COUNSEL REPORT: Lee Kaminetz, General Counsel, reported that the San Diego County Regional Airport Authority approved a settlement with Plaintiff Jacob Flandez in San Diego Superior Court, case number 2025 CU010276C, in the amount of \$295,000 plus mediation cost. Settlement was approved by Board Members Ball, Benzian, Kuperschmid, Montgomery Steppe, Perez, Sanchez, and Vaus. Board Member Sly abstained and Board Member von Wilpert was absent.

BOARD COMMENT:

ADJOURNMENT: The meeting adjourned at 12:18 p.m.

APPROVED BY A MOTION OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
BOARD THIS 1ST DAY OF OCTOBER 2026.

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Staff Report

Meeting Date: October 1, 2026

Subject:

Acceptance of Board and Committee Members Written Reports on their Attendance at Approved Meetings and Pre-Approval of Attendance at Other Meetings Not Covered by the Current Resolution

Recommendation:

Accept the reports and pre-approve Board Member attendance at other meetings, trainings and events not covered by the current resolution.

Background/Justification:

Authority Policy 1.10 defines a “day of service” for Board Member compensation and outlines the requirements for Board Member attendance at meetings.

Pursuant to Authority Policy 1.10, Board Members are required to deliver to the Board a written report regarding their participation in meetings for which they are compensated. Their report is to be delivered at the next Board meeting following the specific meeting and/or training attended. The reports (Attachment A) were reviewed pursuant to Authority Policy 1.10 Section 5 (g), which defines a “day of service”. The reports were also reviewed pursuant to Board Resolution No. 2019-0074, which granted approval of Board Member representation for attending events and meetings.

The attached reports are being presented to comply with the requirements of Policy 1.10 and the Authority Act.

Fiscal Impact:

Board and Committee Member Compensation is included in the FY 2026 Budget

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☒ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (CEQA) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

Prepared by:

Annette Fagan Ortiz
Authority Clerk

Attachment A

BOARD MEMBER EVENT/MEETING/TRAINING REPORT SUMMARY

Directions: This Form permits Board Members to report their attendance at meetings, events, and training that qualifies for “day of service” compensation pursuant to Cal. Pub. Util. Code §170017, Board Policy 1.10 and Board Resolution 2019-0074. Unless attending a meeting held pursuant to the Brown Act, attendance must be pre-approved by the Board prior to attendance and a written report delivered at the next Board meeting. After completing this Form, please forward it to Board Services, Authority Clerk Staff.

Period Covered:	May 2026	
Board Member Name:	Lydia Ball	
Date:	9/23/26	
Type of Meeting	Date/Time/Location of Event/Meeting/Training	Summary and Description of the Event/Meeting/Training
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	5/5/2026, 12pm to 5pm, Admin Building	new board member orientation
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	5/7/2026, 9am to 12pm, Admin Building	Board/ALUC Meeting
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	5/11/2026, 2:30pm to 3:30pm, MS Teams	Transportation Fees briefing
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	5/12/2026, 11:30am to 12pm, MS Teams	Prep Meeting fro Exec/Finance meeting
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	5/14/2026, 9am to 12 noon, Admin Building	Budget workshop
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	5/20/2026, 9am to 12 noon, Admin Building	Special Executive& Finance Committee Meeting
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		

I certify that I was present for at least half of the time set for each meeting, event, and training listed herein.

Signature:  _____

BOARD MEMBER EVENT/MEETING/TRAINING REPORT SUMMARY

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Period Covered:	June 2026	
Board Member Name:	Lydia Ball	
Date:	9/24/26	
Type of Meeting	Date/Time/Location of Event/Meeting/Training	Summary and Description of the Event/Meeting/Training
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	6/4/2026, 9am to 12 noon, Admin Building	Board and ALUC meeting
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	5/11/2026, 2:30pm to 3:30pm, MS Teams	Bayfront Mobility Briefing
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	5/17/2026, 3:30pm to 4pm, MS Teams	Prep meeting for Executive and Finance meeting
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	6/5/2026, 9am to 11am, Admin Building	Executive & Finance Committee Meeting
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	6/26/2026, 9a to 10pm, MS Teams	ALUC Briefing
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	6/30/2026, 2pm to 4pm, Admin Building	Briefing closed session item
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		

I certify that I was present for at least half of the time set for each meeting, event, and training listed herein.

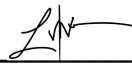
Signature: 

BOARD MEMBER EVENT/MEETING/TRAINING REPORT SUMMARY

Directions: This Form permits Board Members to report their attendance at meetings, events, and training that qualifies for “day of service” compensation pursuant to Cal. Pub. Util. Code §170017, Board Policy 1.10 and Board Resolution 2019-0074. Unless attending a meeting held pursuant to the Brown Act, attendance must be pre-approved by the Board prior to attendance and a written report delivered at the next Board meeting. After completing this Form, please forward it to Board Services, Authority Clerk Staff.

Period Covered:	July 2026	
Board Member Name:	Lydia Ball	
Date:	9/24/26	
Type of Meeting	Date/Time/Location of Event/Meeting/Training	Summary and Description of the Event/Meeting/Training
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	7/9/2026, 9am to 12pm, Admin Building	Board and ALUC Board Meeting
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	7/14/2026, 10am to 11am, MS Teams	Transportation briefing
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	7/23/2026, 9am to 12pm, Admin Building	Authority Advisory meeting
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
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☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		

I certify that I was present for at least half of the time set for each meeting, event, and training listed herein.

Signature:  _____

BOARD MEMBER EVENT/MEETING/TRAINING REPORT SUMMARY

Directions: This Form permits Board Members to report their attendance at meetings, events, and training that qualifies for “day of service” compensation pursuant to Cal. Pub. Util. Code §170017, Board Policy 1.10 and Board Resolution 2019-0074. Unless attending a meeting held pursuant to the Brown Act, attendance must be pre-approved by the Board prior to attendance and a written report delivered at the next Board meeting. After completing this Form, please forward it to Board Services, Authority Clerk Staff.

Period Covered:	August 2026	
Board Member Name:	Lydia Ball	
Date:	9/24/26	
Type of Meeting	Date/Time/Location of Event/Meeting/Training	Summary and Description of the Event/Meeting/Training
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	8/6/2026, 10am to 11am, Admin Building	EPCC Meeting
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	8/19/2026, 3pm to 4pm, MS Teams	Prep Meeting for Exec&Finance Meeting
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	8/24/2026, 9am to 12 noon, Admin building	Executive Finance Meeting
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		

I certify that I was present for at least half of the time set for each meeting, event, and training listed herein.

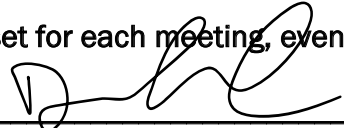
Signature:  _____

BOARD MEMBER EVENT/MEETING/TRAINING REPORT SUMMARY

Directions: This Form permits Board Members to report their attendance at meetings, events, and training that qualifies for “day of service” compensation pursuant to Cal. Pub. Util. Code §170017, Board Policy 1.10 and Board Resolution 2019-0074. Unless attending a meeting held pursuant to the Brown Act, attendance must be pre-approved by the Board prior to attendance and a written report delivered at the next Board meeting. After completing this Form, please forward it to Board Services, Authority Clerk Staff.

Period Covered:	9/1/26	
Board Member Name:	Daniel Kuperschmid	
Date:	9/25/26	
Type of Meeting	Date/Time/Location of Event/Meeting/Training	Summary and Description of the Event/Meeting/Training
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	September 21, 2026/ 9am / Admin Boardroom 1/ Executive & Finance Committees Meeting	Exec and Finance Meeting\
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
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☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		

I certify that I was present for at least half of the time set for each meeting, event, and training listed herein.

Signature: 

BOARD MEMBER EVENT/MEETING/TRAINING REPORT SUMMARY

Directions: This Form permits Board Members to report their attendance at meetings, events, and training that qualifies for “day of service” compensation pursuant to Cal. Pub. Util. Code §170017, Board Policy 1.10 and Board Resolution 2019-0074. Unless attending a meeting held pursuant to the Brown Act, attendance must be pre-approved by the Board prior to attendance and a written report delivered at the next Board meeting. After completing this Form, please forward it to Board Services, Authority Clerk Staff.

Period Covered:	August 2026	
Board Member Name:	Steve Vaus	
Date:	8/31/26	
Type of Meeting	Date/Time/Location of Event/Meeting/Training	Summary and Description of the Event/Meeting/Training
☐ Brown Act ☒ Pre-approved ☐ Res. 2019-0074	8/10/26: 10AM Zoom Meeting	Waymo Briefing with Jeremy Ogul
☒ Brown Act ☐ Pre-approved ☐ Res. 2019-0074	8/21/26: 10AM: Teams Meeting	Board Briefing- Ground Transportation Administrative Fees
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		
☐ Brown Act ☐ Pre-approved ☐ Res. 2019-0074		

I certify that I was present for at least half of the time set for each meeting, event, and training listed herein.

Signature: Steve Vaus Digitally signed by Steve Vaus
Date: 2026.08.31 09:24:04 -07'00'

Staff Report

Meeting Date: October 1, 2026

Subject:

Awarded Contracts and Approved Change orders from August 7, 2026, through September 2, 2026, and Real Property Agreements Granted and Accepted from August 7, 2026, through September 2, 2026

Recommendation:

Receive the report.

Background/Justification:

Policy Section Nos. 5.01, Procurement of Services, Consulting, Materials, and Equipment, 5.02, Procurement of Contracts for Public Works, and 6.01, Leasing Policy, require staff to provide a list of contracts, change orders, and real property agreements that were awarded and approved by the President/CEO or her designee. Staff has compiled a list of all contracts, change orders (Attachment A) and real property agreements (Attachment B) that were awarded, granted, accepted, or approved by the President/CEO or her designee since the previous Board meeting.

Fiscal Impact:

The fiscal impact of these contracts and change orders are reflected in the individual program budget for the execution year and on the next fiscal year budget submission. Amount to vary depending upon the following factors:

1. Contracts issued on a multi-year basis; and
2. Contracts issued on a Not-to-Exceed basis.
3. General fiscal impact of lease agreements reflects market conditions.

The fiscal impact of each reported real property agreement is identified for consideration on Attachment B.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☒ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

Prepared by:

Jana Vargas
Director, Procurement

Attachment "A"**AWARDED CONTRACTS AND CHANGE ORDERS SIGNED BETWEEN August 7, 2026 THROUGH September 2, 2026****New Contracts**

Date Signed	CIP #	Company	Description	Solicitation Method	Owner	Contract Value	End Date
8/10/2026		California Marketing & Sales	The Contractor will provide plumbing parts for the San Diego County Regional Airport Authority.	Quote	Facilities Management	\$7,337.27	9/8/2026
8/10/2026		California Strategies & Advocacy, LLC	The Contractor will provide Local Government Consulting Services for the San Diego County Regional Airport Authority.	RFP	Government Relations & Strategy	\$990,000.00	6/30/2029
8/13/2026		Ruthmann Reachmaster North America, LP	The Contractor will provide annual calibration & safety lift inspection for the San Diego County Regional Airport Authority.	Quote	Facilities Management	\$6,000.00	9/2/2026
8/20/2026		Carahsoft Technology Corporation	The Contractor will provide Cloud Data Warehouse Services for the San Diego County Regional Airport Authority.	Consortium RFP	Business Intelligence	\$54,000.00	8/27/2027
8/25/2026		Selman Chevrolet	The Contractor will provide Two (2) New/Unused 2027 Chevrolet Tahoe 2WD Commerical (9C1) Police Vehicles for the San Diego County Regional Airport Authority.	RFB	Facilities Management	\$121,058.12	12/31/2026
8/28/2026		Cultura dba A1157 Design Solutions, LLC / Haworth, Inc.	The Contractor will provide office furniture, seating, and movable walls for the San Diego County Regional Airport Authority.	Consortium RFP	Operational Readiness, Activation, & Transition	\$800,000.00	12/4/2027

Attachment "A"**AWARDED CONTRACTS AND CHANGE ORDERS SIGNED BETWEEN August 7, 2026 THROUGH September 2, 2026****New Contracts Approved by the Board**

Date Signed	CIP #	Company	Description	Solicitation Method	Owner	Contract Value	End Date
7/31/2026	381408	G&G Specialty Contractors, Inc.	The Contract was approved by the Board at the June 4, 2026 Board Meeting. The Contractor will provide sound attenuation improvements for certain residences around the San Diego International Airport.	RFB	QHP & Noise Mitigation	\$1,692,996.00	5/19/2027
8/17/2026	104329	Hazard Construction Engr, LLC	The Contract was approved by the Board at the July 9, 2026 Board Meeting. The Contractor will provide Asphalt Rehabilitation on Taxiway B at the San Diego International Airport.	RFB	Airport Design & Construction	\$3,086,384.60	4/4/2027
8/20/2026	104299	Hazard Construction Engr, LLC	The Contract was approved by the Board at the January 8, 2026 Board Meeting. The Contractor will provide New T1 Offsite Improvements at the San Diego International Airport.	RFB	Airport Design & Construction	\$14,442,339.00	10/17/2027
9/1/2026	381409	S&L Specialty Construction, Inc.	The Contract was approved by the Board at the July 9, 2026 Board Meeting. The Contractor will provide sound attenuation improvements for certain residences around the San Diego International Airport.	RFB	QHP & Noise Mitigation	\$3,219,400.00	6/28/2027

Attachment "A"

AWARDED CONTRACTS AND CHANGE ORDERS SIGNED BETWEEN August 7, 2026 THROUGH September 2, 2026

Amendments and Change Orders

Date Signed	CIP #	Company	Description of Change	Owner	Previous Contract Amount	Change Order Value (+ / -)	Change Order Value (%) (+ / -)	New Contract Value	New End Date
8/7/2026		Dustin Heick	The Second Amendment extends the agreement term one (1) year. The Contractor will provide Records Management Consulting Services for the San Diego County Regional Airport Authority.	Government Relations & Strategy	\$49,000.00	\$0.00	0.0%	\$49,000.00	7/26/2027
8/12/2026		Tel Tech Plus	The First Amendment adjusts the shared tenant services gross monthly sales split from 50/50 to 60/40 increasing sales split to Tel Tech Plus and removes the costs for labor, equipment, and materials and increases the maximum amount payable. The Contractor provides shared tenant services at the San Diego International Airport.	Information & Technology Services	\$50,000.00	\$59,000.00	118.0%	\$109,000.00	6/1/2027
8/25/2026		Helm Commercial, LLC	The First Amendment amends Exhibit B of the agreement to increase the total amount payable. The Contractor will provide Airport Parking Marketing Services for the San Diego County Regional Airport Authority.	Landside Business Development	\$500,000.00	\$50,000.00	10.0%	\$550,000.00	8/20/2027

Attachment "A"

AWARDED CONTRACTS AND CHANGE ORDERS SIGNED BETWEEN August 7, 2026 THROUGH September 2, 2026

Amendments and Change Orders Approved by the Board

Date Signed	CIP #	Company	Description of Change	Owner	Previous Contract Amount	Change Order Value (+ / -)	Change Order Value (%) (+ / -)	New Contract Value	New End Date
8/12/2026		SITA Information Networking Computing, Inc.	The Amendment was approved by the Board at the May 7, 2026 Board Meeting. The Second Amendment increases the maximum amount payable to Capital Improvement Projects for common use systems infrastructure. The Contractor provides common use systems at the San Diego International Airport.	Information & Technology Services	\$11,705,500.00	\$819,385.00	7.0%	\$12,524,885.00	4/30/2027
8/20/2026		Social Space, LLC	The Amendment was approved by the Board at the July 9, 2026 Board Meeting. The Fourth Amendment extends the term of the agreement to allow time for additional repair and maintenance of certain airport terminal and roadway public art projects. No additional monies are needed.	Customer Experience	\$660,000.00	\$0.00	0.0%	\$660,000.00	12/31/2027
8/20/2026		The Lipski Group, Inc.	The Amendment was approved by the Board at the July 9, 2026 Board Meeting. The Second Amendment extends the term and adds funds. The Contractor provides airport terminal and roadway public art projects at the San Diego International Airport.	Marketing, Communications Arts & Air Service Development	\$385,000.00	\$75,000.00	19.5%	\$460,000.00	12/31/2029

Attachment "B"

REAL PROPERTY AGREEMENTS EXECUTED FOR August 7, 2026 through September 2, 2026

Real Property Agreements (Per Board Policy 6.01)
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Effective Date	Authority Doc. #	Tenant/Company	Agreement Type	Property Location	Use	Property Area (s.f)	Consideration	Comments
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No Real Property Agreements During this Period									
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Real Property Agreement Amendments and Assignments (Per Board Policy 6.01)
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Effective Date	Authority Doc. #	Tenant/Company	Agreement Type	Property Location	Use	Property Area (s.f)	Consideration	
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No Real Property Amendments and Assignments During this Period
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Staff Report

Meeting Date: October 1, 2026

Subject:

October 2026 Legislative Report

Recommendation:

Adopt Resolution No. 2026-0079, approving the October 2026 Legislative Report.

Background/Justification:

The Authority's Legislative Advocacy Program Policy requires that staff present the Board with monthly reports concerning the status of legislation with potential impact on the Authority. The Authority Board provides direction to staff on legislative issues by adoption of a monthly Legislative Report (Attachment A). The October 2026 Legislative Report updates Board members on legislative activities that have taken place since the previous Board meeting. In directing staff, the Authority Board may take a position on pending or proposed legislation that has been determined to have a potential impact on the Authority's operations and functions.

Federal Legislative Action

In Washington, Congress returned from its August recess on August 31, 2026. Shortly after returning, the U.S. House of Representatives passed the Senate-approved continuing resolution (CR) to extend federal government funding beyond the September 30 deadline through December 11. The CR maintains funding for key programs, including surface transportation programs. The President signed the bill into law on September 2.

Following passage of the CR, the House announced it would cancel the final two weeks of its September work period, meaning the chamber will not return until after the November midterm elections. The Senate is also not expected to return until after the election. As a result, Congress is anticipated to resume debate on Fiscal Year (FY) 2027 appropriations after the election, and an additional CR may become necessary to avoid a lapse in government funding.

In addition, Congress continues to debate on how to respond to the 2025 Ronald Reagan Washington National Airport (DCA) crash. Committee staff from both chambers have been meeting to resolve differences between the Airport Leadership, Efficiency, and

Transparency Act (ALERT) and the Reauthorization of Operations, Traffic, and Oversight Reform Act (ROTOR), and progress has been made toward reconciliation. However, significant disagreement remains on a provision in the ALERT Act that would prohibit the use of Automatic Dependent Surveillance-Broadcast (ADS-B) technology to assess certain airport fees and proposed modifications to operations at DCA. The Airport Authority will continue to engage the San Diego Congressional delegation to communicate opposition to this provision and support the proper enforcement of fees.

In aviation news, the U.S. Department of Transportation announced another wave of FY 2026 Airport Infrastructure Grant (AIG) funding of which San Diego received \$30.3 million to be used for terminal construction.

The Authority's legislative team continues to actively review and analyze bills for potential impacts on the Authority and San Diego International Airport. The Authority's legislative team recommends the board adopt a SUPPORT position on S. 5224, the Runway SAFE-T Act.

State Legislative Action

In Sacramento, the 2025-2026 legislative session adjourned on September 1, 2026, and Governor Newsom issued signatures and vetoes on the over 900 bills sent to his desk ahead of the September 30 deadline. The final month of session was dominated by debates over climate funding, wildfire liability, and artificial intelligence.

The focus has now shifted to the November 3 general election during which voters will determine the outcome of the gubernatorial race, several open state legislative seats, and fourteen statewide ballot measures.

The Legislature will reconvene on December 7, 2026, to swear in a new class of legislators. California's next governor will be sworn in during the first week of January 2027.

The Authority's legislative team is reviewing and monitoring legislative and budget discussions for any new opportunities available to support the Authority's initiatives and operations. The Authority's legislative team does not recommend that the Board adopt any new positions on state legislation at this time.

Fiscal Impact:

Not applicable.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☒ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☒ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☒ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act (CEQA) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Matt Harris
Director, Government Relations & Strategy

RESOLUTION NO. 2026-0079

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY
APPROVING THE OCTOBER 2026 LEGISLATIVE
REPORT

WHEREAS, the San Diego County Regional Airport Authority (“Authority”) operates San Diego International Airport and plans for necessary improvements to the regional air transportation system in San Diego County, including serving as the responsible agency for airport land use planning within the County; and

WHEREAS, the Authority has a responsibility to promote public policies consistent with the Authority’s mandates and objectives; and

WHEREAS, Authority staff works locally and coordinates with legislative advocates in Sacramento and Washington, D.C. to identify and pursue legislative opportunities in defense and support of initiatives and programs of interest to the Authority; and

WHEREAS, under the Authority’s Legislative Advocacy Program Policy, the Authority Board provides direction to Authority staff on pending legislation; and

WHEREAS, the Authority Board, in directing staff, may adopt positions on legislation that has been determined to have a potential impact on the Authority’s operations and functions.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the October 2026 Legislative Report (“Attachment A”); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “development” as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

October 2026 Legislative Report

State Legislation

New Assembly Bills

None

*Shaded text represents new or updated legislative information

Assembly Bills from Previous Report

Legislation/Topic

AB 810 (Irwin): Local government: internet websites and email addresses

Background/Summary

Current law requires cities and counties that have a publicly available internet website to use a ".gov" or a ".ca.gov" domain no later than January 1, 2029. Current law allows an agency to maintain a noncompliant domain (".com" or ".org") so long as it redirects users to a ".gov" or ".ca.gov" domain. Existing law also requires cities and counties, that maintain public email addresses, to ensure that each email address provided to its employees uses a ".gov" or ".ca.gov" domain no later than January 1, 2029.

This bill would expand the requirement to adopt a ".gov" or ".ca.gov" domain to special districts, joint power authorities, or other political subdivisions by January 1, 2031. This bill provides newly covered agencies the same flexibility, as in current law, to redirect visitors to compliant internet domains from their legacy domains.

The state and federal government have encouraged the adoption of 'top-level' security domains such as ".gov" due to their heightened security features including multifactor authentication, consumer privacy tools, and improved cyber threat communication. The federal Cybersecurity and Infrastructure Security Agency (CISA) sponsors the ".gov" domain and makes it available solely to United States based government organizations and publicly controlled entities. A ".gov" domain is available without a fee for agencies that qualify.

Anticipated Impact/Discussion

This bill would require the Authority to adopt a ".gov" website domain by January 1, 2031. The bill would allow the Authority to maintain its current domain (www.san.org) so long as it redirects visitors to the subsequently developed ".gov" address. Authority staff would need to assess and incur costs to complete the process for requesting and adopting a ".gov" domain. In addition, the Authority staff would need to assess its use of the current domain name in public outreach and communication, advertisements, and internal documents. The bill may result in heightened cybersecurity for the Authority and public visitors to its website.

Status

01/23/2026 – Failed

Position

Watch (05/01/2025)

*Shaded text represents new or updated legislative information

New Senate Bills

None

*Shaded text represents new or updated legislative information

Senate Bills from Previous Report

Legislation/Topic

SB 661 (Hurtado): Airports: financial assistance

Background/Summary

This bill establishes a framework to redirect aviation fuel tax revenues toward airports and for aviation-related purposes. By doing so, the bill advances federal compliance while strengthening California's aviation system and supporting economic development, regional connectivity, emergency response, and workforce opportunities across the state.

Current law requires retailers of aircraft jet fuel to report quarterly to California Department of Fee and Tax Administration (CDTFA) on their sales of aircraft jet fuel. CDTFA is required to post information from these reports online on a quarterly basis to comply with Federal Aviation Administration (FAA) policy.

Anticipated Impact/Discussion

For more than a decade, the Federal Aviation Administration (FAA), the California Department of Finance (DOF), state legislators, the California Airport Council (CAC), and the Authority have been engaged in ongoing discussions about the proper use of aviation fuel tax revenues. Since 2012, California has redirected these revenues to the state General Fund rather than to airports. In 2014, the FAA reaffirmed its longstanding position that aviation fuel taxes must be used solely for airport purposes and state aviation programs.

The FAA maintains that California is not yet in compliance, while DOF continues to posit that the state meets federal requirements. Deliberations will continue this legislative session, and the Authority will remain actively engaged with CAC as the issue moves forward.

Status

09/04/2026 – On Governor's desk; awaiting action (signature or veto)

Position

Support (08/21/2026)

*Shaded text represents new or updated legislative information

Federal Legislation

New House Bills

None

*Shaded text represents new or updated legislative information

House Bills from Previous Report

Legislation/Topic

H.R. 8770 (Strong): The SAFEGUARDS of 2026 / S. 2378 (Moran): The SAFEGUARDS Act of 2025

Background/Summary

Using revenue generated from the September 11 Security Fee, the *Spending Aviation Fees for Equipment, Guaranteeing Upgraded and Advanced Risk Detection and Safety (SAFEGUARDS) Act* (S. 2378) would help the Transportation Security Administration (TSA) fund and install new security equipment like explosive detection systems, credential authentication technology machines, computed tomography machines, and automated exit lanes. Specifically, the bill would increase the current set aside for the Aviation Security Capital Fund from \$250 million per year to \$500 million per year and establish a new set aside for an Aviation Security Checkpoint Technology Fund at \$250 million per year.

Anticipated Impact/Discussion

This legislation aims to speed up long acquisition timelines at TSA. The bill would direct revenue from the existing 9/11 security fee fund toward much needed security upgrades that include explosive detection systems, credential authentication technology, computed tomography machines, and automated exit lanes. If enacted, this bill would increase passenger safety and streamline airport operations nationwide to provide a better overall passenger experience.

Status

House: 07/13/2026 – Passed out of the House of Representatives by voice vote
Senate: 04/16/2026 – Passed out of the Senate Commerce, Science, and Transportation Committee

Position

Support (09/11/2025)

*Shaded text represents new or updated legislative information

Legislation/Topic

H.R. 3754 (Cohen) / S. 1966 (Duckworth): The Don't Miss Your Flight Act

Background/Summary

The bill would direct the Department of Transportation (DOT) to establish and carry out a program to provide grants to states, Tribal communities, or local governments for projects that (1) connect to a public airport; (2) make improvements on land that is on or within five miles of that public airport, and (3) reduce congestion, expands capacity, provides access to under-connected areas, or rehabilitates roadway, rail, or transit infrastructure (including bridges, tunnels, and rolling stock).

Anticipated Impact/Discussion

This bill would establish a \$1 billion-per-year grant program from Fiscal Year 2027 – 2031 to fund surface transportation projects, such as roads, transit, and rail, that improve access to public airports, particularly large and medium hub airports. The bill aims to reduce congestion, enhance multimodal connectivity, and expand access to under-connected areas within five miles of airports. It also allows flexibility in meeting non-federal cost share through tools like the Transportation Infrastructure Finance and Innovation Act (TIFIA) program and Passenger Facility Charges. If enacted, the bill would create new opportunities for state and local governments to secure funding for airport-adjacent infrastructure and reflects a growing emphasis on improving the full passenger journey to support economic mobility and system efficiency.

Status

06/06/2025 - Referred to the House Committee on Transportation and Infrastructure / Senate Committee on Environment and Public Works

Position

Support (07/10/2025)

*Shaded text represents new or updated legislative information

Legislation/Topic

H.R. 3746 (Amodei): The Rebuilding America's Airport Infrastructure Act

Background/Summary

The bill would modify the Passenger Facility Charge (PFC) program administered by the Federal Aviation Administration (FAA). Specifically, the bill proposes a phased increase to the maximum allowable PFC, raising the current cap of \$4.50 per passenger to \$5.50 for a one-year period beginning on January 1, 2027. The cap would then increase to \$6.50 in 2028, \$7.50 in 2029, and \$8.50 in and after 2030. Additionally, the bill requires the FAA to establish a pilot program to provide grants to states, Tribal communities, and localities.

Anticipated Impact/Discussion

H.R. 3746 would modernize airport funding by gradually increasing the cap on the Passenger Facility Charge (PFC), enabling airports to raise significantly more local revenue for infrastructure improvements. This change would help airports advance critical projects such as terminal upgrades and runway expansions, reduce reliance on federal funds, and improve the passenger experience. The bill also establishes a pilot grant program to support infrastructure needs in states, Tribal communities, and localities. The Authority has long supported an increase in the PFC (which hasn't been adjusted for 25 years) and it is included in the Authority's 2025 Legislative Agenda.

Status

06/06/2025 - Referred to the House Transportation and Infrastructure Committee
Subcommittee on Aviation

Position

Support (07/10/2025)

*Shaded text represents new or updated legislative information

Legislation/Topic

H.R. 2353 (Langworthy): The Safer Skies Act of 2025

Background/Summary

This bill requires the Transportation Security Administration (TSA) to implement the Aircraft Operator Standard Security Program (ASOSSP), commonly known as the AOP Standard Security program. Under the program, aircraft operators must conduct common carriage passenger-carrying operations for compensation or hire for which the certificate holder or a representative of such certificate holder offers individual seats in advance and provides publicly available schedules that include the departure location, departure time, and arrival location of operations; operate airplanes with a passenger-seat configuration of more than nine seats; and do not enplane or deplane in a checkpoint managed by the TSA. TSA must revise any of their rules, guidance, or policies to comply with the proposed requirements.

Anticipated Impact/Discussion

This bill aims to strengthen aviation security by requiring TSA to apply AOSSP to certain air carriers that offer public-facing flight services with more than nine seats but operate outside of TSA-managed checkpoints. This bill seeks to close a key security gap by ensuring consistent passenger screening standards across all qualifying operations, regardless of airport size or carrier type. While the legislation is expected to enhance public safety and align with broader Homeland Security goals, it may prompt debate over implementation logistics, costs for smaller carriers, and infrastructure readiness at non-commercial terminals.

Status

03/26/2025 – Referred to the House Committee on Homeland Security

Position

Watch (05/01/2025)

*Shaded text represents new or updated legislative information

Legislation/Topic

H.R. 1818 (Collins): the Aviation Workforce Development Act / S. 1590 (Scott): the Aviation Workforce Development Act

Background/Summary

The bill would allow students enrolled in Federal Aviation Administration flight and aviation maintenance programs to use their 529 plan funds to cover associated educational expenses.

Anticipated Impact/Discussion

This bill aims to remove financial barriers for those seeking a career in flight and aviation maintenance by allowing 529 plans, commonly used to finance educational careers, to be applied toward the costs of these programs. These career paths can be lucrative and help alleviate a looming workforce shortage in the industry.

Status

03/03/2025 – Referred to the House Committee on Ways and Means

Position

Support (06/05/2025)

Legislation/Topic

H.R.7613 (Graves): Airspace Location and Enhanced Risk Transparency (ALERT) Act

Background/Summary

The Airspace Location and Enhanced Risk Transparency (ALERT) Act of 2026 (H.R. 7613) is the comprehensive legislative response to the various aviation safety issues raised by the tragic 2025 midair collision between American Airlines Flight 5342 and a UH-60 Army Black Hawk helicopter at Ronald Reagan Washington National Airport (DCA). The ALERT Act seeks to address all 50 safety recommendations issued by the National Transportation Safety Board (NTSB), which concluded its thorough investigation and issued its final report on February 17, 2026. Among other things, the legislation creates certain circumstances where ADS-B In would be required to be installed on aircraft.

Anticipated Impact/Discussion

The legislation seeks to remedy the issues that led to the fatal DCA crash of January 2025 by requiring ADS-B In on aircraft that meet certain conditions and closing the military exception to ADS-B requirements, among other things. While the focus of the legislation is the safety of aircraft and airports during flight operations, there is a secondary issue that implicates airports as airports can impose reasonable and necessary fees on aircraft based on ADS-B data. The version of the bill that passed the House contains provisions restricting the ability of airports to use ADS-B data to collect these fees. A disruption in the ability of airports to collect these fees would create the potential for unstable airport funding structures and likely force airports to make up for lost fee revenue with other revenue streams.

Status

04/14/2026 – Passed out of the House of Representatives

Position

Watch (04/02/2026)

*Shaded text represents new or updated legislative information

New Senate Bills

Legislation/Topic

S. 5224 (Moran): Runway SAFE-T Act

Background/Summary

The Runway SAFE-T Act would establish a task force to improve airport driver training that is comprised of airport organizations, Federal Aviation Administration (FAA) designees, individuals familiar with aviation training technologies, the National Transportation Safety Board (NTSB), emergency rescue aircraft organizations, airport vehicle operators, and any individuals deemed appropriate by the FAA Administrator. This legislation would also use existing federal resources from the FAA's Airport Safety and Resilient Infrastructure Discretionary Program for technology and training to improve safe ground-vehicle operations.

Anticipated Impact/Discussion

This legislation aims to address safety gaps that have contributed to several recent close calls in the national airspace system, including the accident at LaGuardia Airport in March 2026. This legislation is expected to increase aviation safety by identifying effective training methods and programs where practices can be improved, as well as supporting targeted funding to upgrade airport safety technologies to prevent runway incursions and other surface incidents.

Status

09/16/2026 – Passed out of the Senate Commerce Committee via voice vote

Position

Support (10/01/2026)

*Shaded text represents new or updated legislative information

Senate Bills from Previous Report

Legislation/Topic

S. 2175 (Budd): The Pilot and Aircraft Privacy Act

Background/Summary

The Pilot and Aircraft Privacy Act prohibits the use of Automatic Dependent Surveillance-Broadcast (ADS-B) data to identify aircraft for the purpose of charging fees or imposing costs on aircraft owners or operators. Air traffic controllers may only use ADS-B data for tracking aircraft to enhance safety and efficiency or for purposes approved by the Secretary of Transportation after public notice and comment. The bill also imposes requirements on public-use airports before charging fees on general aviation aircraft, mandating disclosure of cost estimates, revenue diversification efforts, and impact assessments on aviation-related communities. Any fees collected must be exclusively used for airside safety projects, and the Federal Aviation Administration (FAA) may establish regulations and reporting obligations to ensure compliance.

Anticipated Impact/Discussion

This legislation would undermine airport safety, efficiency, and financial sustainability by restricting airports' ability to impose reasonable and necessary fees on general aviation and commercial aircraft and their ability to use ADS-B data and FAA aircraft registration information to assess appropriate user fees. These tools are essential for managing operations, ensuring safety, and collecting reasonable user fees.

Status

03/26/2026 – Amended and added in to the ALERT Act (H.R.7613)

Position

Oppose (11/06/2025)

*Shaded text represents new or updated legislative information

Staff Report

Meeting Date: October 1, 2026

Subject:

Appointment of Authority Advisory Committee Members

Recommendation:

Adopt Resolution No. 2026-0080, appointing members to the Authority Advisory Committee.

Background/Justification:

The Authority's Advisory Committee was established to facilitate input from community stakeholders and subject matter experts regarding Authority planning and development activities. The 22-member Committee (Attachment A) is governed by the provisions of Authority Policy 1.21. While the Board is responsible for approving the appointments of all members of the Committee, nominations are received from various sources as follows:

(Seats 1 – 7) The President/CEO shall nominate individuals to fill seats representing each of the following categories:

- (1) airport management;
- (2) passenger and freight air transportation operations and economics;
- (3) general aviation;
- (4) the natural environment;
- (5) local government;
- (6) the campuses of the University of California and the California State Universities in the region; and
- (7) organized labor.

(Seats 8 – 17) The Presidents of the organizations listed below may each nominate one individual.

- (8) San Diego Regional Economic Development Corporation
- (9) San Diego North Economic Development Council
- (10) East County Economic Development Council
- (11) South County Economic Development Council
- (12) San Diego Regional Chamber of Commerce
- (13) North San Diego Business Chamber
- (14) East County Chamber of Commerce

- (15) Metropolitan Transit System
- (16) North County Transit District
- (17) San Diego Tourism Authority

(Seat 18) The Deputy Trustee of the San Diego and Imperial Counties Labor Council or his/her designee may nominate one individual to serve in this seat.

(Seat 19) The District Director of the California Department of Transportation for the San Diego Region or his/her designee serves in this seat.

(Seat 20) The representative of the United States Department of Defense currently serving on the Board or his/her designee serves in this seat.

(Seats 21 – 22) Two seats are reserved for members of the general public. Whenever a vacancy occurs in one of these seats, a notice is issued by the Authority. The Chief Auditor and Vice President of Development jointly review and nominate individuals to serve in these two seats.

NOMINATIONS TO FILL OPEN SEATS

The terms of several Committee members expired in September 2026. Nominations have been received to replace those members whose terms were due to expire. The names and biographical information of the nominees, the category represented by the nominees, and the source of the nominations are listed below.

Seat 1: JEFF RASOR (reappointment) – Jeff Rasor is a seasoned aviation leader with more than four decades of experience in airport and airline operations. He spent 36 years with Delta Air Lines, where he built a distinguished career as an operational general manager, overseeing complex airport environments and delivering safe, efficient, and customer-focused performance. Following his tenure at Delta, Rasor continued his impact in the aviation industry with nearly 10 years at the San Diego County Regional Airport Authority, serving as Director of Airside and Terminal Operations. In this role, he was responsible for the strategic and day-to-day management of airfield operations, terminal activities, and stakeholder coordination at the nation's busiest single-runway airport. Known for his operational expertise, leadership, and commitment to excellence, Rasor has played a key role in advancing airport efficiency, safety standards, and the overall passenger experience.

Seat 8: NIKIA CLARKE (reappointment) – Dr. Nikia Clarke is Chief Strategy Officer of the San Diego Regional Economic Development Corporation (EDC) and Executive Director of World Trade Center San Diego (WTCSD), an EDC affiliate. She leads strategy and program development for the organization and oversees its economic development, research, talent, and global engagement priorities. Clarke's background is in global trade and

investment strategy, and she has two decades of experience in global and local economic development across the academic, private, and nonprofit sectors. She is a former appointee to the National Investment Advisory Council, a collection of senior leaders that advises the administration on foreign direct investment policy and strategy, and is founder and former Director of OUCAN, an international network of emerging-market industry leaders, policymakers, and researchers. She is also a professor at UC San Diego's School of Global Policy and Strategy and serves on the boards of San Diego State University's International Business Program and Innovation District, Lifeline Community Services, the San Diego Innovation Council, the San Diego & Imperial Small Business Development Center Network, and Port Maritime Advisory. Previously, she advised the San Diego STEM Pathways Community and World Design Capital 2024. She holds a B.A. from Loyola Marymount University, an M.Phil. from the University of Cambridge, and a Ph.D. from the University of Oxford.

Seat 10: MATT SANFORD (appointment) – Matthew Sanford is President & CEO of the East County Economic Development Council (ECEDC), leading economic development strategy and program execution across El Cajon, Santee, La Mesa, Lemon Grove, and unincorporated San Diego County. He brings 18 years of San Diego regional economic development experience, including prior roles as Economic Development Director for the City of Carlsbad and Senior Director of Economic Development for San Diego Regional EDC. He continues to be engaged on regional issues and serves on a number of organization boards throughout the San Diego region. Sanford holds an MPA from National University, a B.S. in Political Science from the University of Oregon, and a Leadership & Management certificate from Harvard Business School.

Seat 12: EVAN STRAWN (appointment) – Evan Strawn is Director of Public Affairs for the San Diego Regional Chamber of Commerce. He leads city and state policy efforts and oversees advocacy related to housing, land use, healthcare, technology, education, workforce development, and military and veteran affairs. He manages the Chamber's Public Policy Committee and serves on community boards and committees, including the Metropolitan Transit System Community Advisory Committee and the City of San Diego Development Services Technical Advisory Committee. He holds a B.A. in Political Science from Point Loma Nazarene University.

Seat 15: RONN HALL (reappointment) – Vice Mayor Ronn Hall was elected to the Santee City Council in November 2014, reelected in 2018, and ran unopposed in 2022. A native of San Diego County, he is a longtime licensed insurance agent and notary public and has owned and operated Ronn Hall Insurance and Notary Services for more than 39 years. Before starting his insurance business, Hall was a store manager for a local drugstore chain. His business has received multiple awards and was recognized by the Santee Chamber of

Commerce as a Santee Business of the Year. As a Santee business owner, former Chamber of Commerce president, Rotarian, community volunteer, and councilmember, Hall embraces and promotes the philosophy “Live, Work, Shop, and Play in Santee.” During his chamber service, he collaborated with community leaders to help launch the Santee Street Fair, which grew into one of the largest community events in San Diego County. Hall is committed to promoting business as both a business leader and councilmember. He and his wife, Virginia, volunteer with organizations in Santee and support local businesses and causes. They have worked with community groups including Santee-Lakeside Rotary and Santee Santos. Hall’s personal goal is to bring Rotary’s official motto, “Service Above Self,” to his work on the Santee City Council. Hall and Virginia live and work in Northeast Santee and attend Shadow Mountain Community Church. Virginia is a longtime Santee resident, retired registered nurse, Realtor, and member of the Grossmont Healthcare District Board, first elected in 2016 and unopposed in 2020 and 2024.

Seat 17: KERRI VERBEKE KAPICH (appointment) – Kerri Verbeke Kapich is Chief Operating Officer of the San Diego Tourism Authority (SDTA), one of the nation’s leading destination marketing organizations. SDTA represents more than 1,000 hospitality organizations and serves as the San Diego region’s tourism marketing engine. Kapich is a frequent speaker at community meetings and industry conferences and for LEAD San Diego. She was named one of the nation’s “Top 100 Marketers” by Advertising Age and has received numerous marketing, advertising, and tourism honors, including the 2025 LEAD Visionary Award for Regional Collaboration, San Diego Magazine’s 2025 Celebrating Women Vanguard Award, the American Marketing Association San Diego Chapter’s 2024 Marketer of the Year award, the San Diego County Hotel-Motel Association Gold Key Allied Person of the Year Award, San Diego Daily Transcript Women of Influence recognition, San Diego Magazine Woman of the Year honors, San Diego Business Journal Women Who Mean Business finalist recognition, and Multi-Cultural Convention Services Network Women in Tourism & Hospitality honors. Kapich joined SDTA in 1997. As COO, she is responsible for strategic planning, brand stewardship, community engagement, and revenue development. She has helped lead major initiatives, including the National Geographic “World’s Smart Cities” San Diego documentary and the 2024–2034 San Diego Tourism Stewardship Plan. During the COVID-19 pandemic, she led numerous task forces and served on two mayoral advisory boards focused on rebuilding the tourism economy. Kapich chairs the CalTravel Board of Directors. She also serves on the boards or advisory bodies of the Jacobs & Cushman San Diego Food Bank, Downtown San Diego Partnership, Visit California, and the U.S. Travel Association. Her past board service includes LEAD San Diego, where she served as chair; the Cal Poly San Luis Obispo Experience Industry Management Advisory Board; Forever Balboa Park; the World Design Capital 2024 San Diego–Tijuana Advisory Board; the SAN Regional Advisory Board; the California Restaurant Association San Diego Chapter; Junior League of San Diego; U.S. Destinations Council; and the Advertising Club of San Diego. She

is a graduate of LEAD Influence San Diego's class of 2017. A San Diego native, Kapich is a graduate of the University of California, Santa Barbara.

Seat 19: JOSE I. MARQUEZ CHAVEZ (appointment) – Jose I. Marquez Chavez has worked with the California Department of Transportation (Caltrans) for 19 years and currently serves as Deputy District Director for Planning and Local Assistance for District 11. Throughout his career, he has provided leadership in statewide, district, binational, and national planning efforts, with a strong focus on freight mobility, international border coordination, and strategic partnerships among local, regional, state, federal, and international agencies. Marquez holds a Bachelor of Arts in Public Administration and Political Science from the Autonomous University of Baja California and a Master of Science in City and Regional Planning from California Polytechnic State University, San Luis Obispo. He is also a certified member of the American Institute of Certified Planners. In addition to his District 11 responsibilities, Marquez has been actively involved in national transportation initiatives. He coauthored the American Planning Association's Freight Transportation Policy, has served as a member of Transportation Research Board committees, and participated as a panelist for National Cooperative Highway Research Program concepts. His work reflects a strong commitment to advancing planning practice, policy development, and knowledge-sharing at the international, national, and state levels. Outside of work, Marquez is a self-described foodie who enjoys traveling with his spouse, Fernando, and maintaining a regular meditation practice. He is a founding member of PRISM, Caltrans' LGBTQ+ affinity group, and shares his home with a spirited miniature schnauzer who firmly believes she is human.

Seat 20: JIM GRUNY (reappointment) – Retired United States Marine Corps Colonel Jim Gruny serves as Community Liaison Officer for Marine Corps Recruit Depot San Diego (MCRDSD). In this capacity, he advises and supports the Commanding General and subordinate commanders in maintaining a strong, positive, and mutually supportive relationship between MCRD and the greater San Diego community. Gruny serves on multiple nonprofit and civic boards and committees and actively supports the region's military community through advocacy and hands-on volunteer efforts. His leadership positions include membership in the Leadership Group for the Burnham Center's OneSD initiative, chair of the President's Military Advisory Council at California State University San Marcos, and chair of the Military Affairs Committee at San Diego Rotary Club 33. During 30 years of Marine Corps service as an armor officer, Gruny completed two combat tours: as a tank platoon commander in Operations Desert Shield and Desert Storm and as a tank battalion operations officer in Operation Iraqi Freedom. He served in multiple command tours, concluding as Regimental Commander of the Recruit Training Regiment at Marine Corps Recruit Depot San Diego. His staff assignments included service at the battalion, group, Marine Expeditionary Force, service headquarters, and agency levels, as

well as a Secretary of Defense Corporate Fellowship with Amgen in Thousand Oaks, California. His personal decorations include the Legion of Merit with three gold stars in lieu of a fourth award; Bronze Star with combat distinguishing device; Defense Meritorious Service Medal; Meritorious Service Medal with two gold stars in lieu of a third award; Navy Commendation Medal with combat distinguishing device and two gold stars in lieu of a third award; and Combat Action Ribbon with one gold star in lieu of a second award. Gruny holds a Bachelor of Arts in Economics from Vanderbilt University, a Master of Science in Management from the Naval Postgraduate School in Monterey, California, and an honorary Doctor of Humane Letters from California State University San Marcos. A native of Louisville, Kentucky, Gruny resides in San Marcos, California, with his wife, Terry. They have two sons, Jake and Luke, and a grandson, Noah.

Fiscal Impact:

Not applicable.

