

PLAINTIFF'S EXHIBIT 17-C
DATE OF INJURY: 01/21/05

DOI:	Received Forms?								WC CLAIM #: VE050054
	1/26/05	1/27/05	1/31/05	2/2/05	2/3/05	2/7/05	2/28/05		
01/21/05	<p>Tiffany Anderson: INCIDENT OCCURRED AT WHITE SLOUGH, BUT EMPLOYER FALSIFIED STATING THE INJURY OCCURRED AT 7759 AIRPORT WAY, WHICH IS THE EMPLOYERS MAIN BUSINESS ADDRESS: EMPLOYEE WAS SPRAYING AT WHITE SLOUGH WITH UNKNOWN CHEMICALS</p>								Y=Yes, we have a copy N= No we do not have a copy
Required Forms									
DWC-1	Y								<p>Tiffany Anderson: work status report notes "discharged"</p>
DWC-1 ACK FORM	N								
DATE OF SERVICE:	1/26/05	1/27/05	1/31/05	2/2/05	2/3/05	2/7/05	2/28/05	PROVIDER'S NAME AND LICENSE #: DR. DONALD ROSSMAN, CA#C35074	
Required Forms									PROVIDER CASE #: 66402
EMPLOYER'S FIRST REPORT OF INJURY	Y	N/A	N/A	N/A	N/A	N/A	N/A		
PATIENT'S INITIAL VISIT FORM	N	N	N	N	N	N	N		
CONSENT AND AUTHORIZATION TO RELEASE INFORMATION-PROVIDER'S FORM	N	N	N/A	N	N/A	N	N		
CONSENT TO TREAT AND AUTH TO RELEASE INFO TO EMPLOYER (EMPLOYER'S FORM)	Y	N/A	N/A	N/A	N/A	N/A	N/A		
NURSE'S NOTES	N	N	N	N	N/A	N/A	N		
DOCTOR'S NOTES (TYPED)	N	N	N	N/A	N/A	N	N		
INJURY WORKSHEET	N	N	N	N/A	N/A	N	N		
WORK STATUS REPORT WORKSHEET	N	N	N	N/A	N/A	N	N		
WORK STATUS REPORT	Y	Y	Y	N/A	N/A	Y	Y		
DOCTOR'S FIRST REPORT OF INJURY	N	N/A	N/A	N/A	N/A	N/A	N/A		
PR-2	N	N	N	N	N	N	N		
FOLLOW UP APPOINTMENT INFORMATION	Y	Y	Y	N/A	N/A	Y	N/A		
LAB RESULTS (IF APPLICABLE)	N/A	N/A	N	N/A	N/A	N/A	N/A		
AIMS MILEAGE REIMBURSEMENT FORM	Y	Y	Y	Y	Y	Y	Y		
CLAIM SUMMARY-PAYMENTS	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
AIMS FULLY RECOVERED LETTER	N/A	N/A	N/A	N/A	N/A	N/A	N		

Tiffany Anderson:
 O/S blood test noted on TA's time card, but no record of labs received