

STATE OF CALIFORNIA  
DIVISION OF WORKERS' COMPENSATION

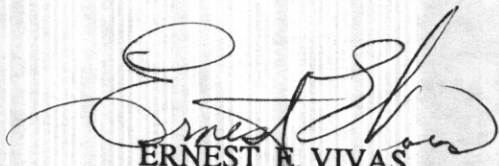
**AWARD**  
**CASE NO. STK**

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

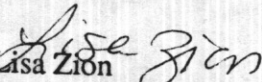
- (A) Temporary disability in accordance with paragraph 2 above,
- (B) Permanent disability indemnity in accordance with paragraph 3 above,  
Less the sum of \$995.40 payable to applicant's attorney as the reasonable value of services rendered to be commuted from the far end of the award if necessary.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

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

DATED: 10-17-94

  
ERNEST E. VIVAS  
WORKERS' COMPENSATION JUDGE

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

By: Lisa Zion 

WORKERS COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

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

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

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

8. Other stipulations:

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

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

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

Dated 8/23/94

Applicant Donald Meidinger

Social Security Number of Applicant

5503 S. Airport Way, Stockton, CA 95206

Address of Employer

Address of Applicant

392 D Connors Ct., Chico, CA 95926

Address of Insurance Company

Paul Saltzen  
CHRISTOPHER E. Baulby

Elena Piazzisi  
Elena Piazzisi

Attorney or Authorized Representative for Defendant

1912 I Street, Ste. 102, Sacramento, CA

95814 same as above

Address of Attorney for Applicant

Address of ~~Attorney or~~ Authorized Representative



# WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

<i>Applicant</i>
Donald Meidinger
vs.
San Joaquin County Mosquito Abatement District
<i>Defendants</i>

Case No.

STK 94437  
108620  
108621

**Stipulations  
with Request  
for Award**

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DIVISION OF  
WORKERS COMPENSATION  
STOCKTON 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~~ has not been previously issued.  
(Select one)

\*\*\*  
4. There ~~is~~ is 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