Authority Strategies/Focus Areas:

This item supports one or more of the following:

Strategies

☒ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Staff Report

Meeting Date: October 1, 2026

Page 7 of 7

Prepared by:

Matt Harris
Director, Government Relations & Strategy

RESOLUTION NO. 2026-0080

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY,
APPOINTING MEMBERS TO THE AUTHORITY
ADVISORY COMMITTEE

WHEREAS, California Public Utilities Code §170054 requires the establishment of an advisory committee (“Advisory Committee”) to assist the San Diego County Regional Airport Authority (“Authority”) in performing its responsibilities related to the planning and development of all airport facilities for the County of San Diego; and

WHEREAS, the Authority Board desires to have timely and qualitative input from a diverse community in the planning and development of airport facilities; and

WHEREAS, pursuant to Authority policy 1.21, nominations for seats on the Advisory Committee are received from various sources; and

WHEREAS, as result of term expirations, the Authority Board desires to appoint to the Advisory Committee the individuals whose nominations were received pursuant to Authority Policy 1.21.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approve appointments to the Authority Advisory Committee as indicated on “Attachment A” for the term stated; and

BE IT FURTHER RESOLVED finds that this action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “development” as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Attachment A

Authority Advisory Committee

Name	Seat	Term Start	Term Ends
AIRPORT MANAGEMENT			
Jeff Rasor	1	October 1, 2026	September 30, 2028
PASSENGER AND FREIGHT AIR TRANSPORTATION OPERATIONS AND ECONOMICS			
Claudia Estrada Howell	2	November 6, 2025	September 30, 2027
GENERAL AVIATION			
Jamie Abbott - County of San Diego Airports	3	November 6, 2025	September 30, 2027
THE NATURAL ENVIRONMENT			
Steve Morris - I Love A Clean San Diego	4	November 6, 2025	September 30, 2027
LOCAL GOVERNMENT			
Dion Akers - City of Solana Beach	5	November 6, 2025	September 30, 2027
THE CAMPUSES OF THE UNIVERSITY OF CALIFORNIA AND THE CALIFORNIA STATE UNIVERSITIES			
Rachel Gregg - SDSU	6	November 6, 2025	September 30, 2027
ORGANIZED LABOR			
Ansermio (AJ) Estrada - San Diego Building & Construction Trades Council (SDBCTC)	7	November 6, 2025	September 30, 2027
SAN DIEGO REGIONAL ECONOMIC DEVELOPMENT CORPORATION			
Nikia Clarke	8	October 1, 2026	September 30, 2028
REGIONAL ECONOMIC DEVELOPMENT			
Erik Bruvold - San Diego North EDC	9	November 6, 2025	September 30, 2027
Matt Sanford - East County EDC	10	October 1, 2026	September 30, 2028
Jim O'Callaghan - South County EDC	11	November 6, 2025	September 30, 2027
SAN DIEGO REGIONAL CHAMBER OF COMMERCE			
Evan Strawn	12	October 1, 2026	September 30, 2028
BUSINESS, INCLUDING THE TECHNOLOGY SECTOR OF THE ECONOMY			
Chris Thorne - North San Diego Business Chamber	13	November 6, 2025	September 30, 2027
Rick Wilson - East County Chamber of Commerce	14	November 6, 2025	September 30, 2027
METROPOLITAN TRANSIT SYSTEM			
Ronn Hall	15	October 1, 2026	September 30, 2028
NORTH COUNTY TRANSIT DISTRICT			
Mary Dover	16	November 6, 2025	September 30, 2027
SAN DIEGO TOURISM AUTHORITY			
Kerri Verbeke Kapich	17	October 1, 2026	September 30, 2028
SAN DIEGO AND IMPERIAL COUNTIES LABOR COUNCIL			
Brigitte Browning	18	November 6, 2025	September 30, 2027
CALIFORNIA DEPARTMENT OF TRANSPORTATION			
Jose I. Marquez Chavez	19	October 1, 2026	September 30, 2028
UNITED STATES DEPARTMENT OF DEFENSE			
Jim Gruny	20	October 1, 2026	September 30, 2028
MEMBERS OF THE GENERAL PUBLIC SAN DIEGO COUNTY			
Paul Robinson	21	November 6, 2025	September 30, 2027
Brittany Applestein Syz	22	November 6, 2025	September 30, 2027

Staff Report

Meeting Date: October 1, 2026

Subject:

Revised Annual Review and Notification of Board Member Weighted Vote Point Allocation as Required by Section 170014 of the California Public Utilities Code

Recommendation:

Adopt Resolution No. 2026-0091, accepting the Revised Board Member Weighted Vote Point Allocation as required by Section 170014 of the California Public Utilities Code.

Background/Justification:

Section 170014 of the California Public Utilities Code and Authority Policy 1.30(12)(b)(3) require that the allocation of vote points shall be made annually by the Board, based upon the population calculations made by the San Diego Association of Governments (SANDAG). Following the September 3, 2026, Board Meeting, Staff discovered a mathematical error resulting in a reallocation of certain vote points. This proposed revision corrects the mathematical error.

Adoption of an ordinance, resolution, or motion requires both a numerical majority vote and a weighted majority vote of the total voting membership of the Board. No Board actions were materially affected by the previous mathematical error.

NUMERICAL MAJORITY (TALLY VOTE)

A numerical majority requires an affirmative vote of at least five members of the voting membership of the Board.

WEIGHTED MAJORITY (WEIGHTED VOTE)

A weighted majority requires an affirmative vote of Board Members controlling at least 51 of a total of 100 vote points that are allocated among the Board Members.

No jurisdiction may be allocated more than 40 vote points or less than one vote point. There are no fractional vote points. The allocation of vote points is to be made annually by the Board based upon the population calculations made by the SANDAG. The vote points for the City of San Diego are to be divided as equally as possible among its three Board

Members (presently 13, 13 and 14 respectively). The Mayor of the City of San Diego makes the determination which City representative is assigned each vote point allocation.

The vote points for the County of San Diego are to be divided as equally as possible (presently 8 and 8 respectively) and are allocated by the Chair of the County Board of Supervisors.

When the vote points are determined, they are assigned to individual Board Members.

In accordance with California Public Utilities Code 170014 and Authority Policy 1.30(12)(b)(3) and using SANDAG's 2025 estimated population calculations, the weighted vote point allocations effective September 3, 2026, are revised as follows:

Jurisdiction	Board Member	New Vote Points	Old Vote Points
City of San Diego	Lydia Ball	14 points	14 points
City of San Diego	Daniel Kuperschmid	13 Points	13 points
City of San Diego	Marni von Wilpert	13 points	13 points
County of San Diego	Monica Montgomery Steppe	8 points	8 points
County of San Diego	Rafael Perez	8 points	8 points
North County Inland	Steve Vaus	13 points	12 points
North County Coastal	Esther C. Sanchez	11points	12 points
East County	James Sly	8 points	8 points
South County	Whitney Benzian	12 points	12 points

Fiscal Impact:

Not applicable.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☐ Community Strategy
 ☐ Customer Strategy
 ☐ Employee Strategy
 ☐ Financial Strategy
 ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan
 ☐ Transform the Customer Journey
 ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

Prepared by:

Annette Fagan Ortiz
Authority Clerk

RESOLUTION NO. 2026-0091

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY, ACCEPTING THE REVISED BOARD MEMBER WEIGHTED VOTE POINT ALLOCATION AS REQUIRED BY SECTION 170014 OF THE CALIFORNIA PUBLIC UTILITIES CODE

WHEREAS, Section 170014 of the California Public Utilities Code and Authority Policy 1.30(12)(b)(3) require that the allocation of vote points shall be calculated annually by the San Diego County Regional Airport Authority Board based upon the population calculations made by the San Diego Association of Governments ("SANDAG"); and

WHEREAS, a weighted majority requires an affirmative vote of Board Members controlling at least 51 of a total 100 vote points that are allocated amongst the Board Members; and

WHEREAS, at its regular meeting on September 3, 2026, the Board adopted Resolution No. 2026-0063, accepting the Board Member Weighted Vote Point Allocation as required by Section 170014 of the California Public Utilities Code; and

WHEREAS, following the September 3, 2026, Board Meeting, Staff discovered a mathematical error in the calculations used to determine the weight points allocated pursuant to Resolution No. 2026-0063, which error did not materially affect any previous Board actions; and

WHEREAS, the mathematical error now requires a revised allocation of certain vote points; and

WHEREAS, in accordance with Section 170014 of the California Public Utilities Code and Authority Policy 1.30(12)(b)(3), and using the 2025 estimated population calculations provided by SANDAG, the revised weighted vote point allocations effective September 3, 2026, are as follows:

City of San Diego	Lydia Ball	14 points
City of San Diego	Daniel Kuperschmid	13 points
City of San Diego	Marni von Wilpert	13 points
County of San Diego	Monica Montgomery Steppe	8 points
County of San Diego	Rafael Perez	8 points
North County Inland	Steve Vaus	13 points
North County Coastal	Esther C. Sanchez	11 points
East County	James Sly	8 points
South County	Whitney Benzian	12 points

NOW, THEREFORE, BE IT RESOLVED that the Board hereby accepts the revised Board Member Weighted Vote Point Allocation as required by Section 170014 of the California Public Utilities Code and directs that these weighted vote point allocations be implemented effective September 3, 2026; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “development” as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October 2026 by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

San Diego County Regional Airport Authority

Explanation of Numerical and Weighted Voting

All votes of the Board to adopt a resolution or motion require both a numerical and a weighted majority vote of the total voting membership of the Board.

Numerical Majority (Tally Vote)

A numerical majority requires an affirmative vote of five of the voting membership of the Board.

Weighted Majority (Weighted Vote)

A weighted majority requires an affirmative vote of 51 of a total of 100 vote points that are allocated among the Board Members.

The allocations as of September 3, 2026, are as follows:

City of San Diego	Lydia Ball	14 points
City of San Diego	Daniel Kuperschmid	13 points
City of San Diego	Marni von Wilpert	13 points
North County Coastal	Esther C. Sanchez	11 points
North County Inland	Steve Vaus	13 points
South County	Whitney Benzian	12 points
East County	James Sly	8 points
County of San Diego	Monica Montgomery Steppe	8 points
County of San Diego	Rafael Perez	8 points

When a weighted vote is taken on any item that requires a supermajority of the tally vote, the same supermajority percentage will apply to the weighted vote. Senate Bill 10 requires supermajority votes in two instances:

1. Any act to submit a ballot measure to the voters at a regular or special election shall require a two-thirds majority vote;
2. A resolution modifying the amount of compensation provided to Board Members requires a two-thirds majority vote.

Staff Report

Meeting Date: October 1, 2026

Subject:

Reject Claim of Malchiel Melchior P. La' Violette

Recommendation:

Adopt Resolution No. 2026-0081, rejecting the claim of Malchiel Melchior P. La' Violette.

Background/Justification:

On August 12, 2026, Malchiel Melchior P. La' Violette ("La' Violette" or "Claimant") filed a claim ("Attachment A") with the San Diego County Regional Airport Authority ("Authority"). Specifically, La' Violette alleges that on or around August 1, 2026, her laptop computer was damaged when it fell from a shelf in a restroom stall in Terminal Two at San Diego International Airport. As a result of that incident, La' Violette claims damages in the amount of \$1,000 to cover the cost of the computer.

As described above, La' Violette alleges that on or about August 1, 2026, she was using the restroom in Terminal Two at five in the morning. She claims she placed her computer bag on the pull-down shelf within the stall when an unidentified female airport employee opened a door quickly, causing the bag to fall and the Apple Neo laptop to fall out on the floor. She claims the computer no longer works.

La' Violette's claim should be denied. An investigation into the incident could not identify an employee of the Authority on duty at that hour who might fit the description provided by the Claimant. Nor is there any other evidence to support liability on the part of the Authority. The General Counsel has reviewed the claim and recommends rejection.

Fiscal Impact:

Not applicable.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act ("CEQA") Cal. Pub. Res. Code §21065.
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Lee Kaminetz
General Counsel

SAN DIEGO
COUNTY
REGIONAL
AIRPORT
AUTHORITY

ACCIDENT OR DAMAGE

CLAIM FORM

Please complete all sections.
Incomplete submittals will be
returned, unprocessed. Use a
typewriter or print in ink.

FOR AUTHORITY USE ONLY

Document No.: _____

Filed: _____

1) Claimant Name: <u>Malchiel Melchior P. La Viollette</u>	
2) Address to which correspondence regarding this claim should be sent: <u>1420 Third Avenue</u> <u>San Diego, California 92101</u>	
Telephone No.: <u>650-219-2112</u>	Date: <u>04-August-2026</u>
3) Date and time of incident: <u>01-August-2026 (SATURDAY) 5:00am</u>	
4) Location of incident: <u>Terminal (a) Restroom</u>	
5) Description of incident resulting in claim: <u>I was in the cubicle; compartments. My computer bag with my computer was placed on the pull down shelf. My other luggage was on the floor. When I was in the cubicle an African female employee pushed the restroom door very fast to open the door. My computer bag slammed down on the restroom floor with my computer falling out of the bag. My computer will no longer work.</u>	
6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known:	
7) Persons having firsthand knowledge of incident:	
Witness (es)	Physician(s):
Name:	Name:
Address:	Address:
Phone:	Phone:

ATTACHMENT A

8) Describe property damage or personal injury claimed:

The computer (laptop) is totally damaged, will not turn on.

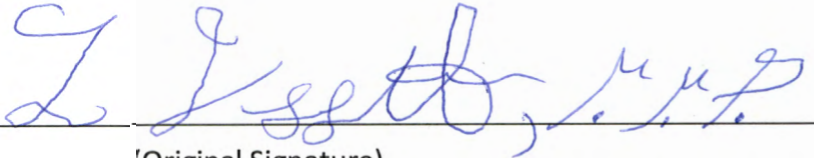
9) Owner and location of damaged property or name/address of person injured:

Malchiel Melchor P. La Viollette
Computer is located in my computer backpack bag.

10) Detailed list and amount of damages claimed as of date of presentation of claim, including prospective damages. If amount exceeds \$10,000.00, a specific amount need not be included.

MacBook Neo - will no longer work due to major dropping of computer from employee in restroom. Amount \$ in damages \$2,000.00 dollars.

Dated: 05-August-2026 Claimant:



(Original Signature)

Notice to Claimant:

Where space is insufficient, please use additional paper and identify information by proper section number.

You or your representative are required to sign this form (G.C. §910.2). Presentation of a false claim with intent to defraud is a felony (Penal Code §72).

Mail completed original form to:

OR

Deliver completed original form in person to:

Claims
San Diego County Regional Airport Authority
P.O. Box 82776
San Diego, CA 92138-2776

San Diego County Regional Airport Authority
Administration Reception Desk
2417 McCain Rd.
San Diego, CA 92101

RESOLUTION NO. 2026-0081

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY,
REJECTING THE CLAIM OF MALCHIEL MELCHIOR P.
LA' VIOLETTE

WHEREAS, on August 14, 2026, Malchiel Melchior P. La' Violette filed a claim with the San Diego County Regional Airport Authority ("Authority") for damages she claims were the result of her laptop computer falling off a shelf in the restroom in Terminal Two at San Diego International Airport; and

WHEREAS, at its regular meeting on October 1, 2026, the Board considered the claim filed by Malchiel Melchior P. La' Violette and the report submitted to the Board, and found that the claim should be rejected.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby rejects the claim of Malchiel Melchior P. La' Violette; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October, 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Staff Report

Meeting Date: October 1, 2026

Subject:

Reject Claim of Shani Crawley

Recommendation:

Adopt Resolution No. 2026-0082, rejecting the claim of Shani Crawley.

Background/Justification:

On August 20, 2026, Shani Crawley ("Crawley" or "Claimant") filed a claim ("Attachment A") with the San Diego County Regional Airport Authority ("Authority"). Specifically, Crawley alleges that on or around June 7, 2026, she was injured when she tripped over a box near a water leak in Peet's Coffee in Terminal Two at San Diego International Airport. As a result of that incident, Crawley claims damages in the amount of \$5,000,000 to cover various injuries.

As described above, Crawley alleges that on or about June 7, 2026, she was working in Peet's Coffee in Terminal Two when she tripped over a box near a water leak. She further claims the incident occurred as a dangerous condition of public property. Her claimed injuries include left side pain and stiffness, a knee sprain and a bruise on her head.

Crawley's claim should be denied. An investigation into the incident revealed no actual or constructive notice of a dangerous condition. Further, the incident occurred within the Peet's Coffee location operated by SSP America and under its exclusive care, custody and control. The General Counsel has reviewed the claim and recommends rejection.

Fiscal Impact:

Not applicable.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act ("CEQA") Cal. Pub. Res. Code §21065.
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Lee Kaminetz
General Counsel

ORIGINAL

SAN DIEGO
COUNTY
REGIONAL
AIRPORT
AUTHORITY

ACCIDENT OR DAMAGE

CLAIM FORM

Please complete all sections.
Incomplete submittals will be
returned, unprocessed. Use a
typewriter or print in ink.

FOR AUTHORITY USE ONLY

Document No.: _____

Filed: _____

1) Claimant Name: Shani Crawley	
2) Address to which correspondence regarding this claim should be sent: Morgan & Morgan Att: Nelson Ventura Esq, 18100 Von Karman Ave, Ste 200 Irvine, CA 92612	
Telephone No.: (949) 898-6516	Date: 08/11/2026
3) Date and time of incident: 06/07/2026 at 7:00pm	
4) Location of incident: San Diego Airport (Peete's Coffee Shop in the West side)	
5) Description of incident resulting in claim: Client tripped over a box near a water leak while working, she fell forward injuring herself. See Exhibit A	
6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known: N/A	
7) Persons having firsthand knowledge of incident:	
Witness (es) N/A	Physician(s): N/A
Name: N/A	Name: Concentra Urgent Care
Address: N/A	Address: 102 Mile of Cars Way, National City, CA 91950
Phone: N/A	Phone: (619) 474-9211

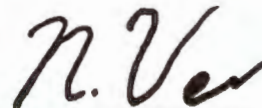
FAXED

ATTACHMENT A

8) Describe property damage or personal injury claimed:
Injuries: - Left-sided injuries after fall (general) - Left shoulder pain - Sharp/stiff pain between left waist and ribs - Knee sprain - Head contusion (front of head) - No fractures reported
9) Owner and location of damaged property or name/address of person injured:
Peete's Coffee Shop in the West side
10) Detailed list and amount of damages claimed as of date of presentation of claim, including prospective damages. If amount exceeds \$10,000.00, a specific amount need not be included.
\$5,000,000.00

Dated: 08/11/2026

Claimant: Nelson Ventura Esq,



(Original Signature)

Notice to Claimant:

Where space is insufficient, please use additional paper and identify information by proper section number.

You or your representative are required to sign this form (G.C. §910.2). Presentation of a false claim with intent to defraud is a felony (Penal Code §72).

Mail completed original form to:

OR

Deliver completed original form in person to:

Claims
San Diego County Regional Airport Authority
P.O. Box 82776
San Diego, CA 92138-2776

San Diego County Regional Airport Authority
Administration Reception Desk
2417 McCain Rd.
San Diego, CA 92101

Exhibit A

San Diego County Regional Airport Authority owns, possesses, administrates, manages, inspects, maintains, San Diego International Airport ("Subject Premises"). As the governmental entity responsible for these premises, San Diego County Regional Airport Authority owed Claimant a duty to maintain a safe environment, which included ensuring the safe conditions of public infrastructure, including inadequate public sidewalk and business area located at the Subject Premises. San Diego County Regional Airport Authority failed to take reasonable care to mitigate and/or prevent the risk of harm to Claimant, therefore allowing the dangerous conditions to exist, directly and proximately causing severe injury to the Claimant.

Claimant alleges that the subject incident was caused by a dangerous condition of public property as defined by Government Code Section 830, and that the public entity is liable for said condition under Government Code Section 835.

The claimant reserves the right to amend or supplement this claim as additional information becomes available.

RESOLUTION NO. 2026-0082

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY,
REJECTING THE CLAIM OF SHANI CRAWLEY

WHEREAS, on August 20, 2026, Shani Crawley filed a claim with the San Diego County Regional Airport Authority ("Authority") for injuries she claims were the result of tripping over a box in Peet's Coffee in Terminal Two at San Diego International Airport; and

WHEREAS, at its regular meeting on October 1, 2026, the Board considered the claim filed by Shani Crawley and the report submitted to the Board, and found that the claim should be rejected.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby rejects the claim of Shani Crawley; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October, 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Staff Report

Meeting Date: October 1, 2026

Subject:

Reject Claim of Mohamed Abdullahi Ahmed

Recommendation:

Adopt Resolution No. 2026-0083, rejecting the claim of Mohamed Abdullahi Ahmed.

Background/Justification:

On August 20, 2026, Mohamed Abdullahi Ahmed ("Ahmed" or "Claimant") filed a claim ("Attachment A") with the San Diego County Regional Airport Authority ("Authority"). Specifically, Ahmed alleges that on or around April 14, 2026, he was injured when he was attacked by an assailant while using the restroom facilities at the taxi hold lot at San Diego International Airport. As a result of the incident, Ahmed seeks compensation in the amount of \$5,000,000 to settle his claims for past and future special/general damages incurred.

As described above, Ahmed alleges that on or about April 14, 2026, he arrived in the lot where taxis and rideshare vehicles stage before being assigned fares or trips. He further alleges that while waiting in the queue for a driver assignment, he went to use the restroom facilities and was physically attacked from behind by an assailant who tried to strangle him. Ahmed alleges that the Authority is liable based upon a negligence theory claiming that dangerous conditions existed at the premises.

Ahmed's claim should be denied. A public entity in California is generally not liable for a third-party criminal act unless specific statutory exceptions apply. Moreover, this matter is the subject of an ongoing criminal investigation. The General Counsel has reviewed the claim and recommends rejection.

Fiscal Impact:

Not applicable.

Staff Report

Meeting Date: October 1, 2026

Page 2 of 2

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act ("CEQA") Cal. Pub. Res. Code §21065.
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Lee Kaminetz
General Counsel

**SAN DIEGO
COUNTY
REGIONAL
AIRPORT
AUTHORITY**

ACCIDENT OR DAMAGE

CLAIM FORM

Please complete all sections.
Incomplete submittals will be
returned, unprocessed. Use a
typewriter or print in ink.

FOR AUTHORITY USE ONLY

Document No.: _____

Filed: _____

1) Claimant Name: MOHAMED ABDULLAHI AHMED

2) Address to which correspondence regarding this claim should be sent:

FEGHALI HADWAN KHALIL LLP
c/o Matthew Khalil, Esq.
7855 Ivanhoe Avenue, Suite 200, La Jolla, CA 92037
mak@fhkllp.com

Telephone No.: (619) 664-4230

Date: AUGUST 31, 2026

3) Date and time of incident: April 14, 2026 at approximately 11:15 pm

4) Location of incident: Taxi Driver Staging Area and Restroom Facility - 2801 North Harbor Drive

5) Description of incident resulting in claim:

Claimant Mohamed Abdullahi Ahmed, a licensed airport taxi driver authorized to serve San Diego International Airport, suffered severe personal injuries, emotional trauma, wage loss, and property loss when he was violently attacked, strangled into unconsciousness, robbed, and subjected to a hate-motivated attempted murder while using restroom facilities located within the Airport Authority's designated taxi driver staging area.

The incident occurred in an area maintained and controlled by the San Diego County Regional Airport Authority and allegedly resulted from dangerous conditions of public property, inadequate security, lack of access control, failure to maintain functioning surveillance equipment, failure to protect authorized users of the facility, and other negligent acts and omissions.

The attack resulted in physical injuries including strangulation injuries, loss of consciousness, neck trauma, facial lacerations requiring sutures, shoulder and arm injuries, emotional distress, lost earnings, medical expenses, and ongoing psychological injuries.

A detailed statement of facts, liability, damages, and demand is attached and incorporated herein by reference.

6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known:

7) Persons having firsthand knowledge of incident:

Witness (es) SEE ATTACHMENT TO CLAIM FORM

Physician(s): SEE ATTACHMENT TO CLAIM FORM

Name:

Name:

Address:

Address:

Phone:

Phone:

8) Describe property damage or personal injury claimed:

Claimant suffered -Strangulation injuries; Loss of consciousness; Neck and throat injuries; Facial lacerations requiring stitches; Shoulder and arm injuries; Cuts, bruises, abrasions, and physical pain; Emotional distress; Psychological trauma; Anxiety and depression; Sleep disturbance and nightmares; Lost earnings and loss of earning capacity; Medical expenses; Ambulance and emergency treatment expenses; Stolen personal property; and Other damages according to proof.

9) Owner and location of damaged property or name/address of person injured:

Mohamed Abdullahi Ahmed - Address available through counsel

10) Detailed list and amount of damages claimed as of date of presentation of claim, including prospective damages. If amount exceeds \$10,000.00, a specific amount need not be included.

The total amount of damages remains under investigation and cannot presently be determined because medical treatment, wage loss calculations, and psychological damages continue to develop. Claimant therefore seeks compensation in an amount according to proof exceeding \$10,000.00.

Dated: August 31, 2026

Claimant: Matthew Khalil, Esq. on behalf of Mohamed Abdullahi Ahmed

(Original Signature)

Notice to Claimant:

Where space is insufficient, please use additional paper and identify information by proper section number.

You or your representative are required to sign this form (G.C. §910.2). Presentation of a false claim with intent to defraud is a felony (Penal Code §72).

Mail completed original form to:

OR

Deliver completed original form in person to:

Claims
San Diego County Regional Airport Authority
P.O. Box 82776
San Diego, CA 92138-2776

San Diego County Regional Airport Authority
Administration Reception Desk
2417 McCain Rd.
San Diego, CA 92101

August 31, 2026

SENT VIA FIRST CLASS MAIL

Claims
San Diego County Regional Airport Authority
P.O. Box 82776
San Diego, CA 92138-2776

ATTACHMENT TO CLAIM FORM

Claimant: Mohamed Abdullahi Ahmed
Respondent: San Diego County Regional Airport Authority
Date of Incident: April 14, 2026
Location: Taxi Driver Staging Area / Bathroom Facilities
2801 N. Harbor Drive
San Diego, California

I. INTRODUCTION

This claim arises from a violent, racially and religiously motivated attempted murder that occurred on property owned, operated, managed, and controlled by the San Diego County Regional Airport Authority ("Airport Authority").

On the night of April 14, 2026, claimant Mohamed Abdullahi Ahmed, a licensed airport taxi driver, was brutally attacked and strangled into unconsciousness while using restroom facilities designated for taxi drivers operating at San Diego International Airport.

The assault occurred at a known Airport Authority facility utilized daily by airport-authorized drivers and located within the Airport Authority's operational control.

The attack was foreseeable, preventable, and made possible by dangerous conditions of public property, inadequate security measures, negligent property management, and failure to protect authorized users from known criminal and vagrant activity.

II. FACTUAL BACKGROUND

A. Airport Authority Control of the Premises

The Airport Authority requires taxi drivers serving San Diego International Airport to wait in a designated driver staging area located at 2801 North Harbor Drive. Taxi drivers are not permitted to wait elsewhere for airport fares.

Airport-authorized drivers must therefore utilize the designated parking lot, the driver waiting area, the on-site restroom facilities, and associated amenities provided by the Airport Authority.

The restroom area is located inside a building on the premises. The restroom hallway is entered through an exterior security door that automatically locks when closed. When closed, entry from outside is impossible without a key possessed exclusively by Airport Authority personnel. According to drivers who regularly use the facility:

According to drivers who regularly use the facility, homeless individuals routinely enter and occupy the premises, frequently use the bathrooms, and drivers regularly encounter unauthorized persons in and around the bathrooms. Access to the property is largely unrestricted, the facility lacks fencing and controlled access points, and individuals can enter the premises without screening or authorization.

Upon information and belief, Airport Authority personnel knew or should have known of these conditions.

B. Defective Security Conditions

At the time of the incident, the restroom entry door could close and lock unexpectedly, the hallway could become isolated from outside observation, and the building exterior lacked functioning surveillance coverage. No security personnel were assigned to monitor the location, unauthorized individuals could freely enter the property, drivers routinely shared concerns regarding homeless and unauthorized persons using the facilities, and the interior surveillance camera later discovered by police was non-functional.

Taxi drivers using the facility reasonably believed the camera system was operating and providing security oversight. Following the attack, a portable surveillance camera unit was reportedly placed outside the facility, suggesting recognition of the prior absence of adequate surveillance.

III. THE ASSAULT

At approximately 11:15 p.m. on April 14, 2026, Mr. Ahmed arrived at the taxi staging area to begin his work shift. He was approximately tenth in the dispatch queue and elected to use the restroom facilities before performing evening prayers. Prior to entering the restroom hallway, Mr. Ahmed observed a White male loitering nearby. Believing the individual to be another driver, Mr. Ahmed proceeded into the restroom. After exiting the men's restroom, Mr. Ahmed was filling a small container with water used in preparation for prayer.

Without warning, a cord was suddenly placed around his neck from behind. The assailant tightened the cord and slammed Mr. Ahmed into a wall. The attacker shouted anti-Muslim and racist slurs, including statements accusing Mr. Ahmed of responsibility for the September 11 attacks and threatening to kill him. The assailant repeatedly declared his intention to murder Mr. Ahmed. Mr. Ahmed begged for his life, informing the attacker that he had children and offering

money if the attacker would stop. The attacker continued strangling him. The attack persisted for several minutes. Mr. Ahmed experienced loss of breathing, severe neck compression, and eventual loss of consciousness. While losing consciousness, he believed he was dying.

He later regained consciousness alone on the bathroom hallway floor. The exterior door was closed. No assistance was available. Because the exterior door required a key for entry when locked, Mr. Ahmed was effectively isolated within the structure following the attack. He eventually managed to stand and exit the facility while suffering from significant injuries.

IV. POST-ASSAULT DISCOVERIES

After exiting, Mr. Ahmed obtained help from fellow drivers. Police were contacted. Approximately thirty minutes had passed since another driver had last seen Mr. Ahmed entering the facility. Mr. Ahmed's vehicle appeared to have been searched. His wallet was missing. His vehicle key was missing. Personal property had been stolen.

Police located street wide surveillance footage depicting the assailant. Police determined that the interior surveillance system relied upon by drivers was non-functional.

Mr. Ahmed was further informed that another airport driver may have encountered and resisted the same assailant shortly before the attack; demonstrating foreseeability and the existence of an ongoing danger in the area.

V. INJURIES

As a direct result of the assault, Mr. Ahmed sustained serious physical injuries, including:

- Strangulation injuries;
- Loss of consciousness;
- Neck trauma;
- Difficulty breathing;
- Difficulty swallowing;
- Facial lacerations;
- Eye injury requiring stitches;
- Shoulder injuries;
- Arm injuries;
- Lip injuries;
- Bruising;
- Abrasions to both knees;
- Head trauma; and
- Continuing physical pain.

Mr. Ahmed was transported by ambulance to UC San Diego Health for emergency treatment. His symptoms persisted long after discharge. He continues to experience:

- Neck pain;
- Difficulty eating solid food;
- Sleep disruption;
- Nightmares;
- Anxiety;
- Depression;
- Fear of returning to work;
- Emotional distress; and
- Loss of enjoyment of life.

VI. ECONOMIC DAMAGES.

As a direct result of defendants' conduct, Mr. Ahmed has suffered and continues to suffer economic damages, including:

- Emergency medical expenses;
- Hospital expenses;
- Ambulance expenses;
- Follow-up medical care;
- Psychological treatment expenses;
- Prescription expenses;
- Future medical expenses;
- Lost earnings;
- Loss of earning capacity;
- Property losses;
- Stolen personal property; and
- Other special damages according to proof.

Because Mr. Ahmed's livelihood depends upon driving airport passengers, his inability to safely return to work has had a substantial financial impact. Further losses continue to accrue.

VII. LIABILITY OF THE AIRPORT AUTHORITY

Mr. Ahmed contends that the Airport Authority was negligent and that dangerous conditions existed on public property, including but not limited to:

Failure to Provide Reasonable Security

The Authority failed to provide reasonable security measures despite requiring drivers to use the premises.

Failure to Maintain Functional Surveillance Systems

The surveillance system located inside the restroom hallway was non-functional. Drivers reasonably relied upon the apparent presence of security monitoring that did not actually exist.

Failure to Restrict Unauthorized Access

The property was openly accessible to unauthorized individuals and known transients.

Failure to Inspect

The Authority failed to adequately inspect and monitor conditions affecting driver safety.

Failure to Warn

No warnings were provided regarding known security concerns or prior incidents.

Dangerous Condition of Public Property

The design and operation of the restroom facility allowed isolation of occupants, uncontrolled access by unauthorized persons, locking conditions limiting outside assistance, lack of functioning surveillance, and reduced opportunity for intervention during violent criminal conduct.

Together, these conditions created an unreasonable and foreseeable risk of serious harm.

EXHIBITS ATTACHED

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	ECONOMIC COST
Exhibit 1	Photographed Injuries	
Exhibit 2	Aerial View of the Premises	
Exhibit 3	Records from UCSD Emergency Room (04/14/2026)	
Exhibit 4	Billing from UCSD Emergency Room 04/14/2026	\$73,990.96
Exhibit 5	San Diego Harbor Police Press Board Report	
Exhibit 6	Records from Family Medicine Clinic	<u>TO FOLLOW</u>
Exhibit 7	Billing from Family Medicine Clinic	<u>TO FOLLOW</u>
TOTAL ECONOMIC COST: <u>TO BE DETERMINED</u>		

VIII. EVIDENCE PRESERVATION DEMAND

Mr. Ahmed demands that the Airport Authority immediately preserve and refrain from destroying, altering, overwriting, or deleting any evidence relating to this incident, including surveillance recordings, digital video files, maintenance logs, camera inspection records, repair records, incident reports, police communications, security assessments, internal emails, text messages, dispatch records, driver complaints, prior crime reports, trespass reports, homeless encampment reports, work orders, and any electronically stored information (“ESI”) related to the premises or incident.

Therefore, **YOU ARE HEREBY GIVEN NOTICE** to immediately take all steps necessary to prevent the destruction, loss, concealment, or alteration of any paper, document, or electronically stored information and other data or information generated by and/or stored on your computers and storage media (e.g., hard disks, floppy disks, backup tapes, etc.), and e-mail related to the incident.

You are requested to immediately initiate a litigation hold for potentially relevant ESI, documents, and tangible things, and to act diligently and in good faith to secure and audit compliance with that litigation hold. You are also requested to preserve and not destroy all passwords, decryption procedures (including, if necessary, the software to decrypt the files), network access codes, ID names, manuals, tutorials, written instructions, decompression or reconstruction software, and any and all other information and things necessary to access, view, and (if necessary) reconstruct any ESI. You should not pack, compress, purge, or dispose of any file or any part thereof.

IX. DAMAGES CLAIMED

Mr. Ahmed therefore seeks all medical expenses, past and future, lost wages and lost earning capacity, property losses, emotional distress damages, pain and suffering damages, mental anguish damages, costs of treatment and rehabilitation, interest as permitted by law, and any other compensatory damages allowed by law.

Because Mr. Ahmed continues to receive treatment and investigate the extent of his injuries and losses, the amount of damages presently exceeds the jurisdictional limits of limited civil actions and is expected to be substantial.

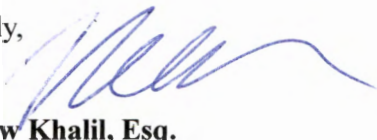
X. DEMAND

Mr. Ahmed hereby asserts a claim against the San Diego County Regional Airport Authority for all damages arising from the April 14, 2026 attempted murder, assault, battery, negligent security, negligence, dangerous condition of public property, and all related causes of action supported by the evidence. Mr. Ahmed requests that the Airport Authority promptly investigate this matter, preserve all evidence, and engage in good-faith settlement discussions before litigation becomes necessary.

Based on the foregoing information, documentation, and irrefutable negligence, we are confident in our success if this matter is to be tried. Mr. Ahmed is open to settling this dispute promptly and without the need for judicial intervention. **With this in mind, Mr. Ahmed is prepared to settle this dispute in full, inclusive of past and future special/general damages, for \$5,000,000.00.**

Nevertheless, our office is agreeable to hearing all good faith offers in efforts to bypass costly litigation. Mr. Ahmed expressly reserves all rights, remedies, claims, and causes of action available under California law.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matthew Khalil', is written over a light blue rectangular background.

Matthew Khalil, Esq.

Feghali Hadwan Khalil LLP

Attorneys for Mohamed Abdullahi Ahmed

mak@fhkllp.com

EXHIBIT 1



ATTACHMENT A



ATTACHMENT A



ATTACHMENT A





ATTACHMENT A



ATTACHMENT A





EXHIBIT 2

ATTACHMENT A



EXHIBIT 3

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east

Notes - All Notes

Discharge Instructions

Rivapalacio Cervantes, Ada, LCSW at 4/15/2026 1027

Author: Rivapalacio Cervantes, Ada, LCSW	Service: —	Author Type: Social Worker
Filed: 04/15/26 1424	Date of Service: 04/15/26 1027	Status: Edited
Editor: Rivapalacio Cervantes, Ada, LCSW (Social Worker)		

UC San Diego Health

Diagnosis and Reason for Admission

You were admitted to the hospital for the following reason(s): Strangling, initial encounter

Your full diagnosis list is located on this After Visit Summary in the **Hospital Problems** section.

What Happened During Your Hospital Stay

The main tests and treatments done for you during this hospitalization:

- ATLS (Advanced Trauma Life Support) survey/ protocol
- Imaging:

Orders Placed This Encounter

Procedures

- US Trauma FAST
- X-Ray Chest Single View
- X-Ray Pelvis 1 Or 2 Views
- CT C-Spine W/O Contrast
- CT T-Spine W/O IV Contrast
- CT L-Spine W/O IV Contrast
- CT Angiogram Head and Neck With Contrast

Procedures/Surgeries completed during this hospitalization:

none

Instructions for After Discharge

Your diet at home should be: regular diet.

Your activity level at home should be: Stay active, don't over do it. Make good choices avoiding alcohol or other substances that may cloud your judgement.

Specific activity restrictions:

- Do not drive while taking narcotic pain medications.
- Do not work with heavy or complex machinery while taking narcotic pain medications.
- Use assistive devices for safe mobilization if directed
- Ask for assistance when needed
- Wear cervical collar for 6 weeks or until follow up with PCP or Trauma Clinic

Wound or tube care instructions:

- The stitches will dissolve over time, no need to have them removed
- Keep wound area clean and dry. Cleanse daily
- Do not submerge area under water for 21 days or until new skin has formed
- OK to shower, do not scrub wounds, cover any splints or bandages with plastic bag & tape. Keep the splint/cast clean and dry.

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

In the event that your cast becomes wet or overly soiled, it is important to contact the surgical team in order to replace.

Your medication list is located on this After Visit Summary in the **Current Discharge Medication List** section. Your nurse will review this information with you before you leave the hospital.

Any Immunizations updated are listed below:

Immunization History

Administered

Date(s) Administered

- Tdap

04/15/2026

Key changes to your medication regimen include (if applicable):

- Continue taking your current home medications as prescribed by your primary care physician.

It is **very** important for you to keep a current medication list with you in order to assist your doctors with your medical care. Bring this After Visit Summary with you to your follow up appointments.

Reasons to Contact a Doctor Urgently

Contact your primary care physician or clinic, or return to the nearest Emergency Department if: Increased or uncontrolled pain.

Severe abdominal pain.

Nausea and vomiting.

Severe abdominal bloating.

Jaundice (yellowing of the skin and eyes).

Redness or swelling at the surgical (or wound) site.

Discharge or leakage from the surgical (or wound) site.

Fevers or chills.

Bleeding from surgical (or wound) site.

Shortness of breath or difficulty breathing.

Chest pains or palpitations.

If you have any questions about your hospital care, your medications, or if you have new or concerning symptoms soon after going home from the hospital, and you need to contact your hospital physician, contact the UC San Diego Medical Center operator at 619-543-6222.

Once you are able to see your primary care physician (PCP) or primary clinic, they will then be responsible for further medication refills, or appointment referrals.

What Needs to Happen Next After Discharge -- Appointments and Follow Up

Any appointments already scheduled at UCSD clinics will be listed in the **Future Appointments** section at the top of this After Visit Summary. Any appointments that have been requested, but have not yet been scheduled, will be listed below that under **Post Discharge Referrals**.

Follow up appointments scheduled for:

No future appointments.

Further instructions will be provided at follow up appointments

If not listed above, referrals placed for the follow clinics as well, you will need to call the schedule an appointment with the following:

- If neck pain persists, may follow up in Trauma Clinic if unable to see PCP
- Follow up with your primary care provider within 7 days of discharge for check in and continued monitoring

****MAKE SURE TO TAKE PAIN MEDICATIONS IF NEEDED BEFORE YOUR CLINIC APPOINTMENTS. THERE WILL BE NO**

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

PAIN MEDICATIONS AVAILABLE IN THE CLINIC**

Medical Home Information

Your primary care provider or clinic currently on file at UCSD is: Le, Tram

Handouts Given to You (if applicable)

Social Work Resources

Family Health Centers of San Diego Mental Health Services

Our warm and caring mental health services staff provides support to the health of the whole body, including physical, emotional and mental well-being. Whether you need someone to talk to or are seeking care for emotional and psychological disorders, our trained clinicians employ behavioral therapies and evidence-based practices to get you the help you need.

Most FHCSO primary care clinics offer mental health services. We also offer stand-alone behavioral health facilities. For in-person visits, call **(619) 515-2338**, or schedule a telehealth appointment.

<https://www.fhcsd.org/mental-health-services/>

San Ysidro Health:

The Department of Behavioral Health Services (BHS) is a patient-centered, integrated primary care program dedicated to improving the mental health and well-being of our community.

For more information or to schedule an appointment, please call: **619-662-4100**

<https://www.syhc.org/services/behavioral-health/>

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Victim Services

The Victim Assistance Program offers comprehensive services to victims of all types of crimes. Victim Advocates assist victims from all walks of life and experiences, regardless of age, background, and/or immigration status. All services are free of charge. An advocate can assist you even if a suspect is not identified or if criminal charges have not been filed. The Program was created by the passage of Section 13835 et seq. of the California State Penal Code, which mandates local comprehensive centers for victim and witness assistance throughout California. In the County of San Diego, this assistance is administered through the District Attorney's Office.

State website with county-specific programs and the application for the Victim Compensation Program: www.victims.ca.gov

Victim Advocates: 619-531-4041

For Victims of Crime applications, you will need a case number
If the crime occurred in SD, call SDPD dispatch: 619.531.2000 for case number

Victim Services:

- Crisis intervention
- Emergency assistance
- Resource and referral assistance
- Orientation to the Criminal Justice System
- Court support
- Case status information
- Notification of family and friends
- Employer notification
- Victim Compensation Board Application Assistance
- Restitution information
- Creditor/Employer Intervention
- Crime prevention
- Temporary restraining order information
- Property return
- VINE (Victim Information Notification Everyday)

In California, victims of crime have a right to restitution, and it is the policy of the District Attorney's Office to assist all victims in obtaining restitution orders from convicted defendants in every appropriate case. Restitution is an order made by the Judge as part of the defendant's sentence that requires the defendant to repay the crime victim for losses suffered as a result of the defendant's criminal conduct.

What losses are eligible for State Board claims payments?

Medical and medically-related expenses for a victim, including dental expenses
Funeral and burial expenses for deaths by criminal acts up to \$12,818
Relocation expenses up to \$3,418 per household
Outpatient mental health treatment or counseling
For actual victims, income losses for up to five years following the date of a crime
Up to 30-days of income losses for a parent or legal guardian of a minor victim who has been hospitalized or has died as a result of the crime
Support losses for legal dependents of a deceased or injured crime victim

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Home security systems or improvements up to \$1,000 if the crime occurred in victim's home
 Crime scene cleanup for up to \$1,709 as a result of a crime inside a residence or vehicle

Expenses not eligible for State Board claims payments:

Lost, damaged, or stolen personal property, except medically necessary replacement of items
 such as eyeglasses, hearing aids, and medical equipment

Legal fees

Claims for pain and suffering

Expenses submitted more than three years after the incident

Expenses for applicants or victims who have been convicted of a violent felony and are on
 parole, probation, incarceration (PPI), on post-release community supervision, or any person
 who is required to register as a sex offender may not be granted compensation during that time
 period

The Victim Compensation Board is a payer of last resort and will only pay crime-related
 expenses not covered by insurance or other reimbursement sources. Benefits cannot exceed a
 total of \$70,000 for a particular crime. Each of the above losses may have their own limits. You
 do not need a lawyer or other representatives to receive payments through the California Victim
 Compensation Board.

If you have been a victim of a crime and need assistance, you can call 619-531-4041. A Victim
 Advocate will speak with you and determine how we can assist you. Program services are
 provided free of charge, and there is no legal citizenship requirement to receive assistance.

Electronically signed by Rivapalacio Cervantes, Ada, LCSW at 04/15/26 1424

Discharge Summary

Bilotta, Natalie, NP at 4/15/2026 1224

Author: Bilotta, Natalie, NP

Filed: 04/15/26 1342

Editor: Bilotta, Natalie, NP (Nurse Practitioner)

Service: Trauma Surgery

Date of Service: 04/15/26 1224

Author Type: Nurse Practitioner

Status: Addendum

Cosigner: Yelon, Jay Andrew, DO at
 04/15/26 1347

Discharge Summary Note

Trauma Surgery

Patient Name: Mohamed Ahmed

Admission date: 4/14/2026 11:57 PM

Discharge Date: 04/15/26

Principal Diagnosis: Acute neck pain

Hospital Problem List:

Active Hospital Problems

Diagnosis

- *Acute neck pain [M54.2]
- Strangling, initial encounter [W49.09XA]
- Hypokalemia [E87.6]
- Eyebrow laceration, right, initial encounter [S01.111A]
- Assault [Y09]
- Acute traumatic pain [G89.11]

Resolved Hospital Problems

Diagnosis

- Loss of consciousness (CMS-HCC) [R40.20]

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Reason for Admission to the Hospital / History of Present Illness: " 51 M assaulted from behind while using restroom at SD airport and strangled. +LOC afterwards resulting in fall forwards with trauma to face and neck. "

Hospital Course:

Mohamed Ahmed is a 51 year old adult worked up via ATLS (advanced trauma life support) protocol and imaging obtained for the primary injury of Acute neck pain along with the injuries listed. He was admitted to the floor while hospitalized and the following problems were addressed.

A tertiary exam was done while admitted which did not demonstrate any additional injuries. He was evaluated by Trauma Surgery, Social Work and Case Management. He is hemodynamically stable at the time of discharge, alert and oriented, ambulatory with steady gait, is tolerating a regular diet and his pain is controlled with oral pain medications. He is stable for discharge to home with follow up.

#	Acute Injury / Problem	Management	Date
1.	Traumatic LOC Strangulation	CT head negative for acute intracranial hemorrhage CTA head/neck negative for BCI SW c/s	
2.	#Acute neck pain	Ct spine negative for acute osseous injury Aspen collar for 6w Can follow up with PCP or Trauma Clinic	
3.	Hypokalemia Hypophos	Repleted	
4.	Eyebrow laceration	Repaired with chromic gut	

Tertiary Physical Exam:

Neuro: GCS 15 (E 4 V 5 M 6), sensation grossly intact, motor function intact

HEENT: PERRL, R eyelid laceration well approximated with suture. Dried blood around laceration

Neck: horizontal linear abrasion full anterior soft tissue

C-Spine: +TTP midline C4 and paraspinal TTP. Aspen collar replaced

Chest Wall/Lungs: normal symmetric air entry, no tachypnea, no chest wall deformities or tenderness

Cardiac: regular rate and rhythm

Abd: Abdomen soft, non-tender. No palpable masses

T & L Spine: No pain on palpation, no stepoffs, no neuro deficits

Skin: Posterior skin intact with no signs of injury or pressure-related breakdown

MSK:

Extremities:

Left Upper Extremity: Abrasion shoulder, no swelling, deformities, NTP,

Right Upper Extremity: NVI, no swelling, deformities, NTP

Left Lower Extremity: NVI, no swelling, deformities, NTP

Right Lower Extremity: NVI, no swelling, deformities, NTP

Referrals placed for follow up:

PostDischarge Referrals and Orders

Consult/Referral to Trauma Clinic

Discharge Diet:

Diet

Diet Regular

Discharge Activity Restrictions:

Activity Orders (From admission, onward)

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Start	Ordered	
04/15/26 0636	04/15/26 0636	
Progressive Mobility Protocol ONGOING		
References: UCI Progressive Mobility Protocol UCSD Progressive Mobility Protocol		
Question	Answer	Comment
Any restrictions or limitations to progressive mobility? (If yes, specify.)	Yes	
Orthopedic Precautions (if any)?	C-spine precautions	
Mobilization	Ok for mobilization out of bed with brace	

DVT prophylaxis: yes

Discharge Condition: Temporary Disability, Expected to Return to Previous Level of Function.

