

WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

Applicant

Donald Meidinger

vs.

San Joaquin County
Mosquito Abatement District

Defendants

Case No.

STK 94437

108620

108621

Stipulations with Request for Award

RECEIVED

SEP 16 1994

DIVISION OF
W.C.A.B. COMPENSATION
SACRAMENTO OFFICE

The parties hereto stipulate to the issuance of an Award and/or Order, based upon the following facts, and waive the requirements of Labor Code Section 5313:

1. Donald R. Meidinger, born _____, while
(Employee) Mosquito Control
employed within the State of California as Technician _____ on 9-4-90, 6-10-88, 1-27-92
(Occupation) (Date of Injury)
by San Joaquin County Mosquito Abatement District whose compensation insurance carrier was
(Employer) Keenan & Associates sustained injury arising out of and in the course of employment bi-lateral knees and
(Parts of body injured) neck.

2. The injury caused temporary disability for the period various periods
through _____ for which indemnity is payable at \$ 266.00/\$336.00 per
week, less credit for such payments previously made.

3. The injury caused permanent disability of 17:1 %, for which indemnity is payable at \$ 140.00
per week beginning 6-8-92, in the sum of \$ 8,295.00, less credit for such
payments previously made.

An informal rating has not been previously issued.
(Select one)

4. There is ~~xx~~ not may be need for medical treatment to cure or relieve from the effects of said injury.
(Select one)

*** treatment for bi-lateral knees only.

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS



Address of Attorney for Applicant Attorney X Authorized Representative

1912 I Street, Ste. 102, Sacramento, CA 95814 same as above

Attorney for Defendant Attorney X Authorized Representative for Defendant

Elena Pazzesi
Attorney X

Address of Insurer Company Address of Insurer Company

7 392 D Connors Ct., Chico, CA 95926

Address of Employer

5503 S. Airport Way, Stockton, CA 95206

Social Security Number of Applicant

Applicant Donald Medinger

Donald Medinger

Dated

7/23/84

This Award also includes settlement of 12-4-90 Left eye claim, with no permanent disability or need for future medical.

Less permanent disability advances to date of \$4,200.00.

Interest will be waived if Award is paid within twenty days of date approved.

8. Other stipulations:

7. Liens against compensation are payable as follows: N/A

6. Applicant's attorney request a fee of \$ 195.00

5. Medical-legal expenses are payable by defendant as follows: N/A

STATE OF CALIFORNIA

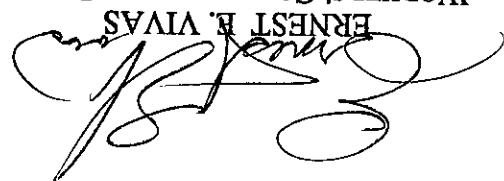
WORKERS COMPENSATION APPEALS BOARD

By: Lisa Zorn
Lisa Zorn

Served by mail on all
parties on official address
record on above date.

WORKERS' COMPENSATION JUDGE

ERNEST E. VIVAS



DATE: 10-17-94

Interest cannot be waived, Labor Code Section
5000 and 5800. Defendant is directed to pay
interest on the award as provided by law

- (E) Other stipulations as set forth above in Paragraph 8.
- (D) Reimbursement for medical-legal expenses in accordance with paragraph 5 above,
- (C) Further medical treatment in accordance with Paragraph 4 above,
less illness in accordance with Paragraph 7 above,
value of services rendered to be commuted from the far end of the award if necessary.
- (B) Permanent disability indemnity in accordance with paragraph 3 above,
less the sum of \$995.40 payable to applicant's attorney as the reasonable
value of services rendered to be commuted from the far end of the award if necessary.
- (A) Temporary disability in accordance with Paragraph 2 above,

AWARD IS MADE in favor of DON MEDINGER against SAN JOAQUIN
COUNTY MOSQUITO ABATEMENT DISTRICT, Permissibly self-insured and
KEENAN & ASSOCIATES of:

AWARD
CASE NO. STK

DIVISION OF WORKERS' COMPENSATION
STATE OF CALIFORNIA