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LIEN SPECIALISTS

December 21, 2006

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

**RE: MEIDINGER, DONALD VS. SAN JOAQUIN COUNTY MVCD**  
WCAB NO.: 1) STK 207071  
CLAIM NO.: VE0700038  
OUR FILE NO.: 300223-001

Dear Gentilepersons:

Pursuant to the Rules and Regulations of the Division of Workers' Compensation Appeals Board, please find the following for filing:

**1. Answer of Defendant**

Copies of the aforementioned documents are being served on all parties listed on the attached Proof of Service at this time.

Very truly yours,

STOCKWELL, HARRIS, WIDOM, WOOLVERTON & MUEHL  
A Professional Corporation

ERIC G. HELPHREY  
EGH:ks

RECEIVED

DEC 22 2006

DIVISION OF  
WORKERS COMPENSATION  
STOCKTON OFFICE

LOS ANGELES OFFICE  
3580 WILSHIRE BOULEVARD, 19<sup>TH</sup> FLOOR  
LOS ANGELES, CALIFORNIA 90010  
(323) 935-6669

SAN DIEGO OFFICE  
750 "B" STREET, SUITE 1220  
SAN DIEGO, CALIFORNIA 92101  
(619) 696-1436

ORANGE COUNTY OFFICE  
701 SOUTH PARKER STREET, SUITE 2200  
ORANGE, CALIFORNIA 92868  
(714) 479-1180

SAN BERNARDINO OFFICE  
735 EAST CARNEGIE DRIVE, SUITE 270  
SAN BERNARDINO, CALIFORNIA 92408  
(909) 381-5553

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222 KEARNY STREET, 9<sup>TH</sup> FLOOR  
SAN FRANCISCO, CALIFORNIA 94108  
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200 SOUTH 13<sup>TH</sup> STREET, SUITE 214  
GROVER BEACH, CALIFORNIA 93433-3302  
(805) 473-0720

VENTURA OFFICE  
2021 SPERRY AVENUE, SUITE 46  
VENTURA, CALIFORNIA 93003-7417  
(805) 654-8994

FRESNO OFFICE  
1550 EAST SHAW AVENUE, SUITE 103  
FRESNO, CALIFORNIA 93710  
(559) 226-9030

# WORKERS' COMPENSATION APPEALS BOARD

ANSWER OF DEFENDANT

Donald Meidinger  
(INJURED EMPLOYEE)

Case No. STK 207071

10/13/06

Date of alleged injury: \_\_\_\_\_

vs.  
San Joaquin MVCD  
(CORRECT NAME OF EMPLOYER, INDICATE IF SELF-INSURED)

7759 S. Airport Way  
Stockton, CA 95206  
(EMPLOYER'S ADDRESS AND ZIP CODE)

AIMS Insurance Company  
(CORRECT NAME OF INSURANCE CARRIER OR IF SELF-INSURED, ADJUSTING AGENCY)

P.O. Box 28100  
Fresno, CA 93729  
(INSURANCE CARRIER OR ADJUSTING AGENCY'S ADDRESS AND ZIP CODE)

ANSWERING DEFENDANTS deny the allegations of the application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

EXPLAIN BELOW

(Mark X if allegation is denied)

\_\_\_\_\_ Employment \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

x Injury denied  
(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)

\_\_\_\_\_ Insurance coverage \_\_\_\_\_  
(CHECK IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)

x Liability for self-procured treatment reasonable and necessary

x Liability for future medical treatment reasonable and necessary

x Medical-legal costs reasonable and necessary

\_\_\_\_\_ Earnings \_\_\_\_\_

x Periods of disability \_\_\_\_\_  
(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK)

x Rehabilitation denied pending appropriate evidence and/or demands

x Permanent disability apportionment  
(IF APPORTIONMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of \$ \_\_\_\_\_ at the rate of \$ \_\_\_\_\_ a week beginning \_\_\_\_\_ through \_\_\_\_\_ plus \_\_\_\_\_

2. Affirmative defenses and other matters: All affirmative defenses permitted under California law, including the Labor Code, California Code of Regulations, and case law; post-termination defense and non-discriminatory good faith personnel action; contributions and credits and judicial notice of all other cases.

Defendants do not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice if other issues develop.

see attached proof of service

Dated at Sacramento, California, December 21, 2006

[Signature]  
(EMPLOYER OR INSURANCE CARRIER)

By: Eric G. Helphrey, Esq.  
Stockwell, Harris, Widom, Woolverton & Muehl  
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

1 **Meidinger, Donald**

2 **PROOF OF SERVICE**

3 STATE OF CALIFORNIA

4 COUNTY OF SACRAMENTO

5 I am in the County of Sacramento, State of California. I am over the age of 18 years  
6 and not a party to the within action. My business address is 1545 River Park Drive, Suite 330,  
7 Sacramento, California 95815-4616.

8 On 12/ 21 /2006, I served the foregoing document described as: **Answer of**  
9 **Defendant** on all interested parties in this action by placing a true copy thereof enclosed in a  
10 sealed envelope with postage thereon fully prepaid in the United States mailed at Sacramento,  
11 California, addressed as follows:

12 Workers' Compensation Appeals Board  
13 31 E. Channel Street, Room 344  
Stockton, CA 95202

14 Ms. Angela Phillips  
15 AIMS Insurance Company  
P.O. Box 28100  
Fresno, CA 93729

16 Mr. Ronald M. Stein  
17 Ronald M. Stein Law Offices  
4521 Quail Lakes Drive  
Stockton, CA 95207

18 I certify, under penalty of perjury, that the foregoing is true and correct.

19 Executed on 12/ 21 /2006, at Sacramento, California.

20  
21 By: Kathi Stokes  
22 Kathi Stokes  
23  
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26  
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