Discharge Medications:

What To Do With Your Medications

START taking these medications

	Add'l Info
ibuprofen 800 MG tablet Commonly known as: MOTRIN Take 1 tablet (800 mg) by mouth every 8 hours as needed for Moderate Pain (Pain Score 4-6). Take with food.	Quantity: 30 tablet Refills: 0
lidocaine 4 % patch Commonly known as: ASPERCREME Apply 1 patch topically every 24 hours. Leave patch on for 12 hours, then remove for 12 hours. Start taking on: April 16, 2026	Quantity: 14 patch Refills: 0
methocarbamol 500 MG tablet Commonly known as: ROBAXIN Take 1 tablet (500 mg) by mouth every 6 hours as needed (neck stiffness).	Quantity: 30 tablet Refills: 0

Where to Get Your Medications

These medications were sent to UCSD Hillcrest Discharge Pharmacy 200 West Arbor Drive, First Floor, San Diego CA 92103

Hours: Mon-Fri: 8:30am-7:00pm; Sat-Sun & Phone: 619-543-3279
 Holidays: 9:00am-5:00pm

- ibuprofen 800 MG tablet
- lidocaine 4 % patch

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

- methocarbamol 500 MG tablet

Allergies:
 Allergies
 No Known Allergies

Code Status: Full Code

Discharge Disposition: Home

Follow Up Appointments:
 - With primary care provider within 7 days of discharge for check in and continued monitoring
PostDischarge Referrals and Orders

Consult/Referral to Trauma Clinic

Scheduled appointments:
 No future appointments.

Discharging Physician's Contact Information: UCSD Medical Center operator at 619-543-6222.

The entirety of the patient's case to include history of present illness/mechanism of injury, initial trauma resuscitation/work up, physical exam findings, consultant recommendations and the results of laboratory/imaging diagnostic studies have been thoroughly reviewed, interpreted by, and discussed with my supervising attending physician Dr. Yelon, Jay Andrew, DO. Dr. Yelon, Jay Andrew, DO has personally examined and spoke with the patient. The attending physician has directed that the patient be discharged today.

Discharge took 40 minutes, to include final examination, discussion of admission, and preparation of prescriptions, instructions for on-going care, follow-up and documentation of discharge summary.

Natalie Bilotta, AGACNP-BC, CCRN, CEN
 Trauma Nurse Practitioner

Electronically signed by Bilotta, Natalie, NP at 04/15/26 1342
 Electronically signed by Yelon, Jay Andrew, DO at 04/15/26 1347

ED Notes

Zavala, Adriana Suzanne, RN at 4/15/2026 0207

Author: Zavala, Adriana Suzanne, RN	Service: —	Author Type: Registered Nurse
Filed: 04/15/26 0207	Date of Service: 04/15/26 0207	Status: Signed
Editor: Zavala, Adriana Suzanne, RN (Registered Nurse)		

MD at bedside to suture lac

Electronically signed by Zavala, Adriana Suzanne, RN at 04/15/26 0207

H&P

Pandit, Kshitij Avadhoot, MD at 4/15/2026 0006

Author: Pandit, Kshitij Avadhoot, MD	Service: Trauma Surgery	Author Type: Resident
Filed: 04/15/26 0020	Date of Service: 04/15/26 0006	Status: Attested

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Editor: Pandit, Kshitij Avadhoot, MD (Resident)

Cosigner: Santorelli, Jarrett Emerson, MD
at 04/15/26 1029

Attestation signed by Santorelli, Jarrett Emerson, MD at 04/15/26 1029

TRAUMA SURGERY ATTENDING ADDENDUM NOTE

I saw the patient with the resident in the trauma resuscitation room. I evaluated the patient and reviewed imaging. I reviewed the resident's note and agree with the resident's findings and plan.

Please see my separate admission progress note dated 04/15/26 for full details.

Jarrett E. Santorelli, MD

TRAUMA HISTORY AND PHYSICAL

Attending MD:

Alias: Seventytwo Algebra

Patient name:

DOB: 1/1/1900

Mechanism of trauma: strangulation

History of Present Illness:

51 M assaulted from behind while using restroom at SD airport and strangulated. +LOC afterwards resulting in fall forwards with trauma to face and neck.

Past Medical History:

no

Past Surgical History:

no

Allergies:

no

Tetanus: Updated in Trauma Bay

Medications:

-

Social History:

EtOH: -

Tobacco: -

Illicit drugs: -

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Review of Systems:

A complete review of systems was performed and negative except as in HPI

Vital signs

There were no vitals filed for this visit.

Physical Exam:

General Appearance: brought in by stretcher. GCS 15 [E4 V5 M6] , AxO x 3.

Head: no masses, cephalohematoma, no lacerations, non-tender

Face: no tenderness, midface stable

Eyes: EOMI, PERRL (3 to 2) b/l , **small sub cm lac around right eyelid**

Ears: hearing grossly intact, no frank blood seen at external auditory canals

Nose: atraumatic

Mouth: airway intact, atraumatic, no malocclusion, **small 1 cm lac over right chin**

Neck: **cervical spine TTP**, no step-offs or deformities. C-collar re-applied.

Pulm: airway intact, bilateral breath sounds, trachea midline

Chest: no tenderness to palpation, deformities, abrasions, or crepitus

Abdomen: soft, non-tender, non-distended

Pelvis: stable, non-tender to compression

Back: **positive thoracic spinal tenderness and lumbar spinal tenderness**, no step offs or deformities, no lacerations or abrasions

Rectal: deferred

MSK:

LUE:

- Negative for swelling, abrasions, deformities.
- Strength 5/5, sensation intact
- **Mild left shoulder tenderness**

LLE:

- Negative for swelling, abrasions, deformities.
- Strength 5/5, sensation intact
- NTTP, -leg roll

RUE:

- Negative for swelling, abrasions, deformities.
- Strength 5/5, sensation intact
- **Right shoulder bony tenderness**

RLE:

- Negative for swelling, abrasions, deformities.

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

- Strength 5/5, sensation intact
- NTTP, -leg roll

Pulses: Palpable radial, DP bilaterally.

Labs and Other Data:

FAST - prelim:
 CXR - prelim:
 PXR - prelim:
 Labs pending

Assessment and Care Plan:

51 M assaulted from behind while using restroom at SD airport and strangled. +LOC afterwards resulting in fall forwards with trauma to face and neck.

CT head and neck, c-spine, t and l spine.

- Admit trauma
- NPO, IVF
- f/u final reads
- tertiary in AM

Kshitij Pandit, MD
 PGY1 Urology

Electronically signed by Pandit, Kshitij Avadhoot, MD at 04/15/26 0020
 Electronically signed by Santorelli, Jarrett Emerson, MD at 04/15/26 1029

Interdisciplinary

Hunt, Nathan Dempsey at 4/15/2026 1035

Author: Hunt, Nathan Dempsey	Service: Ortho General	Author Type: Orthopaedic Tech
Filed: 04/15/26 1036	Date of Service: 04/15/26 1035	Status: Signed
Editor: Hunt, Nathan Dempsey (Orthopaedic Tech)		

Applied aspen C-Collar to pt in 415A per Bilotta, Natalie, NP

Electronically signed by Hunt, Nathan Dempsey at 04/15/26 1036

Rivapalacio Cervantes, Ada, LCSW at 4/15/2026 1422

Author: Rivapalacio Cervantes, Ada, LCSW	Service: Social Work (UCSD)	Author Type: Social Worker
Filed: 04/15/26 1556	Date of Service: 04/15/26 1422	Status: Signed
Editor: Rivapalacio Cervantes, Ada, LCSW (Social Worker)		

	04/15/26 1419
Assessment	
Assessment Type	Initial Trauma PSA;Face to Face
Referral Information	

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Notes - All Notes (continued)**

Consult Type	Community Resources/Referrals
Social Assessment	
Mode of Arrival	Ambulance
Prior to Level of Function *	Ambulatory
Primary Caretaker(s) *	Self
Primary Family/Caregiver Contact Name, Number and Relationship *	
Permission to Contact *	Yes
Living Arrangements on Admission*	Roommate
Available Assistance/Support System *	Family member(s); Church / faith community; Friends / neighbors
Type of Residence *	Apartment
Transportation*	Family/Friend
Primary Care Access	Assigned PCP
Involvement with Law	Victim of a Crime
Income Information	
Income Source	Employed
Financial Resources	
Mental Health Assessment	
Past Mental Health Issues	Patient reported no mental health hx. Patient denied mental health tx in the past. patient denied SI/HI. Per patient, "I enjoy life."
Mental Status	No issues
Audit-C Questionnaire	
Substance Abuse History	Patient reported no substance use hx and denied etoh use. per patient, "I don't even drink coffee."
Plans/Interventions/Discharge	
Plan/Interventions	Resources given
Anticipated Discharge Destination	Home
Barriers to Discharge *	None

Social Work Note - Initial Assessment

Patient is a 51 M assaulted from behind while using restroom at SD airport and strangulated. +LOC afterwards resulting in fall forwards with trauma to face and neck. SW received new consult due to trauma admissions. Per chart, UDS negative.

SW met with pt at bedside and introduced the SW role. Patient agreeable and cooperative. During bedside visit patient reported he is self-employed as a Uber/Lyft driver and usually remains in the airport area. Patient confirmed he was attacked by an unknown male. Patient expressed he was fearful for his life as the suspect made life threatening statements. However, patient reported bystanders overheard his call for help and 911 call was placed. Patient confirmed he has been in communication with police who is working on his case. SW briefly discussed victims of crime fund/program. Per patient, police officer has discussed this program and will place referral for services.

Patient confirmed access to support from family, friends and mosque. Patient expressed he has a community of people who can provide needed support. Patient reported no other questions or concerns. Patient then called PD Officer who requested to speak w/nursing. SW updated bedside nurse.

Intervention/Plan:

- SW provided supportive counseling, reflective listening and psychoeducation.
- SW encouraged pt to utilize provided community resources.
- AVS updated Mental Health resources. Including information to Victims of Crime.
- Patient to discharge home today.
- Per patient, Officer or friend to provide transportation home.
- No other SW needs pending.

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Ada Rivapalacio Cervantes, MSW, LCSW, C-ASWCM
 Clinical Social Worker
 Spanish LPA #2169

Electronically signed by Rivapalacio Cervantes, Ada, LCSW at 04/15/26 1556

Gasmido, Imelda G., RN at 4/15/2026 1442

Author: Gasmido, Imelda G., RN	Service: —	Author Type: Registered Nurse
Filed: 04/15/26 1444	Date of Service: 04/15/26 1442	Status: Signed
Editor: Gasmido, Imelda G., RN (Registered Nurse)		

Final DC ordered. Discussed Dc instructions using teach back including diagnosis, when to call MD, ff up appointments, self care needs and medications. Patient is able to teach back all aspects. IV d/c'd. Catheter visibly intact, and small bandage placed.

Waiting for Forensic Nurse/Staff that need to speak with the patient per Detective Loibl.

Electronically signed by Gasmido, Imelda G., RN at 04/15/26 1444

Kamara, Anthionette, RN at 4/15/2026 1506

Author: Kamara, Anthionette, RN	Service: Case Management (UCSD)	Author Type: Case Manager
Filed: 04/15/26 1506	Date of Service: 04/15/26 1506	Status: Signed
Editor: Kamara, Anthionette, RN (Case Manager)		

The patient has been medically cleared for discharge home with no Registered Nurse Case Management needs.

Electronically signed by Kamara, Anthionette, RN at 04/15/26 1506

Gasmido, Imelda G., RN at 4/15/2026 1521

Author: Gasmido, Imelda G., RN	Service: —	Author Type: Registered Nurse
Filed: 04/15/26 1522	Date of Service: 04/15/26 1521	Status: Signed
Editor: Gasmido, Imelda G., RN (Registered Nurse)		

DC home in stable condition. Pt got picked up by Officer Lusaris to bring him to Forensic Facility. Meds delivered.

Electronically signed by Gasmido, Imelda G., RN at 04/15/26 1522

Plan of Care

Reosura, Karl Evaristo Demafelis, RN at 4/15/2026 0446

Author: Reosura, Karl Evaristo Demafelis, RN	Service: —	Author Type: Registered Nurse
Filed: 04/15/26 0514	Date of Service: 04/15/26 0446	Status: Addendum
Editor: Reosura, Karl Evaristo Demafelis, RN (Registered Nurse)		

Problem: Promotion of Health and Safety

Goal: Promotion of Health and Safety

Description: The patient remains safe, receives appropriate treatment and achieves optimal outcomes (physically, psychosocially, and spiritually) within the limitations of the disease process by discharge.

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

Information below is the current care plan.

Outcome: Progressing

Patient /Family stated Goal: i want to sit and move my neck

Guidelines: Inpatient Nursing Guidelines

- Individualized Interventions/Recommendations #1: Assess pt's understanding about his condition to evaluate cooperation.
- Individualized Interventions/Recommendations #2 (if applicable): Encourage to use relaxation techniques and utilize own coping skills to ease pain and anxiety.
- Individualized Interventions/Recommendations #3 (if applicable): Encourage to ask for assistance with mobility, OOB for safety.

Outcome Evaluation (rationale for progressing/not progressing) every shift: From Trauma bay, skin checked with 2 Rns. AAO x 4. No signs of distress on RA. Denies chest pain and NSR on Tele. Pt able to verbalize needs. Call light offered, bed alarm on for safety. Maintained on C-Spine prec, will reassess in AM per Dr. Pandit. Needs attended.

Electronically signed by Reosura, Karl Evaristo Demafelis, RN at 04/15/26 0514

Procedures

Pandit, Kshitij Avadhoot, MD at 4/15/2026 0232

Author: Pandit, Kshitij Avadhoot, MD	Service: Trauma Surgery	Author Type: Resident
Filed: 04/15/26 0235	Date of Service: 04/15/26 0232	Status: Attested
Editor: Pandit, Kshitij Avadhoot, MD (Resident)		Cosigner: Santorelli, Jarrett Emerson, MD at 04/15/26 1029

Procedure Orders

1. Laceration Repair [775412678] ordered by Pandit, Kshitij Avadhoot, MD

Attestation signed by Santorelli, Jarrett Emerson, MD at 04/15/26 1029

Attending Note:

I was present for the entire procedure.

No diagnosis found.
Past Medical History
No past medical history on file.
Blood pressure 124/77, pulse 111, temperature 96.1 °F (35.6 °C), resp. rate 24, SpO2 98%.

Laceration Repair

Date/Time: 4/15/2026 2:32 AM

Performed by: Pandit, Kshitij Avadhoot, MD
Authorized by: Santorelli, Jarrett Emerson, MD Consent: Verbal consent obtained

Printed on 7/31/26 8:43 AM

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Notes - All Notes (continued)**

Consent given by: **patient**
Patient identity confirmed: **verbally with patient**
Body area: head/neck
Location details: **right eyebrow**
Laceration length: 1 cm
Foreign bodies: no foreign bodies

Sedation:

Patient sedated: **no**

Preparation: **Patient was prepped and draped in the usual sterile fashion.**

Irrigation solution: saline

Amount of cleaning: standard

Debridement: none

Wound skin closure material used: 5-0 chromic gut.

Number of sutures: 2

Technique: simple

Approximation: close

Approximation difficulty: simple

Dressing: antibiotic ointment

Patient tolerance: **patient tolerated the procedure well with no immediate complications**

Kshitij Avadhoot Pandit, MD
4/15/2026

Electronically signed by Pandit, Kshitij Avadhoot, MD at 04/15/26 0235
Electronically signed by Santorelli, Jarrett Emerson, MD at 04/15/26 1029

Progress Notes

Santorelli, Jarrett Emerson, MD at 4/15/2026 0010

Author: Santorelli, Jarrett Emerson, MD

Service: Trauma Surgery

Author Type: Attending Physician

Filed: 04/15/26 0013

Date of Service: 04/15/26 0010

Status: Signed

Editor: Santorelli, Jarrett Emerson, MD (Attending Physician)

Trauma Attending Admission Note

I was present in the Trauma Resuscitation Room during the initial evaluation. Please see the resident H&P & nursing resuscitation flow sheet for additional details.

Mechanism of Injury/Chief Complaint: assault/strangulation

HPI: 51 male was at the airport using the restroom when an assailant came from behind and started strangling him with a cord. They fought for about 15 mins before he had LOC. Patient presents to the bay stable awake and alert

Exam:

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Notes - All Notes (continued)

GCS 15

Bilateral breath sounds

Small lac over left eyelid

I have reviewed the CXR, Pelvis Xray, FAST demonstrating no acute injury

Assessment/Plan:

Acute Trauma: Chest Xray, Pelvis X-ray, FAST. C-collar in place, C-spine precautions, CT c-spine to evaluate for C-spine injury. Check Venous blood gas, chemistry, CBC, PT/INR, PTT. Tertiary exam to be completed after initial evaluation and imaging.

CTA neck

Consult placed to:

Electronically signed by Santorelli, Jarrett Emerson, MD at 04/15/26 0013

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Labs

Hemogram Lavender (Final result) [775403768]

Electronically signed by: **Palacardo, Federico, MD on 04/15/26 0154** Status: **Completed**
 Mode: Ordering in Verbal/Telephone w/Readback mode Communicated by: Zavala, Adriana Suzanne, RN
 Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0001 Ordering provider: Palacardo, Federico, MD
 Authorized by: Santorelli, Jarrett Emerson, MD Ordering mode: Verbal/Telephone w/Readback
 Frequency: STAT Once 04/15/26 0001 - 1 occurrence Class: Nurse/MD Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:01 AM

Questionnaire

Question	Answer
Tube	Lavender

Specimen Information

ID	Type	Source	Collected By
I5150164	Blood	—	RN 04/15/26 0011

Hemogram Lavender [775403768]

Resulted: 04/15/26 0048, Result status: Final result

Ordering provider: Palacardo, Federico, MD 04/15/26 0001 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0011
 04/15/26 0048
 Resulting lab: UCSD LABORATORY SYSTEMS Lab Technician: 6000

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.0	4.0 - 10.0 1000/mm3	—	HC
RBC	4.91	4.60 - 5.20 mill/mm3	—	HC
Hgb	15.3	13.7 - 15.7 gm/dL	—	HC
Hct	45.0	40.0 - 45.0 %	—	HC
MCV	91.6	79.0 - 95.0 um3	—	HC
MCH	31.2	26.0 - 32.0 pgm	—	HC
MCHC	34.0	32.0 - 36.0 g/dL	—	HC
RDW	12.6	12.0 - 14.0 %	—	HC
MPV	11.9	9.4 - 12.4 fL	—	HC
Plt Count	146	140 - 370 1000/mm3	—	HC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Hemogram Lavender [775403768]

Resulted: 04/15/26 0033, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0011
 04/15/26 0033
 Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

04/14/2026 - ED to Hosp-Admission (Discharged) In Hc 4-east (continued)**Orders - All Labs (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Hemogram Lavender [775403768]

Resulted: 04/15/26 0033, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results

Collected by: RN 04/15/26 0011

04/15/26 0033

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results**Hemogram Lavender (Order 775403768)****Lab Specimen Information**

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	00:11	4/15/2026	00:21	Blood	I5150164	UCSD LABORATORY SYSTEMS [94]

Prothrombin Time, Blood Blue (Final result) [775403769]

Electronically signed by: Palacardo, Federico, MD on 04/15/26 0154

Status: Completed

Mode: Ordering in Verbal/Telephone w/Readback mode

Communicated by: Zavala, Adriana Suzanne, RN

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0001

Ordering provider: Palacardo, Federico, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Verbal/Telephone w/Readback

Frequency: STAT Once 04/15/26 0001 - 1 occurrence

Class: Nurse/MD Collect

Quantity: 1

Lab status: Final result

Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:01 AM

Questionnaire

Question	Answer
Tube	Blue

Specimen Information

ID	Type	Source	Collected By
I5150164	Blood	—	RN 04/15/26 0011

Prothrombin Time, Blood Blue [775403769]

Resulted: 04/15/26 0124, Result status: Final result

Ordering provider: Palacardo, Federico, MD 04/15/26 0001

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results

Collected by: RN 04/15/26 0011

04/15/26 0124

Resulting lab: UCSD LABORATORY SYSTEMS

Lab Technician: I/AUT

Components

Component	Value	Reference Range	Flag	Lab
PT, Patient	10.9	9.7 - 12.5 sec	—	HC
Comment:	Interfering substances are present due to hemolysis, which may affect the accuracy of the results. Clinical correlation is recommended.			
INR	1.0	—	—	HC

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Orders - All Labs (continued)**

Comment:

For patients who are on oral anticoagulant therapy, the recommended international normalized ratio (INR) is: INR = 2-3 for most patients
 INR = 2.5-3.5 for patients with mechanical prosthetic heart valves

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Prothrombin Time, Blood Blue [775403769]

Resulted: 04/15/26 0033, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results

Collected by: RN 04/15/26 0011

04/15/26 0033

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Prothrombin Time, Blood Blue [775403769]

Resulted: 04/15/26 0033, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results

Collected by: RN 04/15/26 0011

04/15/26 0033

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results

Prothrombin Time, Blood Blue (Order 775403769)

Lab Specimen Information

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	00:11	4/15/2026	00:21	Blood	15150164	UCSD LABORATORY SYSTEMS [94]

aPTT, Blood Blue (Final result) [775403770]

Electronically signed by: Palacardo, Federico, MD on 04/15/26 0154

Status: Completed

Mode: Ordering in Verbal/Telephone w/Readback mode

Communicated by: Zavala, Adriana Suzanne, RN

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Labs (continued)

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0001	Ordering provider: Palacardo, Federico, MD
Authorized by: Santorelli, Jarrett Emerson, MD	Ordering mode: Verbal/Telephone w/Readback
Frequency: STAT Once 04/15/26 0001 - 1 occurrence	Class: Nurse/MD Collect
Quantity: 1	Lab status: Final result
Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:01 AM	

Questionnaire

Question	Answer
Tube	Blue

Specimen Information

ID	Type	Source	Collected By
I5150164	Blood	—	RN 04/15/26 0011

aPTT, Blood Blue [775403770]

Resulted: 04/15/26 0124, Result status: Final result

Ordering provider: Palacardo, Federico, MD 04/15/26 0001	Order status: Completed
Filed by: Electronic Interface To Epic, Softlab Lab Results	Collected by: RN 04/15/26 0011
04/15/26 0124	
Resulting lab: UCSD LABORATORY SYSTEMS	Lab Technician: I/AUT

Components

Component	Value	Reference Range	Flag	Lab
PTT	30	27 - 36 sec	—	HC
Comment: Interfering substances are present due to hemolysis, which may affect the accuracy of the results. Clinical correlation is recommended. For patients on IV unfractionated heparin, the therapeutic aPTT range is 50-75 sec., which corresponds to a heparin level of 0.3-0.7 units/mL.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

aPTT, Blood Blue [775403770]

Resulted: 04/15/26 0033, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001	Order status: Completed
Filed by: Electronic Interface To Epic, Softlab Lab Results	Collected by: RN 04/15/26 0011
04/15/26 0033	
Resulting lab: UCSD LABORATORY SYSTEMS	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

aPTT, Blood Blue [775403770]

Resulted: 04/15/26 0033, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001	Order status: Completed
Filed by: Electronic Interface To Epic, Softlab Lab Results	Collected by: RN 04/15/26 0011
04/15/26 0033	

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Orders - All Labs (continued)**

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results

aPTT, Blood Blue (Order 775403770)

Lab Specimen Information

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	00:11	4/15/2026	00:21	Blood	I5150164	UCSD LABORATORY SYSTEMS [94]

VBG + Chem Panel + H&H RC (Final result) [775405724]

Electronically signed by: Electronic Interface To Epic, Telcor Poc Results on 04/15/26

Status: Completed

0017

Ordering user: Electronic Interface To Epic, Telcor Poc Results
04/15/26 0017

Ordering provider: EPIC ELECTRONIC INTERFACE

Authorized by: EPIC ELECTRONIC INTERFACE

Ordering mode: Standard

Frequency: Routine 1 Time 04/15/26 0018 - 1 occurrence

Class: Nurse/MD Collect

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 4/15/2026 12:21 AM

Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
—	Venous Blood	—	04/15/26 0017

VBG + Chem Panel + H&H RC [775405724] (Abnormal)

Resulted: 04/15/26 0017, Result status: Final result

Ordering provider: EPIC ELECTRONIC INTERFACE 04/15/26
0017

Order status: Completed

Filed by: Electronic Interface To Epic, Telcor Poc Results
04/15/26 0021

Collected by: 04/15/26 0017

Resulting lab: RESPIRATORY CARE HILLCREST

Lab Technician: 10556613-IZABELLA OROZCO

Components

Component	Value	Reference Range	Flag	Lab
Temp, Ven (iSTAT)	96.2	—	—	RCHC
FiO2, Ven (iSTAT)	21	—	—	RCHC
pH, Ven (T) (iSTAT)	7.37	7.33 - 7.40	—	RCHC
pCO2, Ven (T) (iSTAT)	40.2	40 - 52 mmHg	—	RCHC
pO2, Ven (T) (iSTAT)	27	25 - 44 mmHg	—	RCHC
Bicarbonate, Ven (iSTAT)	23.4	23 - 30 mmol/L	—	RCHC
Base Excess, Ven (iSTAT)	-2.0	-2 - 3 mmol/L	—	RCHC
O2 SAT, Ven (iSTAT)	54	95 - 98 %	—	RCHC
pH, Ven (Uncorr) (iSTAT)	7.35	7.330 - 7.400	—	RCHC
pCO2, Ven (Uncorr) (iSTAT)	42.6	40 - 52 mmHg	—	RCHC
pO2, Ven (Uncorr) (iSTAT)	30	25 - 44 mmHg	—	RCHC
Glucose, Ven (iSTAT)	97	65 - 110 mg/dL	—	RCHC
Sodium, Ven (iSTAT)	142	135 - 145 mmol/L	—	RCHC
Potassium, Ven (iSTAT)	4.6	3.5 - 5.0 mmol/L	—	RCHC
Calcium, Ionized Ven (iSTAT)	1.08	1.13 - 1.32 mmol/L	L ▽	RCHC

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Orders - All Labs (continued)**

Hgb, Ven (Est.) (ISTAT)	14.3	12 - 17 g/dL	—	RCHC
Hct, Ven (ISTAT)	42	36 - 50 %PCV	—	RCHC
Flow Rate, Ven (ISTAT)	0	—	—	RCHC
Ven Site (ISTAT)	VEN	—	—	RCHC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
89 - RCHC	RESPIRATORY CARE HILLCREST	Biren Kamdar, MD, MBA, MHS	200 West Arbor Drive San Diego CA 92103	03/30/22 0825 - Present

Results

 **VBG + Chem Panel + H&H RC (Order 775405724)**

Lab Specimen Information

Collection Date	Collection Time	Specimen Type	Resulting lab
4/15/2026	00:17	Venous Blood	RESPIRATORY CARE HILLCREST [89]

Basic Metabolic Panel, Blood Green Plasma Separator Tube (Edited Result - FINAL) [775407593]

Electronically signed by: Santorelli, Jarrett Emerson, MD on 04/15/26 1004

Status: Completed

Mode: Ordering in Standing Order mode

Communicated by: Zavala, Adriana Suzanne, RN

Comment: new order for hemolyzed labs

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0128

Ordering provider: Santorelli, Jarrett Emerson, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Standing Order

Frequency: STAT Once 04/15/26 0128 - 1 occurrence

Class: Nurse/MD Collect

Quantity: 1

Lab status: Edited Result - FINAL

Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 1:28 AM

Questionnaire

Question	Answer
Tube	Green Plasma Separator Tube

Specimen Information

ID	Type	Source	Collected By
I5150358	Blood	—	RN 04/15/26 0138

Basic Metabolic Panel, Blood Green Plasma Separator Tube [775407593] (Abnormal)

Resulted: 04/15/26 0434, Result status: Edited Result - FINAL

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results 04/15/26 0434

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Lab Technician: MCUA

Components

Component	Value	Reference Range	Flag	Lab
Glucose	91	70 - 99 mg/dL	—	HC
BUN	15	8 - 23 mg/dL	—	HC
Creatinine	0.67	0.67 - 1.17 mg/dL	—	HC
eGFR Based on CKD-EPI 2021 Equation	>60	mL/min/1.73 m2	—	HC

Comment:

This is an estimated glomerular filtration rate (mL/min/1.73 m2) based on the CKD-EPI 2021 equation.

CKD Stage 3: GFR 30-59

CKD Stage 4: GFR 15-29

CKD Stage 5: GFR < 15 or dialysis dependent

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Labs (continued)

Sodium	142	136 - 145 mmol/L	—	HC
Potassium	2.7	3.5 - 5.1 mmol/L	LL	HC
Comment: Critical value. Results called to and read back by: Karl Reosura RN 4/15/26 0433 Tech: mcua				
Chloride	108	98 - 107 mmol/L	H ^	HC
Bicarbonate	21	22 - 29 mmol/L	L v	HC
Anion Gap	13	7 - 15 mmol/L	—	HC
Calcium	7.8	8.2 - 9.6 mg/dL	L v	HC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

**Basic Metabolic Panel, Blood Green Plasma Separator Tube [775407593]
 (Abnormal)**

Resulted: 04/15/26 0434, Result status: Final result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128
 Filed by: Electronic Interface To Epic, Softlab Lab Results 04/15/26 0434
 Resulting lab: UCSD LABORATORY SYSTEMS

Order status: Completed
 Collected by: RN 04/15/26 0138
 Lab Technician: MCUA

Components

Component	Value	Reference Range	Flag	Lab
Glucose	91	70 - 99 mg/dL	—	HC
BUN	15	8 - 23 mg/dL	—	HC
Creatinine	0.67	0.67 - 1.17 mg/dL	—	HC
eGFR Based on CKD-EPI 2021 Equation	>60	mL/min/1.73 m2	—	HC

Comment:
 This is an estimated glomerular filtration rate
 (mL/min/1.73 m2) based on the CKD-EPI 2021 equation.
 CKD Stage 3: GFR 30-59
 CKD Stage 4: GFR 15-29
 CKD Stage 5: GFR < 15 or dialysis dependent

Sodium	142	136 - 145 mmol/L	—	HC
Potassium	2.7	3.5 - 5.1 mmol/L	LL	HC
Comment: Critical value. Results called to and read back by: Karl Reosura RN 4/15/26 0433 Tech: mcua				
Chloride	108	98 - 107 mmol/L	H ^	HC
Bicarbonate	21	22 - 29 mmol/L	L v	HC
Anion Gap	13	7 - 15 mmol/L	—	HC
Calcium	7.8	8.2 - 9.6 mg/dL	L v	HC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Orders - All Labs (continued)**

6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Basic Metabolic Panel, Blood Green Plasma Separator Tube [775407593] Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0241

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Basic Metabolic Panel, Blood Green Plasma Separator Tube [775407593] Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0241

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results**Basic Metabolic Panel, Blood Green Plasma Separator Tube (Order 775407593)****Lab Specimen Information**

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	01:38	4/15/2026	02:18	Blood	I5150358	UCSD LABORATORY SYSTEMS [94]

Alcohol, Blood Green Plasma Separator Tube (Final result) [775407594]

Electronically signed by: Santorelli, Jarrett Emerson, MD on 04/15/26 1004

Status: Completed

Mode: Ordering in Standing Order mode

Communicated by: Zavala, Adriana Suzanne, RN

Comment: new order for hemolyzed labs

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0128

Ordering provider: Santorelli, Jarrett Emerson, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Standing Order

Frequency: STAT Once 04/15/26 0128 - 1 occurrence

Class: Nurse/MD Collect

Quantity: 1

Lab status: Final result

Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 1:28 AM

Questionnaire

Question	Answer
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04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Labs (continued)

Tube

Green Plasma Separator Tube

Specimen Information

ID	Type	Source	Collected By
I5150358	Blood	—	RN 04/15/26 0138

Alcohol, Blood Green Plasma Separator Tube [775407594]

Resulted: 04/15/26 0434, Result status: Final result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0434

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Lab Technician: MCUA

Components

Component	Value	Reference Range	Flag	Lab
Alcohol	<11	None mg/dL	—	HC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Alcohol, Blood Green Plasma Separator Tube [775407594]

Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0241

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Alcohol, Blood Green Plasma Separator Tube [775407594]

Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0241

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Orders - All Labs (continued)****Results**

Alcohol, Blood Green Plasma Separator Tube
(Order 775407594)

Lab Specimen Information

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	01:38	4/15/2026	02:18	Blood	I5150358	UCSD LABORATORY SYSTEMS [94]

Magnesium, Blood Green Plasma Separator Tube (Final result) [775407595]

Electronically signed by: **Santorelli, Jarrett Emerson, MD on 04/15/26 1004** Status: **Completed**
 Mode: Ordering in Standing Order mode Communicated by: Zavala, Adriana Suzanne, RN
 Comment: new order for hemolyzed labs
 Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0128 Ordering provider: Santorelli, Jarrett Emerson, MD
 Authorized by: Santorelli, Jarrett Emerson, MD Ordering mode: Standing Order
 Frequency: STAT Once 04/15/26 0128 - 1 occurrence Class: Nurse/MD Collect
 Quantity: 1 Lab status: Final result
 Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 1:28 AM

Questionnaire

Question	Answer
Tube	Green Plasma Separator Tube

Specimen Information

ID	Type	Source	Collected By
I5150358	Blood	—	RN 04/15/26 0138

Magnesium, Blood Green Plasma Separator Tube [775407595]

Resulted: 04/15/26 0434, Result status: Final result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0138
 04/15/26 0434
 Resulting lab: UCSD LABORATORY SYSTEMS Lab Technician: MCUA

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.7 - 2.3 mg/dL	—	HC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Magnesium, Blood Green Plasma Separator Tube [775407595]

Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0138
 04/15/26 0241
 Resulting lab: UCSD LABORATORY SYSTEMS

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Orders - All Labs (continued)****Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Magnesium, Blood Green Plasma Separator Tube [775407595]

Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0241

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results**Magnesium, Blood Green Plasma Separator Tube
(Order 775407595)****Lab Specimen Information**

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	01:38	4/15/2026	02:18	Blood	I5150358	UCSD LABORATORY SYSTEMS [94]

Phosphorus, Blood Green Plasma Separator Tube (Final result) [775407596]

Electronically signed by: Santorelli, Jarrett Emerson, MD on 04/15/26 1004

Status: Completed

Mode: Ordering in Standing Order mode

Communicated by: Zavala, Adriana Suzanne, RN

Comment: new order for hemolyzed labs

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0128

Ordering provider: Santorelli, Jarrett Emerson, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Standing Order

Frequency: STAT Once 04/15/26 0129 - 1 occurrence

Class: Nurse/MD Collect

Quantity: 1

Lab status: Final result

Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 1:28 AM

Questionnaire

Question	Answer
Tube	Green Plasma Separator Tube

Specimen Information

ID	Type	Source	Collected By
I5150358	Blood	—	RN 04/15/26 0138

Phosphorus, Blood Green Plasma Separator Tube [775407596] (Abnormal) Resulted: 04/15/26 0434, Result status: Final result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0434

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Lab Technician: MCUA

Components

Component	Value	Reference Range	Flag	Lab
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04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)**Orders - All Labs (continued)**

Phosphorous	2.5	2.7 - 4.5 mg/dL	L v	HC
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Phosphorus, Blood Green Plasma Separator Tube [775407596]

Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results 04/15/26 0241

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Phosphorus, Blood Green Plasma Separator Tube [775407596]

Resulted: 04/15/26 0241, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0128

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results 04/15/26 0241

Collected by: RN 04/15/26 0138

Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results

 **Phosphorus, Blood Green Plasma Separator Tube (Order 775407596)**

Lab Specimen Information

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	01:38	4/15/2026	02:18	Blood	I5150358	UCSD LABORATORY SYSTEMS [94]

Methicillin Resistant Staphylococcus aureus (MRSA), Surveillance, Nasal Copan eSwab Nares (Final result) [775412019]

Electronically signed by: Dumitru, Ana Maria G, MD on 04/15/26 0139

Status: Completed

Ordering user: Dumitru, Ana Maria G, MD 04/15/26 0139

Ordering provider: Dumitru, Ana Maria G, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Standard

Frequency: Routine Once 04/15/26 0201 - 1 occurrence

Class: Nurse/MD Collect

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Labs (continued)

Quantity: 1 Lab status: Final result
 Instance released by: Reosura, Karl Evaristo Demafelis, RN (auto-released) 4/15/2026 2:00 AM

Questionnaire

Question	Answer
Container Type	Copan eSwab

Specimen Information

ID	Type	Source	Collected By
I5151034	Nares	Nares	RN 04/15/26 0254
Comment: Nares			

Methicillin Resistant Staphylococcus aureus (MRSA), Surveillance, Nasal Copan eSwab Nares [775412019]

Resulted: 04/16/26 1219, Result status: Final result

Ordering provider: Dumitru, Ana Maria G, MD 04/15/26 0200 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0254
 04/16/26 1219
 Resulting lab: UCSD LABORATORY SYSTEMS Lab Technician: DA1

Components

Component	Value	Reference Range	Flag	Lab
MRSA Surveillance Result	No Methicillin Resistant Staphylococcus aureus isolated.	—	—	CALM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
85 - CALM	CENTER ADV LAB MEDICINE	Ronald W. McLawhon, M.D., Ph.D.	10300 Campus Point Drive San Diego CA 92121	05/28/14 1012 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Methicillin Resistant Staphylococcus aureus (MRSA), Surveillance, Nasal Copan eSwab Nares [775412019]

Resulted: 04/15/26 0808, Result status: In process

Ordering provider: Dumitru, Ana Maria G, MD 04/15/26 0200 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0254
 04/15/26 0808
 Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Methicillin Resistant Staphylococcus aureus (MRSA), Surveillance, Nasal Copan eSwab Nares [775412019]

Resulted: 04/15/26 0808, Result status: In process

Ordering provider: Dumitru, Ana Maria G, MD 04/15/26 0200 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0254
 04/15/26 0808
 Resulting lab: UCSD LABORATORY SYSTEMS

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results

Methicillin Resistant Staphylococcus aureus (MRSA), Surveillance, Nasal Copan eSwab Nares (Order 775412019)

Lab Specimen Information

Collecti on Date	Collecti on Time	Receive d Date	Receive d Time	Specimen Type	Specimen Source	Specimen Comment	Lab Specimen #	Resulting lab
4/15/2026	02:54	4/15/2026	08:08	Nares	Nares	Nares	15151034	UCSD LABORATORY SYSTEMS [94]
6		6						

UR Drugs of Abuse Screen (Final result) [775403772]

Electronically signed by: Palacardo, Federico, MD on 04/15/26 0154

Status: **Completed**

Mode: Ordering in Verbal/Telephone w/Readback mode

Communicated by: Zavala, Adriana Suzanne, RN

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0001

Ordering provider: Palacardo, Federico, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Verbal/Telephone w/Readback

Frequency: STAT Once 04/15/26 0001 - 1 occurrence

Class: Nurse/MD Collect

Quantity: 1

Lab status: Final result

Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:01 AM

Specimen Information

ID	Type	Source	Collected By
15150165	Urine	—	RN 04/15/26 0327

UR Drugs of Abuse Screen [775403772]

Resulted: 04/15/26 0419, Result status: Final result

Ordering provider: Palacardo, Federico, MD 04/15/26 0001

Order status: Completed

Filed by: Electronic Interface To Epic, Softlab Lab Results
04/15/26 0419

Collected by: RN 04/15/26 0327

Resulting lab: UCSD LABORATORY SYSTEMS

Lab Technician: I/AUT

Components

Component	Value	Reference Range	Flag	Lab
Amphetamines Screen	Negative	Negative	—	HC
Barbiturates Screen	Negative	Negative	—	HC
Cocaine Screen	Negative	Negative	—	HC
UR Fentanyl Screen	Negative	Negative	—	HC
UR Benzodiazepines High Sensitivity Screen	Negative	Negative	—	HC
Methadone Screen	Negative	Negative	—	HC
Opiates Screen	Negative	Negative	—	HC
Oxycodone Screen	Negative	Negative	—	HC
Phencyclidine Screen	Negative	Negative	—	HC
THC Screen	Negative	Negative	—	HC
UR Drug Screen Interpretation	See Comment	—	—	HC

Comment:

Immunoassay Cut-off Concentrations

Amphetamines 1000ng/mL Methadone 300ng/mL

Barbiturates 200ng/mL Opiates 300ng/mL

Benzodiazepines High Sensitivity 200ng/mL Oxycodone 100ng/mL

Benzoylcegonine 300ng/mL Phencyclidine 25ng/mL

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Labs (continued)

Fentanyl 5 ng/mL
 Tetrahydrocannabinoids 100ng/mL

Pending confirm results are automatically reflexed
 for confirmation.

RESULTS ARE TO BE USED ONLY FOR MEDICAL PURPOSES

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - HC	HILLCREST LAB	Ronald W. McLawhon, M.D., Ph.D.	200 West Arbor San Diego CA 92103	05/28/14 1026 - Present
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

UR Drugs of Abuse Screen [775403772]

Resulted: 04/15/26 0339, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0327
 04/15/26 0339
 Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

UR Drugs of Abuse Screen [775403772]

Resulted: 04/15/26 0339, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0001 Order status: Completed
 Filed by: Electronic Interface To Epic, Softlab Lab Results Collected by: RN 04/15/26 0327
 04/15/26 0339
 Resulting lab: UCSD LABORATORY SYSTEMS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
94 - UCSD LAB	UCSD LABORATORY SYSTEMS	Ronald W. McLawhon, M.D., Ph.D.	See Result	04/28/21 1524 - Present

Results

UR Drugs of Abuse Screen (Order 775403772)

Lab Specimen Information

Collection Date	Collection Time	Received Date	Received Time	Specimen Type	Lab Specimen #	Resulting lab
4/15/2026	03:27	4/15/2026	03:32	Urine	I5150165	UCSD LABORATORY SYSTEMS [94]

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging

Imaging

X-Ray Chest Single View (Final result) [775403899]

Electronically signed by: **Dominy, Ashley on 04/15/26 0002** Status: **Completed**
 This order may be acted on in another encounter.
 Ordering user: Dominy, Ashley 04/15/26 0002
 Authorized by: Santorelli, Jarrett Emerson, MD
 Frequency: STAT 1 Time 04/15/26 0003 - 1 occurrence
 Quantity: 1
 Instance released by: Dominy, Ashley (auto-released) 4/15/2026 12:02 AM

Ordering provider: Santorelli, Jarrett Emerson, MD
 Ordering mode: Per Protocol
 Class: Hospital Performed
 Lab status: Final result

Questionnaire

Question	Answer
Indications:	Trauma- See Admitting Diagnosis

Begin Exam Questions

Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:	

End Exam Questions

Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:	
Fluoro used?	
Fluoro time? (mins)	
Fluoro time? (sec)	
Fluoro dose (mGy):	
Sup-Op:	
Location/Resource (Comment the machine):	
Was the protective shielding used on the patient?	
Reason:	
Was a chaperone present for this exam/procedure?	
Reason why a trained chaperone was NOT present?	
Reason why a chaperone was present?	
Chaperone Name:	

X-Ray Chest Single View [775403899]

Resulted: 04/15/26 0816, Result status: Final result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002	Order status: Completed
Resulted by: Alshubrami, Dalal Hammad, MD	Filed by: Electronic Interface To Epic, Radiant Results 04/15/26 0819
Boswell, Gilbert Erich, MD	
Performed: 04/15/26 0002 - 04/15/26 0020	Accession number: R20452079
Resulting lab: RADIOLOGY	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

EXAM DESCRIPTION:
 X-RAY CHEST SINGLE VIEW

CLINICAL HISTORY:
 Trauma- See Admitting Diagnosis
 Assault.

COMPARISON:
 CT thoracic spine 4/15/2026. CT neck 4/15/2026

FINDINGS:
 Lines and Tubes: None.

Cardiomediastinal Silhouette: Unremarkable.

Lungs: Clear.

Pleura: No pneumothorax or effusion.

Bones and soft tissues: Image obtained on a spine board. No fractures identified..
 Image is obtained with a cervical collar.

Preliminary created by: Alshubrami, Dalal
 Signed by: Boswell, Gilbert 04/15/2026 08:16:59

IMPRESSION:

IMPRESSION:

*No sign of acute traumatic injury to the chest by plain film.

Resulted: 04/15/26 0029, Result status: Preliminary
 result

X-Ray Chest Single View [775403899]

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002	Order status: Completed
Resulted by: Alshubrami, Dalal Hammad, MD	Filed by: Electronic Interface To Epic, Radiant Results 04/15/26 0029
Boswell, Gilbert Erich, MD	
Performed: 04/15/26 0002 - 04/15/26 0020	Accession number: R20452079
Resulting lab: RADIOLOGY	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

IMPRESSION:

IMPRESSION:

THIS PRELIMINARY INTERPRETATION HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST:

No acute traumatic injury to the chest.

X-Ray Chest Single View [775403899]

Resulted: 04/15/26 0002, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002	Order status: Completed
Resulted by: Alshubrami, Dalal Hammad, MD	Filed by: Dominy, Ashley 04/15/26 0002

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Boswell, Gilbert Erich, MD
 Performed: 04/15/26 0002 - 04/15/26 0020
 Resulting lab: RADIOLOGY

Accession number: R20452079

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Signed

Electronically signed by Boswell, Gilbert Erich, MD on 4/15/26 at 0816 PDT

X-Ray Pelvis 1 Or 2 Views (Final result) [775403900]

Electronically signed by: **Dominy, Ashley** on 04/15/26 0002

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Dominy, Ashley 04/15/26 0002

Ordering provider: Santorelli, Jarrett Emerson, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Per Protocol

Frequency: STAT 1 Time 04/15/26 0003 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Dominy, Ashley (auto-released) 4/15/2026 12:02 AM

Questionnaire

Question	Answer
Indications:	Trauma -- See admitting diagnosis

Begin Exam Questions

Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:	

End Exam Questions

Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:	
Fluoro used?	
Fluoro time? (mins)	
Fluoro time? (sec)	
Fluoro dose (mGy):	
Sup-Op:	
Location/Resource (Comment the machine):	
Was the protective shielding used on the patient?	
Reason:	
Was a chaperone present for this exam/procedure?	
Reason why a trained chaperone was NOT present?	
Reason why a chaperone was present?	
Chaperone Name:	

X-Ray Pelvis 1 Or 2 Views [775403900]

Resulted: 04/15/26 0618, Result status: Final result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002

Order status: Completed

Resulted by:

Filed by: Electronic Interface To Epic, Radiant Results

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Alshubrami, Dalal Hammad, MD Patel, Rakesh Bholabhai, MD Performed: 04/15/26 0003 - 04/15/26 0020 Resulting lab: RADIOLOGY	04/15/26 0620 Accession number: R20452080
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

EXAM DESCRIPTION:
 X-RAY PELVIS 1 OR 2 VIEWS

CLINICAL HISTORY:
 Assault.

