1 you to put your uniform back on and head to so and so.

<u>.</u>...

- 2 APPEALS OFFICER MORGANDO: I guess I'm a
- 3 little confused because you're scheduled to work a
- 4 particular -- from 2:30 in the afternoon to 12:30 in
- 5 the morning.
- 6 THE CLAIMANT: Yes.
- 7 APPEALS OFFICER MORGANDO: So on a regular day
- 8 you would leave at 12:30 in the morning, whether or not
- 9 you were in uniform or not, and you're headed home.
- 10 THE CLAIMANT: Yes.
- 11 APPEALS OFFICER MORGANDO: You're not
- 12 technically on your shift during that time period, are
- 13 you?
- 14 THE CLAIMANT: If it's after 12:30?
- 15 APPEALS OFFICER MORGANDO: After 12:30.
- THE CLAIMANT: I am not on my shift.
- 17 APPEALS OFFICER MORGANDO: Maybe I wasn't
- 18 clear. Okay. But the night that you were headed home
- 19 you were let go early.
- 20 THE CLAIMANT: I was still on my shift.
- 21 APPEALS OFFICER MORGANDO: And I think --
- 22 counsel, correct me. Did the accident occur at 12:25?
- THE CLAIMANT: 22.
- 24 APPEALS OFFICER MORGANDO: 12:22?
- THE CLAIMANT: I believe.

Kelly Paulson CCR #628

1 MR. SCHWARTZ: That's what the -- one of these

.

- 2 documents said.
- 3 APPEALS OFFICER MORGANDO: I saw --
- 4 MR. SCHWARTZ: Via --
- 5 APPEALS OFFICER MORGANDO: -- military time.
- 6 MR. SCHWARTZ: Right. The C-1 form says the
- 7 accident happened at 1513.

.....

- 8 APPEALS OFFICER MORGANDO: Okay.
- 9 MR. SCHWARTZ: There was another one. The C-3
- 10 form says it happened at 1513. The C-4 form doesn't
- 11 have a --
- 12 APPEALS OFFICER MORGANDO: Okay.
- MR. SCHWARTZ: Oh, wait.
- MR. MILLS: That can't -- that can't be right.
- 15 APPEALS OFFICER MORGANDO: I can't read it.
- MR. MILLS: That's the afternoon.
- 17 MR. SCHWARTZ: Oh, the wrong one. My fault.
- 18 Hold on.
- 19 APPEALS OFFICER MORGANDO: 1:30 p.m.
- 20 MR. SCHWARTZ: Hold on. I'm sorry. That's
- 21 what happens when I look at somebody else's --
- 22 APPEALS OFFICER MORGANDO: Oh, no. That's the
- 23 wrong injury. Hold on.
- MR. SCHWARTZ: Right. Exactly.
- 25 APPEALS OFFICER MORGANDO: Because the one

- 1 that I saw, the C-3 for this incident, is at A-13.
- 2 MR. SCHWARTZ: Yeah, the C-4 form, which is on

. .

- 3 Page 12 of Exhibit 1, doesn't have a time. The C-3
- 4 form, which is on Page 13 of Exhibit 1, says 0025.
- 5 APPEALS OFFICER MORGANDO: Which would --
- 6 MR. SCHWARTZ: 12:25.
- 7 MR. MILLS: At 12:25.
- 8 APPEALS OFFICER MORGANDO: 12:25 a.m.
- 9 Correct?
- 10 MR. SCHWARTZ: And the C-1 form, which is on
- 11 Page 14, says 0025. Reported at 0028.
- 12 APPEALS OFFICER MORGANDO: Okay. All right.
- 13 Sorry. I just wanted -- is anyone ordering a
- 14 transcript? I didn't want to interrupt so much. I
- 15 just wanted --
- MR. SCHWARTZ: We had talked about -- we're
- 17 not done yet, but we had talked earlier about doing
- 18 briefs.
- 19 APPEALS OFFICER MORGANDO: Right.
- MR. MILLS: Yeah.
- MR. SCHWARTZ: If we're going to do briefs,
- 22 then I will order a transcript.
- 23 MR. MILLS: So will I unless your Honor --
- MR. SCHWARTZ: Excuse me. You don't need -- I
- 25 mean, I'll order it. Because I'm assuming you want me

- 1 to submit it?
- 2 APPEALS OFFICER MORGANDO: Yes.
- MR. SCHWARTZ: So I'll submit it as an
- 4 evidence packet. There's a cost associated with it.
- 5 APPEALS OFFICER MORGANDO: Okay.
- 6 MR. SCHWARTZ: So we're okay paying for it.
- 7 He doesn't have any money, "he" meaning Jason.
- 8 APPEALS OFFICER MORGANDO: All right. So are
- 9 we finished with Mr. Figueroa?
- MR. MILLS: Yes, your Honor.
- 11 APPEALS OFFICER MORGANDO: Okay. Sir, thank
- 12 you very much. You may be seated.
- 13 THE CLAIMANT: Thank you.
- 14 APPEALS OFFICER MORGANDO: Mr. Mills, do you
- 15 have any further witnesses?
- MR. MILLS: No, your Honor. No, ma'am.
- 17 APPEALS OFFICER MORGANDO: Mr. Schwartz?
- 18 MR. SCHWARTZ: I'm going to call Jeff briefly.
- 19 APPEALS OFFICER MORGANDO: All right.
- 20 Counsel, does anybody --
- 21 MR. SCHWARTZ: Do you care if he stays?
- 22 APPEALS OFFICER MORGANDO: Does anybody object
- 23 if he stays at counsel table?
- MR. MILLS: I don't.
- 25 APPEALS OFFICER MORGANDO: Okay.

- 1 MR. SCHWARTZ: Will you let us know if we're
- 2 not talking loud enough into the microphone?
- 3 APPEALS OFFICER MORGANDO: And actually, it's
- 4 close enough. You're sharing it. I think you should
- 5 be fine. I will let you know though.
- 6 MR. SCHWARTZ: Okay.
- 7 APPEALS OFFICER MORGANDO: All right. Sir,
- 8 raise your right hand.
- 9 Do you solemnly swear or affirm the testimony
- 10 you're about to give in this matter shall be the truth,
- 11 the whole truth, and nothing but the truth?
- 12 THE WITNESS: I do.
- 13 APPEALS OFFICER MORGANDO: State your name,
- 14 please.
- THE WITNESS: Jeff Roch, R-O-C-H.
- APPEALS OFFICER MORGANDO: Okay. Thank you.
- 17 Mr. Schwartz.
- 18
- 19 DIRECT EXAMINATION
- 20 BY MR. SCHWARTZ:
- 21 Q And, Mr. Roch, where do you currently work?
- 22 A I work for Las Vegas Metropolitan Police
- 23 Department.
- 24 Q And how long have you worked at the Las Vegas
- 25 Metropolitan Police Department?

- 1 A 20 years.
- Q What's your current job title at the Las Vegas
- 3 Metropolitan Police Department?
- 4 A I'm currently the director of risk management.
- 5 Q Okay. And is that primarily a desk job?
- 6 A Yes.
- 7 Q Prior to being the director of risk management
- 8 what was your -- what other experience have you had at
- 9 Las Vegas Metropolitan Police Department?
- 10 A Prior to this position I was assigned to the
- 11 Traffic Bureau.
- 12 Q And what did you do at the Traffic Bureau?
- 13 A I was a motorcycle officer until I was
- 14 involved in an accident.
- 15 Q And how long were you a motorcycle officer?
- 16 A One year.
- 17 Q And so you've been the director of risk
- 18 management for 19 years?
- 19 A Actually, I was in risk management -- well, I
- 20 was three years in patrol and traffic, two years in
- 21 risk management before I became the director.
- 22 Q Okay. So you were a motorcycle officer and
- 23 you were also a non-motorcycle officer?
- 24 A Yes.
- Q Okay. Are you familiar with the -- as the

1 risk manager with the Las Vegas Metropolitan Police

- 2 Department policies about letting officers go home
- 3 early?
- 4 A Yes, more procedures than policies.
- 5 Q Okay. So wrong term. It should be
- 6 procedures?

- 7 A Well, I'm not aware of a written policy on
- 8 when an officer would leave, particularly in this case.
- 9 Q But you're aware of the procedures?
- 10 A Yes.
- 11 Q Okay. You've heard Mr. Figueroa testify that
- 12 his sergeant called him in and said, "You can leave
- 13 earrly."
- 14 Is that uncommon within the Las Vegas
- 15 Metropolitan Police Department?
- 16 A No.
- 17 Q And why do supervising officers allow
- 18 subordinate officers to leave early?
- 19 A Well, sometimes it will be that they came in
- 20 early. Sometimes it will be that they stayed late
- 21 within the previous couple of days. Sometimes it's a
- 22 reward for a good case. It's commonly referred to as
- 23 what we call EO or an early out.
- Q Okay. And do they continue -- do the officers
- 25 continue to get paid up until the time their shift

- 1 ends?
- 2 A Yes.
- 3 Q Are they subject to any -- I don't want to
- 4 talk about recall yet because I'll get there in a
- 5 second, but once they're let go, an EO, are they free
- 6 to do whatever they want to do?
- 7 A Yes, within reason.
- 8 Q What's the reason? I mean, what's the within
- 9 reason?
- 10 A It wouldn't be real wise to start drinking or
- 11 have alcohol if you're still on the clock.
- 12 Q Okay. You've heard Officer Figueroa talk
- 13 about potentially having to be called back --
- 14 A Yes.
- 15 Q -- when you get an EO. Is that correct
- 16 according to the procedures?
- 17 A I'm not aware of it ever happening. Generally
- 18 when we're talking about EO or a time frame, it is
- 19 within the last hour of the shift. Sometimes it's been
- 20 a couple of hours. I think I've been the benefit of
- 21 that over the years.
- But generally it's within that last hour where
- 23 nothing much is going to happen. The shift is done,
- 24 particularly near the end of the week on what we call a
- 25 Friday, whatever day of the week that lands for folks,

- 1 but sometimes as a reward or if the other shift has
- 2 come and taken over the calls for service and they were

....

- 3 slow, sometimes the sergeant would be -- particularly
- 4 in traffic what they would call it is the wave.
- 5 Whenever the paperwork was done, all checked and turned
- 6 in, you would get what they called the wave, and that
- 7 would be anywhere from 12:15 to 12:30 to 12:45
- 8 depending on when your shift ended.
- 9 Q Okay. You've heard Officer Figueroa testify
- 10 about a bag that he would pick up that would have his
- 11 police radio, some other -- handcuffs and some other
- 12 department items in it.
- 13 Are they -- are officers prohibited from
- 14 taking department items home with them when their shift
- 15 is over?
- 16 A No.
- 17 Q Are they allowed to take items home with them
- 18 when their shift is over?
- 19 A Yes.
- 20 Q What about service weapons? Are they required
- 21 to leave those at their place of employment or are they
- 22 allowed to take those home?
- 23 A No requirement. They can take it wherever
- 24 they want to take it.
- Q Okay. To the best of your knowledge do

1 officers generally leave it in their lockers or do they

- 2 take them home?
- 3 A I think it's a personal preference, but I
- 4 think most officers transport it with them.
- 5 Q Okay. How about their badges? Is that
- 6 something that they're allowed to take home with them
- 7 or are they required to leave those wherever they're
- 8 stationed?
- 9 A No. You're allowed to take them anywhere you
- 10 want.
- 11 Q Okay. You've also heard Officer Figueroa
- 12 testify about a duty to assist implicit in his oath.
- 13 Is there -- as the director of risk management
- 14 is there something in policies or procedures for
- 15 Las Vegas Metropolitan Police Department that an
- 16 officer off duty -- we'll start there -- must assist if
- 17 they see something happening?
- 18 A There's not a "must." The policy doesn't call
- 19 for "must." It actually gives guidance. There is no
- 20 mandatory carrying of a weapon off duty. However, if
- 21 in the event something happened in front of you, the
- 22 expectation is that you would be a good witness. You
- 23 would call it in, and your obligation would stop at
- 24 calling it in.
- It becomes a personal preference whether you

- 1 wish to involve yourself in that, in which case you
- 2 would identify yourself and take police action, but it

. .

- 3 really is dictated by the threat or the situation
- 4 that's presented.
- 5 Q But what is required is that you be a good
- 6 witness and that you call whatever's going on in?
- 7 A Yes.
- 8 Q And this is 24/7; correct? I mean, this is
- 9 not during those 15 minutes or 20 minutes when you're
- 10 let go early. This is as an officer this is a
- 11 requirement?
- 12 A Correct.
- 13 Q We've talked a little bit with Officer
- 14 Figueroa about being called back in even after his
- 15 shift has ended.
- 16 What's -- I'm not sure what the right term is
- 17 to ask you this, but is what Officer Figueroa said
- 18 correct, that any officer can be called in at any point
- 19 in time during any day? Is that a fair way of saying
- 20 it?
- 21 A Well, I believe what he's referring to is A/B
- 22 roster activation if we had a large scale event.
- Q Okay. Can you say that slower?
- 24 A Yes.
- 25 Q So we can make sure we get the record.

- 1 A I'm sorry. We call that A, B, and C roster.
- 2 And so officers are set up, and if we had a large scale
- 3 activation for, say, a terrorist event or -- our last
- 4 time that we did it was in June of 2014 when we had
- 5 both of our officers killed.
- 6 We would move to a 12-hour shift, but they
- 7 would take a rotation. So our on-duty officers would
- 8 work to stabilize. Anybody that would be normally on
- 9 call for their position would be called first. We
- 10 would stabilize, and then over the course of a 12 to
- 11 24-hour period we would begin to activate the A, B, C
- 12 roster which would put officers on mandatory seven days
- 13 a week, 12-hour shifts on, 12-hour shifts off, and we
- 14 would split -- it's all pre-planned. So we would split
- who would be on from 6:00 a.m. to 6:00 p.m. and then
- 16 from 6:00 p.m. to 6:00 a.m. so that there would be
- 17 coverage on both events.
- 18 Q And that's something that is put into place
- 19 only in the event of certain catastrophic events?
- 20 A Yes.
- 21 Q So again, in Officer Figueroa's case, if his
- 22 supervising officer just didn't have enough manpower,
- 23 he doesn't have the ability to call Officer Figueroa on
- 24 his day off and say come in or does he?
- 25 A Not -- well, on his day off there would be a

- 1 reason for why we would call him on his day off. I
- 2 think the testimony on this one, what they narrowed it

- . .

- 3 to was the last hour or 45 minutes of the shift that he
- 4 would have been, and I think it would be fairly tough
- 5 to bring folks back that were within that last 45
- 6 minutes of just completing their shift.
- 7 So I'm not aware of it happening. Can it
- 8 happen? I'm sure anything could happen.
- 9 Q I guess my question is, if Officer Figueroa --
- 10 if this was Friday, meaning he's not working the next
- 11 two days, is there anything within the policies or
- 12 procedures that you're aware of that his supervising
- 13 officer, just Officer Figueroa, not a catastrophic
- 14 event, can call up Officer Figueroa on his day off and
- 15 say, "I just want you to come into work today"?
- 16 A I'm not aware of that.
- 17 Q Okay. Officer Figueroa answered these
- 18 questions, but just again, on behalf of the Las Vegas
- 19 Metropolitan Police Department, do you provide any
- 20 vehicles, personal vehicles? Do you have anything to
- 21 do with personal vehicles for the officers traveling to
- 22 and from work?
- 23 A No.
- Q Do you provide any kind of stipend for their
- 25 travel to and from work?

- 1 A No.
- 3 travel to and from work?
- 4 A No.
- 5 Q How about insurance for their cars?
- 6 A No.
- 7 Q Do you have a say -- and by "you" I mean the
- 8 Las Vegas Metropolitan Police Department -- in what an
- 9 officer like Officer Figueroa drives to or from work?
- 10 A No.
- 11 Q Can you mandate that he get a motorcycle
- 12 because he drives a motorcycle for work?
- 13 A No.
- 14 Q There's nothing in your policies or procedures
- 15 that allow you to do that?
- 16 A No.
- MR. SCHWARTZ: Okay. I don't have any other
- 18 questions, your Honor.
- 19 APPEALS OFFICER MORGANDO: Mr. Mills.
- MR. MILLS: Yes.
- 21
- 22 CROSS-EXAMINATION
- 23 BY MR. MILLS:
- 24 Q So you said that usually when they're given
- 25 time off it's an early out? Is that what you called

- 1 it, an EO?
- 2 A Yes.
- 3 Q And that's usually done for what reasons?
- 4 A It could be any number of reasons. We could
- 5 be at the end of the week and everybody worked hard.
- 6 It could be that somebody stayed over a shift or was
- 7 early or it just could be a reward from the supervisor
- 8 for a good case or hard work during the week.
- 9 Q So it could be for a number of reasons?
- 10 A Yes.
- 11 Q You heard him testify what the reason was that
- 12 he was given an early out for this; correct?
- 13 A Yes.
- 14 Q And that was to get additional seat time
- 15 because he was getting transferred back to motors?
- 16 A That's what I heard.
- 17 Q Would that make sense?
- 18 A I've never heard it quite like that where they
- 19 say go get seat time, but if he represents that the
- 20 sergeant said that, I don't know. I wasn't there.
- 21 Q That's not against company policy or Metro
- 22 policy to do that?
- 23 A I don't -- it would be because I don't know
- 24 why you would mix personal with work, but seat time on
- 25 a personal bike is a whole lot different than seat time

- 1 on a Metro bike.
- 2 Q Yeah, that's not my question.
- I'm asking you is it against company policy to

<u>.</u> . .

- 4 allow someone to leave early out and instruct them to
- 5 go get extra seat time?
- 6 APPEALS OFFICER MORGANDO: If you know.
- 7 THE WITNESS: I don't. I don't know if
- 8 there's a policy on that or not.
- 9 BY MR. MILLS:
- 10 Q Okay. Is it accurate to say while he was
- 11 still -- during his shift and his supervisor called him
- 12 back, not whether or not it's normal, but if he would
- 13 have done that, could he have refused him and said,
- 14 "Absolutely not, I'm not coming back" and subject
- 15 himself to no discipline?
- 16 A I don't know for certain, but I would venture
- 17 to say that there would be an internal affairs
- 18 investigation, and they would look at the totality of
- 19 the event. And there would be a conclusion after
- 20 Officer Figueroa was provided his rights and provided
- 21 his statement.
- Q Okay. That would be during his shift?
- 23 APPEALS OFFICER MORGANDO: I'm not
- 24 understanding.
- THE WITNESS: I don't understand the question.

- 1 MR. SCHWARTZ: I understand what he's saying.
- 2 BY MR. MILLS:
- 3 Q He had an early out that evening.
- 4 A Okay.
- 5 Q Right?
- 6 A Yes.
- 7 Q And he was paid till 12:30 because his shift
- 8 was till 12:30.
- 9 A Yes.
- 10 Q So he was released early, whether it's a half
- 11 hour or 45 minutes.
- 12 A Okay.
- 13 Q Right?
- 14 A Yes.
- 15 Q If his supervisor had called him back during
- 16 that time period and he received that call, would he be
- 17 able to tell him, "Absolutely not, I'm not coming
- 18 back," and it would be in his discretion to do that and
- 19 he would receive no discipline whatsoever?
- 20 A I don't think I could answer that because I
- 21 think it depends on multiple factors.
- 22 Q And those factors would be?
- 23 A Would be -- well, in this particular case, the
- 24 accident happened at 12:25. So had his supervisor
- 25 called him at 12:25, would he have had a right to

1 refuse it? He was probably more than five minutes away

- · ·

- 2 from the station, and that would have put him towards
- 3 the end.
- 4 So I think the answer is it would be based on
- 5 a totality of circumstances, and that's why I think it
- 6 would be appropriate for internal affairs to just do
- 7 their investigation. I mean, it's a hypothetical. I
- 8 can't say for certain that a supervisor would or would
- 9 not discipline him in the time frame that we were
- 10 talking.
- 11 Q But internal affairs would get involved?
- 12 A Yes. If they started a complaint, yes, they
- 13 would.
- 14 Q And they would have the right to initiate a
- 15 complaint if he refused during his shift hours?
- 16 A Yes.
- 17 Q Okay.
- 18 MR. MILLS: Nothing further, Judge.

- 20 REDIRECT EXAMINATION
- 21 BY MR. SCHWARTZ:
- 22 Q And just to follow up on that, you've already
- 23 identified that there are times when officers who are
- 24 not on duty as a group are required to come on duty;
- 25 correct?

- 1 A Yes.
- 2 Q Like the unfortunate situation that happened
- 3 in 2014?
- 4 A Yes.
- 5 Q If they called an officer when that happened
- 6 and the officer said, "I'm not coming in," what would
- 7 happen?
- 8 A There would be an internal affairs
- 9 investigation.
- 10 Q So it doesn't really matter if they're on duty
- 11 or off duty. If they're called in and they say no,
- 12 someone is going to -- has the right to file or to
- 13 initiate a complaint?
- 14 A Yes.
- MR. SCHWARTZ: Do you want to jump in? I
- 16 don't mind.
- MR. MILLS: May I.
- MR. SCHWARTZ: I mean, I'm not quite done, but
- 19 if you have a question, let's just keep him on the same
- 20 area.
- 21 BY MR. MILLS:
- 22 Q You had indicated that if he was off duty and
- 23 the supervisor did call him, then he would have no duty
- 24 to respond.
- 25 So why would an internal affairs investigation

- 1 begin?
- 2 MR. SCHWARTZ: Maybe you didn't understand my

- 3 question. Maybe I can ask it better.
- 4 MR. MILLS: Okay.
- 5 MR. SCHWARTZ: I was asking in the situation
- 6 that he had described with the two officer fatalities
- 7 where they actually called in groups of people.
- 8 APPEALS OFFICER MORGANDO: With the A, B, C
- 9 rosters.
- MR. SCHWARTZ: Right.
- 11 MR. MILLS: I understand.
- MR. SCHWARTZ: And I was asking if in that
- 13 scenario where they're not on duty but they're called
- 14 in because of some kind of tragedy or catastrophic
- 15 event and they say -- and a specific officer says, "No,
- 16 I'm not coming in," if that could or would lead to the
- 17 same potential discipline.
- 18 APPEALS OFFICER MORGANDO: You know, and I
- 19 mean no disrespect by this. I'm not sure we have the
- 20 right witness for that. I don't know. I mean, in
- 21 terms of internal investigations or something like that
- 22 are there written policies regarding this or is it just
- 23 generally known?
- 24 THE WITNESS: Regarding a return to --
- 25 APPEALS OFFICER MORGANDO: Right, the refusal

- 1 to come in, whether it's -- the refusal to come back or
- 2 come in. I mean, I don't know if --
- MR. SCHWARTZ: Do you want me to find out if
- 4 there's a written policy? Is that what you're asking?
- 5 I don't know the answer, your Honor.
- 6 APPEALS OFFICER MORGANDO: Okay. Yeah, but I
- 7 mean, actually -- but, I mean, what if somebody is --
- 8 you know, they get the call on their personal phone. I
- 9 don't know if that's normal but -- and they're in
- 10 New York on vacation, and they say, "I'm in New York on
- 11 vacation. I'm not coming back."
- Does that result in an internal affairs
- 13 investigation? I mean, I don't know.
- 14 MR. SCHWARTZ: I think there has to be a
- 15 complaint by a supervising officer.
- 16 APPEALS OFFICER MORGANDO: Oh.
- 17 MR. SCHWARTZ: In order to do an internal
- 18 affairs investigation.
- 19 APPEALS OFFICER MORGANDO: Okay.
- 20 MR. SCHWARTZ: It's not just some dispatcher
- 21 called me and said come in, and I said I can't come in,
- 22 and then you're suddenly subject to --
- 23 APPEALS OFFICER MORGANDO: Okay.
- 24 MR. SCHWARTZ: I think Mr. Roch has used the
- 25 term "complaint."

1 APPEALS OFFICER MORGANDO: Got it. Okay.

....

- 2 MR. SCHWARTZ: I think there has to be a
- 3 complaint.

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- 4 APPEALS OFFICER MORGANDO: Okay.
- 5 MR. SCHWARTZ: But if you want more backup
- 6 documentation, your Honor, I don't mind looking for it.
- 7 APPEALS OFFICER MORGANDO: No, I don't
- 8 think -- that answers my question, actually, as to how
- 9 the IA investigation starts. It has to be based on a
- 10 complaint. Okay.
- MR. SCHWARTZ: Did I --
- MR. MILLS: Yeah, that's fine.
- MR. SCHWARTZ: Is your question good now?
- MR. MILLS: Yes.
- MR. SCHWARTZ: Okay. I'm not being facetious.
- MR. MILLS: No, no, no. I'm good.
- 17 BY MR. SCHWARTZ:
- 18 Q And I just have one other question because you
- 19 said something in cross-examination that kind of
- 20 puzzled me.
- 21 So Officer Figueroa's shift was scheduled to
- 22 end at 12:30 a.m. according to the documents we have.
- 23 A Yes.
- 24 Q So that means he's done at 12:30 a.m.
- 25 Is that a fair statement?

- 1 A Fair.
- 2 Q This accident, according to the documents we
- 3 have, happened somewhere around 12:25 a.m.
- 4 A Yes.
- 5 Q Are they -- I'm trying to figure out if he's
- 6 more than five minutes away and he gets a call, it's
- 7 going to take him more than five minutes to get back to
- 8 the command which means he's now working overtime;
- 9 correct?
- 10 A Yes.
- 11 Q Okay. So in order for them to call him back
- 12 if he has -- if it takes him longer to get back and it
- 13 goes beyond his shift, he's now being paid overtime?
- 14 A Yes.
- 15 Q Is that --
- 16 A Yes.
- 17 Q Okay. So if your shift ends at 12:30 and you
- 18 have to work up until 12:35, you're getting five
- 19 minutes of overtime?
- 20 A Well . . .
- 21 Q Assuming you've --
- 22 A Five minutes is probably not. That's where
- 23 they would do an adjust or something along that line.
- 24 They wouldn't pay you five minutes of overtime. I
- 25 think the overtime goes in increments of 15 minutes.

1 So they would either say 15 minutes or no overtime or

- - ...

- 2 "I'll help you out down the road."
- 3 MR. SCHWARTZ: Okay. I don't have any other
- 4 questions.
- 5 MR. MILLS: I have one other, Judge.

