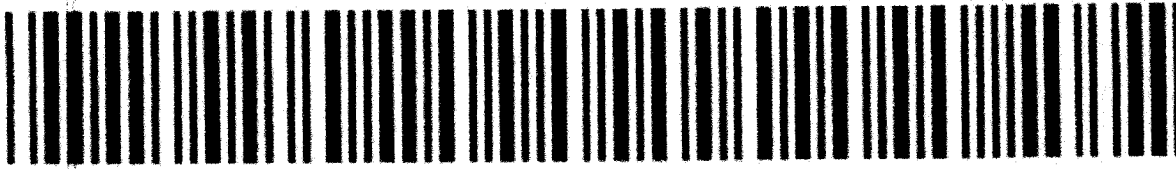


STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

7-21-16

DOCUMENT COVER SHEET



is this a new case? Yes  No  Companion Cases Exist  Walkthrough Yes  No

More than 15 Companion Cases

01/19/2016  
Date: (MM/DD/YYYY)

SSN: \_\_\_\_\_

Specific Injury

ADJ7004221  
Case Number 1

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

**Please check unit to be filed on ( check only one box )**

ADJ  DEU  SIF  UEF  INT  RSU

**Companion Cases**

Specific Injury

ADJ7004227  
Case Number 2

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

ADJ7010682

Case Number 3

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

ADJ7976768

Case Number 4

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



ADJ9066508

Case Number 5

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



Vertical text on the right edge of the page, likely a scanning artifact or page number.

Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO  
EAMS Administrator Name: KALIE WIKEL  
EAMS Administrator's Phone: (916) 924-1862  
EAMS Administrator's Email: Kalie\_Wikel@shww.com

**RE: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO  
& VECTOR CONTROL**

WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4)  
ADJ7976768; 5) ADJ9066508

CLAIM NO.: VE0700184

OUR FILE NO.: 300141-040

**PROOF OF SERVICE**

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

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

Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO

EAMS Administrator Name: KALIE WIKEL

EAMS Administrator's Phone: (916) 924-1862

EAMS Administrator's Email: Kalie\_Wikel@shww.com

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Ms. Tiffany Anderson  
1900 Lakeshore Drive  
Lodi, Ca 95242

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

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

Executed on January 11, 2016, at Sacramento, California.

By: Heidi Valentine  
Heidi Valentine

Ms Nancy Urton  
AIMS Insurance (Sacramento)  
P.O. Box 269120  
Sacramento, CA 95826-91202

Board of Supervisors  
44 North San Joaquin Street  
Sixth Floor Suite 627  
Stockton, CA 95202

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

Executed on January 22, 2016, at Lodi, California.

By:  \_\_\_\_\_

Tiffany Anderson

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN

I am in the County of San Joaquin, State of California. I am over the age of 18 years.

My residence is 1900 Lakeshore Drive , Lodi, CA 95240.

I served the foregoing document described as: APPLICANT'S RESPONSE TO JACKSON  
LEWIS' OBJECTION dated January 22, 2016, on all parties in this action by placing a true  
copy thereof

enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at  
Lodi, California, addressed as follows:

Stockwell, Harris, Woolverton, Muehl  
Sara Skolnik  
1545 River Park Drive, Suite 330  
Sacramento, CA 95815

Jackson Lewis  
Mike Christian  
400 Capital Mall # 1600  
Sacramento, CA 95814

San Joaquin County Mosquito & Vector Control District  
Board of Trustees President  
To Be handed to all members at the next meeting  
and to be heard in minutes  
7759 S Airport Way  
Stockton CA 95206

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