TECHNIQUE:
 Single frontal image of the pelvis was obtained.

COMPARISON:
 None

FINDINGS:
 There is no acute fracture or malalignment.

The hip joints, sacroiliac joints, and pubic symphysis are unremarkable.

Osseous mineralization is within normal limits.

The soft tissues are unremarkable.

CONCURRENT SUPERVISION:
 I have reviewed the images and agree with the resident's report.

Preliminary created by: Alshubrami, Dalal
 Signed by: Patel, Rakesh 04/15/2026 06:18:40
 IMPRESSION:
 IMPRESSION:

No acute traumatic injury to the pelvis.

Resulted: 04/15/26 0030, Result status: Preliminary result

X-Ray Pelvis 1 Or 2 Views [775403900]

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002 Resulted by: Alshubrami, Dalal Hammad, MD Patel, Rakesh Bholabhai, MD Performed: 04/15/26 0003 - 04/15/26 0020 Resulting lab: RADIOLOGY	Order status: Completed Filed by: Electronic Interface To Epic, Radiant Results 04/15/26 0031 Accession number: R20452080
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present
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Study Result

IMPRESSION:

IMPRESSION:

THIS PRELIMINARY INTERPRETATION HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST:

No acute traumatic injury to the pelvis.

X-Ray Pelvis 1 Or 2 Views [775403900]

Resulted: 04/15/26 0003, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002

Order status: Completed

Resulted by:

Filed by: Dominy, Ashley 04/15/26 0003

Aishubrami, Dalal Hammad, MD

Patel, Rakesh Bholabhai, MD

Performed: 04/15/26 0003 - 04/15/26 0020

Accession number: R20452080

Resulting lab: RADIOLOGY

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Signed

Electronically signed by Patel, Rakesh Bholabhai, MD on 4/15/26 at 0618 PDT

US Trauma FAST (Final result) [775403845]

Electronically signed by: Martin, Tyler Brandon on 04/15/26 0002

Status: Completed

This order may be acted on in another encounter.

Ordering user: Martin, Tyler Brandon 04/15/26 0002

Ordering provider: Santorelli, Jarrett Emerson, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Per Protocol

Frequency: STAT 1 Time 04/15/26 0003 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Martin, Tyler Brandon 4/15/2026 12:02 AM

Questionnaire

Question	Answer
Indications:	Trauma
Should The Procedure Be Done Portably?	No

Begin Exam Questions

Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:	

End Exam Questions

Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:	
Was a chaperone present for this exam/procedure?	
Reason why a trained chaperone was NOT present?	

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Reason why a chaperone was present?
 Chaperone Name:

US Trauma FAST [775403845]

Resulted: 04/15/26 0625, Result status: Final result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002

Order status: Completed

Resulted by:
 Alshubrami, Dalal Hammad, MD
 Moreno, Mario Alberto, MD

Filed by: Electronic Interface To Epic, Radiant Results
 04/15/26 0628

Performed: 04/15/26 0002 - 04/15/26 0028
 Resulting lab: RADIOLOGY

Accession number: R20452077

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

EXAM DESCRIPTION:
 US TRAUMA FAST

CLINICAL HISTORY:
 Assault.

TECHNIQUE:
 Limited abdominal ultrasound was performed per trauma protocol.

COMPARISON:
 None

FINDINGS:
 LUNGS: Grossly unremarkable. No evidence of pneumothorax.

CARDIAC: Grossly unremarkable. No pericardial effusion.

LIVER: Grossly unremarkable.

KIDNEYS: Grossly unremarkable.

SPLEEN: Grossly unremarkable.

BLADDER: Unremarkable.

FLUID: None seen.

CONCURRENT SUPERVISION:
 I have reviewed the images and agree with the resident/fellow's interpretation.

Preliminary created by: Alshubrami, Dalal
 Signed by: Moreno, Mario 04/15/2026 06:25:18

IMPRESSION:
 IMPRESSION:

No sonographic evidence of gross injury.

US Trauma FAST [775403845]

Resulted: 04/15/26 0031, Result status: Preliminary result

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26

Order status: Completed

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

0002
 Resulted by:
 Alshubrami, Dalal Hammad, MD
 Moreno, Mario Alberto, MD
 Performed: 04/15/26 0002 - 04/15/26 0028
 Resulting lab: RADIOLOGY

Filed by: Electronic Interface To Epic, Radiant Results
 04/15/26 0031

Accession number: R20452077

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

IMPRESSION:
 IMPRESSION:
 THIS PRELIMINARY INTERPRETATION HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST:
 No sonographic evidence of gross injury.

US Trauma FAST [775403845]

Resulted: 04/15/26 0002, Result status: In process

Ordering provider: Santorelli, Jarrett Emerson, MD 04/15/26 0002
 Order status: Completed

Resulted by:
 Alshubrami, Dalal Hammad, MD
 Moreno, Mario Alberto, MD
 Performed: 04/15/26 0002 - 04/15/26 0028
 Resulting lab: RADIOLOGY

Filed by: Martin, Tyler Brandon 04/15/26 0002

Accession number: R20452077

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Signed

Electronically signed by Moreno, Mario Alberto, MD on 4/15/26 at 0625 PDT

CT C-Spine W/O Contrast (Final result) [775405667]

Electronically signed by: Palacardo, Federico, MD on 04/15/26 0154 Status: Completed

Mode: Ordering in Verbal/Telephone w/Readback mode
 This order may be acted on in another encounter.

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0019
 Authorized by: Santorelli, Jarrett Emerson, MD
 Frequency: STAT 1 Time 04/15/26 0019 - 1 occurrence
 Quantity: 1
 Indications of use: Trauma

Communicated by: Zavala, Adriana Suzanne, RN

Ordering provider: Palacardo, Federico, MD
 Ordering mode: Verbal/Telephone w/Readback
 Class: Hospital Performed
 Lab status: Final result
 Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:19 AM

Questionnaire

Question	Answer
Clinical history	Acute traumatic injury
Reason:	Fracture
Defer to Radiologist's Protocol for Final Order?	Yes

Screening Form

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

General Information

Patient Name: Ahmed, Mohamed
 Date of Birth: 12/24/1974
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT C-SPINE W/O CONTRAST	Palacardo, Federico, MD 858-657-7025 619-290-3982	Santorelli, Jarrett Emerson, MD 619-471-9411 619-290-7354	4/15/2026 12:30 AM HC CT SCANNER ROOM C1 HCH CT

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status

Born without uterus

Additional Information

MRI Scanners produce loud sounds during the process of obtaining images. These sounds can cause discomfort for some patients. Hearing protection will be offered to all patients prior to beginning the procedure.

Please initial as your acknowledgement: _____

MRI scanners may cause heating of tissue, including skin. Notify the technologist immediately if you notice any heating sensation during your scan.

Please initial as your acknowledgement: _____

Tattoos have been reported to cause skin irritation, swelling and/or heating in a small number of patients. Inform the technologist of any tatoos or permanent makeup prior to your scan. Please initial as your acknowledgement: _____

In order to obtain images appropriate for your condition, your MRI scan may require an injection of a contrast media. This media is approved by the Food and Drug Administration for intravenous injection during the performance of MRI imaging. As with any intravenous injection, there is a risk of allergic reaction. The percentage of patients with reaction is extremely low. Patients receiving contrast may experience headaches and mild nausea, although the incidence of reaction is extremely low. Rarely, patients may experience local inflammation at the injection site. Another side effect is gadolinium retention or NSF. Please initial as your acknowledgement: _____

If this form is being completed by someone other than the patient, please print your name and relationship:

 (Name) (Relationship)

I attest that the information on this form is correct to the best of my knowledge. I have read and understand the contents of this form and have had any questions answered regarding this procedure. Please initial as your acknowledgement: _____

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Patient Signature	Date	MRI Technologist Signature	Date
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Begin Exam Questions

	Answer	Comment
Has everything been removed from patient's mouth including denture/candy/gum etc.?	Yes	
Was the patient screened for contrast by a technologist?	Yes	
Comment:		

End Exam Questions

	Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:		
Was a chaperone present for this exam/procedure?		
Reason why a trained chaperone was NOT present?		
Reason why a chaperone was present?		
Chaperone Name:		

CT C-Spine W/O Contrast [775405667]

Resulted: 04/15/26 0707, Result status: Final result

Ordering provider: Palacardo, Federico, MD 04/15/26 0019	Order status: Completed
Resulted by: Alshubrami, Dalal Hammad, MD	Filed by: Electronic Interface To Epic, Radiant Results 04/15/26 0709
Patel, Rakesh Bholabhai, MD	
Performed: 04/15/26 0043 - 04/15/26 0653	Accession number: R20452155
Resulting lab: RADIOLOGY	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

EXAM DESCRIPTION:

CT C-SPINE W/O CONTRAST; CT L-SPINE W/O IV CONTRAST; CT T-SPINE W/O IV CONTRAST

CLINICAL HISTORY:

Assault.

TECHNIQUE:

Helical CT was obtained from the skull base through the sacrum without contrast and reconstructed in axial, sagittal, and coronal planes using soft tissue and bone window algorithms.

Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452155}:

R20452154
 R20452153
 R20452152

; Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452153}:

R20452155
 R20452154

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

R20452152
 ; Up-to-date CT equipment and radiation dose reduction techniques were employed.
 CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.
 The following accession numbers are related to this dose report {R20452154}:
 R20452155
 R20452153
 R20452152

COMPARISON:
 None

FINDINGS:
 Please see impression.

CONCURRENT SUPERVISION:
 I have reviewed the images and agree with the resident's interpretation.

Preliminary created by: Alshubrami, Dalal
 Signed by: Patel, Rakesh 04/15/2026 07:07:24
 IMPRESSION:
 IMPRESSION:

No acute osseous abnormality of the cervical, thoracic or lumbar spine.

Mild degenerative changes of the cervical spine. No osseous central spinal canal stenosis of the cervical spine or significant osseous neural foraminal narrowing of the cervical spine. Anterior C1-C2 degenerative changes. Straightening of the normal cervical lordosis. Please see CTA head and neck for assessment of the soft tissues.

Thoracic spinal alignment is preserved. Minimal upper thoracic spine spondylosis. No significant thoracic spinal canal narrowing or thoracic neural foraminal narrowing. Paravertebral soft tissues are unremarkable. Contrast in the renal collecting system.

Straightening of the normal lumbar lordosis. L5-S1 disc space height loss with broad-based posterior disc bulge abutting bilateral traversing nerve roots with mild spinal canal narrowing and mild-to-moderate bilateral neural foraminal narrowing. L4-5 diffuse disc bulge with mild-to-moderate spinal canal narrowing and mild bilateral neural foraminal narrowing. L3-4 shallow disc bulge with mild bilateral neural foraminal narrowing. Bilateral sacroiliac joint degenerative changes. Contrast in the renal collecting system and bladder. No acute soft tissue abnormality.

CT C-Spine W/O Contrast [775405667]

Resulted: 04/15/26 0102, Result status: Preliminary
 result

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
 Resulted by:
 Alshubrami, Dalal Hammad, MD
 Patel, Rakesh Bholabhai, MD
 Performed: 04/15/26 0043 - 04/15/26 0653
 Resulting lab: RADIOLOGY

Order status: Completed
 Filed by: Electronic Interface To Epic, Radiant Results
 04/15/26 0103
 Accession number: R20452155

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Study Result

IMPRESSION:

IMPRESSION:

THIS PRELIMINARY INTERPRETATION HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST:

No acute osseous abnormality of the cervical, thoracic or lumbar spine.

CT C-Spine W/O Contrast [775405667]

Resulted: 04/15/26 0043, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
 Resulted by:
 Alshubrami, Dalal Hammad, MD
 Patel, Rakesh Bholabhai, MD
 Performed: 04/15/26 0043 - 04/15/26 0653
 Resulting lab: RADIOLOGY

Order status: Completed
 Filed by: Slaven, Olivia 04/15/26 0043

Accession number: R20452155

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Signed

Electronically signed by Patel, Rakesh Bholabhai, MD on 4/15/26 at 0707 PDT

CT T-Spine W/O IV Contrast (Final result) [775405668]

Electronically signed by: Palacardo, Federico, MD on 04/15/26 0154

Status: Completed

Mode: Ordering in Verbal/Telephone w/Readback mode
 This order may be acted on in another encounter.

Communicated by: Zavala, Adriana Suzanne, RN

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0019

Ordering provider: Palacardo, Federico, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Verbal/Telephone w/Readback

Frequency: STAT 1 Time 04/15/26 0019 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:19 AM

Questionnaire

Question	Answer
Reason:	Z - Other Comment - trauma
Defer to Radiologist's Protocol for Final Order?	Yes
Indications:	trauma

Screening Form

General Information

Patient Name: Ahmed, Mohamed
 Date of Birth: 12/24/1974
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT T-SPINE W/O IV CONTRAST	Palacardo, Federico, MD 858-657-7025 619-290-3982	Santorelli, Jarrett Emerson, MD 619-471-9411 619-290-7354	4/15/2026 12:30 AM HC CT SCANNER ROOM C1 HCH CT

Screening Form Questions

No questionnaires are associated with this screening form.

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

LMP/OB Status

OB Status

Born without uterus

Additional Information

MRI Scanners produce loud sounds during the process of obtaining images. These sounds can cause discomfort for some patients. Hearing protection will be offered to all patients prior to beginning the procedure.

Please initial as your acknowledgement: _____

MRI scanners may cause heating of tissue, including skin. Notify the technologist immediately if you notice any heating sensation during your scan.

Please initial as your acknowledgement: _____

Tattoos have been reported to cause skin irritation, swelling and/or heating in a small number of patients. Inform the technologist of any tatoos or permanent makeup prior to your scan. Please initial as your acknowledgement: _____

In order to obtain images appropriate for your condition, your MRI scan may require an injection of a contrast media. This media is approved by the Food and Drug Administration for intravenous injection during the performance of MRI imaging. As with any intravenous injection, there is a risk of allergic reaction. The percentage of patients with reaction is extremely low. Patients receiving contrast may experience headaches and mild nausea, although the incidence of reaction is extremely low. Rarely, patients may experience local inflammation at the injection site. Another side effect is gadolinium retention or NSF. Please initial as your acknowledgement: _____

If this form is being completed by someone other than the patient, please print your name and relationship:

(Name)

(Relationship)

I attest that the information on this form is correct to the best of my knowledge. I have read and understand the contents of this form and have had any questions answered regarding this procedure. Please initial as your acknowledgement: _____

Patient Signature

Date

MRI Technologist Signature

Date

Begin Exam Questions

	Answer	Comment
Has everything been removed from patient's mouth including denture/candy/gum etc.?	Yes	
Was the patient screened for contrast by a technologist?	Yes	
Comment:		

End Exam Questions

Answer	Comment
--------	---------

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Was an interpreter used to complete screening form? If so, enter interpreter number:

Was a chaperone present for this exam/procedure?

Reason why a trained chaperone was NOT present?

Reason why a chaperone was present?

Chaperone Name:

CT T-Spine W/O IV Contrast [775405668]

Resulted: 04/15/26 0707, Result status: Final result

Ordering provider: Palacardo, Federico, MD 04/15/26 0019

Order status: Completed

Resulted by:

Filed by: Electronic Interface To Epic, Radiant Results

Alshubrami, Dalal Hammad, MD

04/15/26 0709

Patel, Rakesh Bholabhai, MD

Performed: 04/15/26 0043 - 04/15/26 0653

Accession number: R20452154

Resulting lab: RADIOLOGY

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

EXAM DESCRIPTION:

CT C-SPINE W/O CONTRAST; CT L-SPINE W/O IV CONTRAST; CT T-SPINE W/O IV CONTRAST

CLINICAL HISTORY:

Assault.

TECHNIQUE:

Helical CT was obtained from the skull base through the sacrum without contrast and reconstructed in axial, sagittal, and coronal planes using soft tissue and bone window algorithms.

Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452155}:

R20452154

R20452153

R20452152

; Up-to-date CT equipment and radiation dose reduction techniques were employed.

CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452153}:

R20452155

R20452154

R20452152

; Up-to-date CT equipment and radiation dose reduction techniques were employed.

CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452154}:

R20452155

R20452153

R20452152

COMPARISON:

None

FINDINGS:

Please see impression.

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

CONCURRENT SUPERVISION:

I have reviewed the images and agree with the resident's interpretation.

Preliminary created by: Alshubrami, Dalal

Signed by: Patel, Rakesh 04/15/2026 07:07:24

IMPRESSION:

IMPRESSION:

No acute osseous abnormality of the cervical, thoracic or lumbar spine.

Mild degenerative changes of the cervical spine. No osseous central spinal canal stenosis of the cervical spine or significant osseous neural foraminal narrowing of the cervical spine. Anterior C1-C2 degenerative changes. Straightening of the normal cervical lordosis. Please see CTA head and neck for assessment of the soft tissues.

Thoracic spinal alignment is preserved. Minimal upper thoracic spine spondylosis. No significant thoracic spinal canal narrowing or thoracic neural foraminal narrowing. Paravertebral soft tissues are unremarkable. Contrast in the renal collecting system.

Straightening of the normal lumbar lordosis. L5-S1 disc space height loss with broad-based posterior disc bulge abutting bilateral traversing nerve roots with mild spinal canal narrowing and mild-to-moderate bilateral neural foraminal narrowing. L4-5 diffuse disc bulge with mild-to-moderate spinal canal narrowing and mild bilateral neural foraminal narrowing. L3-4 shallow disc bulge with mild bilateral neural foraminal narrowing. Bilateral sacroiliac joint degenerative changes. Contrast in the renal collecting system and bladder. No acute soft tissue abnormality.

Resulted: 04/15/26 0102, Result status: Preliminary result

CT T-Spine W/O IV Contrast [775405668]

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
Resulted by:
Alshubrami, Dalal Hammad, MD
Patel, Rakesh Bholabhai, MD
Performed: 04/15/26 0043 - 04/15/26 0653
Resulting lab: RADIOLOGY

Order status: Completed
Filed by: Electronic Interface To Epic, Radiant Results
04/15/26 0103
Accession number: R20452154

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

IMPRESSION:

IMPRESSION:

THIS PRELIMINARY INTERPRETATION HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST:

No acute osseous abnormality of the cervical, thoracic or lumbar spine.

CT T-Spine W/O IV Contrast [775405668]

Resulted: 04/15/26 0043, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
Resulted by:
Alshubrami, Dalal Hammad, MD
Patel, Rakesh Bholabhai, MD

Order status: Completed
Filed by: Slaven, Olivia 04/15/26 0043

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Performed: 04/15/26 0043 - 04/15/26 0653
 Resulting lab: RADIOLOGY

Accession number: R20452154

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Signed

Electronically signed by Patel, Rakesh Bholabhai, MD on 4/15/26 at 0707 PDT

CT L-Spine W/O IV Contrast (Final result) [775405669]

Electronically signed by: **Palacardo, Federico, MD on 04/15/26 0154**

Status: **Completed**

Mode: Ordering in Verbal/Telephone w/Readback mode

Communicated by: Zavala, Adriana Suzanne, RN

This order may be acted on in another encounter.

Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0019

Ordering provider: Palacardo, Federico, MD

Authorized by: Santorelli, Jarrett Emerson, MD

Ordering mode: Verbal/Telephone w/Readback

Frequency: STAT 1 Time 04/15/26 0019 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Indications of use: Trauma

Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:19 AM

Questionnaire

Question	Answer
Clinical history	Acute traumatic injury
Reason:	Fracture
Defer to Radiologist's Protocol for Final Order?	Yes

Screening Form

General Information

Patient Name: Ahmed, Mohamed
 Date of Birth: 12/24/1974
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT L-SPINE W/O IV CONTRAST	Palacardo, Federico, MD . 858-657-7025 . 619-290-3982	Santorelli, Jarrett Emerson, MD . 619-471-9411 . 619-290-7354	4/15/2026 12:30 AM HC CT SCANNER ROOM C1 HCH CT

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status

Born without uterus

Additional Information

MRI Scanners produce loud sounds during the process of obtaining images. These sounds can cause discomfort for some patients. Hearing protection will be offered to all patients prior to beginning the procedure.

Please initial as your acknowledgement: _____

MRI scanners may cause heating of tissue, including skin. Notify the technologist immediately if you notice any heating sensation during your scan.

Orders - All Imaging (continued)

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Patel, Rakesh Bholabhai, MD
Performed: 04/15/26 0043 - 04/15/26 0653
Resulting lab: RADIOLOGY

Accession number: R20452153

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

EXAM DESCRIPTION:

CT C-SPINE W/O CONTRAST; CT L-SPINE W/O IV CONTRAST; CT T-SPINE W/O IV CONTRAST

CLINICAL HISTORY:

Assault.

TECHNIQUE:

Helical CT was obtained from the skull base through the sacrum without contrast and reconstructed in axial, sagittal, and coronal planes using soft tissue and bone window algorithms.

Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452155}:

R20452154

R20452153

R20452152

; Up-to-date CT equipment and radiation dose reduction techniques were employed.

CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452153}:

R20452155

R20452154

R20452152

; Up-to-date CT equipment and radiation dose reduction techniques were employed.

CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452154}:

R20452155

R20452153

R20452152

COMPARISON:

None

FINDINGS:

Please see impression.

CONCURRENT SUPERVISION:

I have reviewed the images and agree with the resident's interpretation.

Preliminary created by: Alshubrami, Dalal

Signed by: Patel, Rakesh 04/15/2026 07:07:24

IMPRESSION:

IMPRESSION:

No acute osseous abnormality of the cervical, thoracic or lumbar spine.

Mild degenerative changes of the cervical spine. No osseous central spinal canal stenosis of the cervical spine or significant osseous neural foramina narrowing of the

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

cervical spine. Anterior C1-C2 degenerative changes. Straightening of the normal cervical lordosis. Please see CTA head and neck for assessment of the soft tissues.

Thoracic spinal alignment is preserved. Minimal upper thoracic spine spondylosis. No significant thoracic spinal canal narrowing or thoracic neural foraminal narrowing. Paravertebral soft tissues are unremarkable. Contrast in the renal collecting system.

Straightening of the normal lumbar lordosis. L5-S1 disc space height loss with broad-based posterior disc bulge abutting bilateral traversing nerve roots with mild spinal canal narrowing and mild-to-moderate bilateral neural foraminal narrowing. L4-5 diffuse disc bulge with mild-to-moderate spinal canal narrowing and mild bilateral neural foraminal narrowing. L3-4 shallow disc bulge with mild bilateral neural foraminal narrowing. Bilateral sacroiliac joint degenerative changes. Contrast in the renal collecting system and bladder. No acute soft tissue abnormality.

CT L-Spine W/O IV Contrast [775405669]

Resulted: 04/15/26 0102, Result status: Preliminary result

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
 Resulted by:
 Alshubrami, Dalal Hammad, MD
 Patel, Rakesh Bholabhai, MD
 Performed: 04/15/26 0043 - 04/15/26 0653
 Resulting lab: RADIOLOGY

Order status: Completed
 Filed by: Electronic Interface To Epic, Radiant Results
 04/15/26 0103
 Accession number: R20452153

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

IMPRESSION:

IMPRESSION:

THIS PRELIMINARY INTERPRETATION HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST:

No acute osseous abnormality of the cervical, thoracic or lumbar spine.

CT L-Spine W/O IV Contrast [775405669]

Resulted: 04/15/26 0043, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
 Resulted by:
 Alshubrami, Dalal Hammad, MD
 Patel, Rakesh Bholabhai, MD
 Performed: 04/15/26 0043 - 04/15/26 0653
 Resulting lab: RADIOLOGY

Order status: Completed
 Filed by: Slaven, Olivia 04/15/26 0043
 Accession number: R20452153

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Signed

Electronically signed by Patel, Rakesh Bholabhai, MD on 4/15/26 at 0707 PDT

04/14/2026 - ED to Hosp-Admission (Discharged) In Hc 4-east (continued)

Orders - All Imaging (continued)

CT Angiogram Head and Neck With Contrast (Final result) [775405670]

Electronically signed by: Palacardo, Federico, MD on 04/15/26 0154 Mode: Ordering in Verbal/Telephone w/Readback mode This order may be acted on in another encounter. Ordering user: Zavala, Adriana Suzanne, RN 04/15/26 0019 Authorized by: Santorelli, Jarrett Emerson, MD Frequency: STAT 1 Time 04/15/26 0019 - 1 occurrence Quantity: 1 Indications of use: Trauma	Status: Completed Communicated by: Zavala, Adriana Suzanne, RN Ordering provider: Palacardo, Federico, MD Ordering mode: Verbal/Telephone w/Readback Class: Hospital Performed Lab status: Final result Instance released by: Zavala, Adriana Suzanne, RN (auto-released) 4/15/2026 12:19 AM
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Questionnaire

Question	Answer
Defer to Radiologist's Protocol for Final Order?	Yes

Screening Form

General Information

Patient Name: Ahmed, Mohamed
 Date of Birth: 12/24/1974
 Legal Sex: Male

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT ANGIOGRAM HEAD AND NECK WITH CONTRAST	Palacardo, Federico, MD 858-657-7025 619-290-3982	Santorelli, Jarrett Emerson, MD 619-471-9411 619-290-7354	4/15/2026 12:30 AM HC CT SCANNER ROOM C1 HCH CT

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status

Born without uterus

Additional Information

MRI Scanners produce loud sounds during the process of obtaining images. These sounds can cause discomfort for some patients. Hearing protection will be offered to all patients prior to beginning the procedure.

Please initial as your acknowledgement: _____

MRI scanners may cause heating of tissue, including skin. Notify the technologist immediately if you notice any heating sensation during your scan.

Please initial as your acknowledgement: _____

Tattoos have been reported to cause skin irritation, swelling and/or heating in a small number of patients. Inform the technologist of any tatoos or permanent makeup prior to your scan. Please initial as your acknowledgement: _____

In order to obtain images appropriate for your condition, your MRI scan may require an injection of a contrast media. This media is approved by the Food and Drug Administration for intravenous injection during the performance of MRI imaging. As with any intravenous injection, there is a risk of allergic reaction. The percentage of patients with reaction is extremely low. Patients receiving contrast may experience headaches and mild nausea, although the incidence of reaction is extremely low. Rarely, patients may experience local inflammation at the injection site. Another side effect is gadolinium retention or NSF. Please initial as your acknowledgement: _____

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

If this form is being completed by someone other than the patient, please print your name and relationship:

 (Name) (Relationship)

I attest that the information on this form is correct to the best of my knowledge. I have read and understand the contents of this form and have had any questions answered regarding this procedure. Please initial as your acknowledgement: _____

 Patient Signature Date MRI Technologist Signature Date

Begin Exam Questions

	Answer	Comment
Has everything been removed from patient's mouth including denture/candy/gum etc.?	Yes	
Was the patient screened for contrast by a technologist?	Yes	
Comment:		

End Exam Questions

	Answer	Comment
Was an interpreter used to complete screening form? If so, enter interpreter number:		
Was a chaperone present for this exam/procedure?		
Reason why a trained chaperone was NOT present?		
Reason why a chaperone was present?		
Chaperone Name:		

CT Angiogram Head and Neck With Contrast [775405670]

Resulted: 04/15/26 1114, Result status: Final result

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
 Resulted by:
 Alshubrami, Dalal Hammad, MD
 Farid, Nikdokht, MD
 Performed: 04/15/26 0043 - 04/15/26 0653
 Resulting lab: RADIOLOGY

Order status: Completed
 Filed by: Electronic Interface To Epic, Radiant Results
 04/15/26 1117
 Accession number: R20452152

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

EXAM DESCRIPTION:
 CT ANGIOGRAM HEAD AND NECK WITH CONTRAST: 4/15/2026 1:00 am

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

CLINICAL HISTORY:
Assault.

TECHNIQUE:

Axial noncontrast CT of the head was obtained. Following intravenous administration of iodinated contrast, axial CT angiogram of the head and neck was obtained.

Axial, coronal, and sagittal reformations of the noncontrast head CT and head and neck CTA, as well as oblique reformations of the carotid arteries from the head and neck CTA, were performed. 3D reformations of the intracranial and extracranial vessels were performed on an independent workstation and imported for review. Postprocessing of the perfusion maps was performed on an independent workstation and imported for review. This scan was analyzed using Viz ContaCT artificial intelligence algorithm for LVO detection and computer aided triage.

Contrast: 100 mL Omnipaque (iohexol) 350 IV.

Up-to-date CT equipment and radiation dose reduction techniques were employed. CTDIvol: 13.1 - 57.3 mGy. DLP: 5774 mGy-cm.

The following accession numbers are related to this dose report {R20452152}:

R20452155

R20452154

R20452153

COMPARISON:

None.

FINDINGS:

HEAD CT:

Brain Parenchyma: No acute infarct or intracranial hemorrhage. No mass effect.

Extra-Axial Space: Ventricles and sulci are within normal limits for age.

Vessels: No hyperdense vessel.

Visualized Orbits: No abnormality.

Visualized Paranasal Sinuses: Right posterior ethmoid mucous retention cyst. Mild mucosal thickening of the bilateral maxillary sinuses.

Visualized Mastoid Air Cells: Clear.

Bones: No acute abnormality.

Extracranial Soft Tissues: Bilateral periorbital soft tissue swelling. Premental soft tissue swelling and possible laceration.

Additional Findings: None.

HEAD and NECK CTA:

Very limited evaluation of the intracranial and cervical arteries due to suboptimal contrast bolus with most of the contrast within the venous system. Within this limitation:

No definite occlusion or high-grade stenosis of the intracranial ICAs, intracranial vertebral arteries, or the proximal branches of the circle-of-Willis. Distal branches of the circle-of-Willis can not be assessed.

No definite occlusion or high-grade stenosis of the cervical carotid and vertebral arteries.

The dural venous sinuses and deep cerebral veins are patent.

LIMITED NECK CT:

Oral Cavity, Pharynx, Larynx, and Airways: No abnormality.

Major Salivary Glands: No abnormality.

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

Thyroid Gland: No abnormality.
 Lymph Nodes: No lymphadenopathy.
 Remaining Soft Tissues: No abnormality.
 Bones: No acute abnormality.
 Visualized Chest: Lung apices are clear.
 Additional Findings: Fluid layering in the mid esophagus.

CONCURRENT SUPERVISION:

I have reviewed the images and agree with the resident's interpretation.

DOSE STATEMENT:

UC San Diego Health System CT scanners employ modern techniques for CT dose reduction, including protocol review, automatic exposure control, and iterative reconstruction techniques. These features assure that radiation dose levels in CT are optimized and are consistent with state-of-the-art, low dose CT practice.

Preliminary created by: Alshubrami, Dalal

Signed by: Farid, Nikdokht 04/15/2026 11:14:25

IMPRESSION:

IMPRESSION:

CT head:

1. No acute intracranial hemorrhage or extra-axial collection. No midline shift, herniation, or hydrocephalus
2. Bilateral periorbital soft tissue swelling as well as premental soft tissue swelling/laceration. No evidence of calvarial, skull base, or maxillofacial fracture.

CTA head and neck:

Very limited evaluation of the intracranial and cervical arteries due to suboptimal contrast bolus with most of the contrast within the venous system. Within this limitation:

1. No definite occlusion or high-grade stenosis of the intracranial ICAs, intracranial vertebral arteries, or the proximal branches of the circle-of-Willis. Distal branches of the circle-of-Willis can not be assessed.
2. No definite occlusion or high-grade stenosis of the cervical carotid and vertebral arteries.
3. Fluid layering in the mid esophagus, suggesting gastroesophageal reflux.

Resulted: 04/15/26 0100, Result status: Preliminary result

CT Angiogram Head and Neck With Contrast [775405670]

Ordering provider: Palacardo, Federico, MD 04/15/26 0019
 Resulted by:
 Alshubrami, Dalal Hammad, MD
 Farid, Nikdokht, MD
 Performed: 04/15/26 0043 - 04/15/26 0653
 Resulting lab: RADIOLOGY

Order status: Completed
 Filed by: Electronic Interface To Epic, Radiant Results
 04/15/26 0100
 Accession number: R20452152

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Result

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Imaging (continued)

IMPRESSION:

IMPRESSION:

THIS PRELIMINARY INTERPRETATION HAS NOT BEEN REVIEWED BY AN ATTENDING RADIOLOGIST:

No acute intracranial abnormality.

CTA head and neck degraded by venous contamination. Within technical limits, no large vessel occlusion, flow-limiting stenosis, dissection, or other acute arterial abnormality identified.

Right chin laceration and right periorbital soft tissue swelling/laceration.

CT Angiogram Head and Neck With Contrast [775405670]

Resulted: 04/15/26 0043, Result status: In process

Ordering provider: Palacardo, Federico, MD 04/15/26 0019

Order status: Completed

Resulted by:

Filed by: Slaven, Olivia 04/15/26 0043

Alshubrami, Dalal Hammad, MD

Farid, Nikdokht, MD

Performed: 04/15/26 0043 - 04/15/26 0653

Accession number: R20452152

Resulting lab: RADIOLOGY

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - RAD	RADIOLOGY	Unknown	See Result	01/04/23 1435 - Present

Study Signed

Electronically signed by Farid, Nikdokht, MD on 4/15/26 at 1114 PDT

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Procedures

Laceration Repair (Final result) [775412678]

Electronically signed by: Pandit, Kshitij Avadhoot, MD on 04/15/26 0232 Status: Completed
 Ordering user: Pandit, Kshitij Avadhoot, MD 04/15/26 0232 Ordering provider: Pandit, Kshitij Avadhoot, MD
 Authorized by: Santorelli, Jarrett Emerson, MD Ordering mode: Standard
 Frequency: Routine 1 Time 04/15/26 0233 - 1 occurrence Class: Hospital Performed
 Quantity: 1 Lab status: Final result
 Instance released by: Pandit, Kshitij Avadhoot, MD 4/15/2026 2:32 AM
 Order comments: This order was created via procedure documentation

Laceration Repair [775412678]

Resulted: 04/15/26 0232, Result status: Final result

Ordering provider: Pandit, Kshitij Avadhoot, MD 04/15/26 0232 Order status: Completed
 Filed by: Santorelli, Jarrett Emerson, MD 04/15/26 1029 Resulting lab: EXTERNAL LAB
 Narrative:
 Santorelli, Jarrett Emerson, MD 4/15/2026 10:29 AM
 Laceration Repair

Date/Time: 4/15/2026 2:32 AM

Performed by: Pandit, Kshitij Avadhoot, MD
 Authorized by: Santorelli, Jarrett Emerson, MD Consent: Verbal consent obtained
 Consent given by: patient
 Patient identity confirmed: verbally with patient
 Body area: head/neck
 Location details: right eyebrow
 Laceration length: 1 cm
 Foreign bodies: no foreign bodies

Sedation:
 Patient sedated: no

Preparation: Patient was prepped and draped in the usual sterile fashion.
 Irrigation solution: saline
 Amount of cleaning: standard
 Debridement: none
 Wound skin closure material used: 5-0 chromic gut.
 Number of sutures: 2
 Technique: simple
 Approximation: close
 Approximation difficulty: simple
 Dressing: antibiotic ointment
 Patient tolerance: patient tolerated the procedure well with no immediate complications

Procedures Performed

Chargeables

LACERATION REPAIR [PRO83]

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
60 - EXT	EXTERNAL LAB	Unknown	See Result	06/28/24 1:55 - Present

Laceration Repair [775412678]

Resulted: 04/15/26 0232, Result status: Final result

Ordering provider: Pandit, Kshitij Avadhoot, MD 04/15/26 0232 Order status: Completed
 Filed by: Pandit, Kshitij Avadhoot, MD 04/15/26 0235 Resulting lab: EXTERNAL LAB
 Narrative:
 Pandit, Kshitij Avadhoot, MD 4/15/2026 2:35 AM
 Laceration Repair

Date/Time: 4/15/2026 2:32 AM

04/14/2026 - ED to Hosp-Admission (Discharged) in Hc 4-east (continued)

Orders - All Procedures (continued)

Performed by: Pandit, Kshitij Avadhoot, MD
 Authorized by: Santorelli, Jarrett Emerson, MD Consent: Verbal consent obtained
 Consent given by: patient
 Patient identity confirmed: verbally with patient
 Body area: head/neck
 Location details: right eyebrow
 Laceration length: 1 cm
 Foreign bodies: no foreign bodies

Sedation:
 Patient sedated: no

Preparation: Patient was prepped and draped in the usual sterile fashion.
 Irrigation solution: saline
 Amount of cleaning: standard
 Debridement: none
 Wound skin closure material used: 5-0 chromic gut.
 Number of sutures: 2
 Technique: simple
 Approximation: close
 Approximation difficulty: simple
 Dressing: antibiotic ointment
 Patient tolerance: patient tolerated the procedure well with no immediate complications

Procedures Performed	Chargeables
LACERATION REPAIR [PRO83]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
50 - EXT	EXTERNAL LAB	Unknown	See Result	06/26/24 1155 - Present

AFTER VISIT SUMMARY

UC San Diego Health

Mohamed Ahmed

Date of birth: 12/24/1974

🏠 Acute neck pain 📅 4/14/2026 - 4/15/2026 📍 HC 4-EAST

Reason(s) for Hospital Admission

Strangling, initial encounter

RESOLVED: Loss of consciousness

Hypokalemia

Eyebrow laceration, right, initial encounter

Assault

Acute traumatic pain

* (Principal) Acute neck pain



Follow Ups

Consult/Referral to Trauma Clinic

You have been referred to the Department of Trauma for a clinic consult. Please call to schedule an appointment at your earliest convenience. Insurance varies from person to person and you may also need an insurance authorization prior to being seen.

Surgery/Trauma Department scheduling phone number: 619-543-6886. We look forward to serving your Trauma needs

Indications: 6w follow up PRN neck pain
Appointment time frame: 6 Weeks

What's Next

You currently have no upcoming appointments scheduled.

Discharge Instructions

UC San Diego Health

Diagnosis and Reason for Admission

You were admitted to the hospital for the following reason(s):
Strangling, initial encounter



Your Next Steps

Do

- ☐ Pick up these medications from UCSD Hillcrest Discharge Pharmacy
 - ibuprofen
 - lidocaine
 - methocarbamol
- ☐ Consult/Referral to Trauma Clinic

Read

- ☐ Read these attachments
 - Hypokalemia (English)
 - CERVICAL COLLAR (ENGLISH)

MyChart

Sign up for access to our MyUCSDChart patient web portal. With an account, you can access your health information online, view lab test results, securely exchange messages with your clinic, request appointments, access our free mobile app, and more.

To sign up for MyUCSDChart, visit myucsdchart.ucsd.edu, and click the Sign-Up button. You can use the code below or answer a few questions to verify your identity. If you need any help, our Customer Support team is available 24/7 at (619) 543-5220.

3SS5R-F8PC8

Expires: 7/14/2026 1:57 PM

Discharge Instructions (continued)

Your full diagnosis list is located on this After Visit Summary in the **Hospital Problems** section.

What Happened During Your Hospital Stay

The main tests and treatments done for you during this hospitalization:

- ATLS (Advanced Trauma Life Support) survey/ protocol
- Imaging:

Orders Placed This Encounter**Procedures**

- US Trauma FAST
- X-Ray Chest Single View
- X-Ray Pelvis 1 Or 2 Views
- CT C-Spine W/O Contrast
- CT T-Spine W/O IV Contrast
- CT L-Spine W/O IV Contrast
- CT Angiogram Head and Neck With Contrast

Procedures/Surgeries completed during this hospitalization:

none

Instructions for After Discharge

Your diet at home should be: regular diet.

Your activity level at home should be: Stay active, don't over do it. Make good choices avoiding alcohol or other substances that may cloud your judgement.

Specific activity restrictions:

- Do not drive while taking narcotic pain medications.
- Do not work with heavy or complex machinery while taking narcotic pain medications.
- Use assistive devices for safe mobilization if directed
- Ask for assistance when needed
- Wear cervical collar for 6 weeks or until follow up with PCP or Trauma Clinic

Wound or tube care instructions:

- The stitches will dissolve over time, no need to have them removed
- Keep wound area clean and dry. Cleanse daily
- Do not submerge area under water for 21 days or until new skin has formed
- OK to shower, do not scrub wounds, cover any splints or bandages with plastic bag & tape. Keep the splint/cast clean and dry. In the event that your cast becomes wet or overly soiled, it is important to contact the surgical team in order to replace.

Your medication list is located on this After Visit Summary in the **Current Discharge Medication List** section. Your nurse will review this information with you before you leave the hospital.

Any Immunizations updated are listed below:

Immunization History

Administered	Date(s) Administered
• Tdap	04/15/2026

Key changes to your medication regimen include (if applicable):

Discharge Instructions (continued)

- Continue taking your current home medications as prescribed by your primary care physician.

It is **very** important for you to keep a current medication list with you in order to assist your doctors with your medical care. Bring this After Visit Summary with you to your follow up appointments.

Reasons to Contact a Doctor Urgently

Contact your primary care physician or clinic, or return to the nearest Emergency Department if: Increased or uncontrolled pain.

Severe abdominal pain.

Nausea and vomiting.

Severe abdominal bloating.

Jaundice (yellowing of the skin and eyes).

Redness or swelling at the surgical (or wound) site.

Discharge or leakage from the surgical (or wound) site.

Fevers or chills.

Bleeding from surgical (or wound) site.

Shortness of breath or difficulty breathing.

Chest pains or palpitations.

If you have any questions about your hospital care, your medications, or if you have new or concerning symptoms soon after going home from the hospital, and you need to contact your hospital physician, contact the UC San Diego Medical Center operator at 619-543-6222.

Once you are able to see your primary care physician (PCP) or primary clinic, they will then be responsible for further medication refills, or appointment referrals.

What Needs to Happen Next After Discharge -- Appointments and Follow Up

Any appointments already scheduled at UCSD clinics will be listed in the **Future Appointments** section at the top of this After Visit Summary. Any appointments that have been requested, but have not yet been scheduled, will be listed below that under **Post Discharge Referrals**.

Follow up appointments scheduled for:

No future appointments.

Further instructions will be provided at follow up appointments

If not listed above, referrals placed for the follow clinics as well, you will need to call the schedule an appointment with the following:

- If neck pain persists, may follow up in Trauma Clinic if unable to see PCP
- Follow up with your primary care provider within 7 days of discharge for check in and continued monitoring

****MAKE SURE TO TAKE PAIN MEDICATIONS IF NEEDED BEFORE YOUR CLINIC APPOINTMENTS. THERE WILL BE NO PAIN MEDICATIONS AVAILABLE IN THE CLINIC****

Medical Home Information

Your primary care provider or clinic currently on file at UCSD is: Le, Tram

Discharge Instructions (continued)

Handouts Given to You (if applicable)

Additional Information

For more information about any of your health conditions, log on to your MyUCSDChart and search our Health Library section or visit our website at myhealth.ucsd.edu.

For resources on:

- How to quit smoking - Kick It California (Smoking and Vaping Cessation): 1-800-300-8086 or visit kickitca.org
- Suicide prevention
 - National Suicide Prevention Lifeline: call 800-273-TALK (8255)
 - San Diego Access and Crisis Line: call 888-724-7240
 - Suicide & Crisis Lifeline: call or text 988, or visit 988lifeline.org
- Interpersonal violence
 - National Domestic Violence Hotline: call 800-799-SAFE (7233), text START to 88788, or visit thehotline.org
 - San Diego Your Safe Place: call 619-533-6000 or visit sandiego.gov/yoursafeplace
 - North County One Safe Place: call 760-290-3690 or visit onesafeplacenorth.org
- Human trafficking
 - National Human Trafficking Hotline: call 888-373-7888, text HELP to 233733 (BEFREE), or visit humantraffickinghotline.org

Prepare For Your Care

UC San Diego Health asks all of our patients to have a voice in your medical care by spending a few moments on <https://prepareforyourcare.org> where you can learn about and complete your advance directives in just a few easy steps.

If you would like information on alcohol use and your health, please visit:

Rethinking Drinking:

<https://www.rethinkingdrinking.niaaa.nih.gov/>



Billing and Insurance Information

We're here to help. For billing questions. Call **855-827-3633**, 9a.m. to 6 p.m. Weekdays, or email askus@ucsd.edu

Care Everywhere ID

If you ever need to be seen outside of the UC Health San Diego, this ID will help the hospital/clinic access and view your medical information:

Your feedback is important to us

We strive to provide every patient with an exceptional patient care experience. In the next few days, you may receive a paper, email or phone survey about your most recent visit. Your feedback is important to us, and we ask that you please complete this survey to help us improve the experience at UC San Diego Health for all of our patients. You may also call our We Listen line at (619) 543-5678 if you want to share a positive experience you had at our facility or if you have suggestions about how we can improve our services. Please call your physician's office for any medical concerns. **If you have a medical emergency, call 911.** Thank you!

Pursuant to California law, the following notice must be provided to you in a hardcopy format.

Discharge Notice

The University of California San Diego Health offers a range of options for patients who are uninsured and underinsured. These include uninsured discounts, no-interest payment plans, and financial assistance or charity. If you are experiencing financial difficulties, we encourage you to consider applying for Medi-Cal or exploring other government assistance programs. If you do not qualify for these programs, or if you still have significant financial burdens despite having insurance, you may be eligible for our financial assistance program.

You may qualify for financial assistance based on your family size and income, even if you have health insurance. Financial assistance may not cover all health care costs, including services provided by other organizations. Assistance is awarded if you meet the financial assistance guidelines which includes if your household income is 400% or less of the Federal Poverty Level.

How to Apply

To apply for the Financial Assistance Program, you need to:

- Fill out a financial screening form. You can get a copy of the form from our website or by contacting the Financial Assistance Office.
- Provide copies of supporting documents, including proof of income, assets, and liabilities. The Financial Assistance Office can help you find what documents you need.

Discount Payment and Charity Care Policies

View our financial assistance policies and related information at the following website, <https://health.ucsd.edu/insurance-billing/financial-assistance/>

You may also request a copy by calling Customer Service 1(855) 827-3633, Mon-Fri 9 am -6 pm

Shoppable Services

The online tool offers an intuitive way to estimate your out-of-pocket cost of care for common exams, procedures, tests, and services, empowering you to make informed financial decisions about your treatment. The online tool can be found at <https://health.ucsd.edu/insurance-billing/standard-charges/>

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 1(888) 804-3536 or go to healthconsumer.org for more information.