- 7 RECROSS-EXAMINATION
- 8 BY MR. MILLS:
- 9 Q You also indicated that you shouldn't -- until
- 10 your paid shift ends you shouldn't drink. That
- 11 wouldn't be reasonable.
- Is that accurate to say?
- 13 A That's accurate.
- Q So up until 12:30, even though he's out
- 15 45 minutes, he shouldn't be drinking alcohol?
- 16 A Well, I guess better said is if he's going to
- 17 be armed, it is a misdemeanor to be intoxicated and be
- 18 in possession of a firearm. So whether you're on your
- 19 shift or off your shift, we've had some issues in the
- 20 past where folks are intoxicated with their firearm.
- 21 So if you're going to have your firearm, whether you're
- 22 on duty or off duty, never a good idea to drink if
- 23 you're going to have a firearm.
- 24 Q No, I -- without a firearm.
- 25 APPEALS OFFICER MORGANDO: There's no

- 1 question -- there's no issue of this officer having
- 2 consumed anything.
- 3 THE WITNESS: No.
- 4 APPEALS OFFICER MORGANDO: This is more a
- 5 question of protocol.
- 6 MR. SCHWARTZ: And just so we're clear for the
- 7 record, your Honor, absolutely not. There's no
- 8 allegation of --
- 9 APPEALS OFFICER MORGANDO: I don't -- I didn't
- 10 see anything in the records.
- MR. SCHWARTZ: No, and I don't think Mr. Mills
- 12 is making that statement.
- MR. MILLS: No. The Tighe case had drinking
- 14 involved.
- MR. SCHWARTZ: Right.
- MR. MILLS: That's why I'm --
- 17 APPEALS OFFICER MORGANDO: Right, right,
- 18 right. Okay.
- MR. SCHWARTZ: I just want to make sure your
- 20 Honor is clear for the record that there's no
- 21 allegation on our side, and I'm assuming not on
- 22 Mr. Mills' side either.
- 23 APPEALS OFFICER MORGANDO: That's where I
- 24 thought you were going with this. So I just wanted to
- 25 make sure I didn't miss something in the medical

- 1 records.
- 2 MR. MILLS: No, Judge.
- 3 APPEALS OFFICER MORGANDO: Okay.
- 4 MR. MILLS: No.
- 5 APPEALS OFFICER MORGANDO: All right.
- 6 BY MR. MILLS:
- 7 Q So again, when an officer's shift -- during
- 8 his scheduled shift, he's expected not to drink during
- 9 his scheduled hours of work?
- 10 A Yes.
- 11 Q Correct?
- 12 A Correct.
- MR. MILLS: Okay. Nothing further.
- MR. SCHWARTZ: I don't have any follow-up,
- 15 your Honor.
- 16 APPEALS OFFICER MORGANDO: I don't have
- 17 anything else.
- 18 All right, Mr. Roch. Thank you very much for
- 19 your testimony.
- THE WITNESS: Thank you.
- 21 APPEALS OFFICER MORGANDO: Mr. Schwartz?
- MR. SCHWARTZ: I don't have any other
- 23 witnesses, your Honor.
- 24 APPEALS OFFICER MORGANDO: Okay. We're
- 25 running about two to three weeks, I think, right now on

- 1 transcripts, unless you know of anything differently.
- 2 MR. SCHWARTZ: That's if you're lucky.
- 3 APPEALS OFFICER MORGANDO: Okay. So if we're
- 4 not lucky, we're thinking a month.

- 5 MR. SCHWARTZ: I was going to say, I was told
- 6 yesterday that if I wanted a transcript expedited,
- 7 because in a particular case I wanted it expedited,
- 8 that it's five days for expedited. Because whoever the
- 9 transcript service is that's being used is one woman.
- 10 I mean, it could be one man. I don't mean to say
- 11 because it's a woman, but it's one person, and
- 12 apparently she has a lot of transcript orders so . . .
- 13 APPEALS OFFICER MORGANDO: News to me.
- 14 MR. SCHWARTZ: I was told this yesterday
- 15 because I had the same question. I was a little fired
- 16 up and wanted a transcript very quickly and was told --
- 17 APPEALS OFFICER MORGANDO: News to me. Okay.
- MR. MILLS: That it's going to take a month?
- 19 MR. SCHWARTZ: It will probably take two to
- 20 three weeks to get the transcript.
- 21 APPEALS OFFICER MORGANDO: Okay. I'm just
- 22 trying to set your briefing schedule.
- MR. SCHWARTZ: If we're -- I mean
- 24 conservatively.
- 25 MR. MILLS: Okay. And I'm gone June 15th to

- 1 July 15th.
- 2 MR. SCHWARTZ: He's doing transcripts.
- 3 MR. MILLS: No, I'm just saying --
- 4 MR. SCHWARTZ: Just kidding.
- 5 APPEALS OFFICER MORGANDO: I'm thinking --
- 6 MR. MILLS: Yes. I'm going to get a second
- 7 job.
- 8 APPEALS OFFICER MORGANDO: June 15. I don't
- 9 know how to type so help me. June 15th you're -- it's
- 10 going to be really difficult if we --
- 11 MR. SCHWARTZ: I don't mind -- I don't want
- 12 Mr. Mills to have to either, A, worry about doing a
- 13 brief while he's on vacation.
- 14 APPEALS OFFICER MORGANDO: On vacation? We're
- 15 not that cruel.
- MR. SCHWARTZ: Or B, kill himself the day
- 17 before he leaves to get the brief done. So if it's
- 18 okay with Mr. Mills, we can do it after he gets back.
- 19 APPEALS OFFICER MORGANDO: And when do you
- 20 come back? I'm sorry.
- 21 MR. MILLS: The 15th of July.
- 22 APPEALS OFFICER MORGANDO: End of July?
- 23 MR. MILLS: 15th.
- 24 APPEALS OFFICER MORGANDO: No, no, no. I'm
- 25 thinking aloud for when it would be due.

- 1 MR. MILLS: Oh, yeah, that's fine.
- 2 APPEALS OFFICER MORGANDO: Do you want
- 3 simultaneous or do you want opening --
- 4 MR. MILLS: Yes. I'm fine with simultaneous.
- 5 MR. SCHWARTZ: Simultaneous is fine. If you
- 6 want to do the end of July, that's fine.
- 7 MR. MILLS: I'm fine.
- 8 APPEALS OFFICER MORGANDO: First week of
- 9 August. I'll pick a date in there.
- MR. MILLS: Perfect.
- 11 APPEALS OFFICER MORGANDO: And I'll just issue
- 12 a briefing order.
- MR. SCHWARTZ: Okay.
- MR. MILLS: Perfect. And, Dan, you're going
- 15 to get the transcript and you'll file it?
- MR. SCHWARTZ: I'll submit it as an exhibit.
- 17 MR. MILLS: And you're going to get me --
- 18 MR. SCHWARTZ: I'm going to get you Lisa's
- 19 packet which just has two little marks on it.
- MR. MILLS: Okay. Cool.
- 21 APPEALS OFFICER MORGANDO: All right.
- 22 Counsel, thank you very much. The matter will stand
- 23 submitted upon receipt of your briefs. I will issue my
- 24 decision within 30 days. Thank you.
- 25 (Proceedings concluded at 3:12 p.m.)

		CERTIFICATION	
TI	TLE:	DAVID FIGUEROA	
DA	TE:	May 10, 2017	
LO	CATION:	Las Vegas, Nevada	
	The	below signature certifies that	the
pro	proceedings and evidence are contained fully and		
ac	accurately in the tapes and notes as reported at the		
pr	proceedings in the above referenced matter before the		
Dej	partment of	Administration, Appeals Office	e.
	Kelly	Paulson	05/16/2017
KE:	LLY PAULSON		DATE
CE	RTIFIED COU	RT REPORTER #628	

Signature Certificate

Document Reference: TEWEPMJTVKUXVLUKBZPBKF





Kelly Paulson Party ID: 34HH3SIDE2WFXZWEUTGVU8 IP Address: 68.7.171.222

verified email: keltypaulson@gmail.com

Kelly Paulson

Multi-Factor
Digital Fingerprint Checksum

76d50f68a84f7c9733485807142efcd0f88a27c4



Timestamp

2017-05-16 20 21 18 -6707 -2017 05-16 20 21 17 4 700 -

2017 (C) 16 20 20 31 4 7051 2017 (C) 16 20 20 31 4 7051 Audit

All parties have signed document, Signed copies sent to: Kelly Paulson. Document signed by Kelly Paulson (kellypaulson@gmail.com) with drawn signature. - 68.7.171.222

Document viewed by Kelly Paulson (keltypaulson@gmail.com). - 68.7.171.222 Document created by Kelly Paulson (keltypaulson@gmail.com). - 68.7.171.222



This signature page provides a record of the online activity executing this contract.

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

JUL 25 2018

APPEALS OFFICE

FILED

the Matter of the Contested Claim No.: 15D34E72969 Industrial Insurance Claim

Hearing No.: 1510632-TH

Appeal No.: 1511793-MM DAVID FIGUEROA

6831 HILLSTOP CREST CT. Employer: LAS VEGAS, NV 89131,

of:

LAS VEGAS METROPOLITAN POLICE Claimant. DEPARTMENT

> 400B S MARTIN LUTHER KING #435 LAS VEGAS, NV 89106

DECISION AND ORDER

The above-captioned appeal came on for hearing before Appeals Officer MICHELLE L. MORGANDO, ESQ. The claimant, DAVID FIGUEROA (hereinafter referred to as "claimant"), was represented by JASON D. MILLS, ESQ. The Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT (hereinafter referred to as "Employer"), was represented by DANIEL L. SCHWARTZ, ESQ., of LEWIS BRISBOIS BISGAARD & SMITH LLP.

On April 9, 2018, claimant was informed that his industrial insurance claim was denied. Claimant appealed that determination and the parties agreed to bypass the Hearing Officer and proceed before this Court. This hearing followed.

After carefully reviewing the evidence, hearing the testimony of the witness, and considering the arguments of counsel, the Appeals Officer finds and decides as follows:

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FINDINGS OF FACT

- The claimant has multiple prior industrial claims. Upon information and belief, 1. the first of these claims has a date of injury of August 27, 2010.
- The claimant had another industrial injury which occurred on March 15, 2011, 2. when he was involved in a motor vehicle accident (hereinafter referred to as "MVA") at Las Vegas Blvd. and I-95 intersection where he incurred head, neck and back injuries. (Exhibit A at 1.)
- Dr. Quaglieri performed a permanent partial disability (hereinafter referred to as 3. "PPD") evaluation for that injury on September 6, 2012 and determined that the claimant had an eleven percent (11%) whole person impairment. Based upon this impairment rating, the claimant was notified on September 28, 2012 that his claim was being closed with an eleven percent (11%) PPD award. (Exhibit A at 2-3.)
- 4. The claimant filed another Form C-4 for his elbows, knees and arm. The alleged injuries occurred from a motorcycle accident the claimant was involved in on September 21, 2011. Dr. Quaglieri performed a PPD evaluation addendum for the injury on March 5, 2013. (Exhibit A at 4-9.)
- The claimant filed another Form C-4 for his back on December 17, 2012. The 5. claimant listed the date of injury as March 15, 2011 and was diagnosed with low back pain. (Exhibit A at 10.)
- 6. The Employer completed a Form C-3 on December 18, 2012 and indicated that the claimant had stated that he was bending over to pick up a flashlight and felt pain in his lower back. (Exhibit A at 11.)
- In the instant matter, on March 7, 2015, according to the Form C-4 form, the 7. claimant was "driving" and was in an "MVA." (Exhibit A at 12.)
- 8. The Employer completed its Form C-3 upon receiving the Form C-4. (Exhibit A at 13.)
- 9. An Injury Report was also completed on March 7, 2015. This report indicated the claimant was not in the normal course of his work or duties as a police officer at the time of the incident. (Exhibit A at 14.)

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10.	The claimant was notified on April 9, 2015, that his claim was being denied.
(Exhibit A at 15-16.)	

- 11. The claimant appealed the determination letter of April 9, 2015, regarding claim denial, to the Hearing Officer. (Exhibit A at 17.) This appeal was transferred directly to the Appeals Office. (Exhibit A at 18.)
- 12. This matter came on for hearing before the Appeals Officer on May 10, 2017. Claimant and Employer's Director of Risk Management, Jeff Roch (hereinafter "Mr. Roch"), gave testimony. Salient facts from this testimony will be discussed below. (Exhibit B at 151-226.)
- 13. Claimant provided eighty-one (81) pages of evidence which was reviewed and duly considered. (Exhibit 1.)
 - 14. These Findings of Fact are based upon substantial evidence within the record.
- 15. Any Finding of Fact more appropriately deemed a Conclusion of Law shall be so deemed, and vice versa.

CONCLUSIONS OF LAW

- 1. It is the claimant, not the Employer, who has the burden of proving his case, and that is by a preponderance of all the evidence. State Indus. Ins. Sys. v. Hicks, 100 Nev. 567, 688 P.2d 324 (1984); Johnson v. State ex rel. Wyoming Worker's Comp. Div., 798 P.2d 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).
- 2. In attempting to prove his case, the claimant has the burden of going beyond speculation and conjecture. That means that the claimant must establish the work connection of his injuries, the causal relationship between the work-related injury and his disability, the extent of his disability, and all facets of the claim by a preponderance of all of the evidence. To prevail, a claimant must present and prove more evidence than an amount which would make his case and his opponent's "evenly balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3, A. Larson, The Law of Workmen's Compensation, §80.33(a).

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3. NRS 616A.010 makes it clear that:

A claim for compensation filed pursuant to the provisions of this chapter or chapter 617 of NRS must be decided on its merits and not according to the principle of common law that requires statutes governing worker's compensation to be liberally construed because they are remedial in nature.

- Under NRS 616C.150(1), the claimant has the burden of proof to show that the 4. injury arose out of and in the course and scope of his employment. The claimant must satisfy this burden by a preponderance of the evidence. Further, NRS 616B.612 mandates that an employee is only entitled to compensation if he is injured in the course and scope of his employment. Here, the claimant was not in the course and scope of his employment when the alleged injury occurred while claimant was on his commute home while driving his personal motorcycle.
- NRS 616A.030 defines an accident as "... an unexpected or unforeseen event 5. happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury." Furthermore, NRS 616A.265 defines an injury as "... a sudden and tangible happening of a traumatic nature, producing an immediate or prompt result which is established by medical evidence"
 - б. The Nevada Supreme Court has held that:

An award of compensation cannot be based solely upon possibilities and speculative testimony. A testifying physician must state to a degree of reasonable medical probability that the condition in question was caused by the industrial injury...

United Exposition Services Co. v. SIIS, 109 Nev. 421, 851 P.2d 423 (1993).

- 7. This holding has been affirmed and bolstered in the Horne v. SIIS, 113 Nev. 532, 936 P.2d 839 (1997) case, which held that "mere speculation and belief does not rise to the level of reasonable medical certainty."
 - Further, the Court has held that:

An accident or injury is said to arise out of employment when there is a causal connection between the injury and the employee's work ... the injured party must establish a link between the workplace conditions and how those conditions caused the injury ... a claimant must demonstrate that the origin of the injury is related to some risk involved within the scope of employment.

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Rio Suite Hotel v. Gorsky, 113 Nev. 600, 939 P.2d 1043(1997).

- 9. The same Court further stated that the "Nevada Industrial Insurance Act is not a mechanism which makes Employers absolutely liable for injuries suffered by employees who are on the job." (Id.).
- 10. Here, the claimant has not established that his injury arose out of and in the course and scope of his employment. The accident in question occurred while claimant was on his commute home while driving his personal motor cycle. (Transcript pp. 20:25-21:1) Claimant was wearing civilian clothes and although he was carrying service items such as his department issued radio, duty weapon, handcuffs, and badge (Transcript p. 20:20-24), Employer did not require that claimant have any of those items with him. Mr. Roch testified that claimant could have those items on his person if he wanted, but he was not required to have them. (Transcript pp. 54:9-55:10) Further, claimant testified that it was merely his own personal habit to take those items with him. (Transcript pp. 32:6-33:16)("My radio I have an option to leave it in my locker if so be.")
- 10. At the time of the incident, claimant was not performing his job as a police officer, was on his commute home, and was driving his own personal vehicle. Based on these facts alone this claim is not compensable. There is no "causal connection between the injury and the employee's work." Gorsky, Id. Indeed, this is a going and coming rule scenario.

Nevada looks to whether the employee is in the employer's control in order to determine whether an employee is acting within the scope of employment when an accident occurs outside of the actual period of employment or off the employer's premises. Thus, we have embraced a going and coming' rule, precluding compensation for most employee injuries that occur during travel to or from work. This rule frees employers from liability for the dangers employees encounter in daily

MGM Mirage v. Cotton, 121 Nev. 396 (2005).

11. The going and coming rule provides that employers are not liable for injuries sustained by employees while commuting to and from work. Tighe v. Las Vegas Metropolitan Police Dept., 110 Nev. 632, 877 P.2d. 1032 (1994). However, there are exceptions to the rule recognized in

Nevada. In Evans v. Southwest Gas Corp., 108 Nev. 1002, 842 P.2d 719 (1992), the Nevada Supreme Court held that an employee may still be within the course and scope of his employment when the travel to or from work confers a distinct benefit upon the employer or the employer exercised significant control over the employee,

12. In Evans, the employee was provided a hand held radio and a radio in his van.

- 12. In Evans, the employee was provided a hand held radio and a radio in his van.

 The employee was allowed to take the van home in order to respond to emergencies. He would be notified of those emergencies via the radio or the hand held radio. The employee was required to take the van home to respond to emergencies.
- that case, the claimant, an undercover narcotics officer, was commuting home and was involved in a traffic accident. At the time of the accident, the officer was driving an unmarked undercover vehicle provided by the police department. The vehicle in question was equipped with a radio and the officer was carrying a beeper provided by the police department as he was "on call." The claimant's claim was denied under the going and coming rule. The Appeals Officer reversed and then the District Court reversed the Appeals Officer. The claimant appealed to the Supreme Court. The Supreme Court found the claim compensable and noted that two exceptions to the going and coming rule applied to this case.
- 14. The first exception is satisfied "when the travel to or from work confers a distinct benefit upon the employer." Id., 110 Nev. at 635, 877 P.2d at 1035 (citing Evans). The Court found it dispositive that the officer was driving a vehicle provided by the employer, was "on call" as evidenced by the beeper and radio, and that the employer benefited from having an officer out driving an undercover vehicle. Therefore the Court concluded that the officer in Tighe was providing a "distinct benefit" to the employer.

15. Second, the <u>Tighe</u> Court adopted the "law enforcement exception." The Court reasoned that "police officers are generally charged with a duty of law enforcement while traveling on public thoroughfares" and therefore injuries sustained on the commute "may be compensated." (Id.)(citing <u>Hanstein v. City of Ft. Lauderdale</u>, 569 So. 2d 493, 494 (Fla. Dist. Ct. App. 1990).

- 16. However, the Court made it clear that the law enforcement exception "is not sufficiently broad and all-inclusive to justify the conclusion that all law enforcement officers are always excluded from the general rule that injuries sustained while traveling to or from work do not arise out of and in the course of employment." (Emphasis in original) (Id.) The Court specifically concluded that Tighe satisfied the law enforcement exception because "Tighe was on call and driving a police vehicle equipped with a police radio, and he was prepared to respond to any public emergency he may have encountered."
- operating his own personal vehicle at the time of the incident while wearing civilian clothes. Claimant would have been indistinguishable from any other civilian motorcycle rider. The Employer received no benefit by claimant simply being on the road, unlike <u>Tighe</u>. Further, although he had a radio with him, he was not required to have it and only carried it out of his own personal habit. Therefore, the two things which the <u>Tighe</u> court found dispositive (i.e. an employer provided vehicle and a mandatory form of radio from the employer) are not present in this case. Claimant even testified that he is never required to use his personal motorcycle while he is on duty (Transcript p. 41:19-22) and only carries his radio out of personal habit. At the time of the accident, claimant was not providing any distinct benefit to his employer and was simply driving home just as any non-law enforcement employee would.

LVMPD. The claimant was assigned to the Bolden Area Command in a re-acclimation program due to injuries he suffered as a result of a prior industrial injury. The claimant was scheduled to work from 2:30p.m. to 12:30a.m. On that date, claimant was informed by his supervisor that the re-acclimation program was ending and that the claimant would be returned to his previous area command and resume his motorcycle traffic duties.

- 19. At approximately 11:45p.m. on May 7th, the claimant was given an "early out" by his sergeant. The claimant testified that this sergeant told him to leave early to get some "seat time" on the claimant's motorcycle. After changing his clothes, the claimant left on his personal motorcycle and was involved in an accident about two miles from the area command at approximately 12:25a.m. The claimant was still on the clock at the time of the accident.
- 20. Though Mr. Roch was not present for this alleged conversation between claimant and his sergeant, Mr. Roch questioned the same, stating that "I don't know why you would mix personal with work, but seat time on a personal bike is a whole lot different that seat time on a Metro bike." (Transcript pp. 60:23-61:1)
- 21. Furthermore, it should also be noted that claimant's co-worker. Tyler McMeans, was working the exact same shift as claimant, had been released at the exact same time, was also driving his personal motorcycle, and was traveling close enough to claimant at the time of the incident to both witness the incident and speak with the driver who caused the accident. (Transcript pp. 39:13-41:7) This draws claimant's testimony into question. Mr. McMeans was not released early from his shift because claimant was ordered to "get some seat time."
- 22. Employer does not doubt that claimant's sergeant said something to the effect that claimant should "get some seat time" referring to claimant riding his personal motorcycle on the day in question. There is no evidence to the contrary. However, in no way was claimant's commute

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from work on the day in question any different than his commute on any other day. Nor is there any evidence that claimant's sergeant explicitly required him to "get some seat time" as a condition of his employment.

- 23. It was claimant's choice to have a personal motorcycle to commute to and from work. Claimant could have chosen to drive a sedan, a van, a truck, or literally any other type of vehicle that he wanted for his commute. The fact that claimant drives an employer provided motorcycle for work and also drives a different personal motorcycle for his commute is irrelevant to this case. Claimant's choice to drive his personal motorcycle to and from work does not confer any benefit upon Employer and does not extend the workplace to his commute where he is subject to "the dangers employees encounter in daily life." Cotton, Id.
- 24. It must also be noted that the fact that this accident happened while claimant was still technically "on the clock" does not somehow render this claim compensable. Indeed, it is a mainstay of the Nevada workers' compensation law that a claimant must establish more than the fact that they are getting paid at the time of an injury to make out a compensable claim: "an injured employee is not entitled to receive workers' compensation 'unless the employee ... establishes by a preponderance of the evidence that the employee's injury arose out of and in the course of his employment." Mitchell v. Clark Cty. Sch. Dist., 121 Nev. 179, 181, 111 P.3d 1104, 1105 (2005)(citing NRS 616C.150(1))
- Just as with the claimant in Mitchell, the fact that claimant was "on the clock," 25. by itself, does not render this claim compensable. Claimant must establish a workplace connection to his injury. Here, as established above, there is no work place connection. Claimant was on his personal motorcycle in civilian clothes while commuting home and happened to be involved in a traffic accident. Claimant's employment did not contribute to his accident in any way.

26. Claimant testified that it was only his personal belief that he should intervene and he could not cite to any rule, regulation, or policy which mandated that he take police action while he was not then currently within the course and scope of his duties as an officer. (Transcript pp. 14:10-19).

27. Mr. Roch confirmed the same:

Q: Is there -- as the director of risk management is there something in policies or procedures for Las Vegas Metropolitan Police Department that an officer off duty -- we'll start there -- must assist if they see something happening?

A: There's not a "must." The policy doesn't call for "must." It actually gives guidance. There is no mandatory carrying of a weapon off duty. However, if in the event something happened in front of you, the expectation is that you would be a good witness. You would call it in, and your obligation would stop at calling it in.

It becomes a personal preference whether you wish to involve yourself in that, in which case you would identify yourself and take police action, but it really is dictated by the threat or the situation that's presented.

Q: But what is required is that you be a good witness and that you call whatever's going on in?

A: Yes.

Q: And this is 24/7; correct? I mean, this is not during those 15 minutes or 20 minutes when you're let go early. This is as an officer this is a requirement?

A: Correct. (Transcript pp. 55:13-56:12)

28. Mr. Roch, in his twenty years of service, has never heard of someone getting called back after an "early out" (Transcript p. 53:12-53:8), the shear logistics of claimant getting called back are impossible. Claimant himself testified that he was ten minutes away from the operations center when his accident occurred and he only had five minutes left before his shift technically ended. Even if Employer had called claimant a minute before the accident happened and requested claimant to come back and finish his shift, it would be physically impossible for him to make it back in time.

29. Further, Mr. Roch testified that the only time claimant would be called in to work when he is off the clock is during a catastrophic scenario whenever the entire force is put on what he referred to as an "A, B, and C roster activation" whereby the officers would rotate on twelve hour shifts until the situation stabilized. (Transcript at pp. 56-58) Furthermore, Mr. Roch was entirely unaware of any other scenario which would allow claimant's supervising officer to simply "call him in" during claimant's scheduled time off. (Id.)

- 20. In summation, it is true that claimant's subject accident/injury occurred while claimant was still technically on the clock. However, simply being on the clock is not enough to render a claim compensable; there must be a workplace connection to the accident/injury. Claimant was simply commuting home on his personal motorcycle just as he would on any other day and just as any non-law enforcement employee would. He was not being paid for his commute time nor was he performing any employment related tasks at the time. There is no workplace connection and claimant was not conferring any benefit on his employer at the time of the incident. The claimant left in civilian clothes on his personal motorcycle. The claimant was not instructed to take a LVMPD motorcycle or to go get some "seat time" at a designated employer-owned location. There is no evidence that the claimant's commute when he left on May 7th was any different than any other time he left work to go home. One of claimant's co-workers Tyler McMeans, also was given an early out and left on his own personal motorcycle at the same time as the claimant.
- 31. Further, there is no "police" connection to claimant's accident/injury. Unlike the officer in <u>Tighe</u>, claimant was driving his own personal vehicle and had been released from service for the day. Though he was still technically "on the clock" at the time of the incident, it would have been impossible for claimant to be called back in prior to his shift's conclusion and the only reason claimant would be called in while he is off-duty is for a catastrophe such as a terrorist attack. Finally, the fact that he had his radio on him at the time of the incident is inconsequential as claimant made the

1	personal choice to carry it with him and was in no way required to have it while he was off duty.					
2	Claimant does not satisfy the law enforcement exception to the going and coming rule.					
3	DECISION AND ORDER					
4	The claimant, DAVID FIGUEROA, has failed to establish a compensable industrial					
5	claim.					
6	IT IS HEREBY ORDERED that Administrator's April 9, 2015 determination to deny					
7	the claim is AFFIRMED.					
8	IT IS SO ORDERED.					
9	DATED this 254 day of 1/4, 2018.					
10	APPEALS OFFICER					
11 12	William of					
13	MICHELLE L. MORGANDO, ESQ.					
ļ	NOTICE: Pursuant to NRS 616C.370, should any party desire to appeal this final decision of					
14	NOTICE: Pursuant to NRS 616C.370, should any party desire to appeal this final decision of the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within thirty (30) days after service of this Order.					
ļ	the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within					
14 15	the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within thirty (30) days after service of this Order.					
14 15 16	the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within thirty (30) days after service of this Order. Submitted by:					
14 15 16 17	the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within thirty (30) days after service of this Order. Submitted by:					
14 15 16 17 18	the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within thirty (30) days after service of this Order. Submitted by: LEWIS BRISBOIS BISGAARD & SMITH LLP DANIEL L. SCHWARTZ, ESQ.					
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LEWIS BRISBOIS BISGAARD & SMITH LLP AROBERS AT LAW

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CERTIFICATE OF MAILING

- 1	
2	The undersigned, an employee of the State of Nevada, Department of Administration,
3	Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing DECISION AND ORDER was duly mailed, postage prepaid OR placed in the
4	appropriate addressee runner file at the Department of Administration, Hearings Division, 2200
5	S. Rancho Drive, #220, Las Vegas, Nevada, to the following:
6	DAVID FIGUEROA
U	6831 HILLSTOP CREST CT
7	LAS VEGAS NV 89131
8	JASON MILLS ESQ
9	JASON D MILLS & ASSOCIATES LTD 2200 S RANCHO DR STE 140
	LAS VEGAS NV 89102
10	
11	LVMPD - HEALTH DETAIL
12	ABIGAIL BUCKLER - HEALTH MGR 400 S MARTIN L KING BLVD STE B
	LAS VEGAS NV 89106
13	
14	DANIEL SCHWARTZ ESQ
15	LEWIS BRISBOIS BISGAARD & SMITH LLP 2300 W SAHARA AVE STE 300 BOX 28
13	LAS VEGAS NV 89102-4375
16	
17	CCMSI C/O JULIE VACCA
	P O BOX 35350
18	LAS VEGAS NV 89133-5350
19	
20	Dated this 25 day of July, 2018.
	200 McGough
21	Zoe McGough, Legal Secretary A
22	Employee of the State of Nevada
23	
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RONALD J. ISRAEL DISTRICT JUDGE DEPT XXVIII LAS VEGAS, NV 89155 Electronically Filed 4/30/2019 4:34 PM Steven D. Grierson CLERK OF THE COURT

DISTRICT COURT CLARK COUNTY, NEVADA

DAVID FIGUEROA, Petitioner(s),

VS.

