

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Donald Meidinger

Case No. STK ADJ 486529

Applicant,

ORDER

vs.

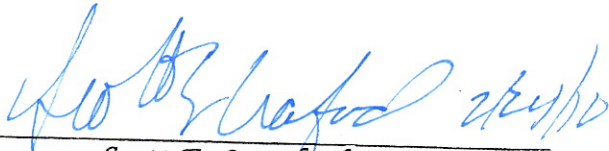
San Joaquin County Mosquito VCD psi

Defendants.

Good Cause Appearing: Applicant is ordered to produce any and all records, pleadings, documents or other information relating to assault resulting in court compelled anger management courses in his possession within 10 days. ~~If applicant does not have records, he is ordered to produce a list of agencies, facilities, doctors or other entities involved in the matters. If no records exist, applicant must advise the parties in writing under penalty of perjury of the lack of records whether he has records in his possession,~~

IT IS ORDERED THAT:

It is so ordered



Scott E. Crawford
Workers' Compensation Administrative Law Judge

NOTICE:

Defense WA
Pursuant to Rule 10500, you are designated to serve this/these document(s) forthwith on all parties shown on the Official address record.

Date: 2/24/10 Initials: MSL

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

Donald Meidinger
APPLICANT
v.
San Joaquin County MVED
DEFENDANT(S).

CASE NO. ADJ 486529

PRE-TRIAL CONFERENCE STATEMENT §5502 (d) (3)
 NOTICE OF HEARING

LOCATION: STK DATE: 4/24/2010 TIME: 9:30

SETTLEMENT CONFERENCE JUDGE: CRAWFORD

APPEARANCES:

INJURED WORKER:
 INJURED WORKER'S ATTORNEY ADAM STEWART

ATTY HRG REP

DEFENDANT'S ATTORNEY STOCKWELL HARRIS SACRAMENTO Sharon Didion

ATTY HRG REP

ATTY HRG REP

ATTY HRG REP

ATTY HRG REP

OTHERS APPEARING:
(L.C., INTERPRETERS, ETC.)

ADDRESS RECORD CHANGES:

BOX BELOW TO BE COMPLETED ONLY BY WORKERS' COMPENSATION JUDGE

DISPOSITION: SET FOR REGULAR HEARING: 1 HOUR 2 HOURS 1/2 DAY ALL DAY WCAB NOTICE NOTICE WAIVED

BEFORE ANY WCJ BEFORE WCJ Crawford BEFORE ANY WCJ OTHER THAN

CASE(S) SET ON 5/17/10 AT 8:30 a WCJ Crawford IN Stockton

(DATE) (TIME) (LOCATION)

OTHER DISPOSITION AND ORDERS: Challenges waived. This matter
is set for all day trial on 5/17/10
at 8:30am before WCJ Crawford. see page
4 for additional orders.

NOTICE TO: Defense Att
Pursuant to Rule 10500, you are designated to serve this/these document(s) forthwith on all parties shown on Official Address Record.

Scott E. Crawford
Scott E. Crawford
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

STIPULATIONS

THE FOLLOWING FACTS ARE ADMITTED:

1. DONALD MEIDINGER, BORN 12 / 12 / 1952

WHILE EMPLOYED ALLEGEDLY EMPLOYED

ON 10/13/06

DURING THE PERIOD(S) ~~CT~~ 10/13/06

AS A(N) Mosquito Abatement Tech, OCCUPATIONAL GROUP NUMBER deferred

AT STOCKTON, CALIFORNIA,

BY SAN JOAQUIN COUNTY MVCD

SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO _____

CLAIMS TO HAVE SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO heart

2. AT THE TIME OF INJURY THE EMPLOYER'S WORKERS' COMPENSATION CARRIER WAS AIMS INSURANCE

T9A AIMS

THE EMPLOYER WAS PERMISSIBLY SELF-INSURED UNINSURED LEGALLY UNINSURED

3. AT THE TIME OF INJURY, THE EMPLOYEE'S EARNINGS WERE \$ deferred PER WEEK, WARRANTING INDEMNITY RATES OF \$ deferred FOR TEMPORARY DISABILITY AND \$ deferred FOR PERMANENT DISABILITY.

4. THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS FOLLOWS: (TD/PD/VRMA)

TYPE	WEEKLY RATE	PERIOD	TYPE	WEEKLY RATE	PERIOD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

THE EMPLOYEE HAS BEEN ADEQUATELY COMPENSATED FOR ALL PERIODS OF T/D CLAIMED THROUGH _____

5. THE EMPLOYER HAS FURNISHED ALL SOME NO MEDICAL TREATMENT.

THE PRIMARY TREATING PHYSICIAN IS _____

6. NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTORNEY FEE ARRANGEMENTS HAVE BEEN MADE.

7. OTHER STIPULATIONS _____

[Signature]
APPLICANT

[Signature]
DEFENDANT

LIEN CLAIMANT/OTHER

ISSUES

EMPLOYMENT _____

INSURANCE COVERAGE _____

INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT _____

PARTS OF BODY INJURED: heart

EARNINGS: EMPLOYEE CLAIMS _____ PER WEEK, BASED ON _____

EMPLOYER/CARRIER CLAIMS _____ PER WEEK, BASED ON _____

TEMPORARY DISABILITY, EMPLOYEE CLAIMING THE FOLLOWING PERIOD(S): _____

PERMANENT AND STATIONARY DATE:

EMPLOYEE CLAIMS ___/___/___, BASED ON _____

EMPLOYER/CARRIER CLAIMS ___/___/___, BASED ON _____

PERMANENT DISABILITY APPORTIONMENT

OCCUPATION AND GROUP NUMBER CLAIMED: BY EMPLOYEE _____

BY EMPLOYER/CARRIER _____

NEED FOR FURTHER MEDICAL TREATMENT _____

LIABILITY FOR SELF-PROCURED MEDICAL TREATMENT _____

LIENS:

LIEN CLAIMANT	TYPE OF LIEN	AMOUNT AND PERIODS PAID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIEN CLAIMANT	TYPE OF LIEN	AMOUNT AND PERIODS PAID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTORNEY FEES

OTHER ISSUES: ① A requests discovery be left open regarding AME deposition on all issues consistent with 9/8/09 joint continuance. ② A asserts no reasonable connection between Applicant's job duties and claimed injury. Events not reasonably linked to his employment. Hence, no injury AOE/COE. ③ A request App produce any/all documents regarding assault of daughter Deanna within 20 days. ④ A request Court order all witnesses appear for trial (including Anger Management Classes), ~~if necessary~~ if needed after deposition.

APPLICANT

DEFENDANT

LIEN CLAIMANT/OTHER

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⑤ A asserts AME 2/24/09 report not substantial evidence re: injury AOE/COE by AME's own admission deferring to trier of fact. A still requests AME deposition set for 4/22/10.

* If demands hearing in (30) days 5302(b)(1)