Hospital Bill Complaint Program

ATTACHMENT A

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Language Assistance

English	ATTENTION: If you need help in your language, please call 1-855-827-3633 or visit any UC San Diego Health Medical Center location. You can also call 1-855-827-3633 to make an appointment, Monday – Friday, 8 a.m. – 4 p.m., at our Shared Business Office located at 6200 Greenwich Drive, San Diego, CA 92122. People with disabilities who need aids and services, such as documents in braille, large print, audio, and other accessible electronic formats, can request them for free.
Spanish	ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-855-827-3633, o visite cualquiera de las ubicaciones del UC San Diego Health Medical Center. También puede llamar al 1-855-827-3633 para hacer una cita de lunes a viernes, de 8 a.m. a 4 p.m., en nuestra oficina compartida que se encuentra en la 6200 Greenwich Drive, San Diego, CA 92122. Las personas con discapacidades que necesiten ayudas y servicios, como documentos en Braille, letra grande, audio y otros formatos electrónicos accesibles, pueden solicitarlos sin costo alguno.
Vietnamese	CHÚ Ý: Nếu cần thông dịch, vui lòng gọi 1-855-827-3633 hoặc đến bất kỳ địa điểm nào của Trung tâm Y tế UC San Diego. Quý vị cũng có thể gọi 1-855-827-3633 để đặt lịch hẹn, Thứ Hai - Thứ Sáu, 8 giờ sáng - 4 giờ chiều, tại Văn phòng đại diện của chúng tôi tọa lạc tại 6200 Greenwich Drive, San Diego, CA 92122. Hỗ trợ và dịch vụ dành cho người khuyết tật, như yêu cầu tài liệu bằng chữ nổi, chữ in lớn, tài liệu dưới dạng âm thanh, và các định dạng điện tử có thể truy cập khác đều có thể được đáp ứng hoàn toàn miễn phí.
Chinese Simplified	请注意：如果您需要以您的语言获得帮助，请致电1-855-827-3633或访问任何UC San Diego Health医疗中心地点。您也可以在周一至周五上午8时至下午4时致电1-855-827-3633，在位于6200 Greenwich Drive San Diego, CA 92122的共享业务办公室进行预约。需要盲文、大字体、音频和其他无障碍电子格式文档等辅助工具和服务的残疾人士，可以免费索取。
Chinese Traditional	請注意：如果您需要以您的語言獲得幫助，請致電1-855-827-3633或前往任何UC San Diego Health醫療中心地點。您也可以在週一至週五上午8點至下午4點致電1-855-827-3633，在位於6200 Greenwich Drive San Diego, CA 92122的共享業務辦公室預約。需要點字、大字體、音訊和其他無障礙電子格式文件等輔助工具和服務的殘障人士，可以免費索取。

ATTACHMENT A

Korean	주의: 귀하의 모국어로 도움이 필요하시면 1-855-827-3633 전화하거나 UC San Diego Health Medical Center에 방문하십시오. 또한 1-855-827-3633으로 전화하여 월요일부터 금요일, 오전 8시부터 오후 4시까지 6200 Greenwich Drive, San Diego, CA 92122에 위치한 공유 비즈니스 사무실에서 예약할 수도 있습니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 지원과 서비스를 필요로 하는 장애인 무료 제공되는 지원과 서비스를 요청할 수 있습니다.
Russian	ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 1-855-827-3633 или посетите любое учреждение медицинского центра UC San Diego Health. Вы также можете позвонить по тел. 1-855-827-3633 для назначения приёма с понедельника по пятницу, с 8 утра до 4:00 дня в нашем общем деловом офисе по адресу 6200 Greenwich Drive San Diego, CA 92122. Лица с инвалидностью, нуждающиеся во вспомогательных средствах и услугах, таких как напечатанные шрифтом Брайля документы, документы с крупным шрифтом, аудио, и другие доступные электронные форматы, могут запросить их бесплатно.
Arabic	تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك الأم، فيرجى الاتصال بالرقم (855) 1-855-827-3633 UC San Diego Health Medical Center (مركز طبي) أو زيارة أي موقع يمكنك أيضا الاتصال بالرقم 1-855-827-3633 من الاثنين (سان دييغو هيلث UC إلى الجمعة من الساعة 8:00 صباحا حتى 4:00 مساءً لتحديد موعد لدى مكتب 6200 Greenwich Drive, San Diego, CA 92122. الأعمال المشترك الكائن في تتوفر أيضا وسائل مساعدة وخدمات للأشخاص ذوي الإعاقة، كالمستندات المكتوبة بطريقة برايل، طباعة بخط كبير، تعليمات صوتية، وغيرها من التنسيقات الإلكترونية القابلة للوصول، يمكنهم طلبها مجاناً.
Farsi	توجه: اگر به زبان خود نیاز به کمک دارید، لطفاً یا شماره 855-827-3633 تماس بگیرید یا از هر مرکز پزشکی بهداشت UC San Diego Health Medical Center 855-827-3633 تماس بگیرید تا از دوشنبه بازدید کنید. همچنین می توانید به شماره 855-827-3633 تا جمعه، از ساعت 8 صبح تا 4 بعد از ظهر، در دفتر تجاری مشترک ما واقع در 6200 Greenwich Drive San Diego, CA 92122 افراد دارای قرار ملاقات بگیرید. افراد دارای معلولیت که به وسایل کمکی و خدمات مانند اسناد یا خط بریل، چاپ درشت، توانند آنها را به های الکترونیک، قابل دسترس نیاز دارند، مصوت و سایر قالب صورت بانگن درخواست کنند.
Tagalog	ATENSYON: Kung kailangan niyo ng tulong sa inyong wika, mangyaring tumawag sa 1-855-827-3633 o pumunta sa anumang lokasyon ng UC San Diego Health Medical Center. Maaari ka ring tumawag sa 1-855-827-3633 para makipag-appointment, Lunes – Biyernes, 8 a.m. – 4 p.m., sa aming Shared Business Office na nasa 6200 Greenwich Drive San Diego, CA 92122. Ang mga taong may kapansanan na nangangailangan ng mga pantulong at serbisyo, tulad ng mga dokumento sa braille, malaking print, audio, at mga ibang maa-access na elektronikong format ay maaaring humiling nang mga ito nang libre.

ATTACHMENT A-

Japanese	注意: 日本語でのサポートが必要な場合は、1(855) 827-3633 に電話するか UC San Diego Health Medical Centerのいずれかの場所にアクセスしてください。また、1(855) 827-3633 に電話をして予約をすることもできます。オフィスは 月曜から金曜の午前 8 時から午後 4 時まで開いており住所は 6200 Greenwich Drive San Diego, CA 92122 となります。また、障害によりサポートの必要な方は点字、大きな活字、音声、その他の使用可能な電子用紙も利用できます。また、これらのサービスは無料となっています。
Portuguese (Brazil)	ATENÇÃO: Se precisar de ajuda no seu idioma, favor ligar para 1(855) 827-3633 ou visite qualquer unidade do UC San Diego Health Medical Center. Favor marcar uma hora para comparecer a este escritório, das 8h00 às 16h00, de segunda a sexta-feira no nosso Shared Business Office localizado em 6200 Greenwich Drive San Diego, CA 92122. Há disponibilidade de auxílios e serviços para pessoas com deficiência, tais como documentos em <u>braille</u>, letras em tamanho grande, áudio e outros formatos eletrônicos acessíveis, que podem ser solicitados gratuitamente.
Portuguese (Europe)	ATENÇÃO: Se precisar de ajuda no seu idioma, ligue para 1(855) 827-3633 ou visite qualquer unidade do UC San Diego Health Medical Center. Solicita-se agendar um horário para comparecer a este escritório, das 8:00 às 16:00 horas, de segunda a sexta-feira no nosso Shared Business Office localizado em 6200 Greenwich Drive San Diego, CA 92122. Disponibilizamos ajudas e serviços para pessoas com deficiência, como documentos em <u>braille</u>, letras em tamanho grande, áudio e outros formatos eletrônicos acessíveis que podem ser solicitados gratuitamente.
Haitian Creole	ATANSYON: Si w bezwen èd nan lang ou, tanpri rele 1-855-827-3633 oswa vizite lokal nenpòt UC San Diego Health Medical Center. Ou ka rele tou 1-855-827-3633 pou pran yon randevou, lendi – vandredi, 8è a.m. – 4è p.m., nan lokal Biwo Biznis nou an ke nou Pataj e ke ki w ap jwenn li nan 6200 Greenwich Drive, San Diego, CA 92122. Moun ki gen andikap e ki bezwen èd ak sèvis, tankou dokiman an lang bray, ekriti an gwo lèt, odyo, ak lòt fòm elektwonik aksesib, kapab mande yo gratis.
French	ATTENTION : Si vous avez besoin d'aide dans votre langue, appelez le 1 (855) 827-3633 ou rendez-vous dans un centre de soins de santé UC San Diego Health Medical Center. Vous pouvez également appeler le 1-855-827-3633 pour prendre un rendez-vous, du lundi au vendredi de 08h00 à 16h00, dans notre bureau commun Shared Business Office, situé au 6200 Greenwich Drive San Diego, CA 92122. Les personnes souffrant d'un handicap qui ont besoin de dispositifs d'aide et de services, comme des documents en braille, en police de grande taille, en version audio ou en autre format électronique accessible, peuvent les obtenir gratuitement.

Your Medication List

	AM	Lunch	PM	Bedtime
 START ibuprofen 800 MG tablet Take 1 tablet (800 mg) by mouth every 8 hours as needed for Moderate Pain (Pain Score 4-6). Take with food. Refills: 0 Quantity: 30 tablet Signed by: Natalie Bilotta, NP Commonly known as: MOTRIN				
 START lidocaine 4 % patch Start taking on: April 16, 2026 Apply 1 patch topically every 24 hours. Leave patch on for 12 hours, then remove for 12 hours. Last time this was given: April 15, 2026 6:46 AM Refills: 0 Quantity: 14 patch Signed by: Natalie Bilotta, NP Commonly known as: ASPERCREME				
 START methocarbamol 500 MG tablet Take 1 tablet (500 mg) by mouth every 6 hours as needed (neck stiffness). Last time this was given: April 15, 2026 8:53 AM Refills: 0 Quantity: 30 tablet Signed by: Natalie Bilotta, NP Commonly known as: ROBAXIN				

Where to pick up your medications

**Pick up these medications at UCSD Hillcrest Discharge Pharmacy**

ibuprofen • lidocaine • methocarbamol

Address: 200 West Arbor Drive, First Floor, San Diego CA 92103
 Hours: Mon-Fri: 8:30am-7:00pm; Sat-Sun & Holidays: 9:00am-5:00pm
 Phone: 619-543-3279

Medication Estimates

The costs shown are estimates only, and may vary depending on deductibles and other factors. Costs cannot be accurately estimated for prescriptions paid in cash or via discount programs. Please contact your pharmacy with questions.

Patient Education

Hypokalemia

The Basics

Written by the doctors and editors at UpToDate

What is hypokalemia?

This means having too little potassium in the blood.

Potassium is a mineral found in certain foods. The body needs potassium to work normally. It keeps the heart beating and helps the nerves and muscles work.

In people with hypokalemia, the body loses too much potassium. This can cause problems.

What causes hypokalemia?

Hypokalemia most often happens in people who have been vomiting or had diarrhea for a while. It can also happen in people taking medicines called "diuretics," such as hydrochlorothiazide and furosemide (brand name: Lasix).

Vomiting, diarrhea, and these medicines can cause the body to lose too much potassium.

What are the symptoms of hypokalemia?

The main symptom is muscle weakness. The weakness usually starts in the legs and then spreads to the middle of the body and the arms. It can get so bad that you cannot move parts or all of your body. It can also damage muscles. In fact, it can even affect the muscles that control breathing. If this happens, it can make you stop breathing.

Hypokalemia can also:

- Cause an irregular heartbeat
- Disrupt the electrical signals that control the heart
- Affect how the kidneys work

Are there tests for hypokalemia?

Yes. If your doctor or nurse suspects that you have hypokalemia, they will do:

- Blood tests – These check how much potassium is in your blood.
- Urine tests – These can show much potassium you are losing in your urine.

You might also need other tests depending on your age, other symptoms, and individual situation.

How is hypokalemia treated?

Treatment usually involves taking potassium in pill form or through a thin tube that goes into a vein, called an "IV." Hypokalemia **cannot** usually be treated by getting extra potassium through your diet alone.

If your hypokalemia was caused by a medicine you take, your doctor or nurse might change your dose or switch you to a different medicine.

When should I call the doctor?

Call your doctor or nurse for advice if you have:

- Vomiting
- Diarrhea
- Irregular heartbeat
- Muscle cramping or twitching
- Weakness
- Trouble moving part of your body

All topics are updated as new evidence becomes available and our peer review process is complete.

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Topic 87109 Version 9.0

Release: 33.1.2 - C33.61

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How to Use a Hard Cervical Collar



A hard cervical collar limits the movement of the top part of your spine (*cervical spine*). The collar holds your head and neck in a straight position. A cervical collar may be used to treat:

- A fracture in the neck.
- Damage to the ligaments. Ligaments are tissues that connect bones.
- Injury to the spinal cord.

There are several types of hard cervical collars. Follow the manufacturer's instructions for use. These are general guidelines.

What are the risks?

Wearing a cervical collar is safe. However, problems may occur, including:

- Skin breakdown.
- Sores that form due to rubbing or pressure on the skin (*pressure ulcers*).
- Pain.
- Difficulty breathing.
- Worsening of your condition if the collar is not placed correctly.
- Increased risk of inhaling food or liquid into your lungs (*aspiration*).

Supplies needed:

- Extra cervical collar and replacement pads.
- Ice.
- Plastic bag.
- Towel.
- A watertight covering to put over the collar during bathing, if needed.

How to use a cervical collar

- Wear the cervical collar as told by your health care provider. **Do not** remove it unless told to do so by your health care provider.
- You may be directed to remove it only when you check your skin and change the pads. While the collar is off:
 - Ask another person to assist you if needed.
 - Keep your head and neck straight. **Do not** bend your neck or turn your head.
 - Check your skin daily for red areas. Ask for help or use a mirror to check areas you cannot see.

ATTACHMENT A

- After checking your skin, wear the extra cervical collar while cleaning and changing the pads of the other collar.
- Change the pads daily or more often if they become wet or dirty. Keep a clean set of replacement pads.
- **Do not** let hard plastic edges touch your skin. Cover them with a soft pad.
- If your cervical collar is not waterproof:
 - **Do not** let it get wet.
 - Cover it with a watertight covering when you take a bath or a shower.

Follow these instructions at home:



- Put ice on the injured area to manage pain, stiffness, and swelling.
 - **Do not** remove your cervical collar unless told to do so by your health care provider.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag or between your cervical collar and the bag.
 - Leave the ice on for 20 minutes, 2–3 times a day for the first 2 days after your injury.
- **Do not** drive any vehicle until your health care provider approves.
- Keep all follow-up visits as told by your health care provider. This is important. Any delay in getting the care that you need can prevent proper healing of your injury.

Contact a health care provider if you have:

- Red areas of skin under your cervical collar.
- Pain that is not controlled with your medicines.

Get help right away if you have:

- Numbness or weakness in your arms or legs.
- Difficulty breathing.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- A cervical collar is a device that supports the chin and the back of the head. It restricts movement of the neck to prevent more damage after a severe injury.
- A cervical collar may be used to treat a fracture in the neck, damage to tissues that hold bones together (*ligaments*), or injury to the spinal cord.
- Wear the cervical collar as told by your health care provider. Ask if you may remove the collar to shower, bathe, or eat, or to put ice on your neck.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

ATTACHMENT A

Document Released: 09/09/2005 Document Revised: 06/25/2019 Document Reviewed: 11/09/2018
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EXHIBIT 4

ATTACHMENT A

UC San Diego Health

8/31/26

Regents of the University of California

P.O. Box 748607

Los Angeles, CA 90074-8607

Patient: **Ahmed, Mohamed**

Birth: 12/24/1974

For Inquiries Call: (855) 827-3633

Pay Online At: www.myucsdchart.ucsd.edu

Pay By Telephone: (855) 827-3633

The following document contains the requested services for Mohamed Ahmed
you have any questions, please contact customer service.

Hospital Visit to HC 4-East (Acct #55024603492)

Federal Tax ID: 33-0599494 | April 14, 2026 to April 15, 2026

Service Date	Reg. Code	CPT	Description	Diagnosis	Qty	Charge
Charges						
Billing Provider: Bilotta, Natalie, NP						
04/15/2026	0250	Z7610	Lidocaine 4 % Pth (0536-1202-07)		1	\$3.32
04/15/2026	0250	Z7610	Methocarbamol 500 Mg Tabs (60687-559-11)		1	\$0.74
04/15/2026	0250	Z7610	Oxycodone 5 Mg Tabs (68084-354-11)		1	\$0.47
04/15/2026	0250	Z7610	Potassium Chloride 20 Meq Tbr (68001-567-00)		2	\$1.52
04/15/2026	0274	L0172	Cervical Collarsemi-Rigid Thermoplastic Foam Two Piece	G89.11	1	\$312.00
04/15/2026	0636	J3480	Potassium Chloride 10 Meq/100ml Soln (0338-0709-48)		5	\$8.64
04/15/2026	0636	J3480	Potassium Chloride 10 Meq/100ml Soln (0338-0709-48)		5	\$8.64
04/15/2026	0636	Q8987	Iohexol 350 Mg/ML Soln (0407-1414-72)		100	\$70.74
Billing Provider: Chavarria, Lucero, RCP						
04/15/2026	0270		Respiratory Trauma Resuscitation Supplies		1	\$75.00
Billing Provider: Dumitru, Ana Maria G, MD						
04/15/2026	0250	Z7610	Acetaminophen 325 Mg Tabs (0904-6773-61)		3	\$0.30
04/15/2026	0250	Z7610	Acetaminophen 325 Mg Tabs (0904-6773-61)		3	\$0.30
04/15/2026	0250	Z7610	Polyethylene Glycol 17 G Pack (80687-431-90)		1	\$2.39
04/15/2026	0250	Z7610	Senna 8.6 Mg Tabs (0904-7252-61)		2	\$0.10
Billing Provider: Orozco, Izabella, RCP						
04/15/2026	0301	82803	Blood Gases Measurement		1	\$568.00
Billing Provider: Palacardo, Federico, MD						
04/15/2026	0636	J2405	Ondansetron 4 Mg/2ml Soln (0641-6078-01)		4	\$2.20
04/15/2026	0636	J3010	Fentanyl 50 Mcg/ML Soln (0409-0094-12)		1	\$0.59
Billing Provider: Santorelli, Jarrett Emerson, MD						
04/15/2026	0250	Z7610	Hydroxyzine Hcl 25 Mg Tabs (60687-675-11)		1	\$0.32
04/15/2026	0250	Z7610	Oxycodone 5 Mg Tabs (68084-354-11)		1	\$0.93
04/15/2026	0250	Z7610	Phosphorus 250-296-45 Mg Tabs (64980-104-01)		2	\$0.81
04/15/2026	0301	80048	80048 Bmp With New Eglr	W49.09XA	1	\$226.00
04/15/2026	0301	80307	80307 UR Amphetamines Screen	W49.09XA	1	\$215.00
04/15/2026	0301	82077	82077 Alcohol	W49.09XA	1	\$166.00
04/15/2026	0301	83735	83735 Magnesium	W49.09XA	1	\$241.00
04/15/2026	0301	84100	84100 Phosphorus	W49.09XA	1	\$35.00
04/15/2026	0305	85027	85027 Hemogram / Pti Count	W49.09XA	1	\$86.00

ATTACHMENT A

Service Date	Rev Code	CPT	Description	Diagnosis	Qty	Charges
04/15/2026	0305	85610	85610 Prothrombin Time	W49.09XA	1	\$92.00
04/15/2026	0305	85730	85730 Aptt	W49.09XA	1	\$113.00
04/15/2026	0306	87081	87081 Mrae Surveillance, Nasal	W49.09XA	1	\$54.00
Other charges						
04/14/2026	0361	12011	Repair Of Wound (2.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth	S01.111A	1	\$854.00
04/14/2026	0450	27502	Trauma Suite Level 5	S01.111A	1	\$16,540.00
04/14/2026	0681		Trauma Response Team Activation Prehospital Notification/Transfer		1	\$27,810.00
04/15/2026	0320	72170	X-Ray Of Pelvis, 1 Or 2 Views		1	\$639.00
04/15/2026	0324	71045	X-ray of chest, 1 view		1	\$738.00
04/15/2026	0351	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing		1	\$1,132.00
04/15/2026	0352	72125	Ct Scan Of Upper Spine		1	\$3,716.00
04/15/2026	0352	72128	Ct Scan Of Middle Spine		1	\$2,984.00
04/15/2026	0352	72131	Ct Scan Of Lower Spine		1	\$3,041.00
04/15/2026	0402	78804	Ultrasound Of Chest		1	\$1,002.00
04/15/2026	0402	76705	Ultrasound Of Abdomen Limited		1	\$821.00
04/15/2026	0489	93308	Follow-Up Or Limited Ultrasound Examination Of Heart		1	\$1,493.00
04/15/2026	0636	90715	Diphtheria-Acellular Pertussis-Tetanus Vaccine 5-2.5-18.5 Lf-Mcg/0.5 Smap (58180-842-52)	Z23	1	\$217.41
04/15/2026	0636	J2405	Ondansetron 4 Mg/2ml Soln (0641-6078-01)		4	\$2.20
04/15/2026	0636	J3010	Fentanyl 100 Mcg/2ml Soln (0409-9094-12)		1	\$2.34
04/15/2026	0762	Z7514	Hospital observation carve-out time		-4	-\$1,300.00
04/15/2026	0762	Z7514	Hospital observation service per hour		1	\$325.00
04/15/2026	0762	Z7514	Hospital observation service per hour		8	\$2,600.00
04/15/2026	0762	Z7514	Hospital observation service per hour		5	\$1,625.00
04/15/2026	0849	90471	Administration Of 1 Vaccine	S01.111A	1	\$310.00
04/15/2026	0849	96361	Hydration Infusion Into A Vein Each Additional Hour	S01.111A	3	\$570.00
04/15/2026	0849	96374	Injection Of Drug Or Substance Into A Vein For Therapy	S01.111A	1	\$418.00
04/15/2026	0849	96375	Injection Of Different Drug Or Substance Into A Vein For Therapy	S01.111A	1	\$925.00
04/15/2026	0849	96375	Injection Of Different Drug Or Substance Into A Vein For Therapy	S01.111A	1	\$925.00
04/15/2026	0849	96376	Injection Of Drug Or Substance Into A Vein For Therapy In Facility	S01.111A	1	\$257.00
Total Charges						\$69,931.96

ATTACHMENT A

UC San Diego Health

8/27/26

Regents of the University of California
P.O. Box 748607
Los Angeles, CA 90074-8607

Patient: **Ahmed, Mohamed**
Birth: 12/24/1974

For Inquiries Call: (855) 827-3633

Pay Online At: www.myucsdchart.ucsd.edu

Pay By Telephone: (855) 827-3633

The following document contains the requested services for Mohamed Ahmed
you have any questions, please contact customer service.

X-RAY CHEST SINGLE VIEW FRONTAL Visit to Hch Ultrasound (Acct #77045382601)

FEDERAL ID: 23-7064656 | April 15, 2026

Service Date	CPT	Description	Diagnosis	Cty	Charges
Charges					
Charges for visit with Bilotta, Natalie, NP					
04/15/26	99239	Hospital discharge day management, more than 30 minutes	M54.2	1	\$410.00
Charges for visit with Boswell, Gilbert Erich, MD					
04/15/26	71046	X-ray of chest, 1 view	Z04.3	1	\$40.00
Charges for visit with Farid, Nikdokht, MD					
04/15/26	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Z04.3	1	\$622.00
Charges for visit with Moreno, Mario Alberto, MD					
04/15/26	76604	Ultrasound of chest	Z04.3	1	\$117.00
04/15/26	76705	Ultrasound of abdomen	Z04.3	1	\$137.00
04/15/26	93308	Follow-up or limited ultrasound examination of heart	Z04.3	1	\$158.00
Charges for visit with Pandit, Kshitij Avadhoot, MD					
04/15/26	12011	Repair of wound (2.5 centimeters or less) of the face, ears, eyelids, nose, lips, and/or mucous membranes	S01.111A	1	\$609.00
04/15/26	99223	Initial hospital care with moderate level of medical decision making, if using time, at least 75 minutes	S01.111A	1	\$793.00
Charges for visit with Patel, Rakesh Bholabhai, MD					
04/15/26	72125	CT scan of upper spine	Z04.3	1	\$379.00
04/15/26	72128	CT scan of middle spine	Z04.3	1	\$378.00
04/15/26	72131	CT scan of lower spine	Z04.3	1	\$378.00
04/15/26	72170	X-ray of pelvis, 1 or 2 views	Z04.3	1	\$38.00
Total Charges					\$4,059.00

EXHIBIT 5

ATTACHMENT A



San Diego Harbor Police Department Public Records Request Press Board Report

Primary Victim: Ahmed, Mohamed

Case No: 26-01218

GENERAL INFORMATION

Call For Service Event Type:

245

Call For Service Location:

N HARBOR DR

Call For Service Date/Time (Created):

4/14/2026 11:23:37 PM

Call For Service Date/Time (Dispatched):

4/14/2026 11:24:50 PM

Call For Service Date/Time (Arrived):

4/14/2026 11:37:13 PM

CAD Event #:

041426-133

Call Source:

E

Disposition:

RF

Case Number(s) Issued:

Actual Event Type:

664 /187 (A) - PC - ATTEMPTED MURDER (F)

Actual Occurrence Date/Time

4/14/2026 11:24:00 PM

Actual Offense Location, City, State, Zip

2800 N Harbor Dr, San Diego, CA 92101

VICTIM/S

Victim #1

Name:

Ahmed, Mohamed

Sex:

M

Age:

51

Injury:

M - Apparent Minor Injury

Victim Of:

664 /187 (A) - PC - ATTEMPTED MURDER (F)

ARRESTEE/S

Arrestee #1

Name:

Smith, Robert

Sex:

M

Date of Birth / Age:

[REDACTED] - 51

Height:

5' 11"

Weight:

150

Weight:

150

Eye Color:

BRO

Occupation:

ARREST INFORMATION

Arrest Type:

O - Probable Cause Arrest - New Case

LE Disposition:

4 - Felony (Adult Only)

JUS 750 Type:

2 - Booked

Booking No:

26-12268

Arrested For:

664 /187 (A) - PC - ATTEMPTED MURDER (F)

Level:

F

Completed:

Yes

Counts:

1

Arrest Date and time:

4/30/2026 12:13:00 PM

Arrest Location, City, State, ZIP:

N. Harbor Drive, San Diego, CA 92101

Booking Date/Time:

4/30/2026 1:48:00 PM

Booked Location:

San Diego Central Jail

Armed With:

01 - Unarmed

Released On:

Released Reason:

Reporting Deputy:

HB6516 - Mathison, Jean

Division/Unit:

Harbor Police/Patrol

Report Date:

4/15/2026 2:09:46 AM

CONTROLLED COPY
DO NOT DUPLICATE OR TRANSFER
NOT FOR THIRD PARTY RELEASE
SAN DIEGO HARBOR POLICE DEPT.

To:

By:

Date:

EXHIBIT 6

EXHIBIT 7

EXHIBIT 6 AND 7

The records for these sections contain personal and private information in nature, and cannot be included in the public Board agenda and agenda materials.

RESOLUTION NO. 2026-0083

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY,
REJECTING THE CLAIM OF MOHAMED ABDULLAHI
AHMED

WHEREAS, on September 3, 2026, Mohamed Abdullahi Ahmed filed a claim with the San Diego County Regional Airport Authority ("Authority") for injuries he claims were the result of being attacked in the taxi hold lot facilities at San Diego International Airport; and

WHEREAS, at its regular meeting on October 1, 2026, the Board considered the claim filed by Mohamed Abdullahi Ahmed and the report submitted to the Board, and found that the claim should be rejected.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby rejects the claim of Mohamed Abdullahi Ahmed; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October, 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Staff Report

Meeting Date: October 1, 2026

Subject:

Establish the Date and Time of Board and ALUC Meetings for 2027, as Indicated on the Proposed 2027 Master Calendar of Board and Committee Meetings

Recommendation:

The Executive Committee recommends the Board adopt Resolution No. 2026-0084, establishing the date and time of Board and ALUC Meetings, and Committee Meetings for 2027 as indicated on the proposed 2027 Master Calendar of Board and Committee Meetings.

Background/Justification:

Pursuant to the Ralph M. Brown Act (Cal. Gov. Code (§54954(a)), a legislative body shall provide for the time and place for holding regular meetings by ordinance, resolution, or by-laws. Authority Policy 1.30(2) establishes criteria for scheduling regular meetings of the Board and the Airport Land Use Commission and Authority Policy 1.20(2)(a) establishes the criteria for scheduling the time and date of Committee meetings.

The proposed calendar was developed in accordance with the Ralph M. Brown Act and the criteria adopted by the Board. The objective is to provide consistency for public participation and the dissemination of information.

Meetings of the Audit Committee and the Executive Personnel and Compensation Committee are scheduled to accommodate review of external audits, and for the performance evaluations for the President/CEO, Chief Auditor and General Counsel.

The proposed 2027 Master Calendar of Board and Committee meetings is attached as Attachment A.

Executive Committee Report

Meeting Date: October 1, 2026

Page 2 of 2

Fiscal Impact:

Not Applicable.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

☒ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act (CEQA) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Annette Fagan Ortiz
Authority Clerk

Attachment A

2027 MASTER CALENDAR OF BOARD AND COMMITTEE MEETINGS

	ALUC/BOARD 1 st Thursday of Month	EXECUTIVE & FINANCE COMMITTEES (Monday of the Week Preceding the Board meeting)	AUDIT COMMITTEE Monday (Quarterly)	EXECUTIVE PERSONNEL AND COMPENSATION COMMITTEE Thursday	CAPITAL IMPROVEMENT OVERSIGHT COMMITTEE Thursday (Quarterly)
MONTH	9:00 AM	9:00 AM	10:00 AM	9:00 AM	10:00 AM
January	7	25			14
February	11	22	8		
March	4	22			
April	1	26			15 Special Board & Capital Workshop
May	6	24	3	20	
May	13 Budget Workshop				
June	3	21			
July	1				15
August		23		12	
September	2	27	13		
October	7	25			14
November	4	22	15		
December	2	20			

BOLD – Denotes a change in the regular schedule due to holidays and conflicts with other Board or Committee meetings.

2027 Holidays – (Jan. 1; Jan. 18; Feb. 15; March 31; May 31; June 18; July 5; Sept. 6; Nov. 11; Nov. 25; Nov. 26; Dec. 24; Dec. 31)

RESOLUTION NO. 2026-0084

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY, ESTABLISHING THE DATE AND TIME OF BOARD AND ALUC MEETINGS AND COMMITTEE MEETINGS FOR 2027 AS INDICATED ON THE PROPOSED 2027 MASTER CALENDAR OF BOARD AND COMMITTEE MEETINGS

WHEREAS, pursuant to the Ralph M. Brown Act (Cal. Gov. Code §54954(a)), a legislative body shall provide for the time and place for holding regular meetings by ordinance, resolution, or by-laws; and

WHEREAS, in accordance with Authority Policy 1.30(2) and 1.20(2)(a), regular meetings shall be held at least once each month and regular meeting dates, time and location shall be set annually by Board resolution; and

WHEREAS, notice of the meetings shall be provided to the media and public as required by law; and

WHEREAS, the proposed calendar was developed in accordance with the Brown Act and the criteria adopted by the Board, with the objective of providing consistency for public participation and the dissemination of information.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the date and time of Board and ALUC meetings and Committee meetings for 2027, as indicated on the proposed 2027 Master Calendar of Board and Committee Meetings (Exhibit A attached hereto); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

2027 MASTER CALENDAR OF BOARD AND COMMITTEE MEETINGS

	ALUC/BOARD 1 st Thursday of Month	EXECUTIVE & FINANCE COMMITTEES (Monday of the Week Preceding the Board meeting)	AUDIT COMMITTEE Monday (Quarterly)	EXECUTIVE PERSONNEL AND COMPENSATION COMMITTEE Thursday	CAPITAL IMPROVEMENT OVERSIGHT COMMITTEE Thursday (Quarterly)
MONTH	9:00 AM	9:00 AM	10:00 AM	9:00 AM	10:00 AM
January	7	25			14
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May	13 Budget Workshop				
June	3	21			
July	1				15
August		23		12	
September	2	27	13		
October	7	25			14
November	4	22	15		
December	2	20			

BOLD – Denotes a change in the regular schedule due to holidays and conflicts with other Board or Committee meetings.

2027 Holidays – (Jan. 1; Jan. 18; Feb. 15; March 31; May 31; June 18; July 5; Sept. 6; Nov. 11; Nov. 25; Nov. 26; Dec. 24; Dec. 31)

Staff Report

Meeting Date: October 1, 2026

Subject:

Fiscal Year 2026 Annual Report from the Audit Committee

Recommendation:

The Audit Committee recommends that the Board accept the report.

Background/Justification:

The Charter of the Audit Committee was instituted by Board Resolution No. 2003-0061 on October 2, 2003, and states the Audit Committee's authority, role, duties, and oversight responsibilities. The Charter of the Audit Committee was most recently revised by Board Resolution No. 2025-0065 on October 2, 2025.

The duties and responsibilities are further detailed in Authority Policy Article 1, Section 1.50 (5)(c)(ii).

Annually, in accordance with the Charter of the Audit Committee, the Committee provides a summary report to the Board on its activities and recommendations covering how it discharged its duties and met its oversight responsibilities during the previous year.

During its September 14, 2026, meeting, the Chair of the Audit Committee presented the Fiscal Year 2026 Annual Report (Attachment A) for review by the Committee Members. There were no revisions requested by the Audit Committee and a vote was unanimous to forward the annual report to the Board.

Fiscal Impact:

None

Authority Strategies/Focus Areas:

This item supports one or more of the following:

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

Prepared by:

Lee M. Parravano
Chief Auditor

September 14, 2026

Lydia Ball, Board Chair
San Diego County Regional Airport Authority
P.O. Box 82776
San Diego, CA 92138-2776

Dear Chair Ball:

The Charter of the Audit Committee requires the Committee to submit an annual report to the Authority Board summarizing the Committee's activities during the preceding year. This report summarizes the actions taken by the Audit Committee during Fiscal Year 2026, covering the period July 1, 2025, through June 30, 2026.

During Fiscal Year 2026, the Committee performed its responsibilities under the Charter of the Audit Committee by providing oversight of the internal audit function, external audit function, audit recommendations, financial reporting, ethics-related communications, and governance developments.

WORK PERFORMED

During Fiscal Year 2026, the Audit Committee reviewed required communications from the Office of the Chief Auditor (OCA) and the Authority's external audit firm, Plante Moran, as well as the Charter of the Audit Committee and the Charter for the Office of the Chief Auditor.

The Audit Committee reviewed a range of documents and reports related to the activities conducted by the OCA. Additionally, the Committee received quarterly updates from the OCA, which encompassed discussions on completed internal audits as well as the progress made by Authority management in implementing the recommendations provided by the OCA.

During Fiscal Year 2026, Audit Committee members reviewed, approved, or received as information reports and presentations listed here:

- OCA Fiscal Year 2025 Annual Report.
- OCA Fiscal Year 2026 Quarterly Reports and corresponding audit findings and recommendations.
- OCA Audit and Advisory reports issued during Fiscal Year 2026, totaling 12.
- OCA recommendations issued during Fiscal Year 2025, totaling 29.
- Management's progress to implement recommendations issued by the OCA.
- Revisions to the Fiscal Year 2026 OCA Audit Plan.
- OCA Fiscal Year 2027 Risk Assessment and Audit Plan.
- OCA Fiscal Year 2027 proposed budget.
- Ethics program and confidential hotline updates.
- Public employee performance evaluation goal setting for the Chief Auditor.

The external auditor provides required communications annually at the May and November Audit Committee meetings. These communications correspond with the Authority's annual financial statement audit cycle, which ends June 30.

On November 24, 2025, Plante Moran, the Authority's external audit firm, delivered a comprehensive presentation to the Audit Committee regarding the audited financial statements for the fiscal year ended June 30, 2025. The following reports were submitted to, reviewed by, and accepted by the Audit Committee before being forwarded to the Authority Board for consideration:

- Audited Financial Statements
- Passenger Facility Charge (PFC) Compliance Report
- Customer Facility Charge (CFC) Compliance Report
- Letter to the Audit Committee
- 2025 Annual Comprehensive Financial Report (ACFR)

On February 9, 2026, Plante Moran delivered a presentation to the Audit Committee regarding the Single Audit for the fiscal year ended June 30, 2025. The Single Audit Report is generally presented with the other reports provided by the external auditor; however, issuance of the final report was delayed until the federal government issued the 2025 Compliance Supplement. After the Compliance Supplement was released, the external auditors completed the required compliance testing and issued the



Single Audit Report. The Single Audit Report was reviewed and accepted by the Audit Committee before being forwarded to the Authority Board for consideration.

Plante Moran issued clean, unmodified opinions on the Authority's Financial Statements, PFC Audit, CFC Audit, and Single Audit for Fiscal Year 2025. Plante Moran did not identify any internal control deficiencies, non-compliance matters, or external audit findings requiring Committee-monitored corrective action.

On May 4, 2026, Plante Moran presented information to the Audit Committee regarding the engagement team, audit scope, timeline, independence matters, required communications, and other matters related to the financial and compliance audits for the fiscal year ended June 30, 2026.

MONITORING AND AUDIT RECOMMENDATIONS

Key to the Audit Committee's monitoring of the Authority's operations are communications from the Chief Auditor and the external auditor during semi-annual meeting attendance, as noted previously.

The Audit Committee is regularly informed of the progress made by Authority management toward implementing the recommendations issued by the OCA. At each Committee Meeting, the OCA presents the status of audit report recommendations, specifically, whether implementation is still pending, the length of time a recommendation has been open, or whether the recommendation was completed.

MEETINGS HELD

The Audit Committee met five times in Fiscal Year 2026. The Audit Committee Meeting dates were as follows:

- September 8, 2025 – *Regular Meeting*
- November 24, 2025 – *Special Meeting - Rescheduled from Cancelled November 12, 2025, Regular Meeting*
- February 9, 2026 – *Regular Meeting*
- May 4, 2026 – *Regular Meeting*
- May 18, 2026 – *Special Meeting*

The November 12, 2025, Regular Meeting was cancelled and rescheduled to November 24, 2025. Minutes of the Audit Committee meetings are on file with the



Authority Clerk and may also be found on the San Diego International Airport website, www.san.org.

GOVERNANCE DEVELOPMENTS

As part of its oversight responsibilities, the Audit Committee annually reviews the Charter for the Office of the Chief Auditor, the Charter of the Audit Committee, the OCA's Quality Assurance and Improvement Program, and the requirements specified within each Charter.

This review ensures that changes in Authority governance processes, financial reporting, risk management, and internal auditing standards or professional practices are accurately reflected and that the Charters are revised as needed.

During Fiscal Year 2026, revisions were necessary to both the Charter of the Audit Committee and the Charter for the Office of the Chief Auditor due to the newly effective Global Internal Audit Standards. The Charter for the Office of the Chief Auditor required updates to incorporate language from the new Standards related to independence, communication with the Audit Committee and Authority Board, and maintenance of a quality assurance and improvement program. The Charter of the Audit Committee required updates to incorporate participation in discussions about essential conditions, ensuring the Chief Auditor has adequate competencies and qualifications, conformance with the Global Internal Audit Standards, and updated terminology. The Committee reviewed the proposed revisions to the Charter of the Audit Committee and the Charter for the Office of the Chief Auditor and recommended the revised Charters for Authority Board approval.

On June 30, 2026, the term of Audit Committee public member Agnes Wong Nickerson expired. A Notice of Vacancy was posted on February 17, 2026, to fill the vacancy. Four applications were received and reviewed.

The Audit Committee selected two applicants for interviews, which were conducted on May 18, 2026. Following the interviews, the Audit Committee selected Phillip Unthank to serve a three-year term beginning July 1, 2026. Mr. Unthank's appointment is classified under the public member category for a person with public or private sector executive-level decision-making experience.



The Audit Committee remains committed to fulfilling its oversight responsibilities and supporting effective governance, risk management, internal control, and public accountability for the Authority.

Sincerely,



Gretchen Newsom
Audit Committee Chair
Public Member

GN/LP

cc: SDCRAA Board Members
SDCRAA Audit Committee Members
Atif Saeed, President/CEO



Staff Report

Meeting Date: October 1, 2026

Subject:

Fiscal Year 2026 Annual Report from the Office of the Chief Auditor

Recommendation:

The Audit Committee recommends that the Board accept the report.

Background/Justification:

As directed in the Charter for the Office of the Chief Auditor, the Chief Auditor shall communicate to the Authority's Audit Committee and executive management on the performance relative to the Office of the Chief Auditor's (OCA) Audit Plan, results of audit engagements or other activities completed, and to report any risk exposures or control issues identified.

Additionally, the Institute of Internal Auditors' Global Internal Audit Standards (Standards) requires the Office of the Chief Auditor to make disclosures to the Audit Committee and Board at least annually.

The Fiscal Year 2026 Annual Report from the Office of the Chief Auditor is submitted to the Board as Attachment A. The report describes the activities and accomplishments of the OCA during the period July 1, 2025, through June 30, 2026, and includes details on all recommendations completed or in progress during the 4th Quarter of Fiscal Year 2026.

In addition, the report provides required disclosures in conformance with the Standards or as required in the Charter for the Office of the Chief Auditor.

During the Audit Committee meeting on September 14, 2026, the Committee unanimously recommended forwarding this item to the Board for acceptance.

Fiscal Impact:

None

Authority Strategies/Focus Areas:

This item supports one or more of the following:

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

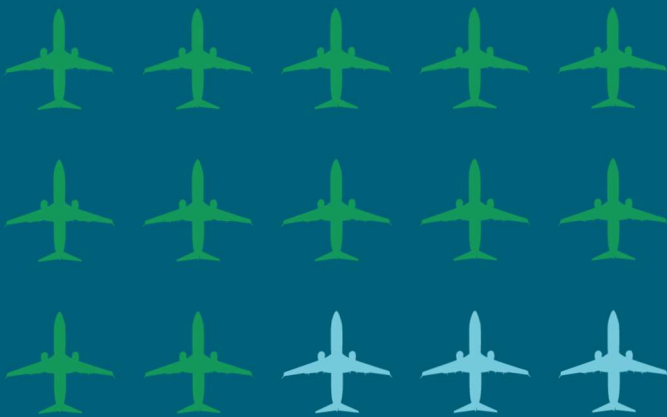
Prepared by:

Lee M. Parravano
Chief Auditor

Office of the Chief Auditor Fiscal Year 2026 Annual Report

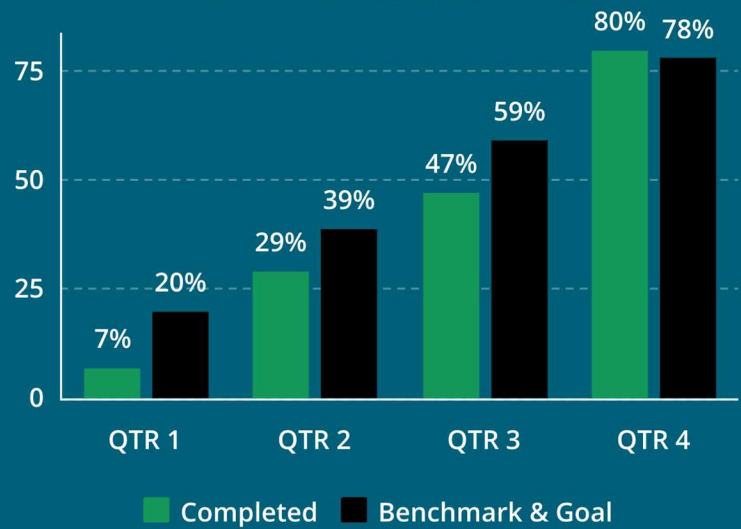


Audit Engagement Progress

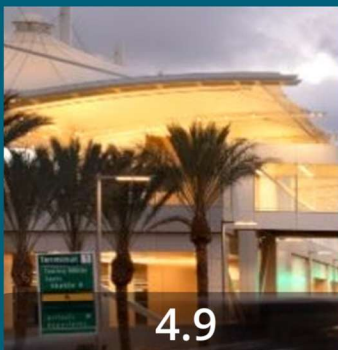


■ Completed (80%) ■ In Progress (20%)

Audit Engagements Completed vs. Benchmark & Goal

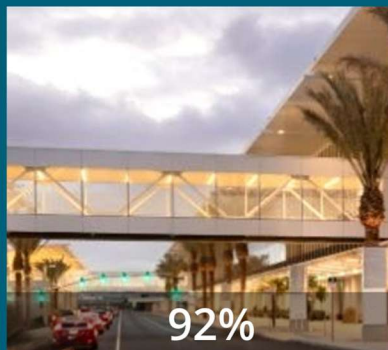


By The Numbers



4.9

Auditee
Satisfaction Rating



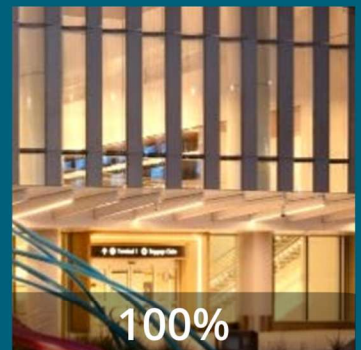
92%

Engagements
Completed Under
Budget



75%

Auditor Utilization
Percentage



100%

Recommendations
Accepted By
Management

Office of the Chief Auditor Fiscal Year 2026 Annual Report

Issue Date: September 14, 2026



A handwritten signature in cursive script that reads "Lee Parravano".

Lee Parravano
Chief Auditor

Office of the Chief Auditor

Lee Parravano, Chief Auditor
Fred Bolger, Manager Audit Services
Andrea Cook, Senior Auditor
Marnie Dale, Senior Auditor
Shane Ellis, Senior Auditor
Scott Thein, Senior Auditor

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Summary

Executive Summary

The purpose of the Fiscal Year 2026 Annual Report is to summarize the activities performed by the Office of the Chief Auditor (OCA) and communicate required disclosures in conformance with The Institute of Internal Auditors' Global Internal Audit Standards.

During Fiscal Year 2026, the OCA completed audit, advisory, general audit, administrative, and quality assurance activities in support of the Audit Committee, Board, and Authority management. The OCA completed 12 audit and advisory engagements, exceeded all established performance measure goals, and performed key general audit activities including construction audit coordination, data analytics, recommendation follow-up, administration of the Fraud, Waste, Abuse, and Ethics Program, and development of the Fiscal Year 2027 risk assessment and Audit Plan.

The OCA also completed Fiscal Year 2026 Quality Assurance and Improvement Program ongoing monitoring activities. There were no impairments to independence or objectivity, known instances of nonconformance affecting the OCA's scope, operations, or engagement results, significant errors or omissions, resource limitations, or instances of management accepting risk above the Authority's risk appetite or tolerance identified during Fiscal Year 2026.

A summary of the OCA's Fiscal Year 2026 activities and results are provided in the sections that follow.

Performance Measures

For Fiscal Year 2026, seven major performance measures were developed to evaluate the OCA. Table 1 below presents the OCA's performance against the selected performance measures. Results are reported to the Audit Committee and Board quarterly, unless otherwise noted.

Table 1: Status of Performance Measures as of June 30, 2026

#	Performance Measure	Goal	Actual	Benchmark
1	Customer Satisfaction Ratings from: i. Audit Committee/Board (reported annually) ii. Executive Management (reported annually) iii. Auditee	4.0	i) 5.0 ii) 5.0 iii) 4.9	4.0
2	Percentage of audit and advisory engagements completed.	78%	80%	78%
3	Percentage of recommendations accepted.	95%	100%	95%
4	Percentage of staff meeting CPE requirements (reported annually).	100%	100%	92%
5	Percentage of staff time spent on audit and advisory engagements and general audit activities.	71%	75%	71%
6	Percentage of audit and advisory engagements completed within budget.	78%	92%	78%
7	Percentage of staff with professional certifications or advanced degrees	86%	100%	86%

Customer Satisfaction Rating

The OCA measures customer satisfaction through annual surveys of the Authority Board/Audit Committee and Executive Management, as well as post-engagement surveys of auditees following each audit or advisory service. Respondents are asked, "How would you rate your level of satisfaction with the Office of the Chief Auditor?" Auditee results are reported quarterly to the Audit Committee and Board. For Fiscal Year 2026, the OCA exceeded its goal of 4.0 in each customer category, with aggregate scores of 5.0 for the Authority Board/Audit Committee, 5.0 for Executive Management, and 4.9 for auditees.