CANNON COCHRAN MANAGEMENT SERVICES, INC., LAS VEGAS METROPOLITAN POLICE DEPARTMENT and THE DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE, an Agency of the State of Nevada, Respondent(s). Case No.: A-18-779790-J Department 28

ORDER REVERSING THE APPEALS OFFICER'S DECISION AND ORDER

This matter was set for a hearing on April 23, 2019; however, the parties requested the hearing be continued and the Court set it for a decision in chambers on May 16, 2019. As this decision is made in chambers, the Court did not hear arguments on the matter. The Court, having reviewed and considered the briefs filed by the parties and the papers on file herein, including the record on appeal, hereby finds as follows:

FACTS & PROCEDURE

Since approximately November 5, 2006, David Figueroa ("Appellant" or "Petitioner") was employed as a traffic police officer with the Las Vegas Metropolitan Police Department ("LVMPD" or "Respondent"). LVMPD's workers' compensation administrator is Cannon Cochran Management Services, Inc. (collectively with LVMPD "Respondents"). On March 7, 2015, Appellant, riding his personal motorcycle, got into an accident shortly after leaving the Bolden Area Command where he was assigned. Prior to the crash, Appellant was a motorcycle officer, but due to an industrial accident he was

assigned to the re-acclimation program at Bolden Area Command. On or about March 7, 2015, Appellant's supervisor informed Appellant that he did not need to complete the 12-16 week re-acclimation program and Appellant was being returned to his regular working division and traffic duties effective his next shift or two. The reassignment to his old command would require Appellant to ride and operate a police motorcycle again. On the evening of March 7, 2015, Appellant was working a 2:30 p.m. to 12:30 a.m. shift at the reacclimation unit. That night Appellant's supervisor instructed Appellant to leave at approximately 11:45 p.m. and to get some extra "seat time" on his motorcycle in preparation for his return to motorcycle duties. Appellant left, and at approximately 12:25 a.m., about 2 miles from Bolden Area Command, Appellant was involved in the aforementioned collision.

On March 7, 2015, the C-4 employee compensation form process was completed.

On April 9, 2015 Appellant's claim was denied. Appellant appealed and on July 25, 2018, the Appeals Officer filed a Decision and Order affirming the insurer's claim denial.

On August 21, 2018 the Petitioner David Figueroa filed a Petition for Judicial Review, contesting an Appeals Officer's July 25, 2018 Decision and Order. On November 16, 2018, Petitioner filed his Opening Brief. On December 17, 2018, Respondents filed their Answering Brief. On January 16, 2019, Petitioner filed his Reply Brief and Petitioner's Request.

FINDINGS OF FACT AND CONCLUSIONS OF LAW AND ORDER

This Court conducts judicial review of a final agency decision under NRS 233B.135, which states as follows:

- 1. Judicial review of a final decision of an agency must be:
 - (a) Conducted by the court without a jury; and

(b) Confined to the record.

In cases concerning alleged irregularities in procedure before an agency that are not shown in the record, the court may receive evidence concerning the irregularities.

- 2. The final decision of the agency shall be deemed reasonable and lawful until reversed or set aside in whole or in part by the court. The burden of proof is on the party attacking or resisting the decision to show that the final decision is invalid pursuant to subsection 3.
- 3. The court shall not substitute its judgment for that of the agency as to the weight of evidence on a question of fact. The court may remand or affirm the final decision or set it aside in whole or in part if substantial rights of the petitioner have been prejudiced because the final decision of the agency is:
 - (a) In violation of constitutional or statutory provisions;
 - (b) In excess of the statutory authority of the agency;
 - (c) Made upon unlawful procedure;
 - (d) Affected by other error of law;
- (e) Clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or
- (f) Arbitrary or capricious or characterized by abuse of discretion.
- 4. As used in this section, "substantial evidence" means evidence which a reasonable mind might accept as adequate to support a conclusion.

Under NRS 616C.150(1), to receive compensation for an injury a claimant must show by a preponderance of the evidence that the injury arose out of and in the course and scope of his or her employment. "Nevada looks to whether the employee is in the employer's control in order to determine whether an employee is acting within the scope of employment when an accident occurs..." MGM Mirage v. Cotton, 121 Nev. 396 (2005).

LAS VEGAS, NV 89155

the employer." Tighe at 635 (citing Evans v. Southwest Gas Corp., 108 Nev. 1002, 842 P.2d 719 (1992). The second exception is when the employer exercised significant control over the employee. Id. The third exception is the "law enforcement exception" adopted by the Tighe Court, which reasoned that because "police officers are generally charged with a duity of law enforcement while traveling on public thoroughfares" their injuries may be compensated. Id. at 636.

Here, the decision reached by the appeals officer is affected by error of law and clearly erroneous in view of the reliable, probative and substantial evidence on the whole record. The appeals officer significantly omitted in the Findings of Fact that the Appellant was still on the clock at the time of the accident. This is an undisputed fact and integral to the legal error in deciding the law that applies to the case. This Court is well aware of its limitations in not deciding facts, but when a crucial fact, that is not contested is omitted from the Findings of Fact, the Court also needs to look to see whether the decision was also

The second fact that was also left out of the Findings of Fact is that Respondent

concedes the Appellant's superior requested that the Appellant get additional practice

Generally, "injuries sustained by an employee while going to his regular place of

work are not deemed to arise of and in the course of his employment." Tighe v. Las Vegas

Metropolitan Police Dept., 110 Nev. 632, 635 (1994) (citing Crank v. Nevada Indus.

Comm'n, 100 Nev. 80, 675 P.2d 413 (1984). The "going and coming" rule precludes

compensation for most employee injuries that occur during travel to and from work. MGM

at 396. However, there are three exceptions to the "going and coming" rule that apply

here. The first exception is when "the travel to or from work confers a distinct benefit upon

arbitrary and capricious and not supported by substantial evidence.

¹ It was briefly mentioned in the Conclusions of Law.

riding a motorcycle, as he called it "seat time." The request was supposedly the reason why he was given an "early out," since he was going to return to motorcycle duty the next shift.

The appeals officer analyzed the *Evans* and *Tighe* cases in relation to this case. The appeals officer states, "The employer received no benefit from "claimant being on the road..." This is an incorrect statement of fact. There is no question the Appellant was on the clock at the time of the accident and, therefore, under the control of LVMPD unlike an off-duty officer returning home. Unlike the officer in *Tighe* who was just "on-call" on his drive home, here, it was not disputed that Appellant was still "on the clock" until 12:30 a.m. and carrying out the instruction to get more "seat time" on a motorcycle. Appellant could have been called back to some other duty or task prior to 12:30 a.m., however unlikely that may have been. LVMPD derived the benefit of Appellant obtaining additional "seat time" as instructed.

Finally, it is further undisputed that because Appellant was on the clock at the time of the accident, he was subject to all the rules and regulations of an officer and could be punished or even terminated for any violations. LVMPD exercised a level of control over and derived benefit from Appellant at the time of the accident. The above reasons are combined with the fact that Appellant had his radio and the general duty of law enforcement while traveling on public thoroughfares under *Tighe*.

Therefore, COURT ORDERED, the appeals officer's decision is REVERSED.

DATED this 30 day of

RONALD J. ISPAEL DISTRICT JUDGE

DEPARTMENT 28

I hereby certify that on or about the date signed, a copy of this Order was electronically served per the attached Service Contacts list and/or placed in the attorney's folder maintained by the Clerk of the Court and/or transmitted via facsimile and/or mailed, postage prepaid, by United States mail to the proper parties as follows: Jason D. Mills, Esq. Via Facsimile: (702)822-4440 Not listed in E-Service per N.E.F.C.R.9(b); E.D.C.R. 2.02 Sandra Jeter, Judicial Executive Assistant A-18-779790-J **ORDER**

RONALD J. ISRAEL DISTRICT JUDGE DEPT XXVIII LAS VEGAS, NV 89155

DISTRICT COURT **CLARK COUNTY, NEVADA**

Worker's Compensation Appeal

COURT MINUTES

May 23, 2019

A-18-779790-J

David Figueroa, Petitioner(s)

Cannon Cochran Management Services, Inc., Respondent(s)

May 23, 2019

Chambers

Motion

Respondents' Motion to Alter Judgment, to Amend Findings, and For Oral Argument;

or in the Alternative Motion for Stay Pending Supreme Court Appeal and **Motion for Order Shortening Time**

HEARD BY: Israe!, Ronald J.

COURTROOM: RJC Courtroom 15C

COURT CLERK: Kathy Thomas

PARTIES

PRESENT: None

JOURNAL ENTRIES

- After reviewing the Motion and Opposition, the Order, the briefs, the record on appeal, and the other documents on file, the Court finds as follows:

Respondents' Motion to Alter Judgment, to Amend Findings, and for Oral Argument; Or in the Alternative Motion for Stay Pending Supreme Court Appeal and Motion for Order Shortening Time is DENIED.

First, the Court does not find oral arguments are warranted for this Motion. Second, a stay is not appropriate because Respondent has not demonstrated a reasonable likelihood of success on the merits for the reasons stated below.

This Court's decision was not a manifest error of law or fact, nor did it misapprehend the Appeals Officer's Decision and law governing this case.

Respondents reliance on the boilerplate "catch-all" phrase that "[a]ny Finding of Fact more appropriately deemed a Conclusion of Law shall be so deemed, and vice versa." is misplaced. The Appeals Officer's failure to include in the Findings of Fact that Appellant was told to leave early and "get some seat time" indicates the Appeals Officer did not find it as a material fact, regardless of the Appeals Officer's analysis in the Conclusions of Law. Additionally, this Court's decision stated the fact that Petitioner was on the clock was just one of several factors that supported the conclusion that

PRINT DATE:

05/28/2019

Page 1 of 2

Minutes Date:

May 23, 2019

Case Number: A-18-779790-J

A-18-779790-J

Petitioner's injuries arose out of and in the course of his employment. In addition to being on the clock, this Court's Order noted that at the time of the injury Petitioner was carrying out a supervisor's instruction to "get more seat time," that act conferred a benefit to Petitioner's employer, and "the above reasons are combined with the fact that Appellant had his radio and the general duty of law enforcement while traveling on public thorough fares under Tighe." This Court clearly considered multiple factors and understood that Tighe did not hold that law enforcement officers are always excluded from the travel-to-or-from rule. Likewise, this Court considered multiple factors beyond just petitioner being on the clock.

Based on the foregoing, the arguments raised in the briefs, and the documents on file Respondents' Motion is DENIED.

This Decision sets forth the Court's intended disposition on the subject but anticipates further Order of the Court to make such disposition effective as an Order. Such Order should set forth a synopsis of the supporting reasons proffered to the Court in briefing and argument.

Counsel for Petitioner to prepare the Order and submit to Chambers for consideration in accordance with EDCR 7.21. Said order then must be filed in accordance with EDCR 7.24.

CLERK'S NOTE: A copy of this minute order was e-served to counsel. kt 05/28/19.

PRINT DATE: 05/28/2019

Page 2 of 2

Minutes Date:

May 23, 2019

OneContent: Generaled By UMCkpark Generated On: 03/30/2015 16:14

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PLUEROA, DAVID

Sex: M

Location: 1T:8040-1 Encounter: 9929043215 Date of Birth: 10/28/1970

MRN: 0001906211

Ordering Physician: MONICOLL, CHRISTOPHER Order Number: 6914224

Order Date: 03/11/2015

Interpreting Radiologist: HEU, FRANK Dictated on: 03/11/2015 at 02:58

Signed and Pinalized by: HSU, FRANK on 03/11/2015

Exam Charge Date: Mar 11 2015 2:56AM

PROCEDURE: TRD 1022 - TR CHEST PORTABLE -- 6914224

IR PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 3/10/2015

TECHNIQUE: Portable chest, 1 view AP.

PINDINGS:

Cardiac and mediastimal silhouettes are unchanged from the previous examination. Endutracheal tube is at the level of the head of the claviales . Nasogmatric tube is visualized. Distal tip is not visualized on this study. . Right-sided central venous line catheter projects over the SVC. Diffuse ill-defined bilateral lung opacities are again noted without significant interval change.

IMPRESSION:

1. No significant interval change in the bilateral ill-defined lung opacities.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHAKLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Seoc; M

Date of Birth: 10/28/1970

Location: BCTN:1316-01

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: MCNICOLL, CHRISTOPHER

Order Mumber: 6915572

Order Date: 03/13/2015

Interpreting Radiologist: MDTR, BENJAMIN Dictated on: 03/13/2015 at 00:03

Signed and Finalized by: MUIR, BENJAMIN on 03/13/2015

Exem Charge Date: Mar 13 2015 12:03AM

PROCEDURE: RAD 0020 - CHEST PORTABLE -- 6915572

XR PORTABLE AD CHRET

HISTORY: Intubated.

COMPARISON: 11/13/2015.

TECHNIQUE: Portable chest, 1 view AP.

IMPRESSION/FINDINGS:

Interval extubation and removal of enteric catheter compared to prior study. Right subilavian catheter, tip projects over SVC region.

Low lung volumes. Pulmonary vascular congestion. Improved ascation at left lung base compared to prior study.

XR PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 11/13/2015.

TROHNIQUE: Portable chest, 1 view AP.

IMPRESSION/FINDINGS:

Interval extubation and removal of enteric catheter compared to prior study. Right subclavian catheter, tip projects over sVC region.

Low lung volumes Pulmonary vascular congestion. Improved aeration at left lung base compared to prior study.

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UNIVERSITY MEDICAL CENTER OF SCOTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON HLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PIGDEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Bncounter: 9929043215

Ordaring Physician: MCNROE, MICHAEL

Order Number: 6918391

Order Date: 03/16/2015

Interpreting Radiologist: HYER, KEVIN

Dictated on: 03/16/2015 at 12:48

Signed and Finalized by: HTER, KEVIN on 03/27/2015

Bram Charge Date: Mar 16 2015 12:48PM

PROCEDURE: SUG DOLO - OR ANKLE LIMITED (LEFT) -- 6918391

History: Left ankle fracture.

Pindings: 7 spot images of the left tibia and fibula obtained in the OR demonstrates intraoperative ORIF surgery. Fluoroscopy time was 56.1 seconds. Please refer to the surgical note.

IMPRESSION:

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD, LAS VECAS, NV. 89102 (702) 363-2241

Patient Name: FIGUEROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: BCUN:1316-01

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: MCNROE, MICHAEL

Order Number: 6918392

Order Date: 03/16/2015

Interpreting Radiologist: TOPHAM, STEVEN

Mictated on: 03/16/2015 at 12:48 Signed and Finalized by: TOPHAM, STEVEN on 03/16/2015

Exam Charge Date: Mar 16 2015 12:48PM

FROCEDURE: SUG 0030 - OR ELBOW LIMITED (LEFT) -- 6918392

INTRAOPERATIVE FLOOROSCOPY: 3/16/2015 12:48 PM PDT

CLINICAL HISTORY: Intraoperative fluoroscopy.

COMPARISON: None.

FINDINGS: Intraoperative fluoroscopy was provided to the clinical service for purposes of procedural assistance. 5 spot image(s) were submitted.

Pluoroscopy time: 8.6 seconds.

IMPRESSION:

Intraoperative fluoroscopy.

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UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard 148 Vegas, Nevada 89102

ADMITTED: 03/07/2015

TRANSPERRED: 03/20/2015

ADMISSION DIAGNOSES:

1. Status post motorcycle crash.

- Multiple left-sided pelvic fractures with hip dislocation and femoral head fractures.
- Left-sided comminuted tibia and fibular fracture with diastasis of the tibia-fibular joint near the knee, open fractures.
- Significant loss of tiesue and degloving injury to the enterior aspect of the left knee.
- Left humanus fracture and olecranom fracture in conjunction with laceration of the left elbow.
- 6. Left 5th rib fracture.

7. Focal sigmoid fat stranding on CT scan.

 Injury to the left poplited artery at the level of the posterior knee dislocation.

DIAGNOSES AT TIME OF TRANSFER:

- 1. Status post motorcycle crash
- Left pelvic fractures including acetabulum, femoral head, infarior pubic, status post CRIP.
- Left posterior knee dislocation with popliteal artery injury, status post vascular artery repair.
- Left comminuted tib-fib fracture with proximal tib-fib diastasis with ancerior tibial artery injury, status post ORIF on March 8th.
- 5. Left 5th rib fracture, stable.
- Left hymerus and olecranon fracture, open, status post ORIF on March 9th and revision on March 18th.
- Degloving injury of the left knee with open fracture, status post reduction.
- Sigmoid fat stranding with benign abdominal exam. No evidence of bowel injury.
- Paxesthesias of the left lower extremity, likely secondary to severe injury, stable.

DIAGNOSTIC STUDDES:

- A CTA of the lower extremity, march 7, 2015, showing traumatic occlusion of the left popliteal artery with reconstitution detailed above, left anterior tibial artery traumatic occlusion.
- A CT of the abcomen and palvis with IV contrast, on March 7, 2015, showing transverse T-shaped left acetabular fracture, posterior left hip dislocation, mild left sacral iliac disstasis, mild sigmoid mesenteric fat stranding, may represent contusion.
 No discrete hematoma identified.
- A CT of the cervical spine, without contrast, March 7, 2015: No cervical spine fracture or malalignment noted, mild degenerative disc disease at C2-3 through C6-7, moderate-to-severe left C3-4,

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OneContent Generated By LIMCkpark Generated On: 03/30/2015 18:14 mild right C4-5, and mild right C5-6 neural foraminal stenogis.

4. CT of the chest, with contrast, March 7, 2015: Fracture noted in the left lateral 5th rib. Bilateral lower lobe atelectasis noted.

- CT of the brain, without contrast, March 7, 2015: Unremarkable CT of the brain without contrast.
- CT of the theracic spine, March 7, 2015: No evidence of thoracic spine fracture or malalignment noted.
- CI of the lumbar spine, March 7, 2015; No evidence of lumbar spine fracture. Postoperative changes at LS-S1 noted.
- Left humarus x-ray, March 7, 2015: Ehmeral diaphyseal fracture and fracture in region of the albow and ulna.
- Pelvis x-ray, March 7, 2015: Fractures with malalignment on the left, with presumed associated hematoma.
- 10.X-ray of the left tib-fib, March 7, 2015: Comminuted distal tibial shaft fracture, comminuted distal fibular shaft fracture, lateral femorotibial compartment diastasis.
- 11. Portable chest x-ray, March 7, 2015: Minimally displaced left 5th rib fracture.
- 12. Femur x-ray, March 7, 2015: Left acetabular fracture, left hip dislocation, winding of the proximal tibiofibular articulation compatible with traumatic subluvation/dislocation.
- 13. Left foot x-ray, March 7, 2015: No definite fracture identified.
- 14.Left forearm x-ray, March 7, 2015: Mildly displaced proximal ulner fracture.
- 15.Left hand x-ray, March 7, 2015: No evidence of acute osseous abnormality. Lucency projecting over proximal portion of the distal phalenx of the 1st digit as described.
- 16.CT pelvie reconstruction, March 7, 2015: Comminuted T-shaped left acetabular fracture with posterior hip dislocation.

HOSPITAL PROCEOURRS:

- Open left knee dislocation with femoral head fracture, left tib fracture with multiple commitmed distal left tib-fib fractures, reduction and splinting of left lower extremity with a long leg splint, March 7, 2015.
- Reduction of left humerus fracture, application of splint, and placement of moist gauze over left elbow laceration, March 7, 2015.
- Closed reduction left knee, external fixation application femure to tibia, open reduction and internal fixation of left fibula, preliminary external fixation open tib pilon fracture, irrigation and debridement, left leg primary closure, March 7, 2015, per Dr. Monroe.
- Left popliteal artery repair with reverse eaphenous vein intexposition graft, open vein harvest from right lower extremity, March 7, 2015, per Dr. Caynh Feikes.
- extremity, March 7, 2015, per Dr. Cuynh Feikes.

 5. Close reduction IM rodding left humanal shaft, open reduction and internal fixation left olseranon fracture, March 9, 2015, per Dr. Michel Monrob.
- 6. Open reduction and internal fixation of left acetabular fracture, open reduction, internal fixation of left femoral head fracture, open reduction, internal fixation of left trochanteric fracture, March 8, 2015, per Dr. Gerald Mark Sylvain.
- 7. Open reduction and internal fination of left tibial pilon fracture, external finator removal from tibia and fibula, revision open reduction, internal fination of left electron, hardware removal of left electron, March 16, 2015, per Dr. Michael Monroe.

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HOSPITAL COURSE: Nr. Figueroa is a very pleasant, 44-year-old
gentleman who was involved in a motorcycle grash. He was brought to our facility as a full activation. Upon arrival to our facility. It was noted that he had an extensive injury to his left upper and left lower extremity. He reported that another vehicle turned left and into him while he was traveling approximately 35 miles per hour on his motorcycle. He was thrown from his bike approximately 30 yards. He was found lying in a prone position at the scene. He did have loss of consciousness. He complained of left foot pain and significant pain to his left lower extremity. He was evaluated by the trauma team and had the above diagnostics completed. The patient was severely injured and had risk of losing his left lower extremity. He had wascular repair and extensive orthopedic repair, per orthopedic surgery and vascular surgery. The patient was admitted into our intensive care unit initally, After he stabilized, the patient was transferred to our floor service where he has remained stable. He has had surgery to remove his external finators while on the floor service. We have had difficulty managing his pain. Therefore, we commulted our pharmacy team to assist with pain management. At this point, the patient is stable. He has been immobilised by Physical Therapy and Occupational Therapy. At this point, the patient is not independent with mobility due to the fact that he is not able to use his left upper and left lower extremities at this time. He was deemed a candidate for rehabilitation on March 13th and is pending a rehab bed. At this time, he is tolerating a regular diet. His pain is controlled on oral pain medication. When a rehab bed is available, the patient will be transferred with explicit orders that patient is not to have any rehabilitation in his left upper and left lower extremity as he is still pending further reconstructive surgery.

DISPOSITION: Transfer to rehab when bed available.

COMDITION: Stable.

ACTIVITY LIMITATIONS: Nonweightbearing left upper extremity and left lower extremity.

HOSPITAL MEDICATIONS:

- 1. Tylenol 650 milligrams oral q.6 hours p.r.n.
- Lowenox 40 milligrams subcutaneously before bed for DWT prophylaxis.
- 3. MiraLAX powder 17 grams by mouth daily. While on narootics.
- 4. Bofran 4 milligrams TV q.4 hours p.r.n. nausea.
- 5. Robertin 1000 milligrams by mouth q.i.d. for muscle spasms.
- Oxycodone 15 milligram tableta q.4 hours p.r.n. breakthrough pain.
- 7. Bydroxyzine 25 milligrams q.6 hours p.r.n.
- Oxycodome 12-hour release 20 milligrams by mouth 3 times a day, scheduled and 40 milligrams before bed.
- 9. Gabapentin 200 milligrams by mouth t.i.d.
- 10. Nextum 20 milligrams by mouth before breakfast.
- 11. Aspirin 81 milligrams by mouth daily.

DIRT: Regular as tolerated.

POLLOWOP:

- 1. Patient is to follow up with Dr. Monroe in 2 weeks.
- Patient is to follow up with Dr. Quynh Peikes after discharge from rehab facility.
- 3. Patient is to follow up with trauma surgeon, Dr. Deborah Kuhls,

JUN 1 0 2015

CCMSI ~ Las Vegas



Mar. 31. 2015 10:51AM

No. 2689 P. 65

OneContent: Generated By UMCkpark Generated On: 03/30/2015 16:14 in 1-2 weeks after discharge from rehab facility.

4. Patient is to return to our emergency department if he has severe pain, fevers, chills, loss of sensation of his extremities or any concerns.

Transfer planning of this patient was discussed with attending rounding physician, Dr. Nichole Ingalls.

