

TIFFANY ANDERSON

*Claimant/Applicant*

VS.

SAN JOAQUIN COUNTY MOSQUITO & VCD  
*Employer/Insurance Carrier/Defendant*

CASE NO: ADJ7004221

(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED.  
REGARDLESS OF DATE OF INJURY.)

### SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above  
Case No. or attaching a copy of the subpoena)  
Where no application has been filed for injuries on or after  
January 1, 1990 and before January 1, 1994, subpoena will  
be valid without a case number, but subpoena must be served  
on claimant and employer and/or insurance carrier.

**See Instructions Below.\***

*The People of the State of California Send Greetings to:*

**DAMERON OCCUPATIONAL HEALTH SERVICES  
525 WEST ACACIA, STOCKTON, CA 95203**

WE COMMAND YOU to appear before **COMPEX LEGAL SERVICES**  
4222 W. ALAMOS, #109, FRESNO, CA 93722 (888) 456-4620

on Oct 18, 2011, at 08:30 AM, to testify in the above-entitled matter and to bring with you and produce the following described documents,  
papers, books and records:

SEE ATTACHMENT 3

RECORDS OF: ANDERSON, TIFFANY  
AKA:

DATE OF BIRTH: 08/22/70

SOCIAL SECURITY #: 549-23-5133

For failure to attend and/or produce said documents you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all  
losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration which is served herewith.

Date: October 05, 2011

WORKERS' COMPENSATION APPEALS BOARD

By

*Robert E. Welch*

Secretary, Assistant Secretary, Referee, Judge



\*FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990  
AND BEFORE JANUARY 1, 1994:

You are directed to make the original records available for inspection and copying at the  
address of the Deposition Officer given above or, with the consent of the Deposition Officer,  
at your place of business during normal business hours in accordance with California  
Evidence Code Section 1560(e). Do not release the requested records to the Deposition  
Officer prior to the date and time stated above.

SEE ATTACHED - (SUBPOENA INVALID WITHOUT DECLARATION)

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied by  
notice from this Board that deposit of the witness fee has been made in accordance with Govt Code 68097.2 et seq.

Both  
300141-040



# COMPEX

*Legal Services, Inc.*

Records of . . . : ANDERSON, TIFFANY  
Defendant . . . : SAN JOAQUIN COUNTY MOSQUITO & VCD  
Client/Insured: STOCKWELL, HARRIS, WOOLVERTON & MUEHL  
File Number . . : 300141-040/VE0700184  
Case Number . . : ADJ7004221



ID# INFO: [ C50913K ]

90 Pgs.

Location . . . . : C 5 0 9 1 3 K  
DAMERON OCCUPATIONAL HEALTH SERVICES  
525 WEST ACACIA  
STOCKTON, CA 95203

Record Types . . : OTHERS  
Deliver To . . . : STOCKWELL, HARRIS, WOOLVERTON & MUEHL  
Attention . . . : KATHI STOKES  
1545 RIVER PARK DR, SUITE 330  
SACRAMENTO, CA 95815

Deposition Date 18 OCT 2011 Office Responsible for Delivery  
Rt#:523/Sacramento Field (CA 95815)

Customer # A/c#  
516 92

Note (s)

Document Retrieval • Complex Case Management • Court Reporting

NATIONWIDE : (800) 4 COMPEX (800) 426-6739

**INPATIENT/OUTPATIENT REGISTRATION RECORD**

ACCT NUM: 105715551      ADMIT DATE/TIME: 06/20/2008 08 38      DIS DATE/TIME: 06/20/2008 08 38      MRN: 626041

**PATIENT INFORMATION:**

NAME: ANDERSON, TIFFANY K      BIRTHDATE: 08/22/1970  
ADDRESS: 1416 IRIS DR #7      AGE: 37  
CITY: LODI      GENDER: FEMALE  
STATE/ZIP: CA 95242      MARITAL STATUS: SINGLE  
PHONE: (209)333-1037      RELIGION: NON  
S.S.#: 549-23-5113      ALIAS:

**ACCOUNT INFORMATION:**

PAT CLASS: O      ADMIT CLERK:  
HOSP SERV: XRO      ADMIT DX: GENERAL MEDICAL EXAM NOS  
KAISER MED REC/INS ID:      GENERAL MEDICAL EXAM NOS  
FINANCIAL CLASS: 9399-STOLAS-OCC HEALTH EXAMS

**PHYSICIAN INFORMATION:**

ADMITTING: INJURIES HULL      ATTENDING: DONALD L ROSSMAN  
PRIMARY:

**NEXT OF KIN:**

NAME:  
RELATION:  
HOME PHONE:  
BUSINESS PHONE:

**EMERGENCY CONTACT:**

NAME:  
RELATION:  
HOME PHONE:  
BUSINESS PHONE:

**GUARANTOR INFORMATION:**

NAME: ANDERSON, TIFFANY K      RELATIONSHIP: SELF  
ADDRESS: 1416 IRIS DR #7      EMPLOYER NAME: SJ COUNTY MOSQUITO-8046  
CITY: LODI      JOB TITLE: TECH  
STATE/ZIP: CA  
PHONE: (209)333-1037

**INSURANCE:**

<b>PRIMARY:</b>	<b>SECONDARY:</b>	<b>TERTIARY:</b>
INS PLAN: STOLAS-OCC HEALTH EXAMS	INS PLAN:	INS. PLAN:
ADDR:	ADDR:	ADDR:
CITY:	CITY:	CITY:
STATE/ZIP:	STATE/ZIP:	STATE/ZIP:
POL#:	POL#:	POL#:
GRP#:	GRP#:	GRP#:
SUBS: ANDERSON TIFFANY K	SUBS:	SUBS:
REL TO PT: A	REL TO PT:	REL TO PT:

**COMMENTS:**

ADVANCE DIRECTIVE:

DAMI RON HOSPITAL ASSOCIATION

**DAMERON HOSPITAL  
Occupational Injury Clinic**

Name: Anderson, Tiffany K  
SSN: 549-23-5133

Case No.: 56808

Date: 6/9/2004  
Employer: SJ Mosquito and Vector Control

**VITAL SIGNS AND NURSES NOTES**

Date	Time	Blood Pressure	Pulse	Resp.	Temp.	Notes	Initials
6/9/04	0805	128/74	72	14	95.9	itching @ @ leg pt stepped on something	AK
6/21/04	1008	---	---	---	98.6	red/rash. Better	AK