Percentage of Audit and Advisory Engagements Completed

The OCA completed 9 audits and 3 advisory engagements for a total of 12 completed engagements. This represents 80%¹ of audit and advisory engagements on the Fiscal Year 2026 Audit Plan, exceeding the goal established. For the status of all Fiscal Year 2026 Audit Plan activities on June 30, 2026, see Appendix A.

¹ The Fiscal Year 2026 Audit Plan has 14 audits and 4 advisory engagements. However, the three audits identified as "Tenant Lease Admin. & Management – FY 2026 Rental Car Companies - Audit Engagement # 26003", Construction – Subcontracts - Audit Engagement # 25016, and "ARFF Management- Audit Engagement # 26005" were scheduled to carry forward into Fiscal Year 2027. This results in 11 audits and 4 advisory engagements (15 total engagements) on the Fiscal Year 2026 Audit Plan that were planned to be completed in the fiscal year.

Percentage of Recommendations Accepted

This measure helps assess whether OCA recommendations are practical, relevant, and accepted by management. In Fiscal Year 2026, management accepted 100% of audit recommendations, exceeding the 95% goal.

Percentage of Staff that Meet Continuing Professional Education (CPE) Requirements

This measure confirms whether OCA staff maintained required professional education. Because CPE requirements are measured on a calendar-year basis, the results reported for this measure reflect calendar year 2026. For calendar year 2026, 100% of OCA staff met applicable CPE requirements.

Percentage of Staff Time Spent on Audit and Advisory Engagements and General Audit Activities

This measure tracks the percentage of staff time spent on audit engagements, advisory engagements, and general audit activities². In Fiscal Year 2026, OCA staff spent 75% of working time³ on these activities, exceeding the established goal.

Percentage of Audit and Advisory Engagements Completed within Budgeted Time

This measure evaluates the OCA's efficiency in completing audit and advisory engagements within the internally developed budget hours established for each engagement. In Fiscal Year 2026, the OCA completed 92% of its engagements within budgeted time, exceeding both the benchmark and goal.

Percentage of Audit Staff with Professional Certifications or Advanced Degrees

As of April 30, 2026, 100% of OCA staff held a professional certification or an advanced degree. At the start of the fiscal year, five of six auditors held a Certified Internal Auditor (CIA) certification. During the year, the remaining auditor earned the CIA designation, bringing the total to six of six auditors certified as CIAs.

² Appendix A details all planned activities in these categories for Fiscal Year 2026.

³ Time Off (e.g., Holidays, Paid Time off) has been excluded from this calculation.

Audit and Advisory Engagements

The Fiscal Year 2026 Audit Plan had 18 total audit and advisory engagements that were to be initiated. Of these, three engagements were not anticipated to be completed in the fiscal year. These three engagements are included in the Fiscal Year 2027 Audit Plan. This left 15 engagements for the OCA to complete.

During Fiscal Year 2026, the OCA completed 12 of the 15 engagements. This resulted in the OCA completing 80% of engagements, exceeding the 78% goal established. All audits not completed in Fiscal Year 2026 will carry over to the Fiscal Year 2027 Audit Plan for completion. An agenda item is included in the September 14, 2026, Audit Committee meeting to add any unfinished audits to the Fiscal Year 2027 Audit Plan.

Below are highlights from the audit and advisory engagements completed by the OCA during the fourth quarter of Fiscal Year 2026. Audits completed during the first three quarters were communicated to the Audit Committee and Board through the OCA's quarterly activity reports. In addition, the OCA electronically distributes final audit reports to designated recipients upon issuance.



Contract Security Personnel Management - Audit Engagement

#26010: The objective of this audit was to determine if the Global Aviation Management Group, Inc. (Global) Agreement is administered appropriately. Our audit found that the Agreement with Global was administered appropriately. Specifically, hourly rates were correct, monthly invoice hours were reasonable and supported by payroll and timekeeping records, staffing levels complied with the Agreement, and Global met personnel certification and inspection requirements. The audit identified two immaterial errors totaling less than \$500, which will be refunded on a future invoice. The audit did not identify any

findings or recommendations.

Fox Rent A Car - Advisory Service #26009 AS: The objective of this advisory service engagement was to identify the difference between the gross and concessionable revenue calculated by the OCA and Fox's independent CPA for the period from July 1, 2024, to June 30, 2025. The OCA determined the difference was due to Fox's independent CPA classifying two revenue accounts as concessionable, whereas the OCA excluded them from concessionable revenue.

Rent A Car Companies – Advisory Service #26007 AS: The objective of this advisory service was to provide advice and assistance to the Landside Business Development (LBD) Department, including explaining audit and reporting requirements to potential and existing Rent A Car companies. OCA assistance included attending Authority meetings, participating

in an Authority-hosted Rent A Car industry meeting to answer questions, and providing input on contract language.

SP+ Shuttle Operations - Advisory Service #26011 - AS: The objective of this advisory service engagement was to assist management with implementing the agreed-upon action plans from the SP+ audit report dated December 30, 2025. OCA assistance included attending meetings to discuss billings, management's plans to enhance data reporting, and tracking technologies. Because management's implementation efforts were still ongoing at the end of Fiscal Year 2026, the OCA included an advisory service in the Fiscal Year 2027 Audit Plan to continue assisting management with these efforts.

Harbor Police Contract Management - Advisory Service Engagement #26006- AS: The objective of this advisory service was to provide management assistance with recommendations related to the San Diego Unified Port District (Port) Harbor Police Department (HPD) Contract. The OCA assisted management in Fiscal Year 2026 and appreciated the opportunity to collaborate with management. The OCA did not make any management decisions or perform any management functions during this engagement. An additional engagement to assist management in Fiscal Year 2027 is included in the Fiscal Year 2027 Audit Plan.

General Audit Activities

In addition to performing audit and advisory engagements, the OCA is involved in other general audit activities that do not result in a formal audit report/opinion being issued. The OCA is either required⁴ to perform these activities or believes completion of these activities to be in the best interest of the Authority. A summary of the *General Audit Activities* is presented below. See Appendix A for a listing of all General Audit Activities.

Risk Assessment and Audit Plan

The OCA is required to submit a risk-based internal Audit Plan to the Audit Committee annually. Performing the Fiscal Year 2027 Risk Assessment included obtaining input from the Board, Audit Committee, Authority Management, and staff. During Fiscal Year 2026, the OCA worked with Authority Management to identify and rank the likelihood and impact of a risk event occurring for each Key Work Activity within the Authority. The resulting Fiscal Year 2027 Audit Plan was then developed, based on the results of the Risk Assessment process and the discussions with key stakeholders. The Fiscal Year 2027 Risk Assessment and Audit Plan was submitted to the Audit Committee on May 4, 2026, and subsequently approved by the Board on June 4, 2026.



Construction Activities

Construction audit activity in Fiscal Year 2026 included continued work with Baker Tilly, the on-call construction audit consultant. During the year the audit of Change Order Compliance was completed. Pay Applications and Subcontracts are currently in progress. The OCA expects the audit of Pay Applications to be completed in the first or second quarter of Fiscal Year 2027 and Subcontracts in late Fiscal Year 2027. The OCA also attended meetings regarding the New T1 terminal and roadways, and the New T1 airside improvements projects. The OCA remains involved with issues identified by Airport Development and Construction and Authority management, providing assistance as requested, and attending meetings specific to all aspects of the Authority's construction activity.

⁴ Requirements are dictated by the Charter for the Office of the Chief Auditor, Charter of the Audit Committee, or the Global Internal Audit Standards.

Development of Data Analytics

The OCA is actively exploring options to increase its audit coverage through data analytics and to identify where in-depth audits should be initiated. In Fiscal Year 2026, the OCA focused on the transition from Tableau to Power BI, Microsoft's business intelligence and data visualization platform, for rental car data. The Rent-A-Car Companies – Fiscal Year 2025 Audit was completed utilizing data analytics and Power BI.

During Fiscal Year 2026, the OCA identified an anomaly in rent-a-car company data through its continuous monitoring efforts. Staff determined the issue resulted from a formula error that caused the company to incorrectly calculate Customer Facility Charges on certain transactions, resulting in an underpayment of approximately \$50,000 to the Authority. After management and the company were notified, the company acknowledged the error and agreed to pay the outstanding amount.

In addition, staff began exploring the use of artificial intelligence to help streamline the data-cleaning process, which is a time-consuming component of data analysis.

Fraud, Waste, Abuse, and Ethics Program Activities

The OCA administers the Authority's Ethics Program, which includes the confidential Fraud, Waste, Abuse, and Ethics (FWA&E) reporting hotline. During Fiscal Year 2026, the OCA received 19 tips/reports through the hotline. Of these, 6 were considered FWA&E-related and 13 were not considered FWA&E-related⁵. Tips/reports not investigated by the OCA were referred to management or another appropriate party for review, as applicable.

The hotline also allows individuals to ask questions regarding potential ethical matters before taking action. During Fiscal Year 2026, the OCA received two ethics-related questions. The OCA appreciates employees and other individuals who seek guidance to help ensure informed and ethical decision-making.

During Fiscal Year 2026, the OCA also performed targeted fraud detection activities under the FWA&E Program. These activities included data-focused reviews of selected payroll and vendor information to identify indicators or anomalies that may warrant further review. These procedures were not designed to provide assurance regarding the absence of fraud, waste, or abuse. The procedures performed did not identify matters warranting additional review or referral. The OCA expects to continue performing fraud detection activities in the next fiscal year.

A summary of the tips/reports received in Fiscal Year 2026 is shown in Table 2 below.

⁵ Tips/Reports that are Non-FWA&E related are tracked but are not investigated by the OCA. An example of a non-FWA&E related tip/report is a traveler reporting an issue with a water filling station in the terminal. Generally, these tips/reports are forwarded to management to address.

Table 2: Hotline Tips/Reports Received in Fiscal Year 2026

Category	Tips / Reports Received	Investigation Initiated by OCA/Others	Investigation Outcome			
			In Progress	Unsubstantiated / Inconclusive	Partially Substantiated	Substantiated
Fraud, Waste, Abuse, & Ethics Tips/Reports						
Business Integrity	6	4	2	1	1	-
Total Fraud, Waste, Abuse, & Ethics Tips/Reports	6	4	2	1	1	-
Non-Fraud, Waste, Abuse, & Ethics Tips/Reports						
Business Integrity	1	-	-	-	-	-
Workplace Conduct	5	-	-	-	-	-
Other	7	-	-	-	-	-
Total Non-Fraud, Waste, Abuse, & Ethics Tips/Reports	13	-	-	-	-	-
Total Hotline Tips/Reports	19	4	2	1	1	-

Recommendation Follow-up

The OCA is mandated by its Charter to track the recommendations issued in audit reports and to report their implementation status to the Audit Committee on a periodic basis. The OCA tracks recommendations through regular inquiries made to the audited departments or to the owner of the specific recommendation(s) (See Appendix C). These inquiries allow the OCA to determine how many recommendations have been completed, as well as to obtain the status on progress being made to implement the recommendations.

The Audit Committee is updated each quarter on the status of recommendations. The recommendations that have been remediated by management in prior quarters of Fiscal Year 2026 were presented to the Audit Committee on the following Committee Meeting dates: September 8, 2025, November 24, 2025, February 9, 2026, and May 4, 2026.

Table 3 below shows the number of recommendations that were *Completed* or *In Progress* as of the fourth quarter of Fiscal Year 2026, along with the estimated/actual implementation timeframes based on the audit report issue date. None of the completed recommendations were implemented within the initial timeframes identified when the recommendations were issued; however, both were implemented within six months of audit report issuance. Of the In Progress recommendations, six of the ten recommendations were still within the initial timeframe identified for implementation.

Overall, the OCA is satisfied with the Authority's current implementation progress based on our tracking inquiries.

Table 3: Recommendations with Estimated/Actual Implementation Timeframe

Recommendations	Zero to 7 Months	7 Months to 1 Year	Over 1 Year	Total
Completed	2	-	-	2
In Progress	2	8	-	10

Quality Assurance and Improvement Program

The Institute of Internal Auditors' (IIA) Global Internal Audit Standards (GIAS) requires the OCA to maintain a Quality Assurance and Improvement Program (QAIP). Comprehensive details are included under the *Quality Assurance and Improvement Program* section of this report.

Administrative

The activities that reside within the Administrative classification of the Fiscal Year 2026 Audit Plan include meeting attendance by the OCA, holiday and vacation time, and the fulfillment of Continuing Professional Education (CPE) requirements.

Qualifications and Training

Proficiency and due care for the OCA are the responsibility of the Chief Auditor. Cumulatively, the OCA has over 120 years of auditing experience. OCA staff hold 15 professional certifications. The types of professional certifications and number of staff with each certification are as follows:

- 6 - Certified Internal Auditors (CIA)
- 2 - Certified Public Accountants (CPA)
- 2 - Certified Fraud Examiners (CFE)
- 1 - Certified Construction Auditor (CCA)
- 1 - Certified Information Systems Auditor (CISA)
- 1 - Certified Government Auditing Professional (CGAP)
- 1 - Certification in Risk Management Assurance (CRMA)
- 1 - Chartered Global Management Accountant (CGMA)



Each of these certifications requires that the holder complete a specified number of hours of CPE. As noted above, all CPE requirements were met for all OCA staff during calendar year 2026.⁶

⁶ Professional organizations generally track Continuing Professional Education (CPE) either by calendar year or a fiscal year. The OCA verifies CPE compliance on a calendar year basis.

Audit Committee Support

During Fiscal Year 2026, the Audit Committee met five times on the following dates:

- September 8, 2025 – *Regular Meeting*
- November 24, 2025 – *Special Meeting*
- February 9, 2026 – *Regular Meeting*
- May 4, 2026 – *Regular Meeting*
- May 18, 2026 – *Special Meeting to Interview Applicants to fill a vacancy on the Audit Committee*

Before each meeting of the Audit Committee the OCA coordinated all activities with the Committee Chair and the Clerk's Office relating to agenda preparation and materials required.

Staffing

During Fiscal Year 2026, Marnie Dale was promoted from Auditor to Senior Auditor after successfully earning the Certified Internal Auditor certification. Marnie has served with the OCA for more than 10 years and brings significant institutional knowledge to the role.

Tracking Budget and Expenses

The OCA's Fiscal Year 2026 operating expenses were approximately \$1,365,000, coming in \$164,000 under budget. No unexpected or large outlays occurred within the department in Fiscal Year 2026. The \$1,365,000 excludes costs related to Baker Tilly, the on-call construction audit consultant. Baker Tilly costs are funded from the capital budget.

OCA Outreach, Support, and Professional Involvement

Due to the OCA's work on the Facilities Management Department's Inventory Management Audit, the OCA was invited to serve as a featured speaker at the Association of Airport Internal Auditors annual conference.

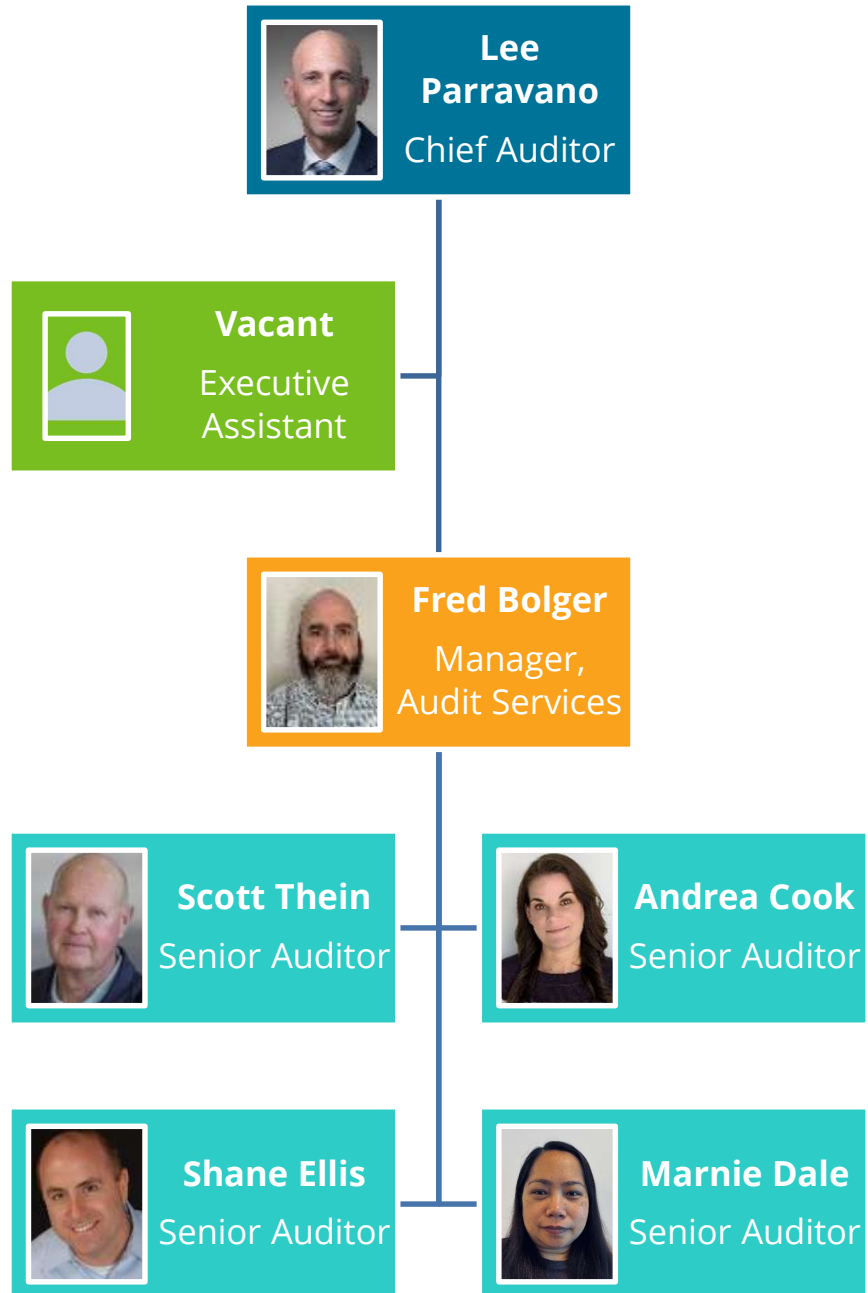
The OCA also supported the New Terminal 1 opening by covering more than 40 shifts, totaling approximately 150 hours. Support included escorting trade workers, assisting with passenger trials, participating in open houses and dress rehearsals, and providing post-opening support.

In addition to services provided to the Authority, OCA staff were involved in various audit-related organizations and activities in their personal time. As of June 30, 2026, OCA staff members served in the following community roles:

- Audit Committee Member for the San Diego Girl Scouts
- Board of Directors member for the University of the Philippines Alumni Association – San Diego

Organization Chart

As of June 30, 2026, the OCA organizational structure was as follows.



Quality Assurance and Improvement Program

Background

The Institute of Internal Auditors' Global Internal Audit Standards (GIAS) requires the OCA to maintain a Quality Assurance and Improvement Program (QAIP). The QAIP is designed to evaluate the OCA's conformance with the GIAS, assess progress toward performance objectives, and support continuous improvement. The QAIP includes internal assessments and external assessments.

Internal assessments include ongoing monitoring and periodic self-assessments. Ongoing monitoring is performed annually as part of routine OCA processes and is used to monitor audit quality, adherence to OCA methodology, and progress toward performance objectives. Periodic self-assessments provide a broader evaluation of conformance with the GIAS.

External assessments, also known as Quality Assessment Reviews or peer reviews, are performed at least once every five years by a qualified, independent assessor or assessment team from outside the organization.

For Fiscal Year 2026, the OCA performed ongoing monitoring. The next periodic self-assessment and external assessment are scheduled for Fiscal Year 2028.

The GIAS also contains other mandatory reporting requirements as documented in Appendix B.

External Assessment - Quality Assessment Review



The most recent external assessment of the OCA was performed by the Association of Local Government Auditors (ALGA) for the five-year period from July 1, 2018, through June 30, 2023. The external assessment was performed in January 2024, and the results were presented to the Audit Committee during its May 6, 2024 meeting.

The external assessment concluded that the OCA generally conformed with applicable internal audit standards, which is the highest rating available under the external assessment process. The

assessment did not identify any recommendations requiring a formal improvement plan. The next external assessment is required for the five-year period ending June 30, 2028.

Internal Assessment – Self-Assessment & Ongoing Monitoring

Internal assessments under the QAIP include ongoing monitoring and periodic self-assessments. The OCA's last periodic self-assessment was performed in July and August 2023 in connection with the external assessment performed by ALGA. The results of that self-assessment were shared with the Audit Committee in November 2023.

For Fiscal Year 2026, the OCA performed ongoing monitoring. Ongoing monitoring is incorporated into routine OCA activities and evaluates whether internal audit processes are operating effectively, whether engagement work is performed in accordance with applicable standards and OCA methodology, and whether the OCA is progressing toward established performance objectives. The next self-assessment is planned to occur in Fiscal Year 2028.

Scope and Objectives of Ongoing Monitoring

The objective of Fiscal Year 2026 ongoing monitoring was to evaluate whether OCA processes were operating effectively to support audit quality, adherence to OCA methodology, and progress toward OCA performance objectives. The review included selected testing of one completed audit engagement, as well as administrative, performance measurement, follow-up, strategic objective, and quality-related activities.

The scope of ongoing monitoring included the following areas:

- Engagement planning, supervision, resource allocation, workpaper documentation, and audit report quality.
- Evidence, analysis, findings, recommendations, and follow-up processes.
- Performance measures, feedback, staff qualifications, continuing professional education, and professional development.
- Methodology, Charters, policy, reporting, and other quality-related administrative practices.
- Progress on strategic objectives and related supporting initiatives.

Results of Ongoing Monitoring

The Fiscal Year 2026 ongoing monitoring procedures did not identify any matters that would affect the quality of OCA audit or advisory engagement results. Ongoing monitoring also did not identify any known instances of nonconformance that affected the scope or operation of the OCA or the results of individual engagements.

Because Fiscal Year 2026 procedures were limited to ongoing monitoring, the OCA did not perform a periodic self-assessment or update the overall level of conformance with the GIAS during the year. The OCA's most recent overall conformance rating remains based on the prior periodic self-assessment and external assessment process.

QAIP Observations and Improvement Opportunities

The Fiscal Year 2026 ongoing monitoring procedures did not identify any items that would impact audit quality or require a formal corrective action plan. As part of the Fiscal Year 2026 QAIP, the OCA reviewed the Charter for the Office of the Chief Auditor and the Audit Committee Charter. Proposed updates to both charters were identified to align with the GIAS and Authority governance requirements and are scheduled for review as part of the September Audit Committee agenda. The OCA also identified process improvement opportunities related to engagement closeout, recommendation documentation

consistency, and routine methodology enhancements. These items will be addressed through routine OCA process improvements.

Strategic Objective Progress

As part of ongoing monitoring, the OCA evaluated progress toward the five strategic objectives included in the internal audit strategy. Overall, the OCA is progressing appropriately toward its strategic objectives. Of the 22 supporting initiatives reviewed, 17 were rated On Track, five were rated At Risk, and none were rated Off Track. The At Risk initiatives identify areas where additional follow-up, resource planning, or attention is needed to maintain alignment with the five-year strategy. Additional details are included in Appendix B.

Appendix A – Fiscal Year 2026 Audit Plan

#	Activity	Status as of 6/30/2026	Over/ Under Budget
Audit			
1	Purchase Goods and Services - <i>Audit Engagement # 25012</i>	Completed	Under
2	Tenant Lease Admin. & Management – FY 2025 Rental Car Companies - <i>Audit Engagement # 25004</i>	Completed	Over
3	Parking Management Contract Administration - <i>Audit Engagement # 25009</i>	In Progress	
4	Harbor Police Contract Management – Fiscal Years 2021, 2022, 2023, and 2024 - <i>Audit Engagement # 25013</i>	In Progress	
5	Construction - Change Orders - <i>Audit Engagement # 25015</i>	Completed	Under
6	Construction – Subcontracts ⁷ - <i>Audit Engagement # 25016</i>	In Progress	
7	Construction – Pay Applications - <i>Audit Engagement # 25017</i>	In Progress	
8	Tenant Lease Admin. & Management – ABRM Internal Controls - <i>Audit Engagement # 26001</i>	Completed	Under
9	Payroll – Social Security Section 218 Agreement - <i>Audit Engagement # 26002</i>	Completed	Under
10	Tenant Lease Admin. & Management – FY 2026 Rental Car Companies ⁷ - <i>Audit Engagement # 26003</i>	In Progress	
11	System Security - <i>Audit Engagement # 26004</i>	Completed	Under
12	ARFF Management ⁷ - <i>Audit Engagement # 26005</i>	In Progress	
13	Rental Car Shuttle Service Contract Administration - <i>Audit Engagement # 26008</i>	Completed	Under
14	Contract Security Personnel Management - <i>Audit Engagement # 26010</i>	Completed	Under
Advisory			
15	Harbor Police Contract Management - <i>Advisory Service Engagement #26006-AS</i>	Completed	Under
16	Tenant Lease Admin. & Management –General Rental Car Company Reporting - <i>Advisory Service Engagement # 26007-AS</i>	Completed	Under
17	Tenant Lease Admin. & Management –Fox Rental Car Company Reporting - <i>Advisory Service Engagement # 26009-AS</i>	Completed	Under
18	Rental Car Shuttle Service Contract Administration - <i>Advisory Service Engagement # 26011-AS</i>	Completed	Under
General Audit			
19	Risk Assessment & Audit Plan	Completed	
20	Construction Meeting Attendance & Coordination	Completed	
21	Development of Data Analytics	Completed	
22	Fraud, Waste, Abuse, and Ethics Program	Completed	
23	Recommendation Follow-up	Completed	
24	Quality Assurance & Improvement Program	Completed	
Administrative			
25	Indirect - Attendance at Staff/Board/Committee Meetings, Continuing Professional Development, and Other	Completed	
26	Benefit - Vacation, Holiday Time, and Other Leave/Time Off	Completed	

⁷ Audit engagement was not anticipated to be completed in Fiscal Year 2026 and will be carried forward to Fiscal Year 2027.

Appendix B – Disclosures

The following items are being disclosed in conformance with the GIAS.

Table B-1 crosswalks key GIAS and Charter communication requirements to the related Fiscal Year 2026 disclosure and/or report location. Additional narrative disclosures follow the table to expand on selected items.

GIAS Standard	Charter / Communication Requirement	Fiscal Year 2026 Disclosure	Location / Reference
2.3; 7.1	Disclose impairments to independence or objectivity, including safeguards or actions taken.	No impairments to independence or objectivity were identified. Advisory services were performed during Fiscal Year 2026; safeguards were applied, and no impairments to independence or objectivity were identified.	Appendix B – Organizational Independence; Impairments to Independence or Objectivity; Advisory Services and Safeguards
4.1; 12.1; 15.1	Disclose nonconformance with GIAS when it affects the scope or operation of the OCA or an engagement.	No known nonconformance affected the OCA's scope, operations, or engagement results.	Appendix B – Disclosure of Nonconformance; Quality Assurance and Improvement Program
6.1; 6.2; 9.2	Communicate the OCA mandate, charter, and strategy, including updates.	The OCA Mandate, Charter, Vision, and Strategic Objectives were reviewed and disclosed in this Annual Report and as part of the annual review of the Charter for the Office of the Chief Auditor.	Appendix B – Mandate and Audit Strategy
8.1; 9.4	Communicate the Audit Plan, risk assessment, budget, significant changes, and limitations.	The Fiscal Year 2027 Risk Assessment and Audit Plan were submitted to the Audit Committee and approved by the Board. The budget is annually approved in May and is tracked and reported each quarter.	General Audit Activities – Risk Assessment and Audit Plan; Appendix A
8.2; 10.1; 10.2; 10.3	Communicate resource sufficiency, including financial, human, and technological resources.	The OCA had sufficient financial, human, and technological resources to fulfill its mandate and perform the approved Audit Plan. No resource limitations were identified that impaired the OCA's ability to fulfill its responsibilities.	Administrative – Staffing; Tracking Budget and Expenses; Appendix B
8.3; 8.4; 12.1; 12.2	Communicate QAIP results, external assessment status, performance objectives, and improvement plans.	QAIP results, ongoing monitoring, external assessment status, performance measures, and improvement activities are disclosed in this report.	Quality Assurance and Improvement Program; Summary – Performance Measures
9.5	Communicate issues achieving appropriate coordination with other assurance providers, if applicable.	During the Risk Assessment and Audit Plan process, the OCA considered the work of other assurance and advisory service providers. Additionally, the OCA coordinated with outside assurance providers to obtain assurance over certain activities, including construction-related activities. No significant coordination issues were identified.	Appendix B – Coordination and Reliance
11.3; 15.2	Communicate results of internal audit services and follow up on management action plans.	Audit and advisory results, as well as recommendation follow-up status, are disclosed quarterly and in this Annual Report.	Audit and Advisory Engagements; Recommendation Follow-up; Appendix C

GIAS Standard	Charter / Communication Requirement	Fiscal Year 2026 Disclosure	Location / Reference
11.5	Communicate management's acceptance of risk above risk appetite or tolerance.	No instances were identified in which management accepted a level of risk that the OCA believed exceeded the Authority's risk appetite or tolerance and required escalation.	Appendix B – Communicating Acceptance of Risk
11.4	Communicate significant errors or omissions in final engagement communications.	No significant errors or omissions in final engagement communications were noted.	Appendix B – Errors and Omissions

Supplemental Narrative Disclosures

The following sections provide additional context for selected disclosures summarized in Table B-1. Where the table identifies that no reportable condition was noted, the narrative is limited to the information necessary to document the disclosure.

Mandate, Charter, and Audit Strategy - GIAS Standards 6.1, 6.2, & 9.2

The GIAS requires the OCA to periodically review and communicate the internal audit mandate and internal audit strategy. The OCA's mandate and strategy were developed and reviewed by the Audit Committee in May 2025. The mandate is also included in, and reviewed as part of, the Charter for the Office of the Chief Auditor.

Mandate

The Chief Auditor shall be accountable to the Board under Public Utilities Code §170026, and pursuant to the Chief Auditor's employment agreement. The Office of the Chief Auditor assists the Audit Committee in discharging the duties described in Public Utilities Code §170018. The Office of the Chief Auditor also assists executive management in achieving Authority objectives. To assist the Audit Committee/Board and executive management, the Office of the Chief Auditor will perform assurance and advisory services on Authority activities. Services include, but are not limited to, reviews of internal controls, operating effectiveness, operating efficiencies, ethical behavior, expenditures, and compliance with the Authority's Codes, Policies, Standards, and procedures.

Internal Audit Vision and Strategic Objectives

Vision

To be recognized as a leading internal audit function that is trusted and proactive in promoting a culture of accountability, transparency, and continuous improvement across the Authority.

Strategic Objectives

1. Enhance Audit Methodologies
2. Strengthen Stakeholder & Community Relationships
3. Promote Continuous Improvement & Build a Strong Audit Team
4. Leverage Technology, Innovation, and Outside Professionals
5. Enhance Communication and Reporting

Progress on Supporting Initiatives

To support the OCA's internal audit strategy, the OCA tracks 22 supporting initiatives aligned to the five strategic objectives. Progress on each initiative is assessed annually using a three-tier status model: On Track, At Risk, or Off Track. Overall, the OCA is progressing appropriately toward its five strategic objectives. For Fiscal Year 2026, 17 supporting initiatives were rated On Track, five were rated At Risk, and none were rated Off Track. Because the strategic objectives are designed to be achieved over a five-year period, an On Track rating for an initiative means Fiscal Year 2026 progress is consistent with expected progress toward the longer-term objective, rather than indicating the initiative has been fully completed. An At Risk rating identifies an initiative requiring additional follow-up, resource planning, or management attention to remain aligned with the five-year strategy. An Off Track rating would indicate significant concern that the initiative may not be completed as intended. The objective-level status shown in the table reflects the overall progress of the supporting initiatives for each strategic objective; objectives with mostly On Track initiatives and limited At Risk items are reported as Substantially on Track. These results were used to evaluate progress toward each strategic objective and identify priorities for the upcoming year.

Strategic Objective	On Track	At Risk	Off Track	Objective Status	Focus
Enhance Audit Methodologies	3	1	-	Substantially on Track	Continue annual analytics, policy, and charter reviews; document milestones for expanding BI-supported continuous auditing.
Strengthen Stakeholder and Community Relationships	5	-	-	On Track	Continue stakeholder meetings, professional outreach, and annual feedback analysis.
Promote Continuous Improvement and Build a Strong Audit Team	4	1	-	Substantially on Track	Reassess peer-review participation timing and include time in a future audit plan when capacity allows.
Leverage Technology, Innovation, and Outside Professionals	2	3	-	At Risk	Obtain software licenses for remaining staff, complete Fraud, Waste, Abuse, and Ethics hosted hotline rollout, continue technology training, and evaluate outside-professional sourcing.
Enhance Communication and Reporting	3	-	-	On Track	Maintain the GIAS-aligned report template and infographic coverage at or above 50%.
Total	17	5	-		

Organizational Independence - GIAS Standard 7.1

The OCA must confirm to the Board, at least annually, the organizational independence of the internal audit activity.

- ✓ The OCA reports directly to the Board through the Audit Committee. This reporting structure provides the independence necessary for the OCA to perform its responsibilities separate from Authority management. During Fiscal Year 2026, there were no instances in which the OCA's organizational independence was impaired.

Impairments to Independence or Objectivity - GIAS Standards 2.3 & 7.1

If independence or objectivity is impaired in fact or appearance, the details of the impairment must be disclosed. The OCA must also discuss any current or proposed roles and responsibilities that have the potential to impair independence.

- ✓ During Fiscal Year 2026, the OCA did not identify any impairments to independence or objectivity in fact or appearance related to audit or advisory engagements. In addition, the OCA is not aware of any current or proposed roles or responsibilities that would impair the OCA's independence.

Advisory Services and Safeguards

During Fiscal Year 2026, the OCA performed advisory services related to Harbor Police contract management, rental car company reporting, Fox Rent A Car reporting, and SP+ shuttle operations. These services included providing analysis, attending meetings, explaining audit or reporting requirements, and providing input or advice as requested.

To safeguard independence and objectivity, the OCA did not make management decisions, perform management functions, or assume responsibility for implementing management action plans. Based on the nature of the advisory services performed and the safeguards applied, the OCA did not identify any impairment to independence or objectivity.

Coordination and Reliance – GIAS Standard 9.5

The GIAS requires the OCA to coordinate with other internal and external providers of assurance and advisory services, as appropriate, to support effective coverage and minimize duplication.

- ✓ During the Risk Assessment and Audit Plan process, the OCA communicated with senior management and considered the work of other assurance and advisory service providers. During the year, the OCA also coordinated with outside assurance providers to obtain assurance over certain activities, including construction-related activities.
- ✓ The OCA did not identify any significant issues affecting appropriate coordination or reliance on other assurance providers during Fiscal Year 2026.

Resource Sufficiency – GIAS Standards 8.2, 10.1, 10.2, and 10.3

The Chief Auditor is responsible for communicating whether internal audit resources are sufficient to fulfill the OCA's mandate and support completion of the approved Audit Plan. Resource sufficiency includes financial, human, and technological resources.

- ✓ During Fiscal Year 2026, the OCA had sufficient resources to fulfill its mandate and perform the approved Audit Plan. No resource limitations were identified that impaired the OCA's ability to carry out its responsibilities. Additional information related to staffing, budget, expenses, qualifications, and technology initiatives is included in the Administrative and Quality Assurance and Improvement Program sections of this report.

Communicating Acceptance of Risks - GIAS Standard 11.5

The OCA's audit activities may identify issues that pose risks to Authority operations. Some issues may require management action, while others may involve situations in which management decides to accept the risk associated with continuing the current practice.

- ✓ The OCA is required to communicate to executive management and the Audit Committee/Board any situation in which the Chief Auditor believes management has accepted a level of risk that exceeds the Authority's risk appetite or tolerance. During Fiscal Year 2026, the OCA did not identify any instances in which management accepted a level of risk that the OCA believed exceeded the Authority's risk appetite or tolerance and required escalation.

Use of Report

The information in this report is intended solely for the use of the San Diego County Regional Airport Authority's (SDCRAA) Audit Committee, Board, and management and is not intended to be, and should not be, used by anyone other than the specified parties.

This report has been authorized for distribution to the Audit Committee and as specified:

- Board Members
- President/Chief Executive Officer
- General Counsel
- Vice Presidents
- Director, Authority Clerk
- Director, Government Relations
- Assistants specified by Board Members and SDCRAA

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
Completed						
26-16	Audit Report 25004 Issued: December 11, 2025 Title: Rent-A-Car Companies - Fiscal Year 2025 Department: LANDSIDE BUSINESS DEVELOPMENT	Low	The Landside Business Development Department should request Payless to submit an Annual Report audited by a certified public accountant (CPA) that complies with Article 4.2.2 of the Concession Agreement prior to refunding or billing for any amounts due. Additionally, the Authority should impose a \$500 penalty on Payless for non-compliance with Article 4.2.2, in accordance with Article 5.2.	1/31/2026	5/4/2026	Payless previously paid the \$500 late reporting penalty for this report. The final/corrected report was received on April 30, 2026, and that report was reviewed and approved by LBD on May 4, 2026.

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
Completed						
26-23	Audit Report 25015 Issued: March 25, 2026 Title: Change Order Compliance Department: AIRPORT DESIGN & CONSTRUCTION	Low	To ensure analyses are completed and that non-allowable or duplicate markups are not included, all analyses and supporting documentation used to justify subcontractor change order markups should be part of the approved change order packages.	3/30/2026	4/30/2026	Program Controls has implemented measures to strengthen the change order review and approval process. Effective immediately, we have directed the General Contractor (JV) that all subcontractors change order packages will be required to include the complete cost analysis and all supporting documentation used to evaluate and justify proposed markups. This documentation will include subcontractor pricing breakdowns, markup calculations, cost analyses, and any supporting correspondence or records used during the review process. In addition, relevant personnel have been briefed on the updated requirements, and periodic leadership reviews will be conducted to verify compliance with the updated process. These actions will ensure that approved change order packages contain a complete audit trail supporting the evaluation and approval of subcontractor markups and reduce the risk of unsupported, non-allowable, or duplicate costs being included in future change orders.

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
In Progress						
26-24	Audit Report 26001 Issued: March 27, 2026 Title: Airport Business Revenue Management (ABRM) Application Internal Controls Department: TERMINAL BUSINESS DEVELOPMENT	High	Management should clarify and standardize ABRM permission levels by documenting role purposes, removing unnecessary elevated permissions from user roles, restricting access to modules based on job responsibilities, and eliminating access to unused system functions.	9/30/2026	1/31/2027	Since April 1, TBD, LBD, AR, Accounting, and IT&S have met on five separate occasions and have made progress towards implementation. All teams are now aligned and understand their scopes and requirements to achieve completion. The next meeting is scheduled for August 19, 2026.
26-25	Audit Report 26001 Issued: March 27, 2026 Title: Airport Business Revenue Management (ABRM) Application Internal Controls Department: TERMINAL BUSINESS DEVELOPMENT	High	We recommend management configure and implement agreement type restrictions within ABRM to ensure user access is appropriately limited based on job responsibilities. Management should review all existing Agreement assignments and remove access for individuals who do not require full agreement type permissions. Access to all agreements should be granted only to users with a demonstrated business need, such as BI and Accounting staff who support cross functional activities.	9/30/2026	1/31/2027	Since April 1, TBD, LBD, AR, Accounting, and IT&S have met on five separate occasions and have made progress towards implementation. All teams are now aligned and understand their scopes and requirements to achieve completion. The next meeting is scheduled for August 19, 2026.

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
In Progress						
26-01	Audit Report 25014 Issued: November 14, 2025 Title: Facilities Management Department Purchasing and Inventory Management Department: FACILITIES MANAGEMENT	Medium	Management should implement a centralized inventory management system by leveraging the Computerized Maintenance Management System (CMMS) or other inventory tools across all FMD shops to track maintenance supplies and attic stock and ensure that periodic inventory audits/counts are conducted to ensure accuracy and accountability.	6/1/2027	10/30/2026	FMD continues the process of implementing a centralized inventory management system in the Computerized Maintenance Management System (CMMS). To establish a baseline, FMD is conducting an inventory of maintenance shop supplies and attic stock for each shop and area within FMD with the areas at various levels of completion.
26-05	Audit Report 25014 Issued: November 14, 2025 Title: Facilities Management Department Purchasing and Inventory Management Department: FACILITIES MANAGEMENT and PROCUREMENT	Medium	Management should develop and implement a formal MRO contract management framework that includes: a) documented guidelines (defining eligible materials, restrictions and sourcing protocols, b) step-by-step requestion procedures (with designated contacts and escalation paths), c) pre-purchase eligibility reviews, d) regular vendor performance evaluations (monitor service quality and adherence to contract terms), and e) staff training (to ensure consistent understanding and application of MRO procedures).	5/1/2026	10/30/2026	The MRO solicitation is expected to be completed in July and approved by the Board in September. Once approved, FMD will work with the selected vendor to use Procurement's Contract Administration Guide to develop and implement SOPs within the department.

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
In Progress						
26-09	Audit Report 25014 Issued: November 14, 2025 Title: Facilities Management Department Purchasing and Inventory Management Department: PROCUREMENT	Medium	Management should establish detailed Standard Operating Procedures (SOPs) for the receiving, inspection, documentation, and distribution of goods across the Authority. These procedures should be easily accessible to staff, integrated into onboarding and ongoing training programs, and reviewed and updated regularly to reflect changes in policy or operational needs.	7/15/2026	10/1/2026	As of June 10, Procurement has drafted and finalized new SOPs. The new SOPs will be administered by the Storage & Distribution Technician and the new Procurement Coordinator role. After successful recruitment of the Procurement Coordinator role, the SOPs will be fully implemented and published in the authority wide Procurement Manual and Contract Administration Guide.

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
In Progress						
26-07	Audit Report 25014 Issued: November 14, 2025 Title: Facilities Management Department Purchasing and Inventory Management Department: PROCUREMENT	Medium	Management should revise/update the receiving process to include item-level verification upon receipt and require that packing slips be retained and matched to purchase orders and invoices.	7/15/2026	10/1/2026	Procurement has finalized testing and has integrated a new tablet for paperless copies of packing slips, delivery confirmation forms, and photos of delivered packages. The new SOPs will be administered by the Storage & Distribution Technician and the new Procurement Coordinator position. As of July 2026, the Union has approved changes to the Storage & Distribution Technician job responsibilities to incorporate the new procedures. The Procurement Coordinator position is under review with Human Resources. Once the recruitment is initiated and finalized procedures can be fully administered.
26-28	Audit Report 26001 Issued: March 27, 2026 Title: Airport Business Revenue Management (ABRM) Application Internal Controls Department: TERMINAL BUSINESS DEVELOPMENT	Medium	Enhance the existing alert-management framework by prioritizing critical notifications, assigning accountable reviewers, and implementing routine monitoring to ensure timely review and clearance of alerts.	9/30/2026	1/31/2027	Since April 1, TBD, LBD, AR, Accounting, and IT&S have met on five separate occasions and have made progress towards implementation. All teams are now aligned and understand their scopes and requirements to achieve completion. The next meeting is scheduled for August 19, 2026.

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
In Progress						
26-19	Audit Report 25008 Issued: December 30, 2025 Title: SP+ Shuttle Operations Department: LANDSIDE BUSINESS DEVELOPMENT	Medium	We recommend that LBD direct SP+ to work with ETA Transit to equip all shuttles with the necessary equipment to enable tracking of all shuttles. This will provide independent verification for the monthly In-Service calculations and the additional reports that are included.	6/30/2026	10/31/2026	LBD requested quotes from ETA Transit to upgrade systems and install equipment as recommended. Based on the quotes received, the Authority is piloting an alternative technology solution for a three-month period. The goal is to determine which technology provider can deliver the data required by the Authority. The pilot will also evaluate costs, capabilities, and equipment requirements. Upon completion, LBD will recommend a technology solution for deployment across the entire RCC bus fleet.
26-20	Audit Report 25008 Issued: December 30, 2025 Title: SP+ Shuttle Operations Department: LANDSIDE BUSINESS DEVELOPMENT	Medium	We recommend that LBD direct SP+ to fully implement the ETA Transit system on all SP+ shuttles and configure, test, and verify ETA accurately tracks data (e.g., In Service hours) which can be used to calculate monthly data for required reports to the Authority. Additionally, SP+ should be trained on the ETA Transit system.	6/30/2026	6/30/2026	SP+ obtained quotes for bus tracking technology solutions from multiple vendors and is currently piloting one of the proposed systems, as described in Recommendation 26-19.

Appendix C - Status of OCA Recommendations

Rec. No.	Audit Report Description	Priority Rating	Recommendation	Initial Estimated Completion Date	Revised / Current Estimated Completion Date	Status as of June 30, 2026
In Progress						
26-21	Audit Report 25008 Issued: December 30, 2025 Title: SP+ Shuttle Operations Department: LANDSIDE BUSINESS DEVELOPMENT	Medium	We recommend that LBD require that Supplemental Monthly reports sent to the Authority are accurate and LBD should review all reports for accuracy when received. Additionally, LBD should utilize ETA to confirm the data included in the Monthly billings from SP+.	6/30/2026	6/30/2026	LBD and SP+ created a "Bussing Summary" spreadsheet to be included as part of the monthly reporting package. This sheet highlights data on SP+ daily and monthly operations - including costs for operations, personnel, maintenance dollars and hours, fuel, staff hours, fleet performance, and other metrics. Preparation of the report required additional training for SP+ staff. The report is currently being modified and will be completed with the August-2026 invoice packet.

Staff Report

Meeting Date: October 1, 2026

Subject:

Revision to the Charter of the Audit Committee

Recommendation:

The Audit Committee recommends that the Board adopt Resolution No. 2026-0085, approving the revision to the Charter of the Audit Committee.

Background/Justification:

The Charter of the Audit Committee describes the Audit Committee's purpose, mandate and authority, including oversight of the internal and external auditors, compliance and regulatory duties; and provides guidelines and procedures on how the Audit Committee conducts its business. The Charter was first adopted on October 2, 2003, by Board approved Resolution No. 2003-0061.

The Audit Committee reviews its Charter annually in accordance with best practices, the Office of the Chief Auditor's Quality Assurance and Improvement Program, and the requirements specified in the Audit Committee's Charter.

The last revision to the Charter of the Audit Committee was made in September 2025 and subsequently approved by Board Resolution No. 2025-0065 on October 2, 2025.

The annual review performed by staff this year identified recommended revisions to the Charter of the Audit Committee to incorporate updated language from the Institute of Internal Auditors related to oversight of the internal audit function, as well as other minor edits.

Attachment A provides a redlined version of the Charter, and Attachment B provides a clean version with all changes incorporated.

The proposed changes to the Charter for the Office of the Chief Auditor were reviewed and accepted by the Audit Committee on September 14, 2026, by unanimous vote, with a recommendation to obtain the Board's approval of the revisions.