BC/MedQ

DD: 03/19/2015 10:00:57 DT: 03/19/2015 11:06:18

ESMERALDA CLARK, APM

MICHOLE INGALLA, MD

PATIENT: FIGUEROA, DAVID

ACCOUNT#: 9929043215

MR#: 0001905211 ADM DATE: 03/07/2015

JOB#:

759119/648132663

PHYSICIAN: NICHOLE INVALLS, MD DICTATED BY: REPRESALDA CLARK, APR

TRANSFER SUMMARY

Edited by: Esmeralda Clark, APN on 03/19/2015 02:13 PM FDT Electronically Authenticated and Edited by: Esmeralda Clark, APN on 03/20/2015 11:10 AM FDT Electronically Authenticated by: Nichole K Ingalla, MD on 03/24/2015 11:59 AM FDT

RECEIVED

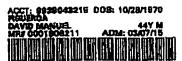
JUN 1 0 2015

CCMSI ~ Las Vegas

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TRALIMA TELEMETRY RECORD

I. DOES PATIENT MEET TRAUMA FIELD TRIAGE CRITERIA Z. CHOOSE GNE: 2 Full Clintermediate CI Burn Activa	
DATE 115 TIME: D4 STA: + UNIT: 64 + AMMONIA: DAMR DIMW DIVER DHED DCCFD	MECHANISM OF MAURY D Brt Damage > 18 Inches PCI & Location: Advantus; D Resignated C Unrestrained Q Air Bun deniored
CI MILVFO CI Mercy Air CI Guardian Air CI Other: AGE SEX: Other CI Female	U Car Sert Victim Location: □ Driver □ Passanger → □ Front □ Back. Impact Type: □ Reas-ended □ Rollover □ T-Boned (driver skip) □ Front End □ Head On □ T-Boned (passanger skip) □ AUTO-Vs. PEDESTRIAN - mph → □ at least 20 mph
C Spine	□ FALL - Distance: On to: JDYD □ PENETRATING INJURY - □ GSW □ Stab Wound
Other:	CI ASSAULTED - WITH / By CI AMPUTATION: CI CRUSH: % CI INHALATION DUURY: SELIRN: % CI OTHER: LOC + -
CHIEF COMPLAINT	emilies L+ KC O Articosgutants
⊇ Patlant 16 years o∛ags or older • 2 rd DEGREE BURNS OR GRE	EATER WITH AT LEAST 20% TBSA
D Patient 15 years of ago or older - 2 nd DEGREE BURNS OR GRE FUELL ACTIVATION CRITERIA PHYSIOLOGICAL GRITERIA (Attributable to Trauma)	ANATOMIC GRITERIA RECEIVE
□ Patient 15 years of age or older - 2 ⁻⁴ DEGREE BURNS OR GREENLE. ACTIVATION CRITERIA. PHYSIOLOGICAL CRITERIA (Altributable to Trauma) □ Glasgow Come Soors is 12 or less □ Confirmed Systote BP is 90 mmHg or less at any time in adults age apacific for children. □ Respiratory Rate is < 10 or > 29 breaths/minute with respiratory compromise, obstruction and/or intubation.	ANATOMIC CRETERIA C) Fheil Chest C) Procerating injury to heed, neck, chest, abdorner or palyle 1 0 20 Troumstic paralysis
☐ Patient 15 years of age or older - 2 ⁻⁴ DEGREE BURNS OR GREELL ACTIVATION CRITERIA (Attributable to Trauma) ☐ Glasgow Come Soons is 12 or loss ☐ Confirmed Systate BP is 90 mmHg or loss et any time in adults age specific for children ☐ Respiratory Rate is < 10 or > 29 breaths/minute with respiratory compromise, obstruction and/or intubation ☐ Children < 12 years old with uncertain physiologic condition	ANATOMIC CRITERIA Finil Chest RECEIVE
Respiratory Rate is < 10 or > 29 breeths/minute with respiratory	ANATOMIC GRITERIA Fiell Chest Processing injury to head, neck, chest, abdomen or patricular and Traumatic paralysis Obvious should or petvic fractions (due to bium course) Amputated, crushed, de-gloved or mangled extrainty bloodinal buts wrist or anide Rollover, patient unwaterined Notor vehicle crash with death of some vehicle occupant Motoroycle or personal watercraft crash greater than 20 mph
CI Patient 15 years of age or older - 2 nd DEGREE BURNS OR GRIEBUL. PHYSIOLOGICAL CRITERIA (Attributable to Traums) CI Cleagow Come Soons is 12 or less Confirmed Systotic BP is 90 mm/lig or less at any time in adults age specific for children Respiratory Rate is < 10 or > 28 breaths/minute with respiratory compromise, obstruction and/or intubation Children < 12 years old with uncertain physiologic condition PATERMEDIATE CRITERIA Passenger comparison intures on patient side OR 18 inches any other eree willing the passenger comparison. Predestrian or cyclist hit by vehicle traveling greater than 20 mph Pati of greater than 20 feet	ANATOMIC GRITERIA Fiell Chest Proceeding injury to head, neck, chest, abdomen or gating injury to head, neck, chest, abdomen or gating 1 0 20 Traumatic paralysis Obvious shuff or pelvic fracture (due to bium trauma) Amputated, crushed, de-gloved or mangled extraintly ploudinal but wrist or ankle Rollover, patient unwaitrained Rollover, patient unwaitrained Rollover, patient unwaitrained Motoroycle or personal weleroraft crash greater than 20 mgh Cembiration trauma with burns greater than 10% or inhalation injuries Prolonged extraolion (20 minutes or langer)

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UMR Care Management P.O. Box 8042 Wausau, WI 54402-8042



R 002989

082932 001

March 13, 2015

002952

Umc Hospital 1800 West Charleston Blvd. Las Vegas, NV 89106

Dear Umc Hospital,

Patient Name: David Figueroa Admission/Start Date: 3/7/2015

Reference Number: 20150309-000393

We received a request to review inpatient services for you. This letter is notification regarding the review of clinical information necessary to determine if they are medically necessary, as defined in your plan document. Based on the information submitted, we have determined the following treatment is medically necessary.

3/7/2015 to 3/16/2015

The information in this letter does not guarantee payment or benefits.

Please note payment is based on the submitted claim, the actual health care services received, the medical guidelines and policies in place at the time of service and the member's plan of benefits when the services are received.

To confirm benefits, please call your customer service representative at the toll-free number listed on your member ID card.

If more treatment is necessary, another medical review will be required.

Sincerely,

Care Management UMR

cc: David Figueroa Detorah Kuhis

JUN 1 0 2015

CCMSI ~ Las Vegas

UMR Care Management PO Box 8042 Wausau, WI 54402-8042



1		C	DRIGINAL
2	BEFORE THE	APPEALS OFFICER	
3			
4			
5	In the Matter of the) Contested Industrial)		
6	Insurance Claim,		
7	of)	Claim No.: 15D34E7296	9
8	DAVID FIGUEROA,)	Appeal No.: 1511793-MM	I
9	Claimant.)		
10	/		
11			
12	TRANSCRIPT	OF PROCEEDINGS	
13	BEI	FORE THE	
14	HONORABLE MI	CHELLE L. MORGANDO	
15	APPE	ALS OFFICER	
16	Wednesday	y, May 10, 2017	
17	; 2	:04 p.m.	
18	2200 South Ran	cho Drive, Suite 220	
19	Las Vega:	s, Nevada 89102	
20	•.		
21			
22	Ordered by: Daniel L. So		
23	2300 W. Saha	oois, Bisgaard & Smith ara Avenue, Suite 300, B	ox B
24	Las Vegas, N	evaua 69102	
25			

1	APPEARANCES
2	
3	On behalf of the Claimant:
4	Jason Mills, Esq. Neeman & Mills Ltd.
5	1201 South Maryland Parkway Las Vegas, Nevada 89104
6	
7	On behalf of the Employer:
8	Daniel L. Schwartz, Esq. Lewis, Brisbois, Bisgaard & Smith
9	2300 W. Sahara Avenue, Suite 300, Box B Las Vegas, Nevada 89102
10	ad vegas, nevada ostoz
11	Also Droport
12	Also Present:
13	Jeff Roch
14	
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1		IN	1 D E X		
2					
3	EXAMINATION	DIRECT	CROSS	REDIRECT	RECROSS
4	DAŅID FIGUEROA	6	23	44	
5	JEFF ROCH	50	59	63	69
6					
7					
8	•				
9					
10	EXHIBITS	I	DENTIFIED	IN	EVIDENCE
11					
12	CLAIMANT'S 1		4		5
13	CLAIMANT'S 2		5		5
14	•				
15	EMPLOYER'S A		5		5
16					
17		*	* *		
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- 3 APPEALS OFFICER MORGANDO: Counsel, we're on
- 4 the record. This is the time and place set in the
- 5 matter of the contested industrial insurance claim of
- 6 David Figueroa, Claim No. 15D34E72969, Appeal
- 7 No. 1511793.
- 8 The Claimant is present and is represented by
- 9 counsel Mr. Mills. The Employer, Las Vegas
- 10 Metropolitan Police Department, is represented by
- 11 counsel Mr. Schwartz.
- 12 Who's seated with you today at counsel table,
- 13 please?
- MR. SCHWARTZ: This is Jeff Roch, R-O-C-H,
- 15 last name.
- 16 APPEALS OFFICER MORGANDO: Thank you.
- 17 MR. SCHWARTZ: From Las Vegas Metropolitan
- 18 Police Department.
- 19 APPEALS OFFICER MORGANDO: Thank you. This is
- 20 the Claimant's appeal and a stipulation to bypass
- 21 regarding the Insurer's determination letter dated
- 22 April 9, 2015.
- All right. Mr. Mills, prior to going on the
- 24 record you indicated you will be offering the evidence
- 25 packets submitted by former counsel; is that correct?

- 1 MR. MILLS: Yes, Judge.
- 2 APPEALS OFFICER MORGANDO: All right.
- 3 Mr. Schwartz, you don't have any objections, do you?
- 4 MR. SCHWARTZ: No, your Honor.
- 5 APPEALS OFFICER MORGANDO: All right. That
- 6 will be marked and entered as Claimant's Exhibit 1.
- 7 I also received on behalf of the Claimant and
- 8 filed by Mr. Mills' office a list of -- excuse me -- a
- 9 list of exhibits filed November 2, 2016, containing
- 10 69 pages.
- 11 Have you received that?
- MR. SCHWARTZ: I have, your Honor. No
- 13 objection.
- 14 APPEALS OFFICER MORGANDO: Thank you. That
- 15 will be marked and entered as Claimant's Exhibit 2.
- Mr. Mills, I have an index of documents filed
- 17 by the Employer on August 28, 2015, containing
- 18 150 pages.
- 19 Have you received that?
- MR. MILLS: Let's see. I believe, yes.
- 21 APPEALS OFFICER MORGANDO: Any objections?
- MR. MILLS: No, Judge.
- 23 APPEALS OFFICER MORGANDO: Thank you. And
- 24 that will be marked and entered as Employer's
- 25 Exhibit A.

- Okay. You're Mr. Figueroa; correct?
- THE CLAIMANT: Yes, ma'am.
- 3 APPEALS OFFICER MORGANDO: Okay. Raise your
- 4 right hand.
- 5 Do you solemnly swear or affirm the testimony
- 6 you are about to give in this matter shall be the
- 7 truth, the whole truth, and nothing but the truth?
- 8 THE CLAIMANT: I do.
- 9 APPEALS OFFICER MORGANDO: Thank you. State
- 10 your name.
- 11 THE CLAIMANT: David Figueroa.
- 12 APPEALS OFFICER MORGANDO: Okay.
- 13 Mr. Figueroa, I have a current mailing address of
- 14 6831 Hillstop Crest Court, Las Vegas, Nevada 89131; is
- 15 that correct?
- 16 THE CLAIMANT: It is.
- 17 APPEALS OFFICER MORGANDO: Thank you.
- 18 Mr. Mills.
- MR. MILLS: Yes.
- 20
- 21 DIRECT EXAMINATION
- 22 BY MR. MILLS:
- Q Mr. Figueroa, are you the Claimant in this
- 24 action that's going today?
- 25 A I am.

- Okay. Where are you currently employed?
- 2 A Las Vegas Metropolitan Police Department,
- 3 Traffic Bureau.
- 4 Q And how long have you been employed in that
- 5 capacity?
- 6 A Just over ten years.
- 7 Q And how long have you been with the force?
- 8 The same?
- 9 A Same time frame.
- 10 Q So in the same division the entire time
- 11 period?
- 12 A No, sir.
- 13 Q What were you -- where were you previously to
- 14 that?
- 15 A I was -- previous to that I was Convention
- 16 Center Area Command.
- Q Okay. What are your current duties with
- 18 Las Vegas Metropolitan Police Department?
- 19 A Traffic detail, fatal unit.
- 20 O Do you -- what type of vehicle do you operate?
- 21 A I operate my personal vehicle to and from
- 22 work.
- 23 O Okay. I want to talk to you a little bit
- 24 about your accident back in March of 2015.
- Do you recall the date?

- 1 A I do.
- 2 Q What was it?
- 3 A March 15, 2015.
- 4 0 March 15th?
- 5 A March 7th. I'm sorry.
- 6 Q March 7th, 2015, what happened?
- 7 A I was headed home traveling on Camino Al Norte
- 8 entering North Las Vegas traveling down the roadway in
- 9 the left two travel lanes. Next thing I knew I was --
- 10 my body was flipping in the air. I landed on the
- 11 ground and at that point realized I was in a traffic
- 12 accident.
- Okay. So on that date -- what were your job
- 14 duties on that date prior to the accident earlier in
- 15 your shift?
- 16 A I was assigned to a re-acclimation program
- 17 with Bolden Area Command, swing shift patrol unit.
- 18 O And why were you assigned to a re-acclimation
- 19 unit?
- 20 A I was out for a prior surgery that I had, and
- 21 policy was implemented that based on the number of --
- 22 the time that you were away from the job, you had to be
- 23 put in a re-acclimation detail to get re-acclimated as
- 24 a police officer.
- 25 Q So you had -- did you have a prior accident

- 1 prior to this one or --
- 2 A I did.
- 3 Q That caused you to have surgery or something?
- 4 A Correct.
- 5 Q Could you tell the Court?
- 6 A Yes. I had back surgery prior to that, and I
- 7 was out some time.
- 8 O On an industrial basis?
- 9 A It was.
- 10 Q Okay. Was that claim still open when this
- 11 accident opened?
- 12 A Yes.
- Q Okay. Did you receive a compensation award
- 14 for that accident?
- 15 A I did.
- 16 Q Okay. What procedure was done for that prior
- 17 accident, if you recall?
- 18 A A fusion of my lower lumbar, L5/S1 disc area.
- 19 Q Okay. Prior to you going to the
- 20 re-acclimation unit, what was your job duty with Metro?
- 21 A I was assigned to Traffic Bureau. I rode a
- 22 motorcycle, marked motorcycle, and performed traffic
- 23 enforcement, traffic duties, traffic accident
- 24 investigation.
- Q Okay. Do you recall on March 7th, 2015, what

- 1 your assigned shift duty was, if there is such a thing?
- 2 A General patrol duties involving patrol-related
- 3 calls, citizens that call 911, and enforcement, general
- 4 enforcement that patrols are responsible for.
- 5 Q What hours were you slated to work that
- 6 particular day, March 7, 2015?
- 7 A 2:30 to midnight 30.
- 8 Q So 2:30 in the afternoon until 12:30 a.m. the
- 9 following day?
- 10 A Correct, swing shift.
- 11 Q Swing shift. Ten-hour shift?
- 12 A Correct.
- 13 Q Okay. Did you leave prior to the ending of
- 14 your shift that evening?
- 15 A Yes.
- 16 Q Do you recall what time you left prior to the
- 17 end of your scheduled shift?
- 18 A Approximate, 2345. 11:45 p.m.
- 19 Q And is there a reason that you left prior to
- 20 the end of your shift?
- 21 A There is.
- Q What is that reason?
- 23 A I was told by my supervisor that I was to
- 24 be -- the re-acclimation program for me initially was
- 25 to run an approximate 12 to 16 weeks, and that is based

- 1 on the time you are away. They have a time frame that
- 2 you need to be re-acclimated.
- 3 I was advised by my supervisor that they
- 4 didn't feel, him as well as the captain of the Bolden
- 5 Area Command, that I needed to be there for that long
- 6 of a time frame because I was well up to speed as to
- 7 what the requirements are needed to be as a police
- 8 officer. And so I was to be released early from that
- 9 12 to 16-week period, and I was to be reassigned back
- 10 to my bureau which is the Traffic Bureau.
- 11 Q And did he let you go early that evening for
- 12 any particular purpose?
- 13 A He did.
- 14 Q What was that purpose?
- 15 A He stated that he wanted me to get
- 16 re-acclimated on my motorcycle because effective the
- 17 next following shift or the shift after, I was to be --
- 18 to report back to my assignment which was at the
- 19 Traffic Bureau.
- 20 Q So you were going to go back to the motorcycle
- 21 division?
- 22 A Correct, and then there was a training that
- 23 had to be done at the Traffic Bureau.
- 24 Q To get back on motorcycles?
- 25 A Correct.

- 1 Q Okay. I'm going to ask you about your duties
- 2 now.
- When you leave your shift early at your
- 4 Employer's instruction are you still being paid?
- 5 A Yes.
- 6 Q Until when?
- 7 A Until midnight 30.
- 8 Q Until the end of your shift?
- 9 A Correct.
- 10 Q Even though he's released you is it within his
- 11 power to call you back until the end of your shift?
- 12 A It is.
- 13 Q Do you have any authority to say no to that?
- 14 A No.
- 15 Q Did you have any police equipment on you
- 16 during that ride on the motorcycle when you were
- 17 leaving your --
- 18 A I did.
- 19 O What was it?
- 20 A I had my duty weapon. I had my police
- 21 department issued radio. I had my handcuffs and other
- 22 miscellaneous items in my bag that I carry.
- 23 Q Was your badge with you as well?
- 24 A It was.
- 25 Q Are you allowed to consume alcohol while

- 1 you're on duty?
- 2 A No.
- 3 Q If you left work at 11:45 -- let's put it this
- 4 way.
- 5 If you left work prior to 12:30, which the
- 6 supervisor, you indicated, did that, you're not in the
- 7 building anymore; correct?
- 8 A No.
- 9 Q But you're free to leave?
- 10 A Yes.
- 11 Q Would you be able prior to 12:30 to go to a
- 12 bar and drink alcohol while you're on duty?
- 13 A Absolutely not.
- 14 Q Even though you've been released?
- 15 A Correct.
- Q Would you be allowed to do it after 12:30?
- 17 A Yes.
- 18 Q After your shift ends, after 12:30, is there
- 19 an ability for Metro to call you back to work?
- 20 A There is.
- 21 Q During the time frame that you're not
- 22 scheduled to work?
- 23 A There is.
- 24 O In what scenarios would that happen?
- 25 A God forbid, terrorist activities, any extreme

- 1 volatile situation that requires immediate police
- 2 presence and staffing is limited to handle that
- 3 situation, they will contact and kind of a mandatory
- 4 type of police presence.
- 5 Q Okay. If you're off duty and you receive one
- 6 of these summons and you receive it, not a question of
- 7 whether you did or didn't receive it, do you have any
- 8 discretion to refuse that callback?
- 9 A No.
- 10 Q What about on your journey home and you
- 11 encounter a severe traffic accident where it's obvious
- 12 there's problems, people in distress, requires
- 13 emergency care, requires police? Do you have any duty
- 14 to do anything as a police officer?
- 15 A I do.
- 16 Q Even if you're signed out from work?
- 17 A I do. It's the oath that I took when I took
- 18 this job, the responsibility I have to my community, of
- 19 course my morality. I have a duty to intervene.
- 20 Q What about the -- do you have a call sign, for
- 21 lack of a better term, when you're working as opposed
- 22 to when you're not working that you use on the radios?
- 23 A A call sign when I'm working? I do not have a
- 24 call sign when I'm not working, but I do have a
- 25 designated verbiage, if you will, off duty to identify

- l myself to dispatch of who I am and what's taking place.
- 2 Q So there's a difference when you're on duty.
- 3 You have one particular call sign, so to speak?
- 4 A That is correct.
- 5 Q And then off duty it's something else and what
- 6 is that?
- 7 A It's a -- you provide the letter 'U' in front
- 8 of your 'P' number. The 'U' indicates to the call
- 9 taker that you are off duty, and your 'P' number
- 10 identifies who you are, and they know that the call is
- 11 being generated by off-duty police officer so and so.
- 12 Q And 'P' number, is that your badge number?
- 13 A That is. Personnel number --
- 14 O Personnel number?
- 15 A -- is what it stands for.
- 16 Q What it stands for. And when you're on duty
- 17 you're assigned a different call -- or you have a call
- 18 sign when you're on duty?
- 19 A You do.
- 20 Q Where do you get that?
- 21 A It's generated by the area of assignment, the
- 22 shift that you work, and so each area of assignment,
- 23 each shift, has a designated call sign that is
- 24 recognized department-wide.
- 25 Q So in a scenario where you're released from

- 1 the building prior to your shift ending but you're
- 2 still on the clock, had you encountered any incident on
- 3 the public roads or out there while it was still during
- 4 your shift time, would you call in to dispatch?
- 5 A Absolutely.
- 6 Q What call sign, again, for lack of a better
- 7 term, would you use if it's before your shift ends?
- 8 A Before my shift ended I would utilize the call
- 9 sign, on-duty call sign, and state the situation or
- 10 emergency that's taking place.
- 11 Q Would the dispatcher be able to know that you
- 12 were within your on-duty time but you were released but
- 13 you're not off duty yet?
- 14 A She would run the call sign and see that I was
- 15 logged on as Officer David Figueroa, and she would be
- 16 able to identify me as such.
- 17 Q Okay. And that would be true right until your
- 18 shift ends till 12:30?
- 19 A I would say she has the ability to do it
- 20 afterwards.
- 21 O Okay.
- 22 A You know, for research purposes months later,
- 23 days later, but yes.
- 24 Q With regard to this particular accident, do
- 25 you have a recollection what happened in the accident?

- 1 A The only recollection I have is, as I stated
- 2 earlier, I was flipping in the air. I was trying to
- 3 process what just happened. I hit the ground. I feel
- 4 tremendous pain. I'm conscious the whole time.
- I land on my stomach with my arms bracing my
- 6 fall, and I was able to look to the left and see that
- 7 the motorcycle was on fire. And at that time I
- 8 realized that I was involved in an accident.
- 9 I also had another police officer who was
- 10 assigned to the squad that I was re-acclimating on, he
- 11 was behind me. And so he and I had a discussion, and
- 12 he explained what happened because he was behind me and
- 13 he observed the accident.
- 14 Q Were you transported to the hospital?
- 15 A UMC Trauma, yes.
- 16 Q And were you hospitalized? Did they check you
- 17 in?
- 18 A They checked me in, yes.
- 19 Q And were you there -- how long were you there?
- 20 A I was placed in a medically induced coma for
- 21 six days. When I was brought out of the medically
- 22 induced coma, I had no idea where I was at, what was
- 23 going on. And I had family from back East, my brother
- 24 was standing above me, and he explained to me what was
- 25 going on.

- 1 Q How long were you in the hospital, if you
- 2 recall?
- 3 A 47 days. Between UMC Trauma, Summerlin
- 4 Hospital, a total of 47 days.
- 5 Q Were you released after Summerlin Hospital to
- 6 any type of home -- or any type of health care place
- 7 other than the two hospitals?
- 8 A UCLA Medical Center.
- 9 Q Okay. How long were you there?
- 10 A I was there as an outpatient until surgery was
- 11 done. So I didn't stay -- I didn't leave Summerlin
- 12 Hospital to UMC -- or UCLA Medical Center for a stay.
- 13 I was released to home, and then we made our way down
- 14 to UCLA Medical Center, the family and I.
- 15 Q To perform --
- 16 A For corrective surgery that was needed.
- 17 O And the records, I'm sure, speak for
- 18 themselves, but what is your recollection to the
- 19 injuries that you sustained in this accident?
- 20 A I broke everything from my left shoulder,
- 21 femur, elbow, ribs -- this is all left side -- hips,
- 22 pelvis, thigh, tib-fib, tibia-fibula. Sorry. And so
- 23 pretty much from the ankle up to the shoulder and
- 24 everything in between was broken.
- 25 Q Were you out of work for some period of time

- 1 following the March 7, 2015, accident?
- 2 A Yes, sir.
- 3 Q From when to when, if you remember?
- A Approximate year and a half-ish. Maybe a
- 5 little shorter. Then I was able to be assigned to a
- 6 modified duty position.
- 7 Q And what was that position?
- 8 A The position was at the Traffic Bureau front
- 9 desk office.
- 10 Q Do you recall when you went back to work?
- 11 A The modified duty?
- 12 Q Yeah, when you went back to work after this
- 13 accident.
- 14 A Date, I do not.
- 15 Q Do you recall the month?
- APPEALS OFFICER MORGANDO: Mr. Mills, if I
- order the claim to be accepted, it's going to be
- 18 remanded for a new determination on --
- 19 MR. MILLS: I understand, Judge.
- 20 APPEALS OFFICER MORGANDO: -- on retro
- 21 benefits so . . .
- 22 MR. MILLS: Understood, Judge.
- 23 APPEALS OFFICER MORGANDO: I mean, it's my
- 24 understanding in listening to this and looking at it,
- 25 this is really a course and scope.

- 1 MR. MILLS: Going and coming, yes, Judge.
- 2 APPEALS OFFICER MORGANDO: Right.
- 3 MR. MILLS: Yes, Judge. I'll move along.
- 4 APPEALS OFFICER MORGANDO: Okay.
- 5 MR. MILLS: I get it.
- 6 APPEALS OFFICER MORGANDO: All right. And I
- 7 just want to clarify one or two things, and I don't
- 8 know if Mr. Schwartz was going to or not. I'm a little
- 9 confused.
- 10 You were let go early by your supervisor who
- 11 basically said you've acclimated enough in the patrol
- 12 unit?
- 13 THE CLAIMANT: Yes, ma'am.
- 14 APPEALS OFFICER MORGANDO: Correct?
- THE CLAIMANT: Yes, ma'am.
- 16 APPEALS OFFICER MORGANDO: Okay. Were you
- 17 driving a motorcycle at that time or were you in a
- 18 patrol car?
- 19 THE CLAIMANT: I was in a patrol car.
- 20 APPEALS OFFICER MORGANDO: Okay.
- 21 THE CLAIMANT: But I was -- I'm sorry.
- 22 APPEALS OFFICER MORGANDO: No. When he told
- 23 you to -- did he tell you to go home when you left on
- 24 the 7th?
- 25 THE CLAIMANT: No. I was commuting from -- to

- 1 and from the area command on my personal motorcycle.
- 2 APPEALS OFFICER MORGANDO: Okay. But when
- 3 you -- when you were in the accident you were leaving
- 4 where and intending to go where?
- 5 THE CLAIMANT: Intending to go home.
- 6 APPEALS OFFICER MORGANDO: You were intending
- 7 to go home. Okay. And that was your personal
- 8 motorcycle. You intended to start back up with your
- 9 re-acclimation with your regular unit the next day or
- 10 so?
- 11 THE CLAIMANT: Right. He stated that he
- 12 wanted me to re-acclimate on the motor- -- on my
- 13 personal motorcycle because -- which was news to me
- 14 because my intention was that I was going to stay
- 15 longer. He released me because he advised me that I
- 16 will be reassigned back to my bureau of traffic.
- 17 APPEALS OFFICER MORGANDO: So he wanted you to
- 18 finish your shift on your regular motorcycle? I guess
- 19 I'm just --
- THE CLAIMANT: No.
- 21 APPEALS OFFICER MORGANDO: -- a little
- 22 confused.
- THE CLAIMANT: No. So he released me early.
- 24 APPEALS OFFICER MORGANDO: Okay.
- THE CLAIMANT: He said, "Go get some practice

time on your motorcycle because effective" -- I don't

- .

