

WORKERS' COMPENSATION APPEALS BOARD

SEE REVERSE SIDE
FOR INSTRUCTIONS

APPLICATION FOR ADJUDICATION OF CLAIM
(PRINT OR TYPE NAMES AND ADDRESSES)

CASE No. STC 94437 IVED
DIA/WCAB

M DONALD MEIDINGER

3 PM 4:35
(INJURED EMPLOYEE'S ADDRESS AND ZIP CODE)

Social Security No.:

NT0

RECEIVED
SEP 23 1992
DIVISION OF
WORKERS COMPENSATION
STOCKTON OFFICE

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)
COUNTY OF SAN JOAQUIN

(APPLICANT'S ADDRESS AND ZIP CODE)

5503 S. AIRPORT WAY, STOCKTON, CA 95206

(EMPLOYER — STATE IF SELF-INSURED)
KEENAN & ASSOCIATES

(EMPLOYER'S ADDRESS AND ZIP CODE)

1760 CREEKSIDE OAKS DR, #220, SAC 95833

(EMPLOYER'S INSURANCE CARRIER OR, IF SELF-INSURED, ADJUSTING AGENCY)

(INSURANCE CARRIER OR ADJUSTING AGENCY'S ADDRESS)

IT IS CLAIMED THAT:

Assistant Supervisor

1. The injured employee, born 6/10/88 (DATE OF BIRTH), while employed as a Assistant Supervisor (OCCUPATION AT TIME OF INJURY)
on 6/10/88 (DATE OF INJURY) at S. Airport Road, Stockton (ADDRESS) (CITY) (STATE) (ZIP CODE)

By the employer sustained injury arising out of and in the course of employment to
BOTH KNEES
(STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: LOST FOOTING WALKING OVER BRIDGE
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)

3. Actual earnings at time of injury were: MAXIMUM
(GIVE WEEKLY OR MONTHLY SALARY OF HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)

4. The injury caused disability as follows: SUBJECT TO PROOF
(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid (YES) (NO) \$ Subject to Proof (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Unemployment insurance or unemployment compensation disability benefits have been received since the date of injury
(YES) (NO)

7. Medical treatment was received (YES) (NO) (DATE OF LAST TREATMENT) All treatment was furnished by
the Employer or Insurance Company (YES) (NO) Other treatment was provided or paid for by _____

Did Medi-Cal pay for any health care related to this claim _____
X (YES) (NO) doctors not provided or paid for by employer or insurance company who treated or examined for this injury are _____
(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

8. Other cases have been filed for industrial injuries by this employee as follows: 9/4/90, 12/4/90, 2/4/92
(SPECIFY CASE NUMBER AND CITY WHERE FILED)

9. This application is filed because of a disagreement regarding liability for: Temporary disability indemnity
Permanent disability indemnity Reimbursement for medical expense Medical treatment
Compensation at proper rate Rehabilitation _____ Other (Specify) _____
All other rights and remedies under labor code.
AND APPLICANT REQUESTS A HEARING AND AWARD OF

THE SAME, AND FOR ALL OTHER APPROPRIATE BENEFITS PROVIDED BY LAW.

Dated at SACRAMENTO (CITY), California, Sept 23, 1992 (DATE)

MASTAGNI, HOLSTEDT & CHIURAZZI
(APPLICANT'S ATTORNEY)

[Signature]
APPLICANT (APPLICANT'S SIGNATURE)

1912 I St, #102, Sacramento, CA 95814
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

(916) 446-4692

1 PROOF OF SERVICE BY MAIL--1013a, 2015

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DTA/WCAB
SEP 23 10 43 35
SACRAMENTO

2 I am a citizen of the United States and a resident of the
3 County of Sacramento. I am over the age of eighteen years
4 and not a party to the within above-entitled action; my
5 business address is 1912 I Street, Suite 102, Sacramento,
6 California 95814.

7 On September 23, 1992, I served the within APPLICATION FOR
8 ADJUDICATION OF CLAIM on the parties in said action, by
9 placing a true copy thereof enclosed in a sealed envelope
10 with postage thereon fully prepaid, in California,
11 addressed as follows:

12 Donald Meidinger

13 _____
14 _____
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17 _____
18 _____
19 _____
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26 _____
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28 _____
County of San Joaquin
Mosquito Abatement District
5503 S. Airport Way
Stockton, CA 95206

Keenan & Associates
1760 Creekside Oaks Dr, #220
Sacramento, CA 95833

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on September 23, 1992, at Sacramento, California.

Heather M. Wylder
HEATHER M. WYLDER
Legal Assistant