Staff Report

Meeting Date: October 1, 2026

Page 2 of 2

Fiscal Impact:

None

Authority Strategies/Focus Areas:

This item supports one or more of the following:

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Lee M. Parravano
Chief Auditor

RESOLUTION NO. 2026-0085

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY,
APPROVING THE REVISION TO THE CHARTER OF THE
AUDIT COMMITTEE

WHEREAS, the Board adopted Resolution No. 2003-0061 on October 2, 2003, approving the Charter of the Audit Committee; and

WHEREAS, the Charter describes the Audit Committee's purpose, mandate and authority, including oversight of the internal and external auditors, compliance and regulatory duties; and provides guidelines and procedures on how the Audit Committee conducts its business; and

WHEREAS, the most recent revision to the Charter of the Audit Committee was approved by Board Resolution No. 2025-0065 on October 2, 2025; and

WHEREAS, on September 14, 2026, during a regular meeting of the Audit Committee, the Committee reviewed a proposed revision to the Charter of the Audit Committee to incorporate updated language included in the Model Internal Audit Charter published by the Institute of Internal Auditors.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the revision to the Charter of the Audit Committee (Attachment A). A version with all changes incorporated is provided in Attachment B; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation

Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

CHARTER OF THE AUDIT COMMITTEE

ORGANIZATIONAL PRINCIPLES

Purpose

The purpose of the Audit Committee (Committee) is to provide structured, systematic oversight of the San Diego County Regional Airport Authority's (Authority) governance, risk management, and internal control practices. Public Utilities Code §170018 states that the Committee shall serve as a guardian of the public trust, acting independently, and charged with oversight responsibilities for reviewing the Authority's internal controls, financial reporting obligations, operating efficiencies, ethical behavior, and regular attention to cashflows, capital expenditures, regulatory compliance, and operations. The Committee assists the Authority's Board of Directors (Board) and management by providing advice and guidance related to the Authority's:

- Values and ethics;
- Governance structure;
- Risk Management;
- Internal control framework;
- Oversight of the Office of the Chief Auditor, external auditors, and other providers of assurance; and
- Financial statements and public accountability reporting.

The Committee reviews each of the items noted above and provides the Authority Board with independent advice and guidance regarding the adequacy and effectiveness of management's practices and potential improvements to those practices.

Mandate

The mandate for the establishment of the Committee is contained in Public Utilities Code §§170013 and 170018.

Authority

The Charter of the Audit Committee sets out the authority of the Committee to carry out the responsibilities established for it by the Authority Board.

In discharging its responsibilities, the Committee shall have unrestricted access to members of management, employees, and relevant information it considers necessary to discharge its duties. The Committee shall also have unrestricted access to records, data, and reports. The Committee shall interact with these employees and management through the Chief Auditor, the President/CEO, or a designee.

The Committee is entitled to receive any explanatory information that it deems necessary to discharge its responsibilities. The Authority's management and staff should cooperate with Committee requests. Committee requests shall be directed to the Chief Auditor, the President/CEO, or a designee.

The Committee may engage independent advisor(s), subject to Authority Board approval, that it deems necessary to execute its responsibilities and shall be provided the necessary resources for such purposes.

The Committee is empowered to:

- Recommend to the Authority Board or the appropriate Board committee the appointment and compensation of the external auditor.
- Oversee all audit and non-audit services performed by internal and external auditors.
- Review any disagreements between management and the external auditor regarding financial reporting and other matters.
- Review all auditing and non-auditing services performed by auditors.

Composition of the Committee

The composition of the Committee is specified in Public Utilities Code §§170013 and 170018. Public Utilities Code §170013 states that the Authority Board shall appoint a seven-member Committee consisting of four members of the Authority Board and the three public members appointed pursuant to Public Utilities Code §170018. Each member of the Committee shall be a voting member. The Authority Board shall select the three public members from among the following categories of persons, with no more than one appointee from each category at any one time:

- A professional with experience in the field of public finance and budgeting;
- An architect or civil engineer licensed to practice in this state;
- A professional with experience in the field of real estate or land economics;
- A person with experience in managing construction of large-scale public works projects;
- A person with public or private sector executive level decision making experience;
- A person who resides within the airport influence area of the San Diego International Airport; and
- A person with experience in environmental justice as it pertains to land use.

The Authority Board may appoint other persons to serve as nonvoting, non-compensated, *ex officio* members on the Committee. In appointing the public members to the Committee, the Authority Board shall provide for selection policies, appointment procedures, conflict-of-interest policies, length-of-term policies, and policies for providing compensation, if any.

The Chair and Vice-Chair of the Committee

The Authority Board Chair shall designate the Chair and Vice-Chair of the Committee.

Terms of Office

The public members shall be appointed by the Authority Board for staggered three-year terms. Public members may serve a maximum of two full terms.

Quorum and Voting

Four (4) Committee members are required to be present to have a quorum. Pursuant to Public Utilities Code §170018, an affirmative vote by at least five members of the Committee shall be required for approval of the annual internal and external audits, including performance monitoring, the auditor's annual Audit Plan, and actions recommending or approving debt financing for the Authority.

OPERATIONAL PRINCIPLES

Committee Values

The Committee shall conduct itself in accordance with the code of values and ethics of the Authority as outlined in Authority Policy Article 2 and Authority Code Article 2. The Committee expects that management and staff of the Authority shall adhere to these requirements.

Communications

The Committee expects that all communication with management and staff of the Authority as well as with any external assurance providers shall be direct, open, and complete.

Work Plan

The Committee Chair shall collaborate with senior management and the Chief Auditor to establish a work plan to ensure that the responsibilities of the Committee are scheduled and carried out.

Meeting Agenda

The Committee Chair shall establish agendas for Committee meetings in consultation with Committee members, management, and the Chief Auditor.

Information Requirements

The Committee shall establish and communicate its requirements for information, including the nature, extent, and timing of information. Information related to or to be discussed at a Committee meeting shall be provided to the Committee at least one week prior to the Committee meeting.

Executive Sessions

The Committee may schedule and hold, if necessary, private sessions with the Chief Auditor, external assurance providers, and others who the Committee may deem appropriate. These Executive Sessions shall be subject to the Ralph M. Brown Act.

Preparation and Attendance

Committee members are obligated to prepare for and participate in Committee meetings.

Conflict(s) of Interest

Committee members shall adhere to the Authority's Code of ~~E~~ethics and conduct as outlined in Authority Code Article 2. Additionally, it is the responsibility of Committee members to disclose any conflict of interest or appearance of a conflict of interest to the Committee as outlined in Authority Code Section 2.30. If there is any question as to whether Committee member(s) should recuse themselves from a vote, the Committee member should consult with the General Counsel.

Orientation and Training

Committee members shall receive orientation training on the purpose and mandate of the Committee and the Authority's objectives. A process of continuing education shall be established.

OPERATIONAL PROCEDURES AND RESPONSIBILITIES

Meetings

The Committee shall meet as often as it determines is necessary, but not less frequently than four times per year. All meetings shall be subject to the Ralph M. Brown Act.

Minutes

Minutes and other relevant documentation of all meetings held shall be prepared in accordance with applicable law and/or other applicable requirements.

Required Attendance

The Chief Auditor or the Chief Auditor's designee is required to attend Committee meetings. Additionally, the Committee may require any officer or employee of the Authority, including the external auditor, to attend any meeting of the Committee, or to meet with any members of, or consultants to, the Committee.

Remuneration of Committee Members

Payment rates and allowances for Committee members' time and/or services are established formally in Authority Policy 1.20.

Responsibilities

Pursuant to Public Utilities Code §170018 the Committee shall, at a minimum:

- (1) Regularly review the Authority's accounting, audit, and performance monitoring processes;
- (2) At the time of contract renewal, recommend to the appropriate committee and the Authority Board its nomination for an external auditor and the compensation of that auditor, and consider at least every three years, whether there should be a rotation of the audit firm or the lead audit partner to ensure continuing auditor independence;
- (3) Advise the appropriate committee and the Authority Board regarding the selection of the auditor;
- (4) Be responsible for oversight and monitoring of internal and external audit functions, and monitoring performance of, and internal compliance with, authority policies and procedures;
- (5) Be responsible for overseeing the annual audit by the external auditors and any internal audits; and
- (6) Make recommendations to the full Authority Board regarding paragraphs (1) to (5), inclusive.

Values and Ethics

To obtain reasonable assurance with respect to the Authority's values and ethics practices, the Committee shall:

- Review and assess the policies, procedures, and practices established by the Authority to monitor compliance with the code of conduct and ethical policies by all employees of the Authority as outlined in Authority Policy Article 2 and Authority Code Article 2;
- Provide oversight of the mechanisms established by management to establish and maintain high ethical standards for all employees of the Authority; and
- Review and provide advice on the systems and practices established by management to monitor compliance with laws, regulations, policies, and standards of ethical conduct.

ORGANIZATIONAL GOVERNANCE

To obtain reasonable assurance with respect to the Authority's governance process, the Committee shall review and provide advice on the governance process established and maintained within the organization and the procedures to ensure that they are operating as intended.

Risk Management

To obtain reasonable assurance with respect to the Authority's risk management, the Committee shall:

- Periodically review the Authority's risk profile;
- Provide oversight on significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by management and the Authority Board;
- Provide oversight of the adequacy of the combined assurance being provided; and
- Review and provide advice on the risk management processes established and maintained by management and the procedures in place to ensure that they are operating as intended.

Fraud

To obtain reasonable assurance with respect to the Authority's procedures for the prevention and detection of fraud, the Committee shall:

- Oversee management's arrangements for the prevention and deterrence of fraud;
- Inquire with management and internal and external auditors to ensure the Authority has appropriate antifraud programs and controls in place to identify potential fraud and ensure that investigations are undertaken if fraud is detected; and
- The Committee shall oversee a process for the confidential, anonymous submission of complaints including, but not limited to, fraud, accounting, auditing, ethics, and code of conduct matters; as maintained and carried out through the Office of the Chief Auditor.

Control

To obtain reasonable assurance with respect to the adequacy and effectiveness of the Authority's controls in responding to risks within the Authority's governance, operations, and information systems, the Committee shall:

- Consider the effectiveness of the Authority's control framework, including information technology security and control;
- Review and provide advice on the controls within the Authority; and
- Receive reports on all matters of significance arising from work performed by other providers of financial and internal control assurance to management and the Authority Board.

Compliance

The Committee shall:

- Review the effectiveness of the systems for monitoring compliance with laws and regulations and the results of management's investigation and follow-up (including disciplinary action) of any instances of noncompliance; and
- Review the observations and conclusions of internal and external auditors and the findings of regulatory agencies.

OVERSIGHT OF THE INTERNAL AUDIT FUNCTION

Office of the Chief Auditor

To obtain reasonable assurance with respect to work of the Office of the Chief Auditor and to establish, maintain, and ensure that the Office of the Chief Auditor has sufficient authority to fulfill its duties, the Committee shall provide the following oversight functions:

Office of the Chief Auditor Charter and Resources General

- Discuss with the Chief Auditor and/or executive management the appropriate authority, role, responsibilities, scope, and services (assurance and/or advisory) of the Office of the Chief Auditor.
- Ensure the Chief Auditor has unrestricted access to and direct communication with the Audit Committee/Board.
- Discuss with the Chief Auditor other topics that should be included in the Charter for the Office of the Chief Auditor.
- Participate in periodic discussions with the Chief Auditor and executive management about the "essential conditions" described in the Global Internal Audit Standards, which establish the foundation that enables an effective internal audit function.
- Review, and forward to the Authority Board for approval, the Charter for the Office of the Chief Auditor at least annually which includes the Office of the Chief Auditor's mandate, and the scope, and types of internal audit services, with the Chief Auditor to consider changes affecting the Authority. The Charter should be reviewed to consider ~~Such changes could include changes affecting the Authority, such as the~~ employment of a new Chief Auditor or changes in the type, severity, and interdependencies of risks to the Authority.
- Provide input to the Office of the Chief Auditor human resources administration and Review the proposed budgets of the Office of the Chief Auditor.
- Review the Office of the Chief Auditor's expenses.
- Make appropriate inquiries ~~of~~with the Chief Auditor to determine whether scope or resource limitations are in appropriate.
- ~~Advise the Authority Board about increases and decreases to the requested resources to achieve the internal Audit Plan and evaluate whether any additional resources are needed permanently or should be provided through outsourcing.~~

- ~~• Review the Office of the Chief Auditor's expenses.~~

Chief Auditor Performance

- Advise the Authority Board regarding the qualifications and recruitment, appointment, replacement, reassignment, or dismissal of the Chief Auditor, ensuring adequate competencies and qualifications and conformance with the Global Internal Audit Standards.
- Provide input to the Authority Board or the Executive Personnel and Compensation Committee related to evaluating the performance of the Chief Auditor; and
- Recommend, as needed, to the Authority Board or the Executive Personnel and Compensation Committee the appropriate compensation of the Chief Auditor.

Internal Audit Strategy and Plan

- ~~• Ensure the Chief Auditor has unrestricted access to and communicates and interacts directly with the Audit Committee.~~
- Review and provide input on the Office of the Chief Auditor's strategic plan, objectives, performance measures, and outcomes;
- ~~• Review and a~~Approve the risk-based proposed Audit Plan~~—and make recommendations concerning internal audit special request audits, investigations, and the internal audit resources necessary to achieve the Audit Plan; and~~
- Review the Office of the Chief Auditor's performance relative to its Audit Plan.

Internal Audit Engagements and Follow Up

- Review internal audit reports and other communications ~~to management;~~
- Review and track management's action plans to address the results of audits performed by the Office of the Chief Auditor;
- Review and advise management on the results of any special investigations;
- ~~• Inquire of the Chief Auditor, or others, whether any internal audit engagements or non-audit engagements have been completed, but not reported to the Committee; if so, inquire whether any matters of significance arose from such work; and~~
- Inquire of the Chief Auditor, or others, whether any evidence of fraud has been identified during internal audits or advisory engagements and evaluate what additional actions, if any, should be taken.

Conformance with Global Internal Audit Standards

- Ensure a quality assurance and improvement program has been established and review the results annually;
- Ensure that the Office of the Chief Auditor has an external quality assurance review performed every five years;
- Review the results of the independent external quality assurance review and monitor the implementation of the Office of the Chief Auditor's action plans to address any recommendations; and

CHARTER OF THE AUDIT COMMITTEE

- Advise the Authority Board about any recommendations for the continuous improvement of the Office of the Chief Auditor.

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OVERSIGHT OF THE EXTERNAL AUDIT FUNCTION AND OTHER EXTERNAL ASSURANCE PROVIDERS

To obtain reasonable assurance with respect to the work of the external assurance providers, the Committee shall meet with the external assurance providers during the planning phase of the audit engagement, the presentation of the audited financial statements, and the discussion of the results of audit engagements and recommendations for management.

The Committee shall:

- Advise the Authority Board on the engagement of each external auditor;
- Review the external auditors' proposed audit team composition, audit scope and approach, including coordination of audit efforts with the Office of the Chief Auditor;
- Provide input with regard to audit engagement fees and terms, as well as all non-audit engagements with the external auditor;
- Review the performance of the external auditors;
- Inquire with the external auditors about their relationships with the Authority, including non-audit services provided to the Authority. The Committee is responsible for discussing the information with the external auditors to review and confirm their independence;
- Hold regularly scheduled exclusive meetings with external auditors to discuss any sensitive matters. These meetings are subject to the Ralph M. Brown Act;
- ~~Advise the Authority Board when any significant development or action occurs with respect to the external auditor, or when it is determined it is necessary to do so to protect and preserve the interests of the Authority;~~
- Monitor management's progress on action plans;
- Consider at least every three (3) years whether there should be a rotation of the lead audit partner or the audit firm itself.

To obtain reasonable assurance that management has acted on the results of internal and external audit engagements, the Committee shall regularly review reports on the progress of implementing approved management action plans and audit recommendations resulting from completed audits.

Financial Statements and Public Accountability Reporting

The Committee is responsible for the oversight of the independent audit of the Authority's financial statements, including but not limited to overseeing the resolution of audit findings in areas such as internal control, legal, regulatory, compliance, and ethics.

The Committee shall:

- Review the scope of audits, including obtaining assurances from the external auditor that the specific audit was conducted in a manner consistent with generally accepted **accounting-auditing** standards;
- Review with management and the external auditors the results of audit engagements, including difficulties encountered;
- Review significant accounting and reporting issues, including complex or unusual transactions and highly judgmental areas, and recent professional regulatory pronouncements, and understand their impact on the financial statements;
- Review the annual financial statements, Annual Comprehensive Financial Report (ACFR), and other reports issued and consider whether they are complete, consistent with information known to Committee members, and reflect appropriate accounting principles;
- Review other financial reports, as necessary, issued by the Authority in accordance with generally accepted accounting and/or audit standards and the corresponding external auditor's reports; and
- Review matters required to be communicated by the external auditor to the Committee under generally accepted auditing standards.

OTHER DUTIES AND RESPONSIBILITIES

In addition, the Committee shall:

- Perform other activities related to this Charter as requested by the Authority Board;
- Institute special investigations as needed;
- Regularly evaluate its performance and that of its individual members; and
- Review, at least annually, its Charter and recommend any proposed changes to the Authority Board for approval.

REPORTING REQUIREMENTS

The Committee shall report to the Authority Board annually, summarizing the Committee's activities and recommendations. The report may be delivered during a Committee meeting attended by the Authority Board or during a regularly scheduled meeting of the Authority Board.

The report should include:

- A summary of the work the Committee performed to fully discharge its responsibilities during the preceding year;
- A summary of management's progress in addressing the results of internal and external audit reports;
- Details of meetings, including the number of meetings held during the relevant period; and

CHARTER OF THE AUDIT COMMITTEE

- Information required, if any, by new or emerging governance developments.
- The Committee may report to the Authority Board at any time regarding any other matter it deems of sufficient importance.

[Amended by Resolution No. 2026-XXXX dated October 1, 2026]

[Amended by Resolution No. 2025-0065 dated October 2, 2025]

[Amended by Resolution No. 2024-0082 dated October 3, 2024]

[Amended by Resolution No. 2021-0108 dated October 7, 2021]

[Amended by Resolution No. 2020-0097 dated October 1, 2020]

[Amended by Resolution No. 2018-0116 dated October 4, 2018]

[Amended by Resolution No. 2010-0023 dated March 4, 2010]

[Amended by Resolution No. 2006-0080 dated July 6, 2006]

[Adopted by Resolution No. 2003-061 dated October 2, 2003]

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

CHARTER OF THE AUDIT COMMITTEE

ORGANIZATIONAL PRINCIPLES

Purpose

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Mandate

The mandate for the establishment of the Committee is contained in Public Utilities Code §§170013 and 170018.

Authority

The Charter of the Audit Committee sets out the authority of the Committee to carry out the responsibilities established for it by the Authority Board.

In discharging its responsibilities, the Committee shall have unrestricted access to members of management, employees, and relevant information it considers necessary to discharge its duties. The Committee shall also have unrestricted access to records, data, and reports. The Committee shall interact with these employees and management through the Chief Auditor, the President/CEO, or a designee.

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- Recommend to the Authority Board or the appropriate Board committee the appointment and compensation of the external auditor.
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Composition of the Committee

The composition of the Committee is specified in Public Utilities Code §§170013 and 170018. Public Utilities Code §170013 states that the Authority Board shall appoint a seven-member Committee consisting of four members of the Authority Board and the three public members appointed pursuant to Public Utilities Code §170018. Each member of the Committee shall be a voting member. The Authority Board shall select the three public members from among the following categories of persons, with no more than one appointee from each category at any one time:

- A professional with experience in the field of public finance and budgeting;
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The Chair and Vice-Chair of the Committee

The Authority Board Chair shall designate the Chair and Vice-Chair of the Committee.

Terms of Office

The public members shall be appointed by the Authority Board for staggered three-year terms. Public members may serve a maximum of two full terms.

Quorum and Voting

Four (4) Committee members are required to be present to have a quorum. Pursuant to Public Utilities Code §170018, an affirmative vote by at least five members of the Committee shall be required for approval of the annual internal and external audits, including performance monitoring, the auditor's annual Audit Plan, and actions recommending or approving debt financing for the Authority.

OPERATIONAL PRINCIPLES

Committee Values

The Committee shall conduct itself in accordance with the code of values and ethics of the Authority as outlined in Authority Policy Article 2 and Authority Code Article 2. The Committee expects that management and staff of the Authority shall adhere to these requirements.

Communications

The Committee expects that all communication with management and staff of the Authority as well as with any external assurance providers shall be direct, open, and complete.

Work Plan

The Committee Chair shall collaborate with senior management and the Chief Auditor to establish a work plan to ensure that the responsibilities of the Committee are scheduled and carried out.

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Information Requirements

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Executive Sessions

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Preparation and Attendance

Committee members are obligated to prepare for and participate in Committee meetings.

Conflict(s) of Interest

Committee members shall adhere to the Authority's Code of Ethics and conduct as outlined in Authority Code Article 2. Additionally, it is the responsibility of Committee members to disclose any conflict of interest or appearance of a conflict of interest to the Committee as outlined in Authority Code Section 2.30. If there is any question as to whether Committee member(s) should recuse themselves from a vote, the Committee member should consult with the General Counsel.

Orientation and Training

Committee members shall receive orientation training on the purpose and mandate of the Committee and the Authority's objectives. A process of continuing education shall be established.

OPERATIONAL PROCEDURES AND RESPONSIBILITIES

Meetings

The Committee shall meet as often as it determines is necessary, but not less frequently than four times per year. All meetings shall be subject to the Ralph M. Brown Act.

Minutes

Minutes and other relevant documentation of all meetings held shall be prepared in accordance with applicable law and/or other applicable requirements.

Required Attendance

The Chief Auditor or the Chief Auditor's designee is required to attend Committee meetings. Additionally, the Committee may require any officer or employee of the Authority, including the external auditor, to attend any meeting of the Committee, or to meet with any members of, or consultants to, the Committee.

Remuneration of Committee Members

Payment rates and allowances for Committee members' time and/or services are established formally in Authority Policy 1.20.

Responsibilities

Pursuant to Public Utilities Code §170018 the Committee shall, at a minimum:

- (1) Regularly review the Authority's accounting, audit, and performance monitoring processes;
- (2) At the time of contract renewal, recommend to the appropriate committee and the Authority Board its nomination for an external auditor and the compensation of that auditor, and consider at least every three years, whether there should be a rotation of the audit firm or the lead audit partner to ensure continuing auditor independence;
- (3) Advise the appropriate committee and the Authority Board regarding the selection of the auditor;
- (4) Be responsible for oversight and monitoring of internal and external audit functions, and monitoring performance of, and internal compliance with, authority policies and procedures;
- (5) Be responsible for overseeing the annual audit by the external auditors and any internal audits; and
- (6) Make recommendations to the full Authority Board regarding paragraphs (1) to (5), inclusive.

Values and Ethics

To obtain reasonable assurance with respect to the Authority's values and ethics practices, the Committee shall:

- Review and assess the policies, procedures, and practices established by the Authority to monitor compliance with the code of conduct and ethical policies by all employees of the Authority as outlined in Authority Policy Article 2 and Authority Code Article 2;
- Provide oversight of the mechanisms established by management to establish and maintain high ethical standards for all employees of the Authority; and
- Review and provide advice on the systems and practices established by management to monitor compliance with laws, regulations, policies, and standards of ethical conduct.

ORGANIZATIONAL GOVERNANCE

To obtain reasonable assurance with respect to the Authority's governance process, the Committee shall review and provide advice on the governance process established and maintained within the organization and the procedures to ensure that they are operating as intended.

Risk Management

To obtain reasonable assurance with respect to the Authority's risk management, the Committee shall:

- Periodically review the Authority's risk profile;
- Provide oversight on significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by management and the Authority Board;
- Provide oversight of the adequacy of the combined assurance being provided; and
- Review and provide advice on the risk management processes established and maintained by management and the procedures in place to ensure that they are operating as intended.

Fraud

To obtain reasonable assurance with respect to the Authority's procedures for the prevention and detection of fraud, the Committee shall:

- Oversee management's arrangements for the prevention and deterrence of fraud;
- Inquire with management and internal and external auditors to ensure the Authority has appropriate antifraud programs and controls in place to identify potential fraud and ensure that investigations are undertaken if fraud is detected; and
- The Committee shall oversee a process for the confidential, anonymous submission of complaints including, but not limited to, fraud, accounting, auditing, ethics, and code of conduct matters; as maintained and carried out through the Office of the Chief Auditor.

Control

To obtain reasonable assurance with respect to the adequacy and effectiveness of the Authority's controls in responding to risks within the Authority's governance, operations, and information systems, the Committee shall:

- Consider the effectiveness of the Authority's control framework, including information technology security and control;
- Review and provide advice on the controls within the Authority; and
- Receive reports on all matters of significance arising from work performed by other providers of financial and internal control assurance to management and the Authority Board.

Compliance

The Committee shall:

- Review the effectiveness of the systems for monitoring compliance with laws and regulations and the results of management's investigation and follow-up (including disciplinary action) of any instances of noncompliance; and
- Review the observations and conclusions of internal and external auditors and the findings of regulatory agencies.

OVERSIGHT OF THE INTERNAL AUDIT FUNCTION

Office of the Chief Auditor

To obtain reasonable assurance with respect to work of the Office of the Chief Auditor and to establish, maintain, and ensure that the Office of the Chief Auditor has sufficient authority to fulfill its duties, the Committee shall provide the following oversight functions:

General

- Discuss with the Chief Auditor and/or executive management the appropriate authority, role, responsibilities, scope, and services (assurance and/or advisory) of the Office of the Chief Auditor.
- Ensure the Chief Auditor has unrestricted access to and direct communication with the Audit Committee/Board.
- Discuss with the Chief Auditor other topics that should be included in the Charter for the Office of the Chief Auditor.
- Participate in periodic discussions with the Chief Auditor and executive management about the "essential conditions" described in the Global Internal Audit Standards, which establish the foundation that enables an effective internal audit function.
- Review, and forward to the Authority Board for approval, the Charter for the Office of the Chief Auditor at least annually which includes the Office of the Chief Auditor's mandate, and the scope and types of internal audit services, with the Chief Auditor to consider changes affecting the Authority. Such changes could include the employment of a new Chief Auditor or changes in the type, severity, and interdependencies of risks to the Authority.
- Provide input to the Office of the Chief Auditor human resources administration and budgets.
- Review the Office of the Chief Auditor's expenses.
- Make appropriate inquiries with the Chief Auditor to determine whether scope or resource limitations are inappropriate.

Chief Auditor Performance

- Advise the Authority Board regarding the qualifications and recruitment, appointment, replacement, reassignment, or dismissal of the Chief Auditor,

ensuring adequate competencies and qualifications and conformance with the Global Internal Audit Standards.

- Provide input to the Authority Board or the Executive Personnel and Compensation Committee related to evaluating the performance of the Chief Auditor; and
- Recommend, as needed, to the Authority Board or the Executive Personnel and Compensation Committee the appropriate compensation of the Chief Auditor.

Internal Audit Strategy and Plan

- Review and provide input on the Office of the Chief Auditor's strategic plan, objectives, performance measures, and outcomes;
- Approve the risk-based proposed Audit Plan
- Review the Office of the Chief Auditor's performance relative to its Audit Plan.

Internal Audit Engagements and Follow Up

- Review internal audit reports and other communications;
- Review and track management's action plans to address the results of audits performed by the Office of the Chief Auditor;
- Review and advise management on the results of any special investigations;
- Inquire of the Chief Auditor, or others, whether any evidence of fraud has been identified during internal audits or advisory engagements and evaluate what additional actions, if any, should be taken.

Conformance with Global Internal Audit Standards

- Ensure a quality assurance and improvement program has been established and review the results annually;
- Ensure that the Office of the Chief Auditor has an external quality assurance review performed every five years;
- Review the results of the independent external quality assurance review and monitor the implementation of the Office of the Chief Auditor's action plans to address any recommendations; and
- Advise the Authority Board about any recommendations for the continuous improvement of the Office of the Chief Auditor.

OVERSIGHT OF THE EXTERNAL AUDIT FUNCTION AND OTHER EXTERNAL ASSURANCE PROVIDERS

To obtain reasonable assurance with respect to the work of the external assurance providers, the Committee shall meet with the external assurance providers during the planning phase of the audit engagement, the presentation of the audited financial statements, and the discussion of the results of audit engagements and recommendations for management.

The Committee shall:

- Advise the Authority Board on the engagement of each external auditor;
- Review the external auditors' proposed audit team composition, audit scope and approach, including coordination of audit efforts with the Office of the Chief Auditor;
- Provide input with regard to audit engagement fees and terms, as well as all non-audit engagements with the external auditor;
- Review the performance of the external auditors;
- Inquire with the external auditors about their relationships with the Authority, including non-audit services provided to the Authority. The Committee is responsible for discussing the information with the external auditors to review and confirm their independence;
- Hold regularly scheduled exclusive meetings with external auditors to discuss any sensitive matters. These meetings are subject to the Ralph M. Brown Act;
- Monitor management's progress on action plans;
- Consider at least every three (3) years whether there should be a rotation of the lead audit partner or the audit firm itself.

To obtain reasonable assurance that management has acted on the results of internal and external audit engagements, the Committee shall regularly review reports on the progress of implementing approved management action plans and audit recommendations resulting from completed audits.

Financial Statements and Public Accountability Reporting

The Committee is responsible for the oversight of the independent audit of the Authority's financial statements, including but not limited to overseeing the resolution of audit findings in areas such as internal control, legal, regulatory, compliance, and ethics.

The Committee shall:

- Review the scope of audits, including obtaining assurances from the external auditor that the specific audit was conducted in a manner consistent with generally accepted auditing standards;
- Review with management and the external auditors the results of audit engagements, including difficulties encountered;
- Review significant accounting and reporting issues, including complex or unusual transactions and highly judgmental areas, and recent professional regulatory pronouncements, and understand their impact on the financial statements;
- Review the annual financial statements, Annual Comprehensive Financial Report (ACFR), and other reports issued and consider whether they are complete, consistent with information known to Committee members, and reflect appropriate accounting principles;

- Review other financial reports, as necessary, issued by the Authority in accordance with generally accepted accounting and/or audit standards and the corresponding external auditor's reports; and
- Review matters required to be communicated by the external auditor to the Committee under generally accepted auditing standards.

OTHER DUTIES AND RESPONSIBILITIES

In addition, the Committee shall:

- Perform other activities related to this Charter as requested by the Authority Board;
- Institute special investigations as needed;
- Regularly evaluate its performance and that of its individual members; and
- Review, at least annually, its Charter and recommend any proposed changes to the Authority Board for approval.

REPORTING REQUIREMENTS

The Committee shall report to the Authority Board annually, summarizing the Committee's activities and recommendations. The report may be delivered during a Committee meeting attended by the Authority Board or during a regularly scheduled meeting of the Authority Board.

The report should include:

- A summary of the work the Committee performed to fully discharge its responsibilities during the preceding year;
- A summary of management's progress in addressing the results of internal and external audit reports;
- Details of meetings, including the number of meetings held during the relevant period; and
- Information required, if any, by new or emerging governance developments.
- The Committee may report to the Authority Board at any time regarding any other matter it deems of sufficient importance.

[Amended by Resolution No. 2026-XXXX dated October 1, 2026]
[Amended by Resolution No. 2025-0065 dated October 2, 2025]
[Amended by Resolution No. 2024-0082 dated October 3, 2024]
[Amended by Resolution No. 2021-0108 dated October 7, 2021]
[Amended by Resolution No. 2020-0097 dated October 1, 2020]
[Amended by Resolution No. 2018-0116 dated October 4, 2018]
[Amended by Resolution No. 2010-0023 dated March 4, 2010]
[Amended by Resolution No. 2006-0080 dated July 6, 2006]
[Adopted by Resolution No. 2003-061 dated October 2, 2003]

Staff Report

Meeting Date: October 1, 2026

Subject:

Revision to the Charter for the Office of the Chief Auditor

Recommendation:

The Audit Committee recommends that the Board adopt Resolution No. 2026-0086, approving the revision to the Charter for the Office of the Chief Auditor.

Background/Justification:

The Charter for the Office of the Chief Auditor establishes the purpose, authority, and responsibilities of the Office of the Chief Auditor (OCA). The Charter was first adopted on October 2, 2003, by Board approved Resolution No. 2003-062.

The Charter for the Office of the Chief Auditor is reviewed annually in accordance with best practices, the OCA's Quality Assurance and Improvement Program, and requirements included in the Audit Committee Charter and the Charter for the OCA.

The most recent revision to the Charter for the Office of the Chief Auditor was approved by Board Resolution No. 2025-0066 on October 2, 2025.

Staff's annual review identified additional revisions needed to reflect further updates to current Institute of Internal Auditors' guidance and terminology. The proposed changes are incorporated throughout the Charter, with substantive updates to the purpose, mandate, authority, independence, objectivity, Chief Auditor responsibilities, reporting and communication requirements, quality assurance provisions, and scope of internal audit services.

Attachment A provides a redlined version of the Charter, and Attachment B provides a clean version with all changes incorporated.

The proposed changes to the Charter for the Office of the Chief Auditor were reviewed and accepted by the Audit Committee on September 14, 2026, by unanimous vote, with a recommendation to obtain the Board's approval of the revisions.

Staff Report

Meeting Date: October 1, 2026

Page 2 of 2

Fiscal Impact:

None

Authority Strategies/Focus Areas:

This item supports one or more of the following:

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

Prepared by:

Lee M. Parravano
Chief Auditor

RESOLUTION NO. 2026-0086

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY,
APPROVING THE REVISION TO THE CHARTER FOR
THE OFFICE OF THE CHIEF AUDITOR

WHEREAS, the Board adopted Resolution No. 2003-062 on October 2, 2003, approving the Charter for the Office of the Chief Auditor (OCA); and

WHEREAS, the Charter establishes the role and requirements of the Office of the Chief Auditor; including areas of oversight, reporting relationships to the Audit Committee and the Board, and the disclosure of audit activities and findings; and

WHEREAS, the most recent revision to the Charter for the Office of the Chief Auditor was approved by Board Resolution No. 2025-0066 on October 2, 2025; and

WHEREAS, on September 14, 2026, during a regular meeting of the Audit Committee, the Committee reviewed a proposed revision to the Charter for the Office of the Chief Auditor to incorporate updated language included in the Model Internal Audit Charter published by the Institute of Internal Auditors.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the revision to the Charter for the Office of the Chief Auditor (Attachment A). A version with all changes incorporated is provided in Attachment B; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “development” as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation

Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY CHARTER FOR THE OFFICE OF THE CHIEF AUDITOR

Purpose

The purpose of the Office of the Chief Auditor is to strengthen the San Diego County Regional Airport Authority's (Authority) ability to create, protect, and sustain value by providing the Board of Directors (Board), Audit Committee, and executive management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The Office of the Chief Auditor enhances the Authority's:

- Successful achievement of its objectives.
- Governance, risk management, and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

The Office of the Chief Auditor is most effective when:

- Internal auditing is performed by competent professionals in conformance with The Institute of Internal Auditor's (IIA) Global Internal Audit Standards, which are set in the public interest.
- The Office of the Chief Auditor is independently positioned with direct accountability to the Board and Audit Committee.
- Internal auditors are free from undue influence and committed to making objective assessments.

Commitment to Adhering to the Global Internal Audit Standards

The Office of the Chief Auditor will adhere to the mandatory elements of the IIA's International Professional Practices Framework, which are the Global Internal Audit Standards (Standards) and Topical Requirements. The Chief Auditor will report periodically to the Authority's Audit Committee/Board and executive management regarding the Office of the Chief Auditor's conformance with the Standards, which will be assessed through a quality assurance and improvement program.

Mandate

The Chief Auditor shall be accountable to the Board under Public Utilities Code §170026, and pursuant to the Chief Auditor's employment agreement. The Office of the Chief Auditor assists the Audit Committee in discharging the duties described in Public Utilities Code §170018. The Office of the Chief Auditor also assists executive management in achieving Authority objectives. To assist the Audit Committee/Board and executive management, the Office of the Chief Auditor will perform assurance and advisory services on Authority activities. Services include, but are not limited to, reviews of internal controls, operating effectiveness, operating efficiencies, ethical behavior, expenditures, and compliance with the Authority's Codes, Policies, Standards, and procedures. The sections below provide further details on the mandate of the Office of the Chief Auditor.

Authority

The Office of the Chief Auditor's authority is created by its direct reporting relationship to the Board through the Audit Committee. Such authority allows for unrestricted access to the Board and Audit Committee and to all activities across the Authority (for example, records, personnel, and physical property). This positioning gives the Chief Auditor the organizational authority and status to bring matters directly to executive management and escalate matters to the Audit Committee/Board, when necessary, without interference.

The Audit Committee/Board authorizes the Office of the Chief Auditor to:

- Have full and unrestricted access to all functions, systems, data, records, other information, personnel, and physical property iesy, and personnel pertinent to carrying out internal audit responsibilities. Internal auditors are accountable for confidentiality and safeguarding records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish objectives.
- Obtain assistance from the necessary personnel of the Authority and other specialized services from within or outside the Authority to complete internal audit services. ~~Assistance from other departments within the Authority will be coordinated with executive management.~~

Independence, Organizational Position, and Reporting Relationships

The Chief Auditor will be positioned at a level in the Authority that enables internal audit services and responsibilities to be performed without interference from management (See "Mandate" section), thereby establishing the independence of the Office of the Chief Auditor. ~~(See "Mandate" section.)~~ The Chief Auditor will report administratively and functionally to the Audit Committee/Board. ~~This positioning provides the organizational authority and status to bring matters directly to executive~~

~~management and escalate matters to the Audit Committee/Board, when necessary, without interference and supports the internal auditors' ability to maintain objectivity.~~

Independence supports the Office of the Chief Auditor's ability to maintain objectivity.

The Chief Auditor will confirm to the Audit Committee/Board, at least annually, the organizational independence of the Office of the Chief Auditor. ~~If the governance structure does not support organizational independence, the Chief Auditor will document the characteristics of the governance structure limiting independence and any safeguards employed to achieve the principle of independence.~~ The Chief Auditor will disclose to the Audit Committee/Board any interference internal auditors encounter related to the scope, performance, or communication of internal audit work-services and results. The disclosure will include communicating the implications of such interference on the Office of the Chief Auditor's effectiveness and ability to fulfill its mandate.

Changes to Mandate of the Office of the Chief Auditor ~~and~~ Charter

Circumstances may justify a follow-up discussion between the Chief Auditor, Board or Audit Committee, and executive management on the Office of the Chief Auditor's mandate or other aspects of the Charter for the Office of the Chief Auditor. Such circumstances may include, but are not limited to:

- A significant change in the Global Internal Audit Standards.
- A significant reorganization within the ~~organization~~Authority.
- Significant changes in the Chief Auditor, Board or Audit Committee, and/or executive management.
- Significant changes to the access, roles, or responsibilities of the Chief Auditor or Office of the Chief Auditor.
- Significant changes to the Authority's strategies, objectives, risk profile, or the environment in which the Authority operates.
- New laws or regulations that may affect the nature and/or scope of internal audit services.

Chief Auditor Roles and Responsibilities

Ethics and Professionalism

The Chief Auditor will ensure that internal auditors, including external service providers providing internal audit services:

- Conform with the ~~Global Internal Audit~~ Standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- Understand, respect, meet, and contribute to the legitimate and ethical expectations of the Authority and be able to recognize conduct that is contrary to those expectations.
- Encourage and promote an ethics-based culture at the Authority.
- Report Authority behavior that is inconsistent with the Authority's ethical expectations, as described in applicable codes, policies, and procedures.

Objectivity

The Chief Auditor will ensure that the Office of the Chief Auditor remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the Chief Auditor determines that objectivity may be impaired, in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

~~When performing all aspects of internal audit services, internal auditors will maintain apply an impartial and an unbiased mental attitude that allows them to make professional judgments based on balanced assessments of all relevant circumstances, fulfill their responsibilities, and achieve the Purpose of Internal Auditing without compromise. Internal auditors will be aware of and manage potential biases. perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgement on audit matters to others, in fact or appearance.~~

The Office of the Chief Auditor will have no direct operational responsibility or authority over any of the activities they review. Accordingly, the Office of the Chief Auditor will not approve or implement internal controls, develop procedures, install systems, outside of the internal audit function, or engage in other activities that may impair their judgement, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing any operational duties.
- Initiating or approving transaction(s) external to the Office of the Chief Auditor.
- Directing the activities of any Authority employee not employed by the Office of the Chief Auditor, except to the extent that such employees have been appropriately assigned to auditing teams or to assist internal auditors.

-Internal Auditors will:

- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.
- Timely Disclose impairments of ~~independence or~~ objectivity, in fact or appearance, to appropriate parties ~~at least annually~~, such as the Chief Auditor, ~~Board or Audit Committee, management or others.~~
- Exhibit professional objectivity in ~~gathering, evaluating, and communicating information~~ in all aspects of internal audit services.
- Make balanced assessments of all available and relevant facts and circumstances.

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Managing the Office of the Chief Auditor

- ~~Take necessary precautions to avoid conflicts of interest, bias, and undue influence.~~

General

The Chief Auditor has the responsibility to:

- ~~At least annually, develop a risk-based~~Prepare, review, and adjust the internal Audit Plan, as necessary, in response to changes in the Authority's business, risks, operations, programs, systems, and controls, that considers the input of the Audit Committee/Board and executive management. Discuss the Audit Plan with the Audit Committee and executive management and submit the Audit Plan to the Audit Committee for review and forward to the Board for approval.
- ~~Changes to the Audit Plan will occur after consultation with the Chair of the Audit Committee. Changes to the Audit Plan will be presented to the Audit Committee for review and forwarded to the Board for approval.~~
-
- ~~Ensure internal audit engagements are~~planned, performed, documented, and communicated in accordance with Global Internal Audit Standards and laws and/or regulations.
- ~~Follow up to on audit engagement findings and confirm the implementation of recommendations or action plans-~~to ensure that the identified risks have been mitigated, and communicate the results of internal audit services to the Audit Committee/Board and executive management quarterly and for each engagement as appropriate.
- ~~Communicate the impact of resource limitations on the Audit Plan to the Audit Committee/Board and executive management, if applicable.~~
- ~~Review and adjust the internal Audit Plan, as necessary, in response to changes in the Authority's business risks, operations, programs, systems, and controls.~~
- ~~Changes to the Audit Plan will occur after consultation with the Chair of the Audit Committee. Changes to the Audit Plan will be presented to the Audit Committee for review and forwarded to the Board for approval.~~
- ~~Communicate with the Audit Committee/Board and Authority executive management if there are significant interim changes to the Audit Plan.~~
- ~~Ensure internal audit engagements are performed, documented, and communicated in accordance with Global Internal Audit Standards and laws and/or regulations.~~
- ~~Follow up on audit engagement findings and confirm the implementation of recommendations or action plans and communicate the results of internal audit services to the Audit Committee/Board and executive management quarterly and for each engagement as appropriate.~~

- Ensure that the Office of the Chief Auditor collectively possesses or obtains the knowledge, skills, and other competencies ~~and qualifications~~ needed to meet the requirements of the Global Internal Audit Standards and fulfill the requirements for the Office of the Chief Auditor mandate.
- Manage the day-to-day activities of the Office of the Chief Auditor effectively and efficiently in alignment with the budget.
- ~~Identify and consider trends and emerging issues that could impact the Authority and communicate to the Audit Committee/Board and Authority executive management as appropriate.~~
- Consider emerging trends and successful practices in internal auditing.
- Establish, document, continuously improve, provide training on -and ensure adherence to the Office of the Chief Auditor's Policies and Procedures / Office Manual designed to guide the Office of the Chief Auditor.
- ~~Ensure adherence to the Authority's relevant policies and procedures unless such policies conflict with the Charter for the Office of the Chief Auditor or the Global Internal Audit Standards. Any such conflicts will be resolved or documented and communicated to the Audit Committee or Board and executive management.~~
- Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services. ~~If the Chief Auditor cannot achieve an appropriate level of coordination, the issue must be communicated to executive management and if necessary escalated to the Audit Committee or Board.~~

Communication with the Audit Committee/Board and Executive Management

The Chief Auditor will ~~report~~ communicate periodically to the Audit Committee/Board and executive management and obtain approval, as noted, from the Audit Committee/Board regarding:

- The Office of the Chief Auditor's charter (and subsequent updates), which includes the Office of the Chief Auditor's mandate (appropriate authority, role, and responsibilities), additional requirements of the Standards, and other topics requested by the Audit Committee/Board. The charter must be approved.
- Gather input and submit the risk-based internal Audit Plan and risk assessment on which the Audit Plan is based for approval. The risk assessment will be performed at least annually and informed by input from the Audit Committee/Board and executive management. Audit Committee/Board approval of the plan and significant changes to it is required. The Chief Auditor will communicate the rationale for not including an assurance engagement for an activity or area assessed as high risk and will explain any conflicting demands for services when applicable.

- The Office of the Chief Auditor budget, which includes details on resource requirements for successful implementation of the internal audit strategy, such as human resources, training, third-party services, and technology. The budget and any significant budget changes must be communicated.
- ~~The internal audit plan and performance relative to its plan.~~
- ~~Internal audit budget.~~
- ~~Significant revisions to the internal audit plan and budget.~~
- Potential impairments to independence, including relevant disclosures and actions taken to resolve the impairments, as applicable.
- Plans for the performance of an Results from the external quality assurance review and results (see the "Quality Assurance and Improvement Program" section for further details), and improvement program, which include the Office of the Chief Auditor's conformance with The IIA's Global Internal Audit Standards and action plans to address the Office of the Chief Auditor's deficiencies and opportunities for improvement, if applicable.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the Audit Committee/Board that could interfere with the achievement of Authority's strategic objectives.
- The results of internal audit services, including engagement results as appropriate and follow up on the status of management's actions.
- ~~Results of assurance and advisory services.~~
- Any issues with achieving an appropriate level of coordination with other internal assurance or external service providers.
- Management's responses to risk that the Chief Auditor determines may be unacceptable or acceptance of a risk that is beyond the Authority's risk appetite or risk tolerance.
- Updates to the Office of the Chief Auditor's strategy and progress on achievement of strategic objectives.
- The Office of the Chief Auditor's performance objectives, which require Audit Committee/Board approval, the Office of the Chief Auditor's progress toward achieving those objectives, and the status of any action plans to address issues and opportunities for improvement.
- ~~Resource requirements.~~
- ~~Management's responses to risk that the Office of the Chief Auditor determines may be unacceptable, or acceptance of a risk that is beyond the Authority's risk appetite.~~

Quality Assurance and Improvement Program

The Chief Auditor will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the Office of the Chief Auditor, including its conformance with the Standards, as verified by external and internal assessments. The program will ~~include external and internal assessments of the Office of the Chief Auditor's conformance with the Global Internal Audit Standards, as well as performance measurements to assess also measure~~ the Office of the Chief Auditor's performance, including its progress toward ~~the achieving of its objectives and promotion of~~ continuous improvement. The program also will assess, if applicable, compliance with laws and/or regulations relevant to internal auditing. ~~Also, if~~ applicable, the assessment will also include plans to address the Office of the Chief Auditor's deficiencies and opportunities for improvement.

Annually, the Chief Auditor will communicate with the Audit Committee/Board and executive management about the Office of the Chief Auditor's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments.