- 2 recall if it was the next shift or the following
- 3 shift -- "but you will be sent back to traffic because
- 4 there's no reason you should be here to re-acclimate
- 5 because" --
- 6 APPEALS OFFICER MORGANDO: Okay. So you were
- 7 just told to go practice?
- 8 THE CLAIMANT: Correct.
- 9 APPEALS OFFICER MORGANDO: On your personal
- 10 motorcycle?
- THE CLAIMANT: Yes, ma'am.
- 12 APPEALS OFFICER MORGANDO: Is it the same type
- of motorcycle that you ride?
- 14 THE CLAIMANT: Very similar.
- 15 APPEALS OFFICER MORGANDO: Okay. And so you
- 16 were only going to practice until your shift ended or
- 17 you just were practicing on your way home?
- THE CLAIMANT: Well, practicing on my way
- 19 home, and I live quite a ways away.
- 20 APPEALS OFFICER MORGANDO: Okaý. Sorry,
- 21 Mr. Schwartz.
- MR. SCHWARTZ: That's okay.
- 23 APPEALS OFFICER MORGANDO: I just was a little
- 24 confused about what he was riding and where he was
- 25 going. Thank you.

- MR. MILLS: Yes. Let me see if I have any
- 2 other questions.
- 3 BY MR. MILLS:
- 4 Q Even though you were released to go home, you
- 5 were still on the clock though. They were still paying
- 6 yoυ?
- 7 A I was.
- 8 Q And when you're on the clock, your duties are
- 9 different than when you're not on the clock regardless
- 10 of whether you're released or not?
- 11 A Well, we're told that, "Hey, you're still on
- 12 the clock, and if we need you, have your phone close."
- 13 And I have my department issued radio with me for those
- 14 purposes as well.
- 15 Q And had the same supervisor that released you
- 16 called you back prior to 12:30 would you have
- 17 discretion to say no?
- 18 A No.
- 19 MR. MILLS: Okay. Nothing further, Judge.
- 20 APPEALS OFFICER MORGANDO: Thank you.
- 21 Mr. Schwartz.

22

- 23 CROSS-EXAMINATION
- 24 BY MR. SCHWARTZ:
- 25 Q Had the same supervisor called you at 2:30 in

- 1 the morning that morning and said, "The aliens have
- 2 invaded" -- and I'm being overly dramatic.
- 3 A I understand.
- 5 A I'd like to say no. I would be obligated to
- 6 say yes.
- 7 Q Okay. I want to go back to the beginning just
- 8 to ask a couple questions to clarify a few things that
- 9 maybe I just made bad notes on, but when Mr. Mills was
- 10 first asking you about vehicles, you said something
- 11 about operating a personal vehicle.
- So I'm clear -- and I only want to ask you
- 13 questions about March 7, '15, and backwards. Is that
- 14 okay?
- 15 A Sure.
- 16 Q So I don't -- today you could be -- I mean,
- 17 you're working today; correct?
- 18 A I am.
- 19 Q And are you driving a vehicle?
- 20 A Yes.
- 21 Q Is it a sedan or a motorcycle?
- 22 A It's a sedan. Well, a jeep.
- Q Okay. So it's yours?
- 24 A It is.
- 25 Q And are you actually working as a police

- 1 officer right now?
- 2 A I am, modified duty.
- 3 Q Okay. Are they allowing you to use your
- 4 vehicle as part of your job when you're out patrolling
- 5 or you're not patrolling yet?
- 6 A No, I'm not patrolling.
- 7 Q Okay.
- 8 A In the office.
- 9 Q Back in March of 2015 during the period of
- 10 time after you came back from your prior industrial
- 11 suggery, you were working where? What's the name of
- 12 the command you were at?
- 13 A I was at the Traffic Bureau.
- 14 Q Okay. And then after you came back they sent
- 15 you somewhere else; correct?
- 16 A I was advised that you have to report to
- 17 Bolden Area Command for this re-acclimation program.
- 18 Q Okay. Can you say that just slow enough so we
- 19 get it in the record?
- Which command did you go to?
- 21 A Traffic Bureau.
- 22 Q And then where did they send you?
- 23 A Bolden Area Command.
- 24 APPEALS OFFICER MORGANDO: Would you spell --
- 25 for the record, spell it, please.

- 1 THE CLAIMANT: Okay. B-O-L-D-E-N.
- 2 APPEALS OFFICER MORGANDO: Thank you.
- 3 BY MR. SCHWARTZ:
- 4 O And where is Bolden Area Command located?
- 5 A It's on the south side of the valley, just off
- 6 of Martin Luther King.
- 7 Q Okay. How long were you at the Bolden Area
- 8 Command prior to your injury, the injury we're
- 9 discussing today in March of 2015?
- 10 A Four weeks-ish.
- 11 Q Okay. And during that period of time did you
- 12 report to the Bolden Area Command to begin your shift?
- 13 A Yes.
- 14 Q And then at the end of your shift you were let
- 15 go from the Bolden Area Command location; correct?
- 16 A Correct.
- 17 Q You didn't go back to the Traffic Bureau
- 18 during those four weeks?
- 19 A In the capacity of what? I did go back to the
- 20 Traffic Bureau.
- 21 Q Probably a poor question. Let me ask it
- 22 again.
- 23 You would start your day during those four
- 24 weeks leading up to your injury at the Bolden Area
- 25 Command?

- 1 A Yes.
- 2 Q And then you would go elsewhere during the
- 3 course of your shift?
- 4 A Correct.
- 5 Q And then your day would end at the Bolden Area
- 6 Command?
- 7 A Correct.
- 8 Q Okay.
- 9 APPEALS OFFICER MORGANDO: But you were doing
- 10 patrol?
- 11 THE CLAIMANT: I was doing patrol work, yes.
- 12 APPEALS OFFICER MORGANDO: Okay.
- THE CLAIMANT: Well, traffic.
- APPEALS OFFICER MORGANDO: Traffic. That's --
- THE CLAIMANT: Traffic work as well.
- 16 APPEALS OFFICER MORGANDO: Okay.
- 17 BY MR. SCHWARTZ:
- 18 Q Okay. Where do you live?
- 19 A Northwest side of the valley.
- 20 Q And let me back up. Sorry again.
- 21 In March of 2015 where did you live?
- 22 A I lived at 5207 Sparkling Vine Avenue which is
- 23 northwest.
- Q Sparkling Vine Avenue?
- 25 A Yes.

- 1 Q Okay. During your time at the Bolden Area
- 2 Command -- the Appeals Officer just asked it, but I
- 3 have some follow-up questions.
- 4 You were out -- you would be out patrolling
- 5 during your shift; correct?
- 6 A Correct.
- 7 Q And what would you be in while you were
- 8 patrolling?
- 9 A A patrol vehicle.
- 10 Q A squad car?
- 11 A SUV, yes.
- 12 Q Okay. When you leave your house back then at
- 13 Sparkling Vine Avenue and you would get to the Boulder
- 14 Command what -- Bolden Command, excuse me, what would
- 15 you do when you first got there? What do you do?
- 16 A I'm sorry. Could you repeat?
- 17 Q Back in March of 2015, and that's the area of
- 18 time I'm focusing on, when you would leave your home on
- 19 Sparkling Vine Avenue and go to the Bolden Command,
- 20 once you got there what do you do? What's the first
- 21 thing you do?
- 22 A I would change out into uniform.
- 23 Q Okay. So you would ride from your home to the
- 24 Bolden Area Command in civilian clothes?
- 25 A Sometimes.

- 1 Q Is that the right term? Am I --
- 2 A Yes, that's the proper term. Sometimes
- 3 civilian clothes. Sometimes in full uniform.
- 4 Q Okay. And is there an area for you to change
- 5 when you get there?
- 6 A There is.
- 7 Q You would then change sometimes into your
- 8 uniform?
- 9 A Correct.
- 10 Q And then what happens next?
- 11 A Then you attend a briefing.
- 12 Q Okay. And does the briefing -- I'm not a
- 13 police officer.
- 14 A Sure.
- 15 Q So is it like the things we see on TV where
- 16 somebody speaks to a whole group of individuals and
- 17 kind of gives you an idea of what's going for that day?
- 18 A Yeah. We're briefed with -- dependent on the
- 19 day it is, if we had our days off, of all the prior
- 20 activities that took place and police-related issues
- 21 that -- outstanding suspects and things of that nature.
- 22 Q And then after the briefing what happens?
- 23 A Then you hit the streets.
- 24 Q Okay. So you get into your patrol SUV and go
- 25 out and do your job in essence?

- 1 A Correct.
- Q Okay. Then at the end of your shift you come
- 3 back -- I'm assuming you come back to the Bolden Area
- 4 Command?
- 5 A Yes.
- 6 Q And what's the general way that your shift
- 7 ends?
- 8 A Generally you get -- you have a debriefing.
- 9 Q Okay. And is that kind of the opposite of the
- 10 beginning? It's just you telling someone what happened
- 11 during the day?
- 12 A Not necessarily. You're handing in paperwork.
- 13 The supervisor is taking a count to make sure that he
- 14 has all of his police officers back, and any pertinent
- 15 information that needs to be exchanged at that point is
- 16 exchanged and then you're released.
- 17 Q Okay. And at that point are you free to
- 18 leave?
- 19 A Depends.
- 20 Q Okay. Depends on what?
- 21 A If there's a training that has to be done, if
- 22 there's computer work that has to be done, paperwork
- 23 that is not properly filled out or corrections need to
- 24 be made, if there's dictations, a number of things.
- 25 Q Okay. Once you get all your paperwork and

- 1 training in order are you then free to leave?
- 2 A Yes, if you're told to by your supervisor.
- 3 Q Okay. So your supervisor can tell you to stay
- 4 or tell you to go?
- 5 A "I need you to stay," yes.
- 6 Q And if he needs you to stay beyond the time
- 7 frame that you were scheduled to work, you're going to
- 8 actually get paid overtime; correct? Are you supposed
- 9 to get paid overtime?
- 10 A Today's time, no. It's -- well, it depends.
- 11 They have different ways of compensation.
- 12 Q Okay. Is one of those ways that they'll then
- 13 let you go early another day, kind of catch up on the
- 14 time?
- 15 A Possibly, if that's an agreement that you and
- 16 the supervisor agree to.
- 17 Q Okay. Once the supervisor says it's okay for
- 18 you to -- and I'm still focusing back in March of 2015.
- 19 A Sure.
- 20 O At the Bolden Command. Once the supervisor
- 21 says it's okay for you to leave, then you personally,
- 22 what do you do next?
- 23 A Personally it depends. I'll change out if --
- 24 or if I need to get home and time is -- because I
- 25 stayed longer, I'll leave in uniform. So you have

- 1 options that you can do.
- Q Okay. How about on March 7th? Did you change
- 3 out?
- 4 A I did.
- 5 Q Okay. You said that on March 7th that you had
- 6 a bag with you; is that correct?
- 7 A Correct.
- 8 Q And in that bag you said was your handcuffs
- 9 and some other assorted items?
- 10 A Handcuffs, police radio, and assorted items
- 11 police related.
- 12 Q Okay. Would you normally take that bag back
- 13 and forth from work to home every single day?
- 14 A Yes.
- 15 Q So that's something that you -- as part of
- 16 your routine you would take the bag to work and then
- 17 from work to home?
- 18 A Well, you have the option to leave it in your
- 19 locker, but me being a motorcycle police officer, I
- 20 have a habit, if you will, and I grab what I need.
- 21 Just in the event that something happens, I have a
- 22 police radio with me and I have handcuffs with me, that
- 23 if I have to act upon a situation that requires a
- 24 police officer, I have the necessary items.
- 25 Q Okay. But you could leave it at the Bolden

- 1 Command back then?
- 2 A With the exception -- yes, I guess, with the
- 3 exception of my service weapon and my radio. My radio
- 4 I have an option to leave it in my locker if so be.
- 5 Q But your service weapon I'm assuming you keep
- 6 with you at all times?
- 7 A Absolutely.
- 8 Q And probably your badge as well; correct?
- 9 A Correct.
- 10 Q So that's not something you'd leave in your
- 11 locker no matter what you were doing; correct?
- I mean, if you were leaving -- let's assuming
- 13 you were leaving to go on vacation. You still wouldn't
- 14 leave your service revolver and your -- your service
- 15 weapon and your badge in your locker, would you?
- 16 A Depends. Maybe if I'm leaving on vacation.
- 17 Q Okay. On this particular day you said your
- 18 supervisor told you you could leave early; correct?
- 19 A Yes.
- 20 Q Okay. Did he radio you? Were you already in
- 21 the Bolden Command building? How did he tell you that
- 22 logistically?
- 23 A Inside the area command building.
- 24 Q So you had already come back from patrolling?
- 25 A We had came back early, and he advised us to

- 1 go.
- 2 Q Okay. And just so I understand, he and the
- 3 captain also told you that you had done enough
- 4 acclimation from your injury to go back to traffic. Is
- 5 that --
- 6 A So I was on a call that he showed up on, a
- 7 patrol-related call.
- 8 Q Okay. Which "he"?
- 9 A I'm sorry. My sergeant.
- 10 Q Okay.
- 11 A And so he advised me that he had a
- 12 conversation with the captain. He said that you were
- 13 telling my guys who -- in this re-acclimation program
- 14 you were being -- kind of overseeing, is I guess the
- 15 word that I would use, by a field training officer, and
- 16 he said that you are telling my guys things that they
- 17 should know. There's no reason you should be here.
- 18 "So the captain and I had a conversation, and
- 19 he signed your release papers effective" -- I don't
- 20 recall if it was the shift or the shift after, but it
- 21 was in close proximity -- "that you will be reporting
- 22 back to the Traffic Bureau, and there's no reason you
- 23 should be here for the 12 to 16-week duration."
- 24 Q And are those two individuals, your sergeant
- 25 and the captain, are they the ones who have the

- 1 authority to release you back to your old position?
- 2 A I don't know for sure in terms of the
- 3 sergeant. I would assume that he has to go through his
- 4 chain of command, but the captain of that bureau is
- 5 the -- I guess would make the decision based on the
- 6 information he receives from my immediate supervisor.
- 7 Q Okay. And just so I understand, in essence he
- 8 was saying to you that you know more than the people
- 9 who are supposed to be supervising you?
- 10 A I don't want to word it that way.
- 11 Q I'm wording it that way.
- 12 A Okay.
- 13 Q Is that fair to say? I'm not trying to breach
- 14 the chain of command for you. I just want to
- 15 understand.
- 16 A I would like to put it that there's nothing
- 17 for you to re-acclimate to.
- 18 Q Okay.
- 19 A You are up to speed and you shouldn't be here.
- 20 Q Okay. And so then you're already in the
- 21 command building; correct?
- 22 A I am. Well, this conversation --
- 23 APPEALS OFFICER MORGANDO: No, no.
- 24 BY MR. SCHWARTZ:
- 25 Q This was -- okay. You're right. This

- 1 conversation happened on a call?
- 2 A Correct.
- 3 Q You then come back to the command building at
- 4 some point later. I'm not saying --
- 5 A He advises me to come back.
- 6 Q Oh, okay. So he actually told you after this
- 7 call to come back?
- 8 A "Go in early. Go get some seat time," is what
- 9 we call it on a motorcycle which -- because effective
- 10 the next shift or the shift after, I don't recall, and
- 11 that's when he explained to me that I had been released
- 12 from this program.
- 13 Q Okay.
- 14 APPEALS OFFICER MORGANDO: I'm sorry. Did you
- 15 say "seat"?
- 16 THE CLAIMANT: Seat.
- 17 APPEALS OFFICER MORGANDO: S-E-A-T?
- THE CLAIMANT: Yes, ma'am.
- 19 APPEALS OFFICER MORGANDO: Okay.
- 20 THE CLAIMANT: On a motorcycle it's a jargon.
- 21 BY MR. SCHWARTZ:
- 22 Q So then you're --
- 23 APPEALS OFFICER MORGANDO: It's kind of like
- 24 time in the saddle.
- MR. MILLS: Euphemism.

- 1 THE CLAIMANT: Yes, ma'am.
- 2 BY MR. SCHWARTZ:
- 3 Q You're back at the command building?
- 4 A Yes, sir.
- 5 Q And he tells you you can leave early?
- 6 A He says, "Go get time in. If we need you, be
- 7 close to your phone." And I had my radio with me as
- 8 well.
- 9 Q Okay. And you have a -- do you have a
- 10 personal cell phone? Is that what you mean by "phone"?
- 11 A Yes, sir.
- 12 Q Or was there a work cell phone?
- 13 A Personal cell phone, sir.
- 14 Q Okay. And the same question I asked you about
- 15 the radio earlier. I just want to make sure I'm clear.
- If you were to get a call at 2:30 in the
- 17 morning, which is clearly not your shift time, on your
- 18 personal cell phone that you need to come back, you
- 19 don't have a choice but to come back; correct?
- 20 A If my supervisor says, "We need you back," I
- 21 am going.
- 22 Q In your ten years on the force how many times
- 23 has that happened?
- 24 A Count on one hand. Five maybe.
- Q Okay.

- 1 A Ish.
- Q Mr. Mills asked you some questions about
- 3 consuming alcohol, and he asked you up until 12:30 when
- 4 your shift ended you were -- you're not allowed to
- 5 consume alcohol; is that correct?
- 6 A Correct.
- 7 Q Okay. After your shift ends are you free to
- 8 consume alcohol?
- 9 A I am.
- 10 Q What is the policy, if you know, if -- you
- 11 said a handful of times you got a call after hours to
- 12 come back. What happens if you've been drinking?
- 13 What's your response supposed to be when you get that
- 14 call?
- 15 A If I've been drinking, I will advise my
- 16 supervisor of the fact that I've been drinking.
- 17 Q And do you have any idea what happens if you
- 18 do that?
- 19 A I have never been in that position to know.
- 20 Q Okay. Are you told by your supervisor that
- 21 you are to advise them of that fact if that occurs or
- 22 is this just something you would do?
- 23 A I don't know if it's something you're told.
- 24 It's just -- it's kind of an unspoken rule. I quess I
- 25 would say, "Hey, you know, just so you know, I've been

- 1 drinking."
- Q Okay. How long approximately after you left,
- 3 if you know, that night on March 7th did this accident
- 4 occur?
- 5 A At what time did this accident --
- 6 Q How long after you had left the command
- 7 center, the Bolden Command?
- 8 A The general -- the location of the accident
- 9 is, I would say less, than two miles, a mile and a half
- 10 from the Bolden Area Command. So ten minutes, five,
- 11 ten minutes. Well, not five minutes. Maybe ten
- 12 minutes, closer to.
- 13 Q And you said there was another officer who was
- 14 behind you who later told you what had happened?
- 15 A I knew I was involved in an accident, and he
- 16 explained what had happened. And he was able to make
- 17 contact with the driver of the vehicle who hit me.
- 18 Q Okay. What is that Tyler McMeans? Is that
- 19 his name?
- 20 A Yes.
- 21 Q Was Officer McMeans on a motorcycle when this
- 22 happened?
- 23 A Yes.
- Q Was he on a police motorcycle when this
- 25 happened?

- 1 A No.
- 2 Q He was on his own motorcycle?
- 3 A Yes.
- 4 Q Okay. Was he also going through an
- 5 acclimation process with you?
- 6 A No.

- 8 at that particular time?
- 9 A No.
- 10 MR. MILLS: Objection; calls for speculation.
- 11 APPEALS OFFICER MORGANDO: If he knows.
- 12 THE CLAIMANT: No, I don't. It was his
- 13 transportation.
- 14 BY MR. SCHWARTZ:
- 15 · Q To and from work?
- 16 A Or to point A and point B, wherever he was
- 17 going.
- 18 Q Was he working at the Bolden Command at the
- 19 same time you were?
- 20 A He was.
- 21 Q Okay. Did he work the same shift that you did
- 22 at the Bolden Command?
- 23 A He was assigned at the time to the same squad
- 24 and shift that I was in this program.
- 25 Q Okay. So would that mean that if he was there

- 1 when your accident happened -- by "there" I mean in the
- 2 same general vicinity -- he must have been let go early
- 3 as well?
- 4 A Yes.
- 5 Q Because he was on his -- your recollection is
- 6 he was on his own personal motorcycle?
- 7 A Yes.
- 8 Q Okay. And you don't -- do you ever ride your
- 9 own personal motorcycle while on shift?
- 10 A In Bolden Area Command when I was working?
- 11 Q Let's start within the Bolden Area Command.
- 12 A Sometimes I've taken a motorcycle. Sometimes
- 13 I drove a vehicle, car.
- 14 Q Okay. Maybe I'm not -- I don't understand
- 15 your answer. So maybe I'll re-ask the question.
- 16 When this accident happened you were on your
- 17 personal motorcycle; correct?
- 18 A Correct.
- 19 Q Okay. As part of your job duties are you ever
- 20 required to use your personal motorcycle while, we'll
- 21 call it, on duty and not released early?
- 22 A No.
- 23 Q Okay. Do you know if Officer McMeans, because
- 24 you were working with him at that time, was required to
- 25 use his personal motorcycle while on duty and not

- 1 released early?
- 2 A No.
- 3 Q No, you don't know, or no, you --
- A No, he was not using his personal motorcycle
- 5 for on duty.
- 6 Q Does the department have anything to do with
- 7 your selection of your transportation from the command
- 8 to your home? Do they provide you with anything?
- 9 A No. A vehicle, no.
- 10 Q Okay. So can you pick any kind of motorcycle
- 11 that you want?
- 12 A No. To go home?
- 13 Q Let me start again. Your transportation to
- 14 and from work.
- 15 A Uh-huh.
- 16 Q Can you drive in any type of motorcycle you
- 17 wish?
- 18 A Sure.
- 19 Q Can you drive in any type of car you wish?
- 20 A Sure.
- 21 Q Does the department pay for any part of that
- 22 commuting expense, cost of the car, cost of insurance,
- 23 cast of gas, anything like that?
- 24 A No.
- 25 Q So you could live in St. George and commute

- 1 back and forth if you wanted to?
- 2 A Sure.
- 3 Q You talked a little bit about a duty to
- 4 assist, and Mr. Mills asked you and you said that's
- 5 your moral duty. That's your duty as a police officer.
- 6 Is that -- do you remember saying that?
- 7 A Something along those lines. I said that
- 8 that's my oath that I took to protect and serve this
- 9 community that I am a part of.
- 10 Q Would that extend to at any point in time
- 11 during any day or do you think it's only during certain
- 12 times when you're not technically in a police vehicle?
- 13 A You're a police officer 24 hours a day, seven
- 14 days a week.
- 15 Q Okay. So you believe you have a duty to
- 16 assist -- again, if we're going back to your shift at
- 17 the time this happened, your shift ends at 12:30.
- 18 At 3:30 in the morning if you hear something
- 19 outside your house, you have a duty to assist as a
- 20 police officer?
- 21 A I wouldn't say -- it's a case-by-case basis,
- 22 but I have a duty to assist. There are exceptions, and
- 23 those exceptions for me are if my family's present.
- 24 Q Okay. When you say there are exceptions, is
- 25 any of this actually in a handbook or a rules or

- 1 regulations that the department makes you follow or is
- 2 this just you believe as a police officer you have this
- 3 duty?
- 4 A I don't know if it's in any handbook, as you
- 5 put it, but I'm speaking from my personal belief and
- 6 the oath that I took to serve the community that I am a
- 7 part of.
- 8 MR. SCHWARTZ: Okay. I don't have any other
- 9 questions, your Honor.
- 10 APPEALS OFFICER MORGANDO: Mr. Mills, anything
- 11 further?
- MR. MILLS: Just briefly.
- 13
- 14 REDIRECT EXAMINATION
- 15 BY MR. MILLS:
- 16 Q I don't know if I asked you this on direct,
- 17 but if you're being paid and on the clock and anyone
- 18 from Metro superior team summons you, in that instance
- 19 do you have the discretion to refuse?
- 20 A I do not.
- 21 Q Okay.
- MR. MILLS: Nothing further, Judge.
- 23 APPEALS OFFICER MORGANDO: I think I only had
- 24 one question. I looked at my notes, and I don't know
- 25 if anybody asked it.

1 When you were working your re-acclimation

- 2 assignment --
- 3 THE CLAIMANT: Yes, ma'am.

.....

- 4 APPEALS OFFICER MORGANDO: -- when did your
- 5 shift begin, when you arrived at Bolden or when you
- 6 left your home?
- 7 THE CLAIMANT: My shift began when I arrived
- 8 at Bolden.
- 9 APPEALS OFFICER MORGANDO: Okay. And your
- 10 shift ended when you left Bolden?
- 11 THE CLAIMANT: My shift ended --
- 12 APPEALS OFFICER MORGANDO: And on a normal
- 13 day.
- 14 THE CLAIMANT: On a normal day my shift ends
- 15 at midnight.
- 16 APPEALS OFFICER MORGANDO: 12:30 in the
- 17 morning?
- THE CLAIMANT: Yes, ma'am.
- 19 APPEALS OFFICER MORGANDO: Right, but once
- 20 you -- once you leave Bolden and you're headed home,
- 21 you're not considered on the clock, correct, except the
- 22 day of your accident?
- THE CLAIMANT: Right. We're on the hook. So,
- 24 in other words, because my shift is still ongoing, I
- 25 can be called back, This has happened or, Hey, we need

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DD: 03/07/2015 21:41:39
DT: 03/08/2015 07:52:36

DANIEL LEB, NO

PATIENT: PIGUEROA, DAVID

ACCOUNTS: 9929043215

MRE: 0001905211 ADM DATE: 03/07/2015

JOB#: 353563/646668155

DICTATED BY: DANIEL LEE, MD

CONSULTATION REPORT

Electronically Authenticated by: Damiel Lee, MD On 03/08/2015 02:24 PM PDT

> RECEIVED JUN 1 0 2015 CCMSI ~ Las Vegas

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 69102

CONSULTANT: Michael Monroe, MD

REQUESTION BY: DEBORAR A KURLS, MD

Date: 3/10/2015

REASON: Left pelvic fracture, left olecranon fracture, left humeral shaft fracture, left acetabular fracture with left hip dislocation, tibial shaft fracture with fibular shaft fracture.

HISTORY OF FRESRNT ILINESS: The patient is a 44-year-old male who presented after a motorcycle accident. He was wearing a helmet, traveling at 25-30 miles per hour when a car turned left in front of him and he struck him. He was thrown approximately 40 feet and found in a prome position with his legs apart. The patient danies any loss of consciousness during this event. He had immediate pain in his left upper and lower extremity.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: L5-S1 fusion.

MEDICATIONS: Novie.

ALLERGIES: NO ENOWN DRUG ALLERGIES.

SOCIAL HISTORY: He denies any tobacco, alcohol, or illicit drug use.

PAMILY HISTORY: Not contributory to this issue.

REVIEW OF SYSTEMS:

A 12-point review of systems was obtained and was negative except for the above-mentioned complaints.

PHYSICAL EXAMINATION:

GENERAL: The patient is intubated when I see him.

HEAD: Pupils are equal and reactive to light. There is no facial trauma noted.

EMT: External appearance of ears and nose is normal. No excidates or erythema.

