STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS

WORKERS' COMPENSATION APPEALS BOARD

SEE REVERSE SIDE FOR INSTRUCTIONS

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

CASE No. Unassigned STK 211962

M r. Tom Beard

Social Security No.: 558-76-6159

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)

VS.

San Joaquin County Mosquito & Vector Control

(EMPLOYER - STATE IF SELF-INSURED)

AIMS

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

2937 Toyon Dr. #2
Stockton, CA ~~95201~~ 95203

(INJURED EMPLOYEE'S ADDRESS AND ZIP CODE)

(APPLICANT'S ADDRESS AND ZIP CODE)

7759 S. Airport Way ✓
Stockton, CA 95206

(EMPLOYER'S ADDRESS AND ZIP CODE)

P.O. Box 269120
Sacramento, CA 95826 ✓

(INSURANCE CARRIER OR ADJUSTING AGENCY'S ADDRESS)

IT IS CLAIMED THAT:

1. The injured employee, born 09/24/1949 (DATE OF BIRTH), while employed as a Control Tech I (OCCUPATION AT TIME OF INJURY)
   on CT through 1/9/07 (DATE OF INJURY) at Ripon, CA (ADDRESS) (CITY) (STATE) (ZIP CODE)
   By the employer sustained injury arising out of and in the course of employment to
   right knee, back, sleep disorder
   (STATE WHAT PARTS OF BODY WERE INJURED)
2. The injury ocurred as follows: cumulative trauma
   (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: 1/9/07 to present and continuing
   (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) $ ___ (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) N (NO)
7. Medical treatment was received Y (YES) ___ (NO) ongoing (DATE OF LAST TREATMENT) All treatment was furnished by the Employer or Insurance Company Y (YES) ___ (NO) Other treatment was provided or paid for by ___
   (NAME OF PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE) Did Medi-Cal pay for any health care related to this claim ___ (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 INJURIES)
8. Other cases have been filed for industrial injuries by this employee as follows:
   filed concurrently; 1986
   (SPECIFY CASE NUMBER AND CITY WHERE FILED)
9. This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X
   Permanent disability indemnity X Reimbursement for medical expense X Medical Treatment X
   Compensation at proper rate X Rehabilitation X Other (Specify) ___
   All CA LCS Benefits
   THE SAME, AND FOR ALL OTHER APPROPRIATE BENEFITS PROVIDED BY LAW. AND APPLICANT REQUESTS A HEARING AND AWARD OF

Dated at Modesto (CITY) California, 10/30/2007 (DATE)

David N. Rockwell (by pp)
(APPLICANT'S ATTORNEY)

David N. Rockwell
Frailing, Rockwell, Kelly & Duarte
P.O. Box 0142 1600 "G" Street, Suite 203
Modesto, CA 95353-0142, (209) 521-2552
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

Tom Beard (by pp)
(APPLICANT'S SIGNATURE)

RECEIVED
NOV 01 2007
DIVISION OF WORKERS COMPENSATION STOCKTON OFFICE

DIA WCAB FORM 1 (REV. 7/81)
A1-Law

84 32595

LCS 4906(g) STATEMENT FOR APPLICATION OR ANSWER

The undersigned employee and attorney hereby declare under penalty of perjury that they have not violated Labor Code Section 139.3 and that they have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

Employee

Attorney

(This section to be used
only if employee cannot sign)

I, _____, attorney for applicant herein, declare under penalty of perjury, based upon my own knowledge or upon information and belief, that the employee herein cannot sign the above Statement, and cannot sign for the following reason(s): _____

_____

_____.

_____
Attorney

LAW OFFICES OF
FRAILING, ROCKWELL & KELLY

John B. Frailing*
David N. Rockwell*
Sharon E. Kelly*
Jeffrey R. Duarte*

P. O. Box 0142
Modesto, CA 95353-0142
1600 G Street, Suite 203

Phone (209) 521-2552
Fax (209) 526-7898

October 30, 2007

Workers' Compensation Appeals Board
31 E. Channel St. #344
Stockton, CA 95202

RE: Tom Beard v San Joaquin County Mosquito & Vector Control
WCAB No:Unassigned

Gentlepersons:

Please find enclosed for filing an original and one copy of an application for adjudication of claim and a 4906(g) statement.

Please return a file-marked copy to our office.

Very truly yours,

FRAILING, ROCKWELL, KELLY & DUARTE

David N Rockwell

David N. Rockwell
ve

Enclosure(s)

Copies as per attached proof of service

PROOF OF SERVICE BY MAIL
(1013a, 2015.5, C.C.P.)

I am a citizen of the United States and a resident of the County of Stanislaus. I am over the age of eighteen years and not a party to the within above-entitled action. My business address is FRAILING, ROCKWELL & KELLY, P.O. Box 0142, Modesto, CA, 95353-0142 (1601 I Street, Suite 150, Modesto, California 95354).

On October 30, 2007, I filed with the Workers' Compensation Appeals Board (by mailing) and served the within cover letter of this same date, Application for Adjudication of Claim and 4906(g) Statement regarding the injury (injuries) of:

Tom Beard

for the following date(s) of injury:

CT through 1/9/07

on the parties listed below, by placing a true copy thereof enclosed in a sealed envelope with proper postage thereon fully prepaid, in the United States post office mail box at Modesto, California, addressed as follows:

Workers' Compensation Appeals Board
31 East Channel Street, Room 344
Stockton, CA 95202

San Joaquin County Mosquito & Vector Control
7759 S. Airport Way
Stockton, CA. 95206

AIMS
P.O. Box 269120
Sacramento, CA 95826

Mr. Tom Beard
2937 Toyon Dr. #2
Stockton, CA 95201

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 30, 2007 at Modesto, California.