External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Authority; required qualifications must include at least one assessor holding an active Certified Internal Auditor credential.

Scope and Types of Internal Audit ~~Activities~~Services

The scope of internal audit services covers Authority activities, including all the Authority's operations, assets, and personnel. ~~The scope of internal audit activities also encompasses but is not limited to objective examinations of evidence to provide independent assurance and advisory services to the Board, Audit Committee, and management on the adequacy and effectiveness of governance, risk management, and control processes for the Authority.~~

Internal audit services encompass but are not limited to objective examinations of information to provide independent, objective, risk-based assurance, advice, insight, and foresight to the governing body and management on the adequacy and effectiveness of governance, risk management, and control processes.

The nature and scope of advisory services may be agreed with executive management, provided the Office of the Chief Auditor does not assume management responsibility.

~~Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.~~

Internal audit engagements may include evaluating whether:

- Risks relating to the achievement of the Authority's strategic objectives are appropriately identified and managed.
- The actions of the Authority's officers, directors, employees, and contractors or other relevant parties comply with the Authority's policies, procedures, codes, and applicable laws, regulations, and governance standards.
- The results of operations and programs are consistent with established goals and objectives.
- Operations or programs are being carried out effectively, efficiently, ethically, and equitably.
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the Authority.
- The integrity of information and the means used to identify, measure, analyze, classify, and report such information ~~is~~are reliable.
- Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.

[Amended by Resolution No. 2026-XXXX dated October 1, 2026]

[Amended by Resolution No. 2025-0066 dated October 2, 2025]

[Amended by Resolution No. 2024-0083 dated October 3, 2024]

[Amended by Resolution No. 2023-0086 dated October 5, 2023]

[Amended by Resolution No. 2021-0109 dated October 7, 2021]

[Amended by Resolution No. 2020-0098 dated October 1, 2020]

[Amended by Resolution No. 2018-0117 dated October 4, 2018]

[Amended by Resolution No. 2014-0089 dated September 4, 2014]

[Amended by Resolution No. 2010-0022R dated March 4, 2010]

[Adopted by Resolution No. 2003-062 dated October 2, 2003]

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY CHARTER FOR THE OFFICE OF THE CHIEF AUDITOR

Purpose

The purpose of the Office of the Chief Auditor is to strengthen the San Diego County Regional Airport Authority's (Authority) ability to create, protect, and sustain value by providing the Board of Directors (Board), Audit Committee, and executive management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The Office of the Chief Auditor enhances the Authority's:

- Successful achievement of its objectives.
- Governance, risk management, and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

The Office of the Chief Auditor is most effective when:

- Internal auditing is performed by competent professionals in conformance with The Institute of Internal Auditors' (IIA) Global Internal Audit Standards, which are set in the public interest.
- The Office of the Chief Auditor is independently positioned with direct accountability to the Board and Audit Committee.
- Internal auditors are free from undue influence and committed to making objective assessments.

Commitment to Adhering to the Global Internal Audit Standards

The Office of the Chief Auditor will adhere to the mandatory elements of the IIA's International Professional Practices Framework, which are the Global Internal Audit Standards (Standards) and Topical Requirements. The Chief Auditor will report periodically to the Authority's Audit Committee/Board and executive management regarding the Office of the Chief Auditor's conformance with the Standards, which will be assessed through a quality assurance and improvement program.

Mandate

The Chief Auditor shall be accountable to the Board under Public Utilities Code §170026, and pursuant to the Chief Auditor's employment agreement. The Office of the Chief Auditor assists the Audit Committee in discharging the duties described in Public Utilities Code §170018. The Office of the Chief Auditor also assists executive management in achieving Authority objectives. To assist the Audit Committee/Board and executive management, the Office of the Chief Auditor will perform assurance and advisory services on Authority activities. Services include, but are not limited to, reviews of internal controls, operating effectiveness, operating efficiencies, ethical behavior, expenditures, and compliance with the Authority's Codes, Policies, Standards, and procedures. The sections below provide further details on the mandate of the Office of the Chief Auditor.

Authority

The Office of the Chief Auditor's authority is created by its direct reporting relationship to the Board through the Audit Committee. Such authority allows for unrestricted access to the Board and Audit Committee and to all activities across the Authority (for example, records, personnel, and physical property). This positioning gives the Chief Auditor the organizational authority and status to bring matters directly to executive management and escalate matters to the Audit Committee/Board, when necessary, without interference.

The Audit Committee/Board authorizes the Office of the Chief Auditor to:

- Have full and unrestricted access to all functions, systems, data, records, other information, personnel, and physical properties pertinent to carrying out internal audit responsibilities. Internal auditors are accountable for confidentiality and safeguarding records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish objectives.
- Obtain assistance from the necessary personnel of the Authority and other specialized services from within or outside the Authority to complete internal audit services.

Independence, Organizational Position, and Reporting Relationships

The Chief Auditor will be positioned at a level in the Authority that enables internal audit services and responsibilities to be performed without interference from management (See "Mandate" section), thereby establishing the independence of the Office of the Chief Auditor. The Chief Auditor will report administratively and functionally to the Audit Committee/Board.

Independence supports the Office of the Chief Auditor's ability to maintain objectivity. The Chief Auditor will confirm to the Audit Committee/Board, at least annually, the organizational independence of the Office of the Chief Auditor. The Chief Auditor will disclose to the Audit Committee/Board any interference internal auditors encounter related to the scope, performance, or communication of internal audit services and results. The disclosure will include communicating the implications of such interference on the Office of the Chief Auditor's effectiveness and ability to fulfill its mandate.

Changes to Mandate of the Office of the Chief Auditor and Charter

Circumstances may justify a follow-up discussion between the Chief Auditor, Board or Audit Committee, and executive management on the Office of the Chief Auditor's mandate or other aspects of the Charter for the Office of the Chief Auditor. Such circumstances may include, but are not limited to:

- A significant change in the Global Internal Audit Standards.
- A significant reorganization within the Authority.
- Significant changes in the Chief Auditor, Board or Audit Committee, and/or executive management.
- Significant changes to the access, roles, or responsibilities of the Chief Auditor or Office of the Chief Auditor.
- Significant changes to the Authority's strategies, objectives, risk profile, or the environment in which the Authority operates.
- New laws or regulations that may affect the nature and/or scope of internal audit services.

Chief Auditor Roles and Responsibilities

Ethics and Professionalism

The Chief Auditor will ensure that internal auditors, including external service providers providing internal audit services:

- Conform with the Standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- Understand, respect, meet, and contribute to the legitimate and ethical expectations of the Authority and be able to recognize conduct that is contrary to those expectations.
- Encourage and promote an ethics-based culture at the Authority.
- Report Authority behavior that is inconsistent with the Authority's ethical expectations, as described in applicable codes, policies, and procedures.

Objectivity

The Chief Auditor will ensure that the Office of the Chief Auditor remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the Chief Auditor determines that objectivity may be impaired, in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

When performing all aspects of internal audit services, internal auditors will apply an impartial and unbiased mental attitude that allows them to make professional judgments based on balanced assessments of all relevant circumstances, fulfill their responsibilities, and achieve the Purpose of Internal Auditing without compromise. Internal auditors will be aware of and manage potential biases.

The Office of the Chief Auditor will have no direct operational responsibility or authority over any of the activities they review. Accordingly, the Office of the Chief Auditor will not approve or implement internal controls, develop procedures, install systems outside of the internal audit function, or engage in other activities that may impair their judgement, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing any operational duties.
- Initiating or approving transaction(s) external to the Office of the Chief Auditor.
- Directing the activities of any Authority employee not employed by the Office of the Chief Auditor, except to the extent that such employees have been appropriately assigned to auditing teams or to assist internal auditors.

Internal Auditors will:

- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.
- Timely disclose impairments of objectivity, in fact or appearance, to appropriate parties, such as the Chief Auditor.
- Exhibit professional objectivity in all aspects of internal audit services.
- Make balanced assessments of all available and relevant facts and circumstances.

Managing the Office of the Chief Auditor

General

The Chief Auditor has the responsibility to:

- Prepare, review, and adjust the internal Audit Plan, as necessary, in response to changes in the Authority's business, risks, operations, programs, systems, and controls..
- Changes to the Audit Plan will occur after consultation with the Chair of the Audit Committee. Changes to the Audit Plan will be presented to the Audit Committee for review and forwarded to the Board for approval.
- Ensure internal audit engagements are planned, performed, documented, and communicated in accordance with Global Internal Audit Standards and laws and/or regulations.
- Follow up to confirm the implementation of recommendations or action plans to ensure that the identified risks have been mitigated.
- Ensure that the Office of the Chief Auditor collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the Global Internal Audit Standards and fulfill the requirements for the Office of the Chief Auditor mandate.
- Manage the day-to-day activities of the Office of the Chief Auditor effectively and efficiently in alignment with the budget.
- Consider emerging trends and successful practices in internal auditing.
- Establish, document, continuously improve, provide training on and ensure adherence to the Office of the Chief Auditor's Policies and Procedures / Office Manual designed to guide the Office of the Chief Auditor.
- Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services.

Communication with the Audit Committee/Board and Executive Management

The Chief Auditor will communicate periodically to the Audit Committee/Board and executive management and obtain approval, as noted, from the Audit Committee/Board regarding:

- The Office of the Chief Auditor's charter (and subsequent updates), which includes the Office of the Chief Auditor's mandate (appropriate authority, role, and responsibilities), additional requirements of the Standards, and other topics requested by the Audit Committee/Board. The charter must be approved.
- Gather input and submit the risk-based internal Audit Plan and risk assessment on which the Audit Plan is based for approval. The risk assessment will be performed at least annually and informed by input from the Audit Committee/Board and executive management. Audit Committee/Board approval of the plan and significant changes to it is required. The Chief Auditor

will communicate the rationale for not including an assurance engagement for an activity or area assessed as high risk and will explain any conflicting demands for services when applicable.

- The Office of the Chief Auditor budget, which includes details on resource requirements for successful implementation of the internal audit strategy, such as human resources, training, third-party services, and technology. The budget and any significant budget changes must be communicated.
- Potential impairments to independence, including relevant disclosures and actions taken to resolve the impairments, as applicable.
- Plans for the performance of an external quality assurance review and results (see the “Quality Assurance and Improvement Program” section for further details).
- Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the Audit Committee/Board that could interfere with the achievement of Authority’s strategic objectives.
- The results of internal audit services, including engagement results as appropriate and follow up on the status of management’s actions.
- Any issues with achieving an appropriate level of coordination with other internal assurance or external service providers.
- Management’s responses to risk that the Chief Auditor determines may be unacceptable or acceptance of a risk that is beyond the Authority’s risk appetite or risk tolerance.
- Updates to the Office of the Chief Auditor’s strategy and progress on achievement of strategic objectives.
- The Office of the Chief Auditor’s performance objectives, which require Audit Committee/Board approval, the Office of the Chief Auditor’s progress toward achieving those objectives, and the status of any action plans to address issues and opportunities for improvement.

Quality Assurance and Improvement Program

The Chief Auditor will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the Office of the Chief Auditor, including its conformance with the Standards, as verified by external and internal assessments. The program will also measure the Office of the Chief Auditor’s performance, including its progress toward achieving its continuous improvement. The program also will assess, if applicable, compliance with laws and/or regulations relevant to internal auditing. If applicable, the assessment will also include plans to address the Office of the Chief Auditor’s deficiencies and opportunities for improvement.

Annually, the Chief Auditor will communicate with the Audit Committee/Board and executive management about the Office of the Chief Auditor's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments.

External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Authority; required qualifications must include at least one assessor holding an active Certified Internal Auditor credential.

Scope and Types of Internal Audit Services

The scope of internal audit services covers Authority activities, including all the Authority's operations, assets, and personnel.

Internal audit services encompass but are not limited to objective examinations of information to provide independent, objective, risk-based assurance, advice, insight, and foresight to the governing body and management on the adequacy and effectiveness of governance, risk management, and control processes.

The nature and scope of advisory services may be agreed with executive management, provided the Office of the Chief Auditor does not assume management responsibility.

Internal audit engagements may include evaluating whether:

- Risks relating to the achievement of the Authority's strategic objectives are appropriately identified and managed.
- The actions of the Authority's officers, directors, employees, and contractors or other relevant parties comply with the Authority's policies, procedures, codes, and applicable laws, regulations, and governance standards.
- The results of operations and programs are consistent with established goals and objectives.
- Operations or programs are being carried out effectively, efficiently, ethically, and equitably.
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the Authority.
- The integrity of information and the means used to identify, measure, analyze, classify, and report such information are reliable.
- Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.

CHARTER FOR THE OFFICE OF THE CHIEF AUDITOR

[Amended by Resolution No. 2026-XXXX dated October 1, 2026]
[Amended by Resolution No. 2025-0066 dated October 2, 2025]
[Amended by Resolution No. 2024-0083 dated October 3, 2024]
[Amended by Resolution No. 2023-0086 dated October 5, 2023]
[Amended by Resolution No. 2021-0109 dated October 7, 2021]
[Amended by Resolution No. 2020-0098 dated October 1, 2020]
[Amended by Resolution No. 2018-0117 dated October 4, 2018]
[Amended by Resolution No. 2014-0089 dated September 4, 2014]
[Amended by Resolution No. 2010-0022R dated March 4, 2010]
[Adopted by Resolution No. 2003-062 dated October 2, 2003]

Staff Report

Meeting Date: October 1, 2026

Subject:

Revision to the Fiscal Year 2027 Audit Plan of the Office of the Chief Auditor

Recommendation:

The Audit Committee recommends that the Board adopt Resolution No. 2026-0087, approving the revision to the Fiscal Year 2027 Audit Plan of the Office of the Chief Auditor.

Background/Justification:

The Charter for the Office of the Chief Auditor, instituted by Board Resolution No. 2003-0062 on October 2, 2003, and most recently amended on October 2, 2025, per Board Resolution No. 2025-0066, defines the role and requirements of the Office of the Chief Auditor (OCA).

As directed in the Charter, the Chief Auditor shall submit, at least annually, a risk-based Audit Plan to the Audit Committee and to Authority executive management, and shall review and adjust the Audit Plan, as necessary, responding to changes in business risks, operations, special requests, programs, systems, and controls. All changes to the Audit Plan shall be communicated to the Audit Committee prior to being submitted to the Board for approval.

Additionally, Global Internal Audit Standards require that the Chief Auditor review and adjust the Audit Plan, as necessary.

The OCA's Audit Plan for Fiscal Year 2027 was initially accepted by the Audit Committee during its May 4, 2026, meeting, and was subsequently approved on June 4, 2026, by Board Resolution No. 2026-0033.

During the first quarter of Fiscal Year 2027 a review of the Audit Plan was undertaken by the OCA. On September 14, 2026, the OCA presented a proposed revision to the Audit Committee that accounted for two audits carried over from Fiscal Year 2026, added an audit requested by management and agreed to by the OCA after development and approval of the Fiscal Year 2027 Audit Plan, and reallocated audit hours from other planned activities to reflect the OCA's current operational requirements. The Audit

Committee unanimously recommended forwarding the OCA's proposed revision to the Fiscal Year 2027 Audit Plan to the Board for approval.

The proposed revision to the Fiscal Year 2027 Audit Plan is provided as Attachment A.

Fiscal Impact:

None

Authority Strategies/Focus Areas:

This item supports one or more of the following:

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☐ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☐ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Lee M. Parravano
Chief Auditor

RESOLUTION NO. 2026-0087

A RESOLUTION OF THE BOARD OF THE SAN DIEGO
COUNTY REGIONAL AIRPORT AUTHORITY,
APPROVING THE REVISION TO THE FISCAL YEAR
2027 AUDIT PLAN OF THE OFFICE OF THE CHIEF
AUDITOR

WHEREAS California Public Utilities Code §170018 specifies the membership (consisting of board members and public members), the terms, and the responsibilities of the Audit Committee; and

WHEREAS §170018(g) of the California Public Utilities Code and the Authority Charter of the Office of the Chief Auditor require the Audit Committee to approve the annual internal and external audits, including the auditor's annual audit plan, for each fiscal year and submit the same to the Board for approval; and

WHEREAS at its regular meeting on May 4, 2026, the Audit Committee was presented with the Fiscal Year 2027 Proposed Audit Plan and voted to accept the plan and forward it for Board approval as adopted by Board Resolution No. 2026-0033 on June 4, 2026; and

WHEREAS, on September 14, 2026, during a regularly scheduled meeting of the Audit Committee, the Office of the Chief Auditor presented a proposal to revise the Fiscal Year 2027 Audit Plan to add two audits carried over from Fiscal Year 2026, add an audit requested by management and agreed to by the OCA after development and approval of the Fiscal Year 2027 Audit Plan, and reallocate audit hours from other planned activities to reflect the OCA's current operational requirements. The Audit Committee unanimously recommended forwarding the OCA's proposed revision to the Fiscal Year 2027 Audit Plan to the Board for approval.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the revision to the Fiscal Year 2027 Audit Plan of the Office of the Chief Auditor (Attachment A); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a “development” as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October, 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Office of the Chief Auditor

ATTACHMENT A

2027 Audit Plan

October 1, 2026

Key Work Activity	Objective ¹	Prior Estimated Hours	Change Requested	Revised Hours
Audit Hours				
Tenant Lease Administration and Management ²	To determine if Airport Rental Car Companies accurately paid concession fees and Customer Facility Charges (CFCs) / Transportation Facilities Charges (TFC) in fiscal year 2026, in all material respects. <i>Audit Engagement #26003</i>	500	-	500
Harbor Police Contract Mgmt. ²	To determine if Harbor Police costs or services are appropriate related to fiscal years 2021, 2022, 2023, 2024, and 2025. <i>Audit Engagement #25006</i>	400	-	400
Construction ²	To evaluate compliance with bid, award, and billing requirements of subcontracts. <i>Audit Engagement #25016 – Baker Tilly</i>	400	-	400
ARFF Management ²	To determine if costs included in ARFF billings are appropriate. <i>Audit Engagement #26005</i>	400	-	400
Tenant Lease Administration and Management	To examine Turo's activity and related concessions and Transportation Facility Charges (TFC) due. <i>Audit Engagement #27001</i>	600	-	600
Parking Management Contract Administration	To determine if the parking management contract is administered appropriately. <i>Audit Engagement #25009</i>	-	300	300
Construction ²	To determine if costs within payment applications are allowable and meet requirements. <i>Audit Engagement #25017 – Baker Tilly</i>	-	100	100
Customer, Employee, and Inter-terminal Shuttle Operations Contract Management	To determine if the Employee Shuttle Service operations are administered appropriately. <i>Audit Engagement #27002</i>	600	-	600

¹ Objective may change based on the preliminary survey performed by the OCA.

² Audit activity carried forward from fiscal year 2026.

Office of the Chief Auditor

ATTACHMENT A

2027 Audit Plan

October 1, 2026

Key Work Activity	Objective ¹	Prior Estimated Hours	Change Requested	Revised Hours
Tenant Lease Administration and Management ³	To determine if Airport Rental Car Companies accurately paid concession fees and Customer Facility Charges (CFCs) / Transportation Facilities Charges (TFC) in fiscal year 2027, in all material respects. <i>Audit Engagement #27003</i>	300	-	300
System Security	To evaluate the Authority's security posture by performing testing of a selected Information Technology system. <i>Audit Engagement #27004</i>	200	-	200
Parking Management Contract Administration	To determine if the expenses related to the parking management contract are administered appropriately. <i>Audit Engagement #27005</i>	600	-	600
Maintenance Service Contract Oversight	To determine if the management of Maintenance service contracts is appropriate. <i>Audit Engagement #27006</i>	550	-	550
Construction	To evaluate the payment process utilized within the NT1 project. <i>Audit Engagement #27010 - Baker Tilly</i>	-	200	200
To Be Determined	To initiate audit(s)/advisory engagements based on risks identified at the discretion of the Chief Auditor.	340	(340)	-
	Total Audit Hours	4,890	260	5,150
Advisory Service Hours				
Harbor Police Contract Mgmt.	To provide management assistance with recommendations related to the Harbor Police Contract. <i>Advisory Service Engagement #27007-AS</i>	600	-	600
Tenant Lease Administration and Management	To provide management assistance with Rent a Car Companies related to reporting and payment of concession fees and Customer Facility Charges (CFC) / Transportation Facilities Charges (TFC). <i>Advisory Service Engagement #27008-AS</i>	50	-	50

³ Audit activity will carry forward to fiscal year 2028.

Office of the Chief Auditor

ATTACHMENT A

2027 Audit Plan

October 1, 2026

Key Work Activity	Objective ¹	Prior Estimated Hours	Change Requested	Revised Hours
Rental Car Shuttle Service Contract Administration	To provide management assistance with evaluating the billing and review process of SP+ shuttle services. <i>Advisory Service Engagement #27009-AS</i>	100	-	100
	Total Advisory Service Hours	750	-	750
General Audit Hours				
Risk Assessment and Audit Plan ⁴	To conduct a Risk Assessment that will identify the high-risk activities to be considered when preparing the annual Audit Plan.	252	-	252
Construction Meeting Attendance & External Construction Auditor Coordination	Attend various construction meetings and incorporate knowledge into ongoing risk assessments and management of the External Construction Auditor.	160	(50)	110
Development of Data Analytics	Enhance or develop the data analytics program.	200	-	200
Fraud, Waste, Abuse & Ethics Program ⁴	To review policies, perform training, and investigate reported incidents.	400	-	400
Recommendation Follow-up ⁷	To verify that internal and external audit recommendations have been implemented as intended.	160	(50)	110
Quality Assurance & Improvement Program ⁴	To conduct Internal Quality Assessments as required by Global Internal Audit Standards 12.1.	400	-	400
Quality Assurance & Improvement Program ⁴	To participate in a Peer Review Reciprocal Program as part an External Quality Assessment as required by Global Internal Audit Standards 8.4.	160	(160)	-
	Total General Audit Hours	1,732	(260)	1,472
Administrative - Indirect	Attendance at Staff/Board/Committee Meetings, Continuing Professional Development and Other.	2,972	-	2,972
Administrative - Benefit	Vacation, Holiday Time, and Other Time Off.	2,136	-	2,136
	Total Administrative Hours	5,108	-	5,108
	Total Hours	12,480	-	12,480

⁴ Required activity in the Charter for the Office of the Chief Auditor or Charter of the Audit Committee.

Office of the Chief Auditor

ATTACHMENT A

2027 Audit Plan

October 1, 2026

Division	Key Work Activity	Objective ⁵	Estimated Hours
Contingent Audit Hours			
Revenue Management and Innovation	Tenant Lease Administration and Management	To determine if concessions and Customer Facility Charges (CFC) / Transportation Facilities Charges (TFC) were accurately paid for a selected Rental Car Company based on Data Analytics or new entity.	400
Revenue Management and Innovation	Tenant Lease Administration and Management	To determine if an in-terminal concessionaire is complying with selected elements of their agreements.	600
Revenue Management and Innovation	Tenant Lease Administration and Management	To determine if a cost recovery is correctly calculated and billed to in-terminal tenants.	550
Revenue Management and Innovation	Parking Management Contract Administration	To determine if Dynamic Pricing is being managed appropriately.	550
Revenue Management and Innovation	TNC Contract Administration & Revenue Collection	To determine if the TNC contract is administered appropriately.	475
Operations	Terminal Maintenance	To determine if the in-terminal inspections are performed appropriately.	500
Revenue Management and Innovation	Tenant Lease Administration and Management	To determine if the ABRM Quality Assurance program is managed appropriately.	600
Revenue Management and Innovation	Traffic Control, Vehicle Insp., Code Comp., Citations & Notice of Violation Admin.	To determine if the processes and controls in place for citations are adequate and appropriate.	500
Development	Curfew Violations	Determine if curfew violations are administered appropriately.	500
Finance	P Card Administration	To determine if the Authority's P Cards are administered appropriately.	400

⁵ Objective may change based on the preliminary survey performed by the OCA.

Office of the Chief Auditor

ATTACHMENT A

2027 Audit Plan

October 1, 2026

Division	Key Work Activity	Objective	Estimated Hours
Finance	Formal Bidding and Contracting	To determine if the formal bid process for the Authority's is administered appropriately.	500
Revenue Management and Innovation	Tenant Lease Administration and Management	To determine if street pricing is administered appropriately.	500
Revenue Management and Innovation	Tenant Lease Administration and Management	To determine if the contract for advertising is administered appropriately.	500
Development	Quieter Homes Program	To determine if the development expenses related to the quieter homes program is administered appropriately.	500
Revenue Management and Innovation	Parking Management Contract Administration	To determine if the valet agreement is administered appropriately.	500
Revenue Management and Innovation	Commercial Vehicle Licensing, Permitting, & Revenue Collection	To determine if the taxi gatekeeper system is functioning appropriately.	500
		Total Contingent Audit Hours	7,975

Staff Report

Meeting Date: October 1, 2026

Subject:

Approve and Authorize the President/CEO to Execute Agreements for Environmental Legal Counsel

Recommendation:

Adopt Resolution No. 2026-0088, approving and authorizing the President/CEO to execute environmental legal services agreements with Best Best & Krieger LLP, Gatzke Dillon & Ballance LLP, Kaplan Kirsch LLP, and Nossaman LLP, each for a term of three years with two one-year options to extend and a not-to-exceed compensation amount of \$500,000.

Background/Justification:

On June 15, 2026, the Authority released a Request for Proposals ("RFP") to obtain legal services from one or more qualified law firms to provide specialized environmental legal services in support of the General Counsel. Proposals to the RFP were due on July 21, 2026.

Ten law firms submitted timely proposals in response to the RFP. They included: Aleshire & Wynder LLP; Best Best & Krieger LLP; Duane Morris LLP; Gatzke Dillon & Ballance LLP; Hanson Bridgett LLP; Kaplan Kirsch LLP; Langsam Stevens Silver & Hollaender LLP; Meyers Nave; Nossaman LLP; and Procopio, Cory, Hargreaves & Savitch LLP. The proposals were impressive and each of the proposing law firms was determined to satisfy the minimum qualifications identified in the RFP.

The Authority's evaluation panel ("Panel") for this RFP was comprised of attorneys from the Office of General Counsel and the Director of Planning and Environmental Services. Utilizing criteria that included background and experience, cost, and preferences in accordance with Authority Policy 5.12, the Panel reviewed the proposals and selected the five highest-ranking firms for interviews. Those firms included: Aleshire & Wynder LLP, Best Best & Krieger LLP; Gatzke Dillon & Ballance LLP, Kaplan Kirsch LLP, and Nossaman LLP. Interviews were conducted on August 17, 2026.

At the conclusion of the interviews, the Panel completed its final evaluation and scoring. Best Best & Krieger LLP, Gatzke Dillon & Ballance LLP, Kaplan Kirsch LLP, and Nossaman LLP received the four highest final scores and are recommended for award. Selecting multiple firms will provide the Office of General Counsel with access to a range of environmental-law expertise and the flexibility to assign matters based on each firm's relevant experience, availability, potential conflicts of interest, and proposed rates. The agreements will not guarantee any minimum amount of work, and legal services will be requested on an as-needed basis through assignments authorized by the Office of General Counsel.

Fiscal Impact:

Adequate funding for this agreement is included in the adopted FY 2027 and conceptually approved FY 2028 Operating Expense Budgets within the Contractual Services line item.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

☒ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☒ Financial Strategy ☒ Operations Strategy

Focus Areas

☒ Advance the Airport Development Plan ☐ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a "project" as defined by the California Environmental Quality Act (CEQA) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

Prepared by:

Lee Kaminetz
General Counsel

RESOLUTION NO. 2026-0088

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY, APPROVING AND AUTHORIZING THE PRESIDENT/CEO TO EXECUTE ENVIRONMENTAL LEGAL SERVICES AGREEMENTS WITH BEST BEST & KRIEGER LLP, GATZKE DILLION & BALANCE LLP, KAPLAN KIRSCH LLP, NOSSAMAN LLP, EACH AGREEMENT FOR A TERM OF THREE YEARS, WITH TWO ONE-YEAR OPTIONS AND A NOT-TO-EXCEED AMOUNT OF \$500,000

WHEREAS, the San Diego County Regional Airport Authority (“Authority”) requires specialized environmental legal services to support the Office of General Counsel in providing legal advice and representation regarding environmental matters affecting the Authority and San Diego International Airport; and

WHEREAS, on June 15, 2026, the Authority issued a Request for Proposals seeking one or more qualified law firms to provide environmental legal services, and ten law firms submitted timely proposals; and

WHEREAS, an evaluation panel consisting of attorneys from the Office of General Counsel and the Director of Planning and Environmental Services evaluated and scored the proposals in accordance with the criteria identified in the Request for Proposals, including applicable preferences under Authority Policy 5.12, and interviewed the five highest-ranked firms; and

WHEREAS, following completion of the evaluation and interview process, Best Best & Krieger LLP, Gatzke Dillon & Ballance LLP, Kaplan Kirsch LLP, and Nossaman LLP received the four highest final scores and were determined to be the firms best qualified to provide the requested services; and

WHEREAS, the Board determines that retaining multiple qualified law firms will provide the Authority with access to a range of environmental-law expertise and the flexibility to assign matters based on relevant experience, availability, potential conflicts of interest, proposed rates, and the Authority's needs; and

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the award of agreements for environmental legal services to Best Best & Krieger LLP, Gatzke Dillon & Ballance LLP, Kaplan Kirsch LLP, and Nossaman LLP, each for an initial term of three (3) years, with two (2) one-year options to extend at the discretion of the General Counsel and the President/CEO, with a compensation amount not-to-exceed \$500,000; and

BE IT FURTHER RESOLVED that the Authority and its officers, employees, and agents hereby are authorized to do and perform all such acts as may be necessary or appropriate in order to effectuate fully the foregoing resolution; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October, 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Staff Report

Meeting Date: October 1, 2026

Subject:

Approve and Authorize the President/CEO to Execute On-Call Plumbing Service Agreements with Accent Engineering & Construction Inc.; Ameri-Mex Plumbing Inc.; and Banning and Son Inc.

Recommendation:

Adopt Resolution No. 2026-0089, approving and authorizing the President/CEO to execute On-Call Plumbing Service Agreements with Accent Engineering & Construction Inc.; Ameri-Mex Plumbing Inc.; and Banning and Son Inc. – each agreement, for a term of three years, with the options for two one-year extensions exercisable at the discretion of the President/CEO, for an aggregate total not-to-exceed amount of \$1,250,000.00, to provide on-call plumbing services at San Diego International Airport (“SDIA”).

Background/Justification:

On June 22, 2026, the San Diego County Regional Airport Authority (“Authority”) issued a Request for Qualifications (“RFQ”) to obtain Statements of Qualifications (“SOQ”) from firms or individuals, for provision of on-call plumbing services at SDIA. The RFQ included the selection of up to three (3) firms to perform Services which include but are not limited to: installation of water supply, wastewater systems, fixtures and service connections, and other on-site plumbing work.

On July 23, 2026, the Authority received SOQs from the following six (6) companies: Accent Engineering & Construction, Inc.; AGBW Corp. dba BPI Plumbing; Ameri-Mex Plumbing, Inc.; Banning and Son Inc.; GM Plumbing Corporation dba International City Plumbers; and Grading Plumbing Site Construction dba GPS Plumbing.

On August 4, 2026, the Authority's Evaluation Panel ("Panel"), comprised of one (1) representative from the Authority's Facilities Management Department; two (2) from the Airport Design & Construction Department; and one (1) representative from the Airside & Terminal Operations Department, short-listed five (5) firms, which were invited to interview. During the interviews on August 17, 2026 and August 21, 2026, respondents provided presentations of their qualifications and responded to prepared questions. After the interview, the Panel evaluated the five (5) respondents using a weighted criteria of five factors: the contractor's submission form describing similar projects completed; prior company experience; prior experience of the company's primary staff who would interact with Authority staff in the performance of services; work plan; and sustainability and eligibility for small business participation under Authority Policy 5.12, Preference to Small Business, Local Business, and or Veteran Owned Small Business.

The final ranking matrix is as follows:

Final Rankings	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Total	Rank
Accent Engineering & Construction Inc.	3	1	2	3	9	2
AGBW Corp. dba BPI Plumbing	4	3	4	4	15	4
Ameri-Mex Plumbing Inc.	1	5	3	1	10	3
Banning and Son Inc.	2	2	1	2	7	1
GM Plumbing Corporation dba International City Plumbers	5	4	5	5	19	5

Combined Final Scores	SB	Local	Vet.	Attachment D - Contractors Submission Form	Company Experience and Skill	Primary Staff	Work Plan/Project Management Approach	Sustainability	Total
Accent Engineering & Construction Inc.	120	0	80	510	1155	800	680	145	3490
AGBW Corp. dba BPI Plumbing	120	80	80	465	1085	625	580	95	3130
Ameri-Mex Plumbing Inc.	0	0	0	510	1260	825	700	125	3420
Banning and Son Inc.	120	80	80	465	1155	825	720	130	3575
GM Plumbing Corporation dba International City Plumbers	120	0	0	480	1015	675	620	100	3010

Staff recommend the award of on-call plumbing services agreements to the top three ranked firms: Accent Engineering & Construction Inc.; Ameri-Mex Plumbing, Inc.; and Banning and Son Inc. The three (3) agreements will be part of a pool of a not-to-exceed amount of \$1,250,000.00. Each agreement shall have an initial three (3) year term and an option for two (2) one-year extension periods at the sole discretion of the Authority.

Fiscal Impact:

Adequate funding for the on-call plumbing service agreements is available within the Maintenance expense line in the Facilities Management Department's adopted FY 2027 and conceptually approved FY 2028 Operating Expense Budgets. The expense for this contract that will impact budget years not yet adopted or approved by the Board will be included in future years' budget requests.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☐ Community Strategy ☐ Customer Strategy ☐ Employee Strategy ☒ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☒ Advance the Airport Development Plan ☒ Transform the Customer Journey ☐ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

Prepared by:

Stephen Mosca
Director, Facilities Management

RESOLUTION NO. 2026-0089

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY, APPROVING AND AUTHORIZING THE PRESIDENT/CEO TO EXECUTE ON-CALL PLUMBING SERVICE AGREEMENTS WITH ACCENT ENGINEERING & CONSTRUCTION INC; AMERI-MEX PLUMBING, INC.; AND BANNING AND SON INC. – EACH AGREEMENT, FOR A TERM OF THREE YEARS, WITH THE OPTION FOR TWO ONE-YEAR EXTENSIONS EXERCISABLE AT THE DISCRETION OF THE PRESIDENT/CEO, FOR AN AGGREGATE TOTAL NOT-TO-EXCEED AMOUNT OF \$1,250,000, TO PROVIDE ON-CALL PLUMBING SERVICES, AT SAN DIEGO INTERNATIONAL AIRPORT (“SDIA”).

WHEREAS, the Authority advertised a Request for Qualifications (“RFQ”) on June 22, 2026, to provide on-call plumbing services; and

WHEREAS, on July 23, 2026, the Authority received Statements of Qualifications from the following six (6) companies: Accent Engineering & Construction, Inc.; AGBW Corp. dba BPI Plumbing; Ameri-Mex Plumbing, Inc.; Banning and Son Inc.; GM Plumbing Corporation dba International City Plumbers; and Grading Plumbing Site Construction dba GPS Plumbing in response to the RFQ; and

WHEREAS, on August 4, 2026, the Authority’s Evaluation Panel (“Panel”), comprised of one (1) representative from the Authority’s Facilities Management Department; two (2) from the Airport Design & Construction Department; and one (1) from the Airside & Terminal Operations Department, short-listed five (5) companies that were invited to interview; and

WHEREAS, on August 17, 2026, and August 21, 2026, each company provided a presentation of its qualifications and responded to prepared questions; and

WHEREAS, after the interview, the Panel evaluated the five (5) companies on the target criteria present in the RFQ; and

WHEREAS, the Panel's evaluation process ranked Banning and Son Inc. first; Accent Engineering & Construction Inc. second; and Ameri-Mex Plumbing, Inc. third; and

WHEREAS, based on the services to be performed, it is estimated that the cost for five (5) years will not exceed \$1,250,000.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves and authorizes the President/CEO to execute On-Call Plumbing Service Agreements with Accent Engineering & Construction Inc.; Ameri-Mex Plumbing, Inc.; and Banning and Son Inc. – each agreement, for a term of three (3) years, with the option for two (2) one-year extensions exercisable at the discretion of the President/CEO, for an aggregate total not-to-exceed amount of \$1,250,000, to provide on-call plumbing services, at San Diego International Airport; and

BE IT FURTHER RESOLVED that the Authority and its officers, employees, and agents hereby are authorized to do and perform all such acts as may be necessary or appropriate in order to effectuate fully the foregoing resolution; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October, 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL

Staff Report

Meeting Date: October 1, 2026

Subject:

Approve and Authorize the President/CEO to Negotiate and Execute Three On-Call Airport Planning Services Agreements at San Diego International Airport

Recommendation:

Adopt Resolution No. 2026-0090, approving and authorizing the President/CEO to negotiate and execute three On-Call Airport Planning Services agreements, one with Jacobsen Daniels Associates, LLC, one with Landrum & Brown, Inc., and one with Ricondo & Associates, Inc. each for a term of three (3) years, with the option for two (2) one-year extensions, in a maximum total aggregate amount not-to-exceed \$12,000,000 in support of numerous airport planning and environmental review efforts at San Diego International Airport.

Background/Justification:

The On-Call Airport Planning Services agreement provides for essential, on-call airport planning and environmental review consultant services to support the Airport Authority's Planning, Noise, & Environment Department as well as other departments. These services are necessary to address numerous airside, terminal, and landside projects at San Diego International Airport as well as any related environmental analyses as required under the California Environmental Quality Act (CEQA), National Environmental Policy Act (NEPA), and the California Coastal Act. These consultant services also support off-airport projects associated with airport land use compatibility planning around the region's 15 public use and military airports and aircraft noise analysis. In addition, the agreement provides for analytical planning services support for other Authority department projects, including Airside and Terminal Operations, Airport Design & Construction, Ground Transportation, and Terminal Business Development.

The current On-Call Airport Planning Services agreements began May 1, 2023, for an aggregate value of \$7,000,000 with a contract end date of April 30, 2027. Three firms (Jacobsen Daniels Associates, LLC, Landrum & Brown, Inc., and Ricondo & Associates, Inc.) were selected under that agreement to perform the services and have completed tasks to date totaling \$7,000,000 over three years, with a one-year extension exercised. Major tasks performed and completed under the current contracts include the following:

- Terminal 2 East Modernization – Advance Planning and Environmental Review
- Northside Planning
- Parking Demand Analysis Update
- Airfield Congestion Assessment and Recommendations
- Passenger Intercept Surveys

Based on past expenditure trends, the Authority could spend up to \$12 million over a five-year period to support anticipated airport planning and environmental review activities. Beyond unforeseen and ongoing projects, the following specific services are likely to be needed over the next five years:

- Preparation of aviation activity forecast update for operations and passengers
- Airfield congestion/operational efficiency studies
- State and federal environmental review of major projects and capital improvement program
- Transportation studies and traffic volume inventories on major roads and intersections surrounding the airport
- Parking demand analyses
- Continued flight procedures analysis related to aircraft noise
- Schedule facilitation assistance in the Level 2 – Terminal process

On July 2, 2026, the Authority published a Request for Proposals (“RFP”) to provide professional airport planning services. On August 3, 2026, the Authority received proposals from seven entities. One proposal was determined non-responsive.

The Authority evaluated the firms using a weighted set of six factors, including proposed fees (cost); prior company experience; experience of the company's primary staff; a proposed work plan and approach to potential contract assignments; and sustainability.

The Authority's Evaluation Panel (“Panel”) was composed of two representatives from the Planning Noise & Environment Department, one from Airside and Terminal Operations, and one from Airport Design & Construction. The Panel conducted a thorough review of all proposals. The Panel's shortlisted rankings of the responsive proposals are presented below.

Rankings	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Total	Rank
Arup US	5	5	5	5	20	5
HDR Engineering	4	3	4	3	14	3
Jacobsen Daniels	3	4	3	4	14	3
Landrum & Brown	1	2	1	2	6	1
Merchant Aviation	6	6	6	6	24	6
Ricondo & Associates	2	1	2	1	6	1

Combined Scores	Cost	Co. Exper.	Staff	Work Plan	Sustain.	Total
Arup US	800	570	630	300	90	2,390
HDR Engineering	800	780	780	375	80	2,815
Jacobsen Daniels	720	870	900	405	120	3,015
Landrum & Brown	800	930	990	480	80	3,280
Merchant Aviation	720	480	480	210	45	1,935
Ricondo & Associates	640	1020	1050	465	105	3,280

The four (4) highest-ranked firms were invited to interview on August 19, and 24, 2026. The Respondents who were interviewed were asked to provide responses to a specific list of questions prepared by the Panel, which targeted the evaluation criteria presented in the RFP. The Panel's final rankings are presented below:

Rankings	Panelist 1	Panelist 2	Panelist 3	Panelist 4	Total	Rank
HDR Engineering	4	4	4	4	16	4
Jacobsen Daniels	3	2	3	3	11	3
Landrum & Brown	1	3	1	2	7	2
Ricondo & Associates	2	1	2	1	6	1

Combined Scores	Cost	Co. Exper.	Staff	Work Plan	Sustain.	Total
HDR Engineering	800	780	810	375	75	2,840
Jacobsen Daniels	720	990	960	465	100	3,235
Landrum & Brown	800	1,020	1,020	465	55	3,360
Ricondo & Associates	640	1,110	1,020	540	95	3,405

Three (3) firms were selected by the panel to provide On-Call Airport Planning Services: Jacobsen Daniels Associates, LLC, Landrum & Brown, Inc., and Ricondo & Associates, Inc.

Fiscal Impact:

Adequate funds for the three On-Call Airport Planning Services agreements are included in the Planning Noise & Environment Department's adopted FY2027 and FY 2028 operating expense budget within Contractual Services expense line, or within the FY 2027-2031 Capital Improvement Program's budget, if applicable. For budget years not yet approved, this cost will be included in those requests.

Authority Strategies/Focus Areas:

This item supports one or more of the following (*select at least one under each area*):

Strategies

- ☒ Community Strategy ☒ Customer Strategy ☐ Employee Strategy ☒ Financial Strategy ☒ Operations Strategy

Focus Areas

- ☒ Advance the Airport Development Plan ☒ Transform the Customer Journey ☒ Optimize Ongoing Business

Environmental Review:

- A. CEQA: This Board action is not a “project” as defined by the California Environmental Quality Act (“CEQA”) (Cal. Pub. Res. Code §21065).
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.
- C. NEPA: This Board action is not a project that involves additional approvals or actions by the Federal Aviation Administration (“FAA”) and, therefore, no formal review under the National Environmental Policy Act (“NEPA”) is required.

Prepared by:

Sjohnna Knack
Director, Planning, Noise & Environment Department

RESOLUTION NO. 2026-0090

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY APPROVING AND AUTHORIZING THE PRESIDENT/CEO TO NEGOTIATE AND EXECUTE THREE ON-CALL AIRPORT PLANNING SERVICES AGREEMENTS, ONE WITH JACOBSEN DANIELS ASSOCIATES, LLC., ONE WITH LANDRUM & BROWN, INC., AND ONE WITH RICONDO & ASSOCIATES, INC., EACH FOR A TERM OF THREE (3) YEARS, WITH THE OPTION FOR TWO (2) ONE-YEAR EXTENSIONS, IN A MAXIMUM TOTAL AGGREGATE AMOUNT NOT-TO-EXCEED \$12,000,000 IN SUPPORT OF NUMEROUS AIRPORT PLANNING AND ENVIRONMENTAL REVIEW EFFORTS AT SAN DIEGO INTERNATIONAL AIRPORT

WHEREAS, the On-Call Airport Planning Services agreement provides for essential on-call airport planning and environmental review consultant services to support the Airport Authority's Planning, Noise, & Environment Department and other departments; and

WHEREAS, these services are necessary to address numerous airside, terminal, and landside projects at San Diego International Airport, as well as any related environmental analyses as required under the California Environmental Quality Act (CEQA), National Environmental Policy Act (NEPA), or the California Coastal Act; and

WHEREAS, these consultant services also support off-airport projects associated with the airport land use compatibility planning around the region's fifteen (15) public-use and military airports and aircraft noise analysis; and

WHEREAS, the On-Call Airport Planning Services agreements will provide analytical planning services support for other departments' projects, including Airside & Terminal Operations, Airport Design & Construction, Ground Transportation, and Terminal Business Development; and

WHEREAS, based upon past expenditure trends, it is estimated that the Authority could spend up to \$12.0 million over the next five years to support anticipated airport planning and environmental review activities; and

WHEREAS, beyond unforeseen and ongoing projects, the following specific services are likely to be needed over the next five years:

- Preparation of aviation activity forecast update of operations and passengers;
- Airfield congestion/operational efficiency studies;
- State and federal environmental review of major projects and the capital improvement program;
- Transportation studies and traffic volume inventories on major roads and intersections surrounding the airport;
- Parking demand analyses;
- Continued flight procedures analysis related to aircraft noise; and
- Schedule facilitation assistance in the Level 2 – Terminal process; and

WHEREAS, on July 2, 2026, the Authority published a Request for Proposals (“RFP”) to provide professional airport planning and environmental review services; and

WHEREAS on August 3, 2026, the Authority received proposals from the following six entities that were deemed responsive:

- Arup US
- HDR Engineering
- Jacobsen Daniels Associates, LLC
- Landrum & Brown, Inc.
- Ricondo & Associates, Inc.
- Merchant Aviation; and

WHEREAS, the Authority evaluated the firms using a weighted set of six factors, including proposed fees (cost); prior company experience; experience of the company’s primary staff; a proposed work plan and approach to potential contract assignments; and sustainability; and

WHEREAS the Authority's Evaluation Panel ("Panel"), which was composed of two representatives from the Planning, Noise & Environment Department, one from Airside and Terminal Operations, and one from Airport Design & Construction, conducted a thorough review of all proposals and interviewed all proposers; and

WHEREAS, the firms selected by the Panel were Jacobsen Daniels Associates, LLC; Landrum & Brown, Inc.; and Ricondo & Associates, Inc.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves and authorizes the President/CEO to negotiate and execute three On-Call Airport Planning Services agreements, one with Jacobsen Daniels Associates, LLC, one with Landrum & Brown, Inc., and one with Ricondo & Associates, Inc., each for a term of three (3) years, with the option for two (2) one-year extensions, in a maximum total aggregate amount not-to-exceed \$12,000,000 in support of numerous airport planning and environmental review efforts at San Diego International Airport; and

BE IT FURTHER RESOLVED that the Authority and its officers, employees, and agents hereby are authorized, empowered, and directed to do and perform all such acts as may be necessary or appropriate in order to effectuate fully the foregoing resolutions; and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "project" as defined by the California Environmental Quality Act ("CEQA") (California Public Resources Code §21065); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a "development" as defined by the California Coastal Act (California Public Resources Code §30106); and

BE IT FURTHER RESOLVED that the Board finds that this action is not a project that involves additional approvals or actions by the Federal Aviation Administration ("FAA") and, therefore, no formal review under the National Environmental Policy Act ("NEPA") is required.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 1st day of October, 2026, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

ANNETTE FAGAN ORTIZ
AUTHORITY CLERK

APPROVED AS TO FORM:

LEE KAMINETZ
GENERAL COUNSEL