CAMBIOVASCULAR: Pulses are brisk. Capillary refill is brisk in the bilateral upper and lower extremities.

IDEOS: Normal respirations without evidence of flail chest on the ventilator.

MUSCHLOSKELETAL: There is a laceration over the knee with deformity and open distal tib-fib pilon fracture. The pelvis feels unstable on compression in AF and lateral plane on the left. There is gross deformity and angulation of the humanal shaft.

IMAGING: Radiographs of the left forearm reveal a transverse

OneContent Generated By UMCkpark Generated On: 03/30/2015 16:13 olectanon fracture. Radiographs of the left foot reveal no fracture. Left femor reveals a left acetabular fracture, left hip dislocation. Left tibia and fibula show a comminuted distal tibia intra-articular fracture with distal fibular fracture. Also showing left knee dislocation. Bilateral acetabular fractures with pubic rami fractures. Left humerus shows a disphyseal humeral fracture. CT of the pelvis reverls posterior left hip dislocation with mild sacroilisc diastasis on the left with left inferior pubic ramue fracture, ischial tuberosity fracture, iliac fracture, acetabular fracture. This appears to be a T-type left acetabular fracture.

IMPRESSION:

- 1. Left acetabular fracture.
- 2. Left hip posterior dialocation.
- 3. Left sacroiliac diastasis.
- 4. Left humeral shaft fracture.
- 5. Left transverse olecranom fracture, mildly displaced.
- 6. Open left pilon fracture.
- 7. Left knee dislocation.

TREATMENT AND PLAN: Our plan at this time is to perform closed reduction of the left knee dislocation, place an external fixator from the femur to the tibia for the dislocation, and then perform open reduction and internal fixation of the left fibula with preliminary external fixation of the open tibial pilon fracture. We plan to perform irrigation and debridement of all the open areas. For the left himerus, we would recommend himeral intramedullary mail, and for the olecranon, a large intramedullary screw. We will proceed with these procedures as medical clearance and OR schedule allows.

RJ/MedQ

DD: 03/10/2015 12:13:32 DT: 03/10/2015 16:39:22

ROSS JONES, MD

MICHAEL MONROB, 140

PATIENT: PIGUERCA, DAVID MR#:

0001906211

ADM DATE: 03/07/2015

JORE: 734247/646969650

PHYSICIAN: MICHAEL MONROS, MD DICTATED BY: ROSS JONES, NO

ACCOUNT#: 9929043215

CONSULTATION REPORT

Electronically Authenticated by: Michael Monroe, MD On 03/11/2015 02:53 PM PDT Ricctronically Authenticated and Edited by: ROSS JONES, DO On 03/13/2015 05:53 PM PDT Riectronically Authenticated by: Michael Monroe, ND On 03/20/2015 11:05 AM PDT

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University Medical Center 1800 W. Charlesion Blvd. Las Vegas, NV @9102 702-389-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Account Number: 9928043215 Medical Rec. Number: 0001908211 Birthdate: 10/28/1970 Gender: M Arrival Data: (13/07/2015 00:51 Primary MD: Visit Date: 03/07/2015 00:54 Attending MD:

Vital Signs/Data

Time Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
03/07/2015 02:40 MP24	98.0 F	90 /mtn	22 /mln	133/99 mm Hg.		10/10

<u>Allemies</u>

NKA (03/07/2015 01:17)

Chief Complaint

MVA (MP24 03/07/2015 02:40)

Triege

Activation Level - Full. (MP24 03/07/2015 02:40) 2 - Emergent (N/P24 02:40) Domestic violence survey shows NEGATIVE risk for this patient. (MP24 02:40) mcc (MP24 02:40) Mentation - Patient is elect, oriented x3. Score = 0 (MP24_02:40) Mobility - Patient is able to ambulate with no assistance. Score = 0 (MP24 02:40) Elimination - Patient has independent elimination. Score = 0 (MP24 02:40) Elimination - Pallent has independent elimination. Score = 0 (MP24 02:40)

No prior tall history. Score = 0. (MP24 02:40)

Patient is not trick for fells. (MP24 02:40)

Patient has no thoughts of suicide. (MP24 02:40)

INFECTIOUS DISEASE/ CDC SCREENING: No risk factors for infectious disease. (MP24 02:40)

INFECTIOUS DISEASE/ CDC SCREENING: Pt has not been outside the US nor lives with anyone that has been outside the US

This is the proof to the control of the contr in the last 6 months. (MP24 02:40)

Height/Weigint

Hgt: 188 cm at 02:40 (MP24 03/07/2015 02:40) Wgt: 109.1 kg at 02:40 (MP24 02:40) BMI: 30.9 (MP24 02:40) BSA: 2.99 sq. m (MP24 02:40)

Patient Problems

Multiple closed fractures of pelvis with disruption of pelvic circle (03/07/2015 03:02)

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Visit Date: 03/07/2015 00:54

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Medical Rec. Number: 0001906211 Arrival Date: 03/07/2015 00:51

Birthdate: 10/28/1970 Gender: M

Account Number: 9929043216

Primary MD: Attending MD:

Med Orders

elbuterol soin for neb [YENTOLIN] 2.5 MG NEB RT Q4H PRN ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes Indications: dyspnea

albuterol soin for neb [VENTOLIN] 2.5 Mg NEB RT QID ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes

sodium chloride 0.9% 1000 MIL IV 125 milhr CONTINUOUS ROUTINE

fentaNYL In [SUBLIMAZE] 100 MCG IV Q1H PRIN ROUTINE

Indications: Pain

midazolam inj (VERSED] 0.5 MQ IV Q4H PRN ROUTINE

Indication :: agitation

and ansetron it | [ZOFRAN] 4 MG IV O6H PHN ROUTINE

Indication:: nausea Comments: PO preferred, IV If NPO or unable to tolerate PO

famotidine in PEPCID 1 20 MG IV BID ROUTINE

diphenhydramine inj [BENADRYL] 25-50 MG IV HS PRN ROUTINE

indications: insomnia

acetaminophe: [TYLENOL] 650 MG ORAL QSH PRN ROUTINE

Indications: temp >4 38.5 C

chlorhexidine ().12% crail rinse [PERIDEX] 10 ML SWISH_SPIT_QID ROUTINE

chlorhexidine (L12% oral rinse [PERIDEX] 10 ML SWISH_SPIT PRN ROUTINE

Indications: oral care

potassium chieride [KLOR- CON] 40 MEQ ORAL PRN ROUTINE if serum creatinine is >/= 1.4 or UO < 0.5 mi/kg/hr x 3 hrs, DO NOT U.3E PROTOCOL; contact provider for new orders Indications: per Electrolyte Protocol (PROT #389)

KCI 40 mEq rider 40 MEQ IVPB 10 MEQAIR PRIN ROUTINE if serum creatinine is > 1.4 or UO < 0.5 ml/kg/hr x 3 hrs, DO NOT USE PROTOCOL; contact provider for new orders Central Line

NOT USE PROTOCOL; contact provider for new orders Central Line
Indications: per Electrolyte Protocol (PROT #383)

potassium-socilium phosphate packet (8 mmo) phos) [PHOS-NAK] 2 PACKET ORAL PRN ROUTINE If serum creatinine
is >= 1.4 or UO < 0.5 milkg/hr x 3 hrs, DO NOT USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)

KPhos inj 40 MMOL NYPS 7 MMOLAIR PRN ROUTINE Pertpheral Line If serum creatinine is >= 1.4 or UO < 0.5 milkg/hr x 3

hrs, DO NOT USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)

magnesium sulfate 2 gm rider 2 GM NYPS 30 MIN PRN ROUTINE II serum creatinine is >= 1.4 or UO < 0.5 milkg/hr x 3 hrs,
DO NOT USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)

NaPhos inj 40 nimol NYPS 7 MMOLAIR PRN ROUTINE If serum creatinine is >= 1.4 or UO < 0.5 milkg/hr x 3 hrs, DO NOT
USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)

Indications: per Electrolyte Protocol (PROT #383)

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Print Date: 03/07/2015 03:19

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University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 39102 702-383-2000

Anai

Emergency Department Chart

Palient Nams: FIGUEROA, DAVID M. Account Number: 9929049215 Medical Rec. Number: 0001908211 Birthdate: 10/28/1970 Gender: M Arrival Date: 03/07/2015 00:61 Primary MD: Visit Date: 33/07/2015 00:54 Attending MD:

Non-Med Orders

TR CT BRAIN W/O CONTRAST ONCE STAT Pain - Trauma Related Entered By (MIC23 RN 08/07/2015 01:06) Ordered By (01:06) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (C.JE1 02-43)
TR CT CERVICAL SPINE W/O CONTRAST ONCE STAT Pain - Trauma Related Entered E.y (MK23 RN 03,07,2015 01:06) Ordered By (01:06) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (CJE1 02:45)
TR CT ABDONIEN AND PELVIS IV ONLY ONCE STAT Pain - Traums Related Entered By (MK23 RN 03.07.2015 01:06) Ordered By (01:08) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (CJE1 02:49) TR CT CTA LOWER EXTREMITY ONCE STAT Left Entered By (MK29 RN 03/07/2015 01:06) Ordered By (01:08) Completed By (01:28) TR CHEST PORTABLE ONCE STAT Pain - Trauma Related
Entered By (MH23 FIN 03072015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Italiums from CT. (CJE1 02:43)
TR PELVIS 1 VIEW ONCE STAT Pain - Trauma Related Entered By (MK23 RN 0307/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedskie, Taken to CT. Heturns from CT. (CJE1 02:49) CBC/AUTOMATED ONCE LIFE THREATENING Entered By (03.07/2015 01:01) Ordered By (JDM1 MD 01:01) Results Back (01:12) MD Sign (JDM1 MD 01:01) Notes: Blood Drawn - AN. Blood obtained from the right entecubital lossa. (CJE1 02:42) BASIC METABOLIC PANEL ONCE LIFE THREATENING Entered By (03.07/2015 01:01) Ordered By (JDM1 MD 01:01) Results Back (01:18) MD Sign (JDM1 MD 01:01) Notes: Blood Drawn - PN. Blood obtained from the right antecubital fosse. (CJE1 02:42) ABO RH TYPE ONCE LIFE THREATENING

Entered By (03/07/2015 01:01) Ordered By (JDM1 MD 01:01) Completed By (01:47) MD Sign (JDM1 MD 01:01)

ANTIBODY SCHEEN - GEL TECHNIQUE ONCE LIFE THREATENING

Entered By (03/07/2015 01:01) Ordered By (JDM1 MD 01:01) Results Back (01:47) MD Sign (JDM1 MD 01:01) Notes: Blood Drawn - FIN. Blood obtained from the right antecubital fossa. (CJE1 02:42) RECEIVED TR HUMERUS (LEFT) ONCE STAT trauma Entered By (MK23 RN 0307/2015 01:10) Ordered By (01:10) Completed By (01:26) TYPE AND SCREEN ONCE STAT JUN 1 0 2015 Entered By (MK2S RN 0307/2015 01:07) Ordered By (01:07) Order Cancelled (02:21) REQUEST THAWED PLASMA ONCE STAT Entered By (MKQS RN 03/07/2015 01:07) Ordered By (01:07) Completed By (01:38) REQUEST RED BLOOD CELLS (BLOOD PRODUCT) ONCE STAT CCMSI ~ Las Vegas Entered By (MK23 RN 03072015 01:07) Ordered By (01:07) Completed By (01:38) TR CT CHEST WITH CONTRAST ONCE STAT Pain - Trauma Retailed Entered By (MK23 RN 03/07/2015 01:09) Ordered By (01:09) Results Back (01:28) Notes: Portable X-ray at Deciside. Taken to CT. Returns from CT. (CJEI 02:43)
THICT CERVICAL SPINE W/O CONTRAST ONCE STAT Pain - Trauma Related Entered By (MRC23 RN 03072015 01:09) Ordered By (01:09) Order Cancelled (01:10) Comments: ...reconTR CT THORACIC SPINE RECONSTRUCT ONCE STAT Pain - Trauma Related Entered By (MK23 RN 03.07/2015 01:12) Ordered By (01:12) Results Back (01:28) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (C/IE) (2243)
TR CT LUMBAR SPINE RECONSTRUCT ONCE STAT Pain - Trauma Related
Entered By (MIC3 RN 05072015 01:12) Ordered By (01:12) Results Back (01:26) Notes: Portable X-ray at bedside. Returns from CT. Taken to CT. (CJE1 02:43)
TH CT ABDOMEN AND PELVIS IV ONLY ONCE STAT Pain - Trauma Related Entered By (MK23 RN 03072015 01:12) Ordered By (01:12) Order Cancelled (01:13) Comments: ...thin outs HEMATOLOGY SLIDE REVIEW ONCE LIFE THREATENING Entered By (03.07/2015 01:16) Ordered By (01:16) MD Sign (01:16) Order Cancelled (01:33)
TIBIA + FIBULA (LEFT) ONCE ROUTINE mod
Entered By (BD99 UNIT CLERK 03/07/2015 01:25) Ordered By (01:25) MD Sign (01:25) Order Cancelled (01:27) FEMUR (LEFT) ONCE STAT mce Enlared By (BD99 UNIT CLERK 03/07/2015 01:25) Ordered By (01:25) MD Sign (01:25) Order Cancelled (01:27)

Print Pate: 08/07/2015 03:19

ANKLE LIMITED (LEFT) ONCE STAT mcc

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University Medicul Center 1800 W. Charleston Blvd. Las Vegas, NV 69102 702-389-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Account Number: 8929043215 Medical Rec. Humber: 0001908211 Birthdate: 10/28/1970 Gender M Arrival Date: US/07/2015 00:51 Primary MD: Visit Date: (3/07/2015 00:54 Attending MD:

Non-Med Orders

Entered By (BD99 UNIT CLERK 09.07.2015 01:25) Ordered By (01:25) MD Sign (01:25) Order Cencelled (01:26) TR ANKLE LIMITED (LEFT) ONCE STAT moo

Entered By (03.07/2016 01:26) Ordered By (01:26) MD Sign (01:26) Order Cancelled (01:28)

TR FEMUR (LE-T) ONCE STAT MCC

Entered By (03/07/2016 01:27) Ordered By (01:27) Results Back (01:27) MD Sign (01:27) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)

TR TIBIA + FIBI/LA (LEFT) ONCE STAT mco
Entered By (8D99 UNIT CLERK 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:32)

TH ANKLE LIMITED (LEFT) ONCE STAT MOD

Entered By (BD99 UNIT CLERIK 03072015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34) TR FEMUR (LET) ONCE STAT MICO

Entered By (BD99 UNIT CLERK 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34) TR TIBLA + FIBULA (LEFT) ONCE ROUTINE INCO

Entered By (03/07/2015 01:27) Ordered By (01:27) Results Back (01:27) MD Sign (01:27) Notes: Portable X- ray at bedside. Teker, to CT. Returns from CT. (CJE1 02:43)

TR FOOT LIMITED (LEFT) ONCE STAT mod Entered By (03/07/2016 01:28) Ordered By (01:28) Results Back (01:32) MD Sign (01:28) Notes: Portable X- ray at

bedside. Taken to CT. Returns from CT. (CJE1 02:43) ABO RH TYPE ONCE STAT

Entered By (03/07/2015 01:38) Ordered By (01:38) MD Ston (01:38) Order Canoelled (02:23) ANTIBODY SCREEN - GEL TECHNIQUE ONCE STAT

Entered By (09,07,2015 01:38) Ordered By (01:38) MD Sign (01:38) Order Canoelled (02:24) CROSSMATCH ELECTRONIC ONCE LIFE THREATENING

Entered By (08/07/2015 01:48) Ordered By (01:48) Completed By (CJE1 RN 02:43) MD Sign (01:46)

TH HAND LIMITED (LEFT) ONCE STAT mo Entered By (BD99 UNIT CLERK 03/07/2015 02:24) Ordered By (02:24) Results Back (02:29) MD Sign (02:24) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43) TR FOREARM (LEFT) ONCE STAT moo

Entered By (BD99 UNIT CLERK 03/07/2015 02:24) Ordered By (02:24) Results Back (02:29) MD Sign (02:24) Notes: Portable X- ray at bedskie. Taken to CT. Returns from CT. (CJE1 02:43) PT + APTY ONCE STAT

Entered By (BD99 UNIT CLERK 03/07/2015 02:33) Ordered By (02:33) Results Back (02:42) MD Sign (02:33) Notes: Blood Drawn - F.N. Blood obtained from the right enterorbital fosse. (CJE1 02:42) HOLD CLOT FOR BLOOD BANK ONCE ROUTINE

Entered By (BD99 UNIT CLERK 03/07/2015 02:33) Ordered By (02:33) MD Sign (02:33) Notes: Blood Drawn - RN.

Blood obtained from the right entecubital losse. (C.IET 02:42)

Surgery Admit Order (basic requirements) ONCE ROUTINE inpatient TICU Standard multiple extremity fractures with vascular injury KUHLS, DEBORAH A [CRITICAL CARE MED, SURGICAL CRIT CARE, GENERAL SURGERY, TRAUMA] (2294)

Entered By (03/07/2015 03:02) Ordered By (03:02)

Measure Height ONCE MOUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Measure Weight, EVERY DAY ROUTINE

Entered By (03.07.2015 03:02) Ordered By (03:02) MD Sign (03:02)
Incentive Spironstry - NSQ Q1H ROUTINE

Entered By (03.07.2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: X 10 Breaths
INCENTIVE SPIROMETER- RT to Instruct ONCE ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Admission Nassi MRSA Colonization Screen ONCE ROUTINE

Entered By (03/07/2015 09:02) Ordered By (03:02) MD Sign (03:02) Initiate Influenza Vaccine Assessment - CONTIN ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to influenza veccine order if Indicated

Initiate Preumocopoal Vaccine Assessment- CONTIN ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to pneumococcal vaccine order

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University Medical Center 1800 W. Charles on Bivd. Las Vegas, NV 59102 702-383-2000 Final

Emergency Department Chart

 Patient Name:
 FIGUEROA, DAVID M.
 Account Number: 9929043215

 Medical Rec. Number:
 0001906211
 Birthdate: 10/28/1970
 Gender: M

 Arrival Date:
 03/07/2015 00:51
 Primary MD:

 Visit Date:
 03/07/2015 00:54
 Attending MD:

Non-Med Orders

Intake & Output Q1H ROUTINE Entered Ey (03/07/2015 09:02) Ordered By (09:02) MD Sign (03:02) Notity: CONTIN ROUTINE Urine Output < 0.5 milkg/hr Resident
Entered By (03.07.2015 03.02) Ordered By (03.02) MD Sign (03.02)
Notity: CONTIN ROUTINE (HR-80 or >130 Resident
Entered By (03.07.2015 03.02) Ordered By (03.02) MD Sign (03.02)
Notify: CONTIN ROUTINE RR-(10 or >30 Resident

ROUTINE RR-(10 or >30 Resident) Entered By (03,07,2015 03:02) Ordered By (03:02) MD Sign (03.02)
Notify: CONTIN ROUTINE SaO2 <90% Resident Entered B. (03/07/2015 03:02) Ordered By (03:02) MD Sign (09:02) RECEIVED Notify: CONTIL ROUTINE Temp >38.5C Resident Entered By (03/07/2015 03:02) Ordered By (03:02) 'MD Sign (03:02) JUN 1 0 2015 Nothy: CONTIN ROUTINE SBP 480 or >180 Resident Entered By (03.072015 03:02) Ordered By (03:02) MD Sign (03:02)

Notify: CONTIN ROUTINE DBP 450 or >110 Resident CCMSI ~ Las Vega

Entered By (03.072015 03:02) Ordered By (03:02) MD Sign (03:02)

RD May Modify / Charity Diet Orders CONTIN ROUTINE

Entered By (03.072015 03:02) Ordered By (03:02) MD Sign (03:02)

Physician Consult CONTIN ROUTINE MONROE, MICHAEL TODD [ORTHOPAEDIC SURGERY, ORTHOPAEDIC CCMSI ~ Las Vegas SURGERY) (19:17) Entered B; (03:07:2015 03:02) Ordered By (03:02) MD Sign (03:02) Intensivist is: (XONTIN ROUTINE KUHLS, DEBORAH A [CRITICAL CARE MED, SURGICAL CRIT CARE, GENERAL SURGERY, TRAUMA) (2294) Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Physician Consult Contin ROUTINE FEIKES, QUYNH N IGENERAL SURGERY, THORACIC SURGERY, THORACIC SURGERY] (20:175) Entered By: (03/07/2015 03:02) Ordered By (03:02) MID Sign (03:02) Activity CONTIN ROUTINE Entered By (03:07:2015 03:02) Ordered By (03:02) MD Stgn (03:02) Cervical Collar CONTIN ROUTINE Entered By (03:07/2016 03:02) Ordered By (03:02) MD Sign (03:02) Neurovascular Checks Q1H ROUTINE Entered By (08/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: Site for NV checks; LLE NPO MEALS Entered By (03:07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Sequential Compression Device CONTIN ROUTINE Entered By (03.07/2015 03:02) Circlered By (03:02) MD Sign (03:02)

Nurse to Follow Protocol: CONTIN ROUTINE Print and follow PROT \$383 (Electrolyte Protocol), place in chart Entered By (03.07.2015 09:02) Ordered By (03:02) MD Sign (03:02) RN to Order: CONTIN ROUTINE Repeat K level 2 hr after KCl, Phosphorous level 2 hr after KPhosAlaPhosPhosNaK, Magnesium 2 hr after magnesium Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: per Electrolyte Protocol (PROT #383) ABG LINE CONTIN ROUTINE Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: Obtain ABG and call MD with results for sudden acute reup, distresi EKG 12 LEAD (INCE ROUTINE Entered By (03/07/2015 03:02) Ordered By (03:02) MO Sign (03:02)
Nothly: CONTIN ROUTINE for any questionable arrivythmia (and obtain 12 lead EKG with rhythm strip) Admin Coordinator anti House Officer Entered By (03:07/2016 03:02) Ordered By (03:02) MD Sign (03:02) CBC/AUTOMATI:D IN AM Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) RENAL PANEL IN AM Entered By (03:07/2015 03:02) Ordered By (03:02) MD Sign (03:02) MAGNESIUM LEVEL IN AM Entered By (03/07/2016 03:02) Ordered By (03:02) MD Sign (03:02)

Print Date: 03/07/2015 03:19

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Final

Emergency Department Chart

Patient Name, FIGUEROA, DAVID M. Account Number: 9929043215 Medical Rec. Number: 0001906211 Birthdate: 10/28/1970 Gender: M Arrival Date: 03/07/2015 00:51 Primary MD: Visit Date: 03/07/2015 00:54 Attending MD:

Non- Med Orders

NUTRITIONAL CONSULT ONCE ROUTINE

Entered By (03.07/2015 03:02) Ordered By (03:02) MD Sign (03:02) SOCIAL SERVICES CONSULT ONCE ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

CPK ONCE HOUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Order Cancelled (03:10)

CPK ONCE LIFE THREATENING

Entered By (03/07/2015 03:11) Ordered By (03:11) M/D Sign (03:11)

Diaposition

NOT SEEN BY ER ATTENDING (see RN charf). (CJE1) 03/07/2015 03:12 Disposition status is Admit. Admitted to Operating Room. RN accompanied patient. MD accompanied patient. Monitor used during transport. Valuables inventoried and collected by UMC Public Safety. Patient physically left department and was removed from Tracking Board by CARLOS JUSTIN ESPARZA RN. (CJE1) 03/07/2015 02:59 Electronically signed by CARLOS JUSTIN ESPARZA RN. (CJE1) 03/07/2015 03:12

Discharge Summary

Chief Comptaint: MVA.. Primary Diagnosis: NO DATA AVAILABLE.. Disposition Notes: NOT SEEN BY ER ATTENDING (see RN chart).. Discharge Prescriptions: NO DATA AVAILABLE. (03/07/2015 03:12)

Staff Legend BRENDA DERLEIN UNIT CLERK CUET CARLOS ESPARZA RN MK23 MARTIN KOVACIK FIN MP24 MARITA PEREZ RN ROBERT WILSON RN RW4

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JUN 1 0 2015

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

TIME: Approximetely 12:50 a.m.

SENIOR RESIDENT: Zachary VanWagoner.

FELLOW: Dr. Alistair Chapman.

JUNIOR RESIDENT: Benjamin Fox.

This is a full activation.

HISTORY OF PRESENT HINESS: The patient is a 44-year-old male status post motoxcycle collision. The patient had another vehicle turn left and into him while he was traveling approximately 35 miles an hour. Patient was thrown from his bike with approximately 30 yards of separation. He was found lying in prone position at the scene. Positive LOC. Negative loss of consciousness. The patient is complaining of no sensation in the left foot and also significant pain in the left lower extremity and left leg and left hip.

REVIEWS TO WELVER

Ten-point review of systems is significant for loss of sensation in the left lower extremity and significant left arm, left hip, and leg

PAST MEDICAL HIS TORY: Patient denies.

PAST SURGICAL HISTORY: Significant for fusion of L5-S1 for a prolapsed disk.

MEDICATIONS: None.

FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: Patient is a police officer. He denies any tobacco or alcohol or illicits.

ALLERGIES: NO KNOWN DEUG ALLERGIES.

PRIMARY SURVEY: AIRWAY: Patent, phoneting. BREATHING: Clear to auscultation bilaterally. No wheezes, rhonchi,

or rales.

CIRCULATION: Pulses: Radial 2+ bilaterally. Femoral 1+ on the left, 2+ on the right. Carotid 2+. Pedal pulses: Right 2+, pulses on the left foot.

DISABILITY: Bye 4, verbal 5, motor 6, GCS of 15.
EXPOSURE: Patient has a very large degloving injury of the left knee
with exposed proximal tibia and fibula and femur with obvious dislocation of the knee joint. The patient also has an obvious

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OneContent Generated By UMCkbpark Generated On: 03/30/2015 16:13 deformity of the left humanus, laceration near the left elbow, and superficial abrasions over the right hand and knee.

SECONDARY SURVEY: VITAL SIGNS: Heart rate 90, blood pressure 135/92, respiration rate 22, temperature 96, 02 saturation 99%. IV access: Patient had a 16-gauge in the right hand and 16-gauge in the right AC. HESST: No step-offs or deformities. HOMI. PERRIA. MAXILLOPACIAL: No step-offs or deformities.

NECK: C-collar is in place.

CHEST AND LUNGS: Clear to auscultation bilaterally.

CARDIOVASCILAR: Normal simus rhythm. 81, 82. No murmurs, rubs, or gallops.

APPONEN: Soft, nondistended, nontender to palpation.

PRIVIE: Significant pain on palpation of the left hip. Otherwise, appears stable.

BACK: T- and L-spines nontender to palpation. We step-offs or deformities.

RECTAL: Normal tone. No abnormality. No blood noted. Prostate in normal position.

EXTREMITIES: Decreased pulses in the left lower extremity with an exposed femur and knee and exposed proximal tib-fib. The left upper extremity also has a deformity with a laceration near the left elbow. MEUROLOGIC: Mental status AMO x3. Cranial nerves 2-12 grossly intact. Bilateral motor is diminished in the left upper and left lower extremity secondary to pain and fractures. Sensation is diminished in the left foot at approximately the level of the left knee.

RADIOLOGY ERFORTS: CT of the brain shows no abnormality. CT of the Cspine shows no abmormality. CT of the chest demonstrates a fracture of the left 5th cib, bilateral lower lobe atelectasis. CT of the abdomen and polvis demonstrates a left acetabular fracture, posterior left hip dislocation, left SI diastasis, mild sigmoid mesenteric fat stranding. CT of the T-spine demonstrates no acute fracture. CT of the L-spine demonstrates no acute fracture. I-ray of the pelvis demonstrates multiple left pelvic fractures including pubic rami at 2 points, acetabular fractures, malalignment of the left hip with proximal migration of the femur and a femoral head fracture. X-ray of the left femur demonstrates the above-listed fractures. In addition, widening of the proximal tibial-fibular articulation compatible with a traumatic mublumnation and dislocation. X-ray of the left tib-fib shows a left comminuted distal tib-fib fracture with the aforementioned diastasis of the tibiofibular articulation. the left foot demonstrates no fracture. X-ray of the left humerus shows a disphyseal fracture and fracture of the elbow and ulna. X-ray of the chest demonstrates minimally displaced left 5th rib fracture. CT of the left lower extremity shows injury to the left popliteal and enterior tibial arteries. There is 3-vessel reconstitution going into the leg; however, the enterior tibial ends abruptly at the level of the distal comminuted tibis and fibular fractures, and there is runoff of the posterior tibial vessel all the way to the foot.

LABORATORY DATA: WBC 10.0, RGB 15.7, hematocrit 47.9, platelets 214.

Sodium 138, potassium 3.8, chloride 108, CO2 19, BUN 22, creatinine 1.4, glucose 148.

COMPULTANTS: Dr. Monroe with Orthopedics and Dr. Quynh Feikes with Vascular Surgery.

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PROBLEM LIST/MARKEMENT: Multiple left-sided pelvic fractures with hip dislocation and femoral head fracture, left-sided comminuted tibia and fibular fracture with disstasis of the tibia-fibular joint near the knee. All of these fractures are open with significant loss of tissue and degloving injury to the anterior aspect of the knee. Dr. Monroe with Orthopedics was consulted, personally came and avaluated the patient, evaluated all films, and will be taking the patient to the operating room for washout with possible fixation of these fractures. The patient also sustained a left humanus fracture and olecranon fractures in conjunction with the laceration of the left elbow, likely represents an open fracture, which will also be taken by Dr. Monroe to the operating room for washout and possible fixation. Patient has a lift rib fracture. He will be monitored for possible signs of pulmonary compromise; however, no major abnormalities on the CT scan were observed with exception of the rib fracture and a small amount of ateleptagis. The patient also has a small amount of sigmoid fat stranding. We will perform serial abdominal evaluations to rule out the possibility of an occult bowel injury. Patient has an injury to the left popliteal artery at the level of the posterior knee dislocation. Dr. Quynh Feikes with Vascular Surgery was consulted. She is awaiting the results of Dr. Monroe's orthopedic procedure with fixation for further recommendations. We will follow up her recommendations. Dr. Monroe with Orthopedic Surgery was given a number to contact Dr. Quynh Feikes upon the completion of his procedure. Patient also has superficial abrasions to the right hand and right knee for which we will perform local wound care. Following the operation, the patient be sent to the ICU for serial neurovascular checke.

Dr. Deborah Kuhls was present for this activation, directed all patient care and procedures.

ZDV/MedQ

DD: 03/07/2015 02:56:04 DT: 03/07/2015 04:07:09

ZACHARY D VANWAGENER, MD (RESIDENT)

DEBORAH A KUHLE, MD

PATIENT: FIGUERIA, DAVID

BERUA, DAVID ACCOUNT#: 9929043215

MR#: 0001906211 ADM DATE: 03/07/2015

JOB#: 352100/646608958

PHYSICIAN: DEBORAH A KUALS, MD DICTATED BY: EACHARY D VANNAGONER, MD (RESIDENT)

TRAUMA CENTER HISTORY AND PHYSICAL

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Surgical Services - Implant Log

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JUN 1 0 2015

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

SURGEON: Deborah A Kuhls, MD

ASSISTANT SURGEON:

PARTICIPATING SUNGBON:

ANESTHESIOLOGIST:

PREOPERATIVE DIAGNOSIS: Left open electron fracture, and mid shaft fracture of the left homerus.

POSTOPERATIVE DIMCHOSIS: Left open olecranon fracture, and mid shaft fracture of the left himerus.

PROCEDURE: Reduction of left humanus fracture, application of splint, and placement of moist gauze over left allow laceration.

The above patient came in as a motorcycle crash, off-duty police officer, with a deformed left upper extremity and a laceration over his left elbow. Although he has an olecranon fracture by palpation the elbow joint appeared to be intact. We reduced his left humerus and placed him in an upper extremity splint. We placed moist gause over the laceration over the oleoranon.

The patient tolerated the procedure well. He was neurovascularly intact both before and after the procedure.

DAK/MedQ

DD: 03/07/2015 03:17:47 DT: 03/07/2015 07:36:40

DESCRAH A KUHLE, MD

PATIENT: FIGURROA, DAVID

MR# . 0001906211 ADM DATE: 03/07/2015

JOB# :

726631/546609268

DICTATED BY: DEBORAH A KUHLS, MD

ACCOUNT#: 9929043215

OPERATIVE REPORT

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JUN 1 0 2015

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

SURGEON: Michael Monroe, MD

ASSISTANT SURGEON:

PARTICIPATING SURGEON: Alistair Jon Chapman, MD

AMESTHESIOLOGIST: Agata Vollers, MD

PREOPERATIVE DIAGNOSIS:

- 1. Left open knee dislocation.
- 2. Left open distal tibis and fibular pilon fracture.
- 3. Left columns acetabular fracture.
- 4. Left leg laceration equaling 40 centimeters.
- 5. Left humaral shaft fracture.

POSTOPERATIVE DIAGNOSIS:

- Left open knee dislocation.
- 2. Left open distal tibia and fibular pilon fracture.
- 3. Left columns acetabular fracture.
- 4. Left leg laceration equaling 40 centimeters.
- 5. Left humeral shaft fracture.

TIME: 5:02

PROCEDURE:

- 1. Closed reduction, left knee.
- 2. External fixation application, femir to tibia.
- 3. Open reduction and internal fixation, left fibula.
- 4. Preliminary external fixation, open tibial pilon fracture.
- 5. Irrigation and debridement, left leg.
- 6. Primary closure, 40 centimeters.

AUDITIONAL PARTICIPATING SURGEON: Chris Goodwell, MS3.

ANESTHESIA: General.

TOURNIQUET: No tourniquet was used.

IMPLANT UEED: Stryker Hoffman external fixator system with a Synthes 1/3 tubular plate on the fibula.

INDICATION FOR PROCEDURE: Mr. Figueros is a 44-year-old gentleman involved in a motorcycle accident, sustaining mostly left leg injuries from his hip down to his ankle. Preoperative CT arteriogram shows a popliteal artery injury but with good runoff distally.

CONSENT: In consenting the patient, he understands that because of the vascular injury and the nature of his injuries there is a

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OneContent Generaled By UMCNcpark Generaled On: 03/30/2015 16:14 possibility he may end up with an amputation in the future. We are doing preliminary stabilization of his injuries at this time.

DESCRIPTION OF PROCEDURE: The patient was placed in a supine position. After administration of general anesthesis, left lower extremity was prepped and draped in sterila fashion with 1-step Betadine. No tourniquet was used.

The knee was managed lat. The knee was closed reduced using direct manipulation under C-arm guidance. Once good position of the knee was chtained, an anterior Hoffman fixator was placed from 2 pins in the femur and 2 pins in the tibia, this was connected by 2 bars while the knee was held in the reduced position. The fixator was adjusted, tightened, the pins were cut distally, and final images of the knee were taken.

Attention was focused down to the ankle where a significantly comminuted tibinl pilon fracture was identified. In order to gain fixation, initially 2 pins were placed, 1 in the calcansus, 1 in the tibia, spanning the fracture to hold preliminarily, after which a 12-hole 1/3 tubular plate was placed on the lateral surface with several screws across the mortise joint for additional fixation. Reduction, rotation and length of the fibula were maintained in order to provide stability to the distal ankle.

Once the fibula was fixed, an additional pin was placed in the tibia under C-arm guidance. The alignment and length and rotation were maintained. The 5-millimeter pins were commented to 2 carbon fiber bars, using the Quick Commects, these were tightened and excess pin length was carefully removed. C-arm images showed adequate reduction of the ankle with good position of the implants.

Pulse lawage irrigation was then used to irrigate thoroughly the open lacerations around the leg and knee, 6 liters of pulse lawage irrigation was used. It was noted on inspection that there was a complete disruption of the lateral joint retinaculum. The patellar tendom appeared to be intact.

A primary closure was then done using 0 Prolene with horizontal mattress sutures, approximating 40 centimeters in this complex laceration of the skin, which was in a stellate pattern.

Final images were taken, which showed good reduction with good position of the implants. The case at this point was turned over to Vascular Surgery for exploration and possible vascular bypass.

MM/Media

DD: 03/07/2015 05:08:52 DT: 03/07/2015 08:06:35

MICHAEL MONROB, ND

PATIENT: FIGUEROA, DAVID

MR#: 0001906211 ADM DATE: 03/07/2015

JOB#: 352153/646611833

ACCOUNT#: 9929043215

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DICTATED BY: MICHAEL MONROR, MD

OPERATIVE REPORT
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Michael McCorce, MO CM:03/09/2015 03:53: PM FOT

DEIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

SURGEON: Quynh Peikes, M.D.

ASSISTANT SURGEON: Wesley Smith, CFT-CFA

PARTICIPATING SURGEON: Alistair Jon Chapman, MD

AMESTHRSIOLOGIST: Agata Vollers, MD

PREOFERATIVE DIAGNOSIS: 1. Motorcycle accident.
2. Left lower extremity traumatic arterial injury with extensive degloving and orthopodic injuries.

POSTOPERATIVE DIAGNOSIS: 1. Motorcycle accident.
2. Left lower extremity traumatic arterial injury with extensive degloving and orthopedic injuries.

PRIMARY PROCEDURA:

- Left poplites: artery repair with reversed saphenous vein interposition graft.
- 2. Open vein harvest from right lower extremity.

ANESTHESIA: General.

RML: Less than 200 cubic centimeters.

COMPLICATIONS: lone.

INDICATIONS FOR INCOMPURE: Patient is a 44-year-old off-duty policeman who was on his motorcycle when he was cut off by another vehicle. He sustained extensive injury to his left lower extremity, as well as pelvis and left arm. He was noted to have a dislocated left knee injury with extensive tib-fib fracture on the left lower extremity, as well as a left hip fracture. He was taken to the operating room energently by Dr. Monroe for stabilization and currently has an ex-fix. I was notified by the trauma team that the patient also has absent palpable pulses to the left lower extremity, despite stabilization and I present now for evaluation for left lower extremity arterial injury.

FINDINGS: At the time of exploration, he had a complete transection of his popliteal artery right at the knee. There is also extensive injury and avulsion of one of the popliteal veins; the other one was intact. The narva was seen and appeared to be somewhat bruised.

DESCRIPTION OF FRICEDORS: The patient was on the table in the operating room already, having undergone just recent external fixation by Dr. Monroe. The left and right lower extremities were then prepped and draped in a sterile manner. An incision was made medially on the



OneContent: Generated By UMCVcpark Generated On: 03/30/2016 16:14 knee and extended down to below the knee, and dissection was carried out until the popliteal above the knee was identified. This was then controlled with vessel loop control. Further dissection to the below knee segment was carried out, and at this point, we found a shortsegment of injury, about a 2 to 3 centimeter gap from an avulsed popliteal artery. The vein itself on one of the branches was also injured. At this point, once the artery was isolated and dissected out. The patient was then heparinized with 5000 units of heparin IV. After allowing for several minutes of circulation, the artery was clamped proximally and distally. The edges of the artery itself were debrided back to clean, viable tissue. At this point, we were left with a segment about 3 centimeters or so. Open vein harvest was carried out on the right lower extremity near the ankle, and there was a good vein segment from the saphenous vein there that was taken. Once dome with open harvest, the artery was repaired with the saphenous vein graft in reverse as an interposition graft. This was done end-to-end on both proximal and distal ends using a running 6-0 Prolema suture. Once completed, the graft was flushed out there was a good triphasic Doppler signal down the posterior tibia. Hemostasis was obtained. The incision was then reapproximated with interrupted 0 Vicryl suture for muscle, fascia, and tendom. The subcutaneous tiesue was closed with 2-0 Vicryl, and skin was closed with staples. The open harvest site on the right lower extremity was also closed in multiple layers with 2-0 and 3-0 Vicryl suture, and skin was closed with 3-0 Momocryl subcuticular stitch and sealed with Dermabond. Sterile Gressing was applied. Patient tolerated the procedure. After the procedure, all needle and aponge counts were connect. The patient was left ventilated and moved back to the trauma ICU for further care by the Trauma Service.

QP/MedQ

DD: 03/08/2015 12:12:59 DT: 03/08/2015 13:50:00

QUYNE FRIKES, M.D.

PATIENT: FIGUERIA, DAVID

ACCOUNT#: 9929043215

MRS: 0001906211 ADM DATE: 03/07/2015 JOB#: 728756/646700908

DICTATED BY: QUYNE PEIKES, M.D.

OPERATIVE REPORT

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/09/2015

SURGEON: Michael Monroe, MD

ASSISTANT SURGEON:

PARTICIPATING SURGEON: JOSE Zeron, CST

ANESTHESIOLOGIST: Dr. Adanoh

PREOPERATIVE DIAGNOSIS:

- 1. Left humeral shaft fracture.
- 2. Left olegranon fracture.

POSTOPERATIVE DIAGNOSIS:

- 1. Left humanal shaft fracture.
- 2. Left olecranon fracture.

Time: 2133 hours.

PROCEDURE PERFORMED:

- 1. Closed reduction, intramedullary rodding, left humeral shaft.
- 2. Open reduction and internal fixation left electanon fracture.

ANRSTHESIA: Genural.

TOURNIQUET TIME: Name.

IMPLANT USED: Siryker humeral nail with a Stryker 6.5 millimeter screw.

INDICATION FOR PROCESURE: Mr. Figueroa is a 44-year-old gentleman who presents following a motorcycle accident with left-sided injuries including the lower extremity and the upper extremity. He comes in for his upper extremity fixation. Informed consent is obtained from the family.

PROCESURE: The patient was placed in a supine position. After administration of general anesthesis, the left upper extremity was prepped and draped in a sterile fashion with ChloraPrep. No tourniquet was used for the case.

A 2 centimeter incision was made proximally through which a guide pin was placed into the greater tuberosity. This was then overdrilled and a guidewire was passed across the fracture. The appropriate size nail length was selected and reaming was done to 1 millimeter over the nail size.

The nail was impacted into place, locked proximally, compressed and locked distally. It was noted at this time that some distraction was

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Approximately 1 hour of surgical time was spent replacing the proximal jig, repositioning the C-arm and getting the proximal lock in the appropriate position. Final images showed good reduction of the fracture with good position of the implant.

The olecranon was then approached. There was an open laceration. This was extended. The olecranon fracture was identified and fixed with a point of reduction forceps. A 1.6 millimeter canmulated K-wire was placed down the electronon shaft. This was overdrilled and the appropriate size 6.5 millimeter cannulated screw was inserted. Good position of the screw with good reduction of the olecranon was maintained.

Final images shrawed good position of all the implants. All incisions were irrigated and closed with 2-0 Vicryl and staples, and a starile compressive dressing was placed on the patient, who was discharged back to the ICU in stable condition,

MM/MediQ

DD: 03/09/2015 21:36:56 DT: 03/10/2015 10:03:06

MICHAEL MONROE, MD

PATTENT: PIGUERDA, DAVID

MR.F. 0001905211 ADM DATE: 03/07/2015 JOB#:

732550/646881781

ACCOUNT#: 9929043215

DICTATED BY: MICHAEL MONROE, NO

OPERATIVE REPORT Electronically Authenticated and Edited by: Michael Monros, MD On 03/11/2015 02:40 PM PDT

> JUN 1 0 2015 CCMSI ~ Las Vegas

UNIVERSITY MEDICAL CENTER 1800 West Charleston Eculeyard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/08/2015

SURCEON: Gerald Mark Sylvain, MD

ASSISTANT SURGEON: Vilas Saldanha, M.D.

PARTICIPATING SURGBON:

AMESTRESIOLOGIST: Dr. Goffstein

PREOPERATIVE DISCROSIS: 1. Laft T type acetabular fracture with fracture of both columns of the acetabulum.

2. Displaced left femoral head fracture.

3. Left trochasteric femur fracture.

POSTOPERATIVE DIAGNOSIS:

PROCEDURES PERFORMED:

- 1. Open reduction and internal fixation of left acetabular fracture.
- Open reduction and internal fixation of left femoral head fracture.
- Open reduction and internal fixation of left trochanteric fracture.

ANESTHESIA: General.

COMPLICATIONS: There were no complications.

PATHENT DISPOSITION: Stable to recovery.

INDICATIONS: The patient is a 44-year-old male with a history of severs injury with multiple traums. The patient had a committed fracture dislocation of his femoral head and acetabulum along with a trochanteric femur fracture. The decision was made to proceed real emergently with operative repair and stabilisation.

PROCEDURE IN DETAIL: The patient was taken to the operating room and underwent general anesthetic induction. He was then placed in the right lateral decubitus position, exposing the laft hip on a pegboard. He was prepped and draped using the normal sterile technique. The patient did have distal external fixators which were sterilely covered.

An incision was made extending from his proximal femur up to the iliac crest. Tissue was dissected down to the fascia lata. This was spread longitudinally in line with the incision. The gluteus fibers were split in line with the fibers. There was a trochanteric fracture with attachment of the abductors. This was lifted anteriorly. The patient's femoral head was grossly dislocated with significant displacement of the fractures. The hip was externally rotated to

OneContent: Generated By UMCVkpark Generated On: 03/30/2015 18:14 expose the joint. This was used to aid in reduction of the transverse portion of the fracture. The large femoral head fragment was obtained and reduced. This was held in place using pins from a Synthes 4.5 headless screw set and were placed across the fracture with excellent stability and escurity of the articular femoral head. Next, the head was reduced into the acetahulum. This was used to aid in templating the posterior column and wall portion of the T type fracture. The posterior column was reduced using 2 screws and a reduction class. This stabilized the posterior column in a reduced position which was also held manually. A 4-hole pelvic plate was then placed across the posterior column and secured using proximal and distal 3.5 cortical screws with excellent reduction. Next, the comminuted bone loss area was filled in with bone graft from a large cancellous portion of the fracture. The posterior wall was then reduced and an 8-hole pelvic plate was contoured to fit along the posterior column. This was secured with proximal and distal acress, 2 ilium screws and 2 screws into the ischium. Excellent buttressing of the posterior wall was obtained with good reduction seen under C-arm fluoroscopy. Two guidepins from the 6.5 campulated screw were placed from the posterior column through the anterior column. Two 6.5 cannulated screws were then placed, further securing the anterior column in reduced position. C-axm fluoroscopy was used to check reduction as well as placement of bardware.

The wounds were irrigated. The capsule was then approximated using a \$1 Vicryl suture. The trochanteric fracture was reduced and secured using 2 3.5 cortical screws with washers. The wound was then further irrigated. The Sascia lata was closed using #1 Vicryl suture, subcutaneous tissues were closed using 2-0 Vicryl and skin was closed using staples. Antibiotic comment was placed followed by a sterile dressing.

The patient tolerated the procedure well and was taken to recovery in stable condition.

GMS/MedQ

DD: 03/10/2015 16:28:28 DT: 03/10/2015 21:27:19

GERALD MARK SYLVAIN, MD

PATIENT: FIGUERCA, DAVID

ACCOUNT#: 9929043215

MR#: 0001906211 ADM DATE: 03/07/2015 JOB#: 360747/647016082

DICTATED BY: GERALD MARK SYLVAIN, MD

OPERATIVE REPORT

Electronically Authenticated by: Gerald M Sylvain, ND On 03/19/2015 02:28 PM PDT

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/16/2015

SURGEON: Michael Monroe, MD

ASSISTANT SURGECW:

PARTICIPATING SORGEON: Jose Seron, CST

ANESTHESIOLOGIST: Dr. Hoon

PREOPERATIVE DIAGNOSIS:

1. Left lower extremity multitrauma.

2. Left tibis and fibular pilon fracture.

3. Left knee and tibia and fibular retained external fixators.

POSTOPERATIVE DIAGNOSIS:

- 1. Left lower extremity multitrauma.
- 2. Left tibia and fibular pilom fracture.
- 3. Left knee and tibia and fibular retained external fixators.
- 4. Left olecrance malunion.
- 5. Left olecranon retained barbeare.

PROCEDURE:

- Open reduction and internal fination of left tibial pilon fracture.
- 2. External fixator removal from tibia and fibula.
- 3. Revision open reduction and internal fixation of left electanon.
- 4. Hardware removal of left olecranon.

AMESTRESIA: General.

TOURNIQUET TIME: Less than 1 hour on the tibia, less than 1 hour on the upper extremity.

IMPLICATION FOR PROCEDURE: Mr. Figueroa is a 44-year-old gentleman who was in a motorcycle accident sustaining an injury to his left tibis, knee dislocation, acetabular fracture and upper extremity fractures. He comes in for a secondary procedure which is removal of the external fixator and fixation of the tibia. Previously, he had this humanus and elecranon fixed. In the preop he notes that he was rolling over and felt a pop in his left elbow, so we told him at that time that we would evaluate his electranon while he was in surgery.

PROCEDURE IN DETAIL: The patient is placed in a supine position. After administration of general anesthesia, left lower extremity was prepped and draped in a sterile fashion with 1-step Betadine. The external fixator is removed from the knee and the tibia. The knee was then evaluated radiographically, stable concentric reduction was obtained in the knee. The distal tibia showed an area of comminution with significant bony and soft tissue involvement. A decision was

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OneContent: Generated By UMC\kpark Generated On: 03/30/2015 16:14 made to do a distal and a more proximal incision and to use a bridge plate technique for this tibial pilon fracture.

The incision was made distally along the course of the anterior tibial tendon, carried down sharply through skin and subcutaneous tissue. Care was taken to avoid neurovascular structures. Electrocautery was used to control bleeding. The fracture site was identified and the distal fragment was noted.

A 2nd incision was made proximally. Radiographs showed the position of the plate just proximal to the most distal fracture site. Both incisions extended approximately 8 centimeters.

A long synthes suterior lateral place was then placed on the ankle and a combination of looking and nonlocking acrews were used to secure fixation. C-arm image was used in both AP and lateral planes in order to determine the position of the bone.

The final images showed good reduction of the tibia. Good reduction of the fibula with a significant comminution at the metadiaphysis with good alignment and articular congruity.

The incisions were then irrigated, closed with 0 Vicryl, 2-0 Vicryl and 3-0 mylon and a sterile compressive dressing was placed on the ankle as well as the knee, which was a long leg molded anteriorposterior splint.

At the end of the case the elbow was evaluated and displacement or malposition of the fracture was identified. The technique of a single 6.5-millimeter screw would not be adequate for this patient. Therefore it was converted to a tension band wire technique.

The incision was extended proximally and distally. The fracture site was opened, irrigated and fixed. It was held with a point of reduction forceps. Two 2-millimeter K-wires were then passed across the fracture and a 16-gauge wire was placed using a tension band technique under the K-wires. These wires were then bent and impacted into the home. Final images showed good reduction with good position of the wires. The wires were out short, bent, and left under the skin. The incisions were irrigated and closed with 2-0 mylon and a sterile compressive dressing was placed on the patient who was discharged to the recovery room in eatisfactory condition. No complications.

MM/MedQ

DD: 03/16/2015 12:52:58 DT: 03/16/2015 16:24:33

MICHAEL MONROR, MD

PATIENT: PIGUEROA, DAVID MR#:

0001906211

ADM DATE: 03/07/2015

JOB#: 375482/547700527

DICTATED BY: MICHAEL MONROR, MD

ACCOUNTH: 9929043215

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OPERATIVE REPORT

Electronically Authenticated and Edited by:

Michael Monroe, MD On 03/20/2015 11:09 AM FDT

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: PYGORROA, DAVID

Sex: M

Location:

Bocounter: 9929043215

Date of Birth: 10/28/1970

MRM: 0001906211

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911934

Order Date: 03/07/2015

Interpreting Radiologist: INCALLS, JERRELL

Dictated on: 03/07/2015 at 01:26

Signed and Finalized by: INVALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:26AM PROCEDURE: TED 0022 - TR CHEST PORTABLE -- 6911934

XR CHRST 1 VIEW

HISTORY: Trauma

TECENIQUE: Chest, 1 view.

COMPARISON: None.

FINDINGS:

The overlying trumma board limits assessment. Langs are grossly clear. No pleural effusions. No pneumothorax. The heart size is normal. The mediastinal contour is normal. A minimally displaced left lateral fifth rib fracture is noted.

IMPRESSION:

1. Minimally displaced left fifth rib fracture.

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Patient Name: FXGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Rncounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911935

Order Date: 03/07/2015

Interpreting Radiologiat: ASSEMI, SHAHROKH

Dictated on: 03/07/2015 at 01:26

Signed and Finalized by: ASSEMI, SHAHRONH on 03/07/2015

Exam Charge Date: Mar 7 2015 1:26AM

PROCEDURE: 180 0103 - TR PELVIS 1 VIEW -- 6911935

XR PELVIS 1 VIEW

HISTORY: Pain, trauma

COMPARISON: None.

TECHNIQUE: Pelvis, one view.

PINDINGS:

Lower spine hardware firstion. Left pelvic fractures including of pubic rami and acetabulum with malalignment at left hip with proximal and medial migration of femor are noted with fracture at least of region of femoral head. There are lucencies in region of right acetabulum as well, correlate with physical sound to assess for fracture in that region.

IMPRESSION:

Fractures with mulalignment on the left with presumed associated hematoms. Please see above comments.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGURROA, DAVID

Sex: M

Location:

Rocounter: 9929043215

Date of Birth: 10/28/1970

MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911938

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUBERT

Distated on: 03/07/2015 at 01:25

Signed and Finalized by: CHIN, HOBERT on 03/07/2015

Rozam Charge Date: Mar 7 2015 1:25AM

PROCEDURE: TCT 0018 - TR CT BRAIN W/O CONTRAST -- 6911938

CT BRAIN WITHOUT CONTRAST

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Thin Section exial CT images were obtained from the vertex of the skull to the foramen magnum without contrast. All images were reviewed and interpreted.

CONTRAST: None.

PINDINGS:

Mormal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Marmal ventricles, sulci, and basilar cisterns. No intracranial hamarhage. No intracranial edems. No mass effect. The visualized paramasal simuses and mastoid air celis are clear. Normal calvarium and skull base. No hypodense or hyperdense intracranial lesions. No evidence of acute infarct, mass, hemorrhage.

DWRESSION:

Unremarkable CT of the brain without contrast.

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Patient Name: FIGUEROA, DAVID

Sex: M Location:

Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929643215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6511939

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUBERT

Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: CHIN, HUBERT on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM

PROCEDURE: TCT 0012 - TR CT CERVICAL SPINE W/O CONTRAS -- 6911939

CT CERVICAL SPINS WITEOUT CONTRAST

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the TI vertebral body. Thin section sagittal and coronal reconstructed images were performed from the axial data set. All images were reviewed and interpreted.

CONTRAST: None.

FINDINGS:

There is reversed cervical lordosis. There is mild degenerative disk disease at C2-C3 through C6-C7.

There is congenital nomunion of the posterior C1 ring.

There is moderate to severe left C3-C4, mild right C4-C5 and mild right C5-C5 neural foraminal stemosis.

Cervical vertebrae have intact cortical margins, normal height and alignment.

IMPRESSION:

No cervical spine fracture or melalignment noted.

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Patient Name: FIGUEROA, DAVID

Sex; M Location:

Encounter: 9929043215

Date of Birth: 10/28/1970

MRN: 0001906211

Ordering Physician: KDHLS, DEBORAH

Order Number: 6911940

Order Date: 03/07/2015

Interpreting Radiologist: INVALLE, JERRELL

Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: INCALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM

PROCEDURE: TCT 1163 - TR CT AED AND PRIVIS IV CNLY -- 6911940

CT OF THE ABDONEY AND PELVIS WITE CONTRAST:

CLINICAL HISTORY: Trauma

COMPARISONS: None.

TECHNIQUE: Contiguous axially collimated images were obtained from the lung bases through the proximal femura, after the uneventful intravenous administration of indinated concrest. Postprocessing of the images was performed. Coronal reformatted images were prepared on a separate workstation and reviewed for anatomic correlation.

CONTRAST: Iodinated intravenous contrast

FUNDINGS:

Limg bases: Unremarkable.

Liver: Normal.

Gallbladder: Normal

Biliary tree: No ductal dilatation.

Pancress: Normal. Spleen: Normal,

Adrenal glands: Normal.

Kidneys: Normal, without wrolithiasis or hydronephrosis.

Urinary bladder: Grossly unremarkable.

Palvic structures: Unremarkable.

Bowel: To the extent evaluated with CT, the abdominal bowel is without evidence of obstruction, gross mass, or inflammatory change. There is no significant diverticulosis. There is no evidence of diverticulitis. Lymph nodes: No pathologically enlarged lymph nodes identified.

Peritoneum: No intraperitoneal free air. No free intraperitoneal fluid. Mesentery: Mild patchy mesenteric fat stranding is demonstrated within the proximal sigmoid mesentery best appreciated on images 77 and 74 series 210. No discrete mesenterio hematoma identified. Retroperitoneum: The retroperitoneum is unremarkable.

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Body wall: No body wall mass.

Osseous structures: There is a T-shaped transverse left acetabular fracture. The iliac fragment contains a large portion of the acetabular dome. The initial tuberosity fragment contains a small portion of the posterior/inferior acetabulum. The left superior pubic ramms fracture contains a small component of the antercoinferior acetabulum. There is isolation of a 3.4 x 1.2 cm fragment containing the posterosuperior acetabulum. This fragment is posteriorly and laterally displaced approximately 3 mm in relation to the acetabular dome fragment. The iliac fragment is laterally displaced 1.4 cm in relation to the superior pubic ramus fragment. The ischial tuberosity fragment is medially displaced 3.9 om in relation to the iliac fragment. A minimally displaced fracture through the left inferior pubic ramus is evident. There is posterior left hip dislocation with a fracture through the head and proximal neck of the femur. This isolates a portion of the anterior femoral head which is displaced 3 cm distal and lateral to the donor site. The dislocated proximal femur is situated within the greater sciatic foremen. There is mild widening of the left sacroiliac joint. Refer to the CT chest for a discussion of rib fractures. There has been prior L5-S1 posterior spinal fusion with anterior interbody spaces placement.

IMPRESSION:

- 1. Transverse T shaped left acetabular fracture.
- 2. Posterior left hip dislocation,
- 3. Mild left sacroiliac diastasis.
- 4. Mild sigmoid mesenteric fat stranding may represent contusion. No discrete hematoma identified,

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPAREMENT OF RADIOLOGY 1900 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PIGUEROA, DAVID

Sex: M Location. Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KURLS, DEBORAH

Order Number: 6911941

Order Date: 03/07/2015

Interpreting Radiologist: INCALLS, JERRELL

Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: INDALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0101 - TR CT CTA LOWER EXTREMETY -- 6911941

CTA BILATERAL LOVER EXTREMITIES WITHOUT & WITH CONTRAST

HISTORY: Left knee trauma

COMPARISON: None.

TECHNIQUE: Initially, thin section noncontrast images through portions of the extremity were obtained for the purposes of establishing proper bolus timing of contrast. Subsequently, thin section axial CT images were obtained through the area of clinical interest in the lower extremity after intravenous administration of nonionic lodinated contrast. To optimally assess the lower extremity vasculature, the original axial data was used to create 3D volume rendered, multi-planar reformatted and/or maximum intensity projection images in various planes. The axial and reformatted data were reviewed for this report.

CONTRAST: Iodinated intravenous contrast

FINDINGS:

Monvascular findings:

Refer to the dedicated CT abdomen palvis study for a discussion of the left pelvio fractures. There is moderate diagtasis of the lateral femorotibial compartment within the left knee. A vertically oriented fracture line is demonstrated through the lateral aspect of the patella with mild lateral displacement of the lateral fracture fragment, mild pneumarthrosis in present. It is also made of a moderately commimuted distal tibial shuft fracture.

Vascular findings:

There is complete traumatic occlusion of the left popliteal artery immediately distal to the origin of the superior geniculate branches. There is a 9.2 cm long segment of occlusion with reconstitution of flow demonstrated within the far distal aspect of the popliteal artery. Flow is demonstrated throughout the entirety of the left posterior tibial.

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Transatic injury of the distal anterior tibial artery is suspected at the site of the distal tibial fracture site without contrast opacification of the dorsalis pecis artery noted. No active arterial extravasation identified. No resudoancurysm demonstrated.

The right lower extremity arterial tree is within normal limits. No ancurysm identified.

IMPRESSION:

- 1. Traumatic occlusion of the left popliteal artery with reconstitution detailed above.
- 2. Left anterior tibial artery transatic occlusion.

These findings were discussed with Dr. Van Wagonar by Jerrell Ingalls M.D. on 3/7/2015 2:36 AM PST.

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Patient Name: PIGUEROA, DAVID

Sex: N Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: NORLE, DEBORAH

Order Number: 6911943

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUPBERT

Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: CHUN, HURERT on 03/07/2015

Exam Charge Date: Max 7 2015 1:25AM
PROCEDURE: TCT 0015 - TR CT CHEST WITH CONTRAST -- 6911943

CT CHEST WITH CONTRAST

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: After the uneventful intravenous administration of nonionic iodinated contrast, thin section axial CT images were obtained from the thoracic inlet through the lung bases and adrenal glands. Thin section coronal images were reconstructed from the axial data set. All images were reviewed and interpreted.

CONTRACT: Given FINDINGS:

There is bilateral lower lobe atelectasis. The lungs are clear otherwise. No definite pulmonary contusion noted. There is no presmothersx, pleural effusion, pericardial effusion, lymphadenopathy or mediastical hematoms. Thoracic sorta is normal.

Practure noted in the left lateral fifth rib.

IMPERSOION:

Practure noted in the left lateral fifth rib.

Bilateral lower lobe atclectasis noted.

Unremarkable exam otherwise. Normal thoracic sorta.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Beoc; M location: Date of Birth: 10/28/1970

MRM: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911945

Order Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHAHROKH Dictated on: 03/07/2015 at 01:26

Signed and Finalized by: ASSEMI, SHAHROKH on 03/07/2015

Exam Charge Date: Mar ? 2015 1:26AM PROCEDURE: TRD 0065 - TR HUMERUS (LEFT) -- 6911945

XR HUMBRUS

HISTORY: Pain

COMPARISON: None.

TECHNIQUE: Left humerus, 2 views.

PINDINGS:

Comminuted fracture of mid humeral disphysis with distraction, angulation and overriding is noted with soft tissue swelling. There is also fracture of proximal ulna/olecranom with comminution with articular extension, suggest dedicated albow radiography.

IMPRESSION:

Humeral diaphyseal fracture and fracture in region of elbow/ulna.

UNIVERSITY MEDICAL CRYTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, MV. 69102 (702) 383-2241

Patient Name: PKGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Order Date: 03/07/2015

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911946

Interpreting Radiologist: CHIN, HUBERT

Dictated on: 03/07/2015 at 01:25 Signed and Pinalized by: CHIN, HURERT on 03/07/2015

Exam Charge Date: Max 7 2015 1:25RM
PROCEDURE: TCT 0140 - TR CT TECRACIC SPINE RECORDS -- 6911946

Thoracic spine CT.

Information: Trauma

Findings:

Reformatted thoracic spine CT images obtained.

The thoracic vertebrae have intact cortical margins, normal height and alignment.

There is multilevel mild degenerative disk disease.

At T4-T5, there is a left paracentral disk osteophyte complex indenting into the intrathecal sac.

Impressions:

No evidence of thoracic spine fracture or malalignment noted.

Thoracic spine CT.

Information: Trauma

Findings:

Reformatted thoracic spine CT images obtained.

The thoracic vertebrae have intact cortical margins, normal height and

There is multilevel mild degenerative disk disease.

At T4-T5, there is a left paracentral disk osteophyte complex indenting into the intrathecal sac.

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Impressions:

No evidence of thoracic spine fracture or malalignment noted.

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Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KIHLS, DEBORAH

Order Mumber: 6911947

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUBERT

Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: CHIN, HUBERT on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM PROCEDURE: TCT 0141 - TR CT LIMBAR SPING RECORS -- 6911947

Lumbar spine CT

Information: Traima

Pindinge:

Reformatted lumbar spine CT images obtained.

There is anterior and posterior fusion at L5-S1 with diskectomy, intervertebral spacer placement and bilateral pedicle screws and stabilizing rods. No evidence of hardware failure noted.

Streak artifact compromised examination.

Within the limitation of study, no evidence of cortical disruption identified. Lumbar vertebrae have pormal height and alignment.

There is mild degenerative disk disease at L2-L3, L3-LA and L4-L5. There is grade 1 degenerative retrolisthesis of L2 over L3 by about 2 mm area

Impression:

No evidence of lumbar spine fracture.

Postoperative changes at L5-S1 noted.

IMPRESSION:

UNIVERSITY MEDICAL CENTER OF SOUTHERN MEVADA DEPARIMENT OF MADICLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRON: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911952

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERREIL

Dictated on: 03/07/2015 at 01:26

Signed and Pinalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:26AM PROCEDURE: TRO 0141 - TR TIBIA FIRULA (LEFT) -- 6911952

XR TIBLA PIBULA 2 VIEWS

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left tibia and fibula, 2 views.

FINDINGS:

A moderately comminuted distal tibial shaft fracture is present without definite articular extension. Additionally, there is a mildly comminuted fractures through the distal tibial shaft approximately 2 cm proximal to the tibiotalar joint. The lateral malleolar fragment is anatomic with the tibial plafond fragment. There is redemonstration of proximal tibiofibular articulation widening. Note is made of intra-articular gas within the knee joint along with moderate widening of the lateral femorotibial comportment.

IMPRESSION:

- 1. Comminuted distal tibial shaft fracture.
- 2. Comminuted distal fibular shaft fracture
- 3. Lateral femorotibial compartment diastagis.

UNIVERSITY MEDICAL CHATTER OF SOUTHERN MEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHAMLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FXGUSROA, DAVID

Sex: M Location: Date of Birth; 10/28/1970

MRDN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911953

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL

Dictated on: 03/07/2015 at 01:26

Signed and Finalized by: INCALLS, JERRELL on 03/07/2015

Room Charge Date: Mar 7 2015 1:26AM PROCESURE: TRD 0037 - TR FENUR (LEFT) -- 6911953

XR PEMUR

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left femur, 2 views.

PINDINGS:

There is a left acetabular fracture, either transverse or both column. The acetabular dome fragment is laterally displaced 2.7 cm in relation to the superior pubic ramus fracture fragment. Left hip dislocation is noted, either central or anterior. This could be evaluated at the time of CT. Additionally, an inferior left public ramus fracture is evident with 5 mm of inferior displacement of the isohial tuberosity fragment. There is a partially visualized lateral tibial plateau fracture. Widening of the proximal tibiofibular articulation is evident.

IMPRESSION:

- 1. Left acetabular fracture.
- 2. Left hip dislocation.
- 3. Widening of the proximal tibiofibular articulation compatible with traumatic subluxation/dislocation.

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911954

Order Date: 03/07/2015

Interpreting Radiologist: INCALLS, JERRELL

Dictated on: 03/07/2015 at 01:32

Signed and Finalized by: INCALLS, JERRELL on 03/07/2015

Roam Charge Date: Mar 7 2015 1:32AM

PROCEDURE: TRO 0045 - TR POOT LIMITED (LEFT) -- 6911954

KR POOT

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left foot, I views.

PINDINGS:

Evaluation for fracture is limited by the lack of an orthogonal view. No grossly evident fracture or dislocation. Soft tissue swelling and gas is demonstrated about the medial hind foot.

INCPRESSION:

1. No definite fracture identified.

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6211979

Order Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHAHROKH

Distated on: 03/07/2015 at 02:29

Signed and Finalized by: ASSEMI, SHAHROKH on 03/07/2015

Exam Charge Date: Mar 7 2015 2:29AM

PROCEDURE: TRD 0052 - TR HAND LIMITED (LEFT) -- 6911979

ER HAND 2 VIEWS

HISTORY: Pain

TECHNIQUE: Left hand, 2 views.

FINDINGS:

On the frontal view, lucency projects over proximal portion of distal phalemx of first digit, without corresponding finding on other images, could be artifact, correlate with physical exam to exclude mondisplaced fracture. No acute fracture, malalignment, or destructive mass is identified. If concern for fracture remains, consider short follow-up radiography in 7-10 days.

IMPRESSION:

Lucency projecting over proximal portion of distal phalanx of first digit as described, otherwise no evidence of acute osseous abnormality.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADICLOGY 1800 W. CHARLESTON HLVD, LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FLOUEROA, DAVID

Sext: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Rocounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911980

Order Date: 03/07/2015

Interpreting Radiologist: INVALLS, JERRELL Dictated on: 03/07/2015 at 02:29

Signed and Finalized by: DEGALLS, JERRELL on 03/07/2015

Roum Charge Date: Mar 7 2015 2:29AM

PROCEDURE: TRD 0047 - TR FOREMM (LEFT) -- 6911980

XR FOREARM 2 VIEWS

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left forearm, 2 views.

FINDINGS:

There is a transversely oriented fracture through the proximal ulna at the electrons process site. This extends to the trochlear notch. The electrons process fragment is proximally displaced 7 mm. No additional fracture identified. An overlying fiberglass splint limits assessment of ossecus detail. Circumferential elbow and forearm soft tissue swelling is evident.

IMPRESSION:

1. Mildly displaced proximal ulnar fracture.

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JUN 1 0 2015

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: TRCH: 6201

Encounter: 9929043215

MRN: 0001906211

Ordering Physician: MCNROE, MICHAEL

Order Number: 6912010

Order Date: 03/07/2015

Interpreting Radiologist: INCALLS, JERRELL

Dictated on: 03/07/2015 at 04:57

Signed and Finalized by: INGALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 4:57AN
PROCEDURE: TRD 0141 - TR TIBLA FIBULA (LEFT) -- 6912010

INTRAOPERATIVE FLICEOSCOPY: 3/7/2015 4:57 AM PST

CLINICAL HISTORY: Intraoperative fluoroscopy.

COMPARISON: None.

FINDINGS: Intracperative fluoroscopy was provided to the clinical service for purposes of procedural assistance. 13 spot image(s) were submitted for interpretation. Interpretation is limited by the lack of the radiologist present during the procedure. Please refer to the operator's notes. Grossly, the images demonstrate gross anatomic alignment of the distal tibia status post lateral plate and screw fixation of the distal fibular fracture with syndesmotic screws as well as external fixation of the tibial shaft fracture.

Fluoroscopy time: 0.8 minutes.

IMPRESSION:

Intraoperative fluoroscopy.

UNIVERSITY MEDICAL CENTER OF SOUTHERN MEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PJGUBROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: 17:8040-1

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KHASHWJI, HASANALI

Order Number: 6912114

Order Date: 03/07/2015

Interpreting Radiologist: COSTRLIO, THOMAS Dictated on: 03/07/2015 at 08:30 Signed and Finalized by: COSTRLIO, THOMAS on 03/07/2015

Exam Charge Date: Mar 7 2015 8:30AM

PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6912114

XR CHRST 1 VIEW

HISTORY: Intubation

TECHNIQUE: Chest, 1 view.

COMPARISON: Same day

PINDINGS:

Endotracheal tube is in good position above the carina. Right subclavian central line is in good position with its tip in the region of the superior vena cava near the right atrium. Nasognatric tube passes into the stomach.

There is poor expansion of both lungs. No major atelectasis. No consolidation. No pleural effusions. No pneumothorax. The heart size is normal. The pulmomary vascularity is normal. The mediastinal contour is normal. The hila are not enlarged. No acute bony abnormalities are present.

IMPRESSION:

Tubes and catheters are in good positions. Poor expansion of both lungs.

Some abnormalities may not be detectable on portable exame.

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: 1T:8040-1 Encounter: 9929043215

MRN: 0001906211

Ordering Physician: KHASHWII, HASANALI

Order Number: 6912162

Order Date: 03/07/2015

Interpreting Radiologist: HOYR, STEPHEN

Dictated on: 03/07/2015 at 10:21

Signed and Finalized by: HOYE, STEPHEN on 03/07/2015

Exam Charge Date: Nar 7 2015 10:21AM
PROCEDURE: TED 0064 - TR HIP I VIEW (LEFT) -- 6912162

Left hip one view

Indication: Appropriate alignment post traction placement

Findings: Single limited frontal and lateral view the left hip submitted. There is a commitmited left acetabular fracture with fracture of the left inferior pubic ramus. The left hip appears dislocated although the direction cannot be definitively determined based on this image alone.

Impression: Comminuted appearing acetabular fracture with left inferior public ramus fracture. Left hip dislocation which is limitedly assessed on one view. Overall limited study related to patient body habitus with limited visualization of the femoral head.

Left hip one view

Indication: Appropriate alignment post traction placement

Findings: Single limited frontal and lateral view the left hip submitted. There is a comminuted left acetabular fracture with fracture of the left inferior pubic rame. The left hip appears dislocated although the direction cannot be definitively determined based on this image alone.

Impression: Comminuted appearing acetabular fracture with left inferior pubic ramus fracture. Left hip dislocation which is limitedly assessed on ome view. Overall limited study related to patient body habitus with limited visualization of the femoral head.



UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF KADIOLOGY 1800 W. CHARLESTON HLVD. LAS VEGAS, NV. 89102 (702) 383-2261

Patient Name: FIGUEROA, DAVID

Date of Birth: 10/28/1970

Location: 1T:8040-1

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: SALDANNA, VILAS

Order Number: 6912534

Order Date: 03/07/2015

Interpreting Radiologist: SHIH, JIMMY

Dictated on: 03/07/2015 at 20:33

Signed and Finalized by: SHIH, JIMMY on 03/07/2015

Roam Charge Date: Mar 7 2015 8:33PM

PROCEDURE: TCT 0145 - TR CT PELVIS RECONS -- 6912534

CT PRIVIS PROCESTRUCTION

INDICATION: Fracture.

COMPARISON: None.

TECHNIQUE: Contiguous reconstructed axial images of the pelvis obtained. Thin section sagittal and coronal images were reconstructed from the exial data set. Tilizing dedicated software and workstation, 3-D volume rendering images were created.

CONTRAST: None.

FINDINGS: 3-D volume rendering images demonstrate T-shaped comminuted left acetabular fracture with posterior hip dislocation. There is significant fracturing of the left femoral head which abuts the posterior aspect of the left acetabulum. Comminuted inferior left pubic ramus fracture noted. There is mild diastases left SI joint.

Please see CT abdomen and pelvis report for complete details.

IMPRESSION: 3-D volume rendering images created redemonstrating comminuted T-shaped left agetabular fracture with posterior left hip dislocation.

IMPRESSION:

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARIMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FICREROA, DAVID

Date of Birth: 10/28/1970

Sex: M Location: 1T:8040-1

Encounter: 9929043215

MRN: 0001906211

Ordering Physician: MCNICOLL, CHRISTOPRER

Order Mumber: 6912763

Order Date: 03/09/2015

Interpreting Radiologist: YEH, RICK Distated on: 03/09/2015 at 03:07

Signed and Finalized by: YEH, RICK on 03/09/2015

Exam Charge Date: Mar 9 2015 3:07AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6912763

XR PORTABLE AP CHEST

HISTORY: Intubation

COMPARISON: March 7, 2015

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS:

Support devices are overall stable. Heart size is within normal limits. The lungs are better aerated than on the prior exam. There is likely mild volume overload and mild basilar atelectasis. The pleural spaces are clear.

IMPRRESION:

Improved seration of the lungs compared to the prior exam. There is likely mild volume overload.

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1600 W. CHARLESTON BLVD. LAS VEGAS, NV. 69102 (702) 383-2241

Patient Nama: FIGUEROA, DAVID

Date of Birth: 10/28/1970

Sex: M Location: 17:8040-1

MRN: 0001906211

Encounter: 9929643215

Ordering Physician: SYLVAIN, GENALD

Order Number: 6912842

Order Date: 03/08/2015

Interpreting Radiologist: SINCH, SUKHJINDER

Dictated on: 03/08/2015 at 12:05

Signed and Finalized by: SINCH, SUKHJINUSE on 03/08/2015

ENUM Charge Date: Mar 8 2015 12:05FM PROCEDURE: SUG 0081 - OR HIP COMPLETE (LEFT) -- 6912842

HISTORY: Fluoroscopic guidance

Pluoroscopy time: 84 seconds.

TECHNIQUE: Fluoroscopy

FINDINGS: Pluoroscopy provided for procedure guidance. Mulciple fluoroscopic spot images demonstrate ORIF of left hemipelvis and left femur. Radiologist was not in attendance. Please see operative report for

further details.

HISTORY: Fluoroscopic guidance

Fluoroscopy time: 84 seconds.

TECHNIQUE: Pluoroscopy

FINDINGS: Fluoroscopy provided for procedure guidance. Multiple fluoroscopic spot images demonstrate CRIF of left hemipelvis and left famir. Radiologist was not in attendance. Please see operative report for further details.

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JUN 1 0 2015

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Date of Birth: 10/28/1970

Sex: M Location: 1T:8040-1

MRM: 0001906211

Encounter: 9929(43215

Ordering Physician: MONROW, MICHAEL

Order Number: 6913764

Order Date: 03/09/2015

Interpreting Radiologist: SHIH, JIMMY

Dictated on: 03/09/2015 at 21:48

Bigned and Pinalized by: SHIH, JTMMY on 03/09/2015

Exam Charge Date: Mar 9 2015 9:40PM

PROCEDURE: SOG 0086 - OR EUMERUS (LEFT) -- 6913764

INTRAOPERATIVE FLUOROSCOPY

INDICATION: Intraoperative fluoroscopy.

COMPARISON: None,

FINDINGS: Intracperative fluoroscopy was provided to the clinical service for purposes of procedural assistance. 20 spot image(s) were submitted for interpretation. Interpretation is limited by the lack of the radiologist present during the procedure. Please correlate with operative report for complete details. Grossly, the images demonstrate ORIF of the left humerus and proximal ulna.

Pluoroscopy time: 5,3 minutes.

IMPRESSION: Intraoperative fluoroscopy.

IMPRESSION:

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JUN 1 0 2015

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF FADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PICUEROA, DAVID

Sex: M

Date of Birth: 10/20/1970

MEN: 0001906211

Location: 1T:8040-1 Encounter: 9929043215

Ordering Physician: MCNICOLL, CHRISTOPHER

Order Number: 6913994

Order Date: 03/10/2015

Interpreting Radiologist: MECCA, MICHAEL

Dictated on: 03/10/2015 at 03:27

Signed and Finalized by: MECCA, MICHAEL on 03/10/2015

Exam Charge Date; Mar 10 2015 3:27AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6913994

XR PORTABLE AP CHEST

HISTORY: intubated

COMPARISON: 1 day prior

TECHNIQUE: Portable chest, 1 view AP.

PINDINGS:

Support devices in place unchanged. The lung volumes are low at exposure, mildly limiting interpretation. Within this limit, the lungs are clear spart from mild bibasilar atelectasis. No large plaural effusions. Reart and mediastical contours within normal, pulmonary vasculature within normal limits.

IMPRESSION:

No acute findings. Stable examination.

OneContent: Generated By UMC\kpark Generated On: 03/30/2015 16:13
PROBLEM LIST/MANAGEMENT: Multiple left-sided pelvic fractures with
hip dislocation and femoral head fracture, left-sided comminuted tibia and fibular fracture with diastasis of the tibla-fibular joint near the knee. All of these fractures are open with significant loss of tissue and degloving injury to the anterior aspect of the knee. Dr. Monroe with Orthopedics was consulted, personally came and evaluated the patient, evaluated all films, and will be taking the patient to the operating room for washout with possible fixation of these fractures. The patient also sustained a left humanus fracture and olecranon fractures in conjunction with the laceration of the left elbow, likely represents an open fracture, which will also be taken by Dr. Monroe to the operating room for washout and possible fixation. Patient has a left rib fracture. He will be monitored for possible signs of pulmonary compromise; however, no major abmormalities on the CT scan were observed with exception of the rib fracture and a small amount of atelectasis. The patient also has a small amount of sigmoid fat stranding. We will perform serial abdominal evaluations to rule out the possibility of an occult howel injury. Patient has an injury to the left popliteal arrany at the level of the posterior knee dislocation. Dr. Quynh Peikes with Vascular Surgery was consulted. She is awaiting the results of Dr. Monroe's orthopedic procedure with fixation for further recommendations. We will follow up her recommendations. Dr. Monroe with Orthopedic Surgery was given a number to contact Dr. Quynh Feikes upon the completion of his procedure. Patient also has superficial abrasions to the right hand and right knee for which we will perform local wound care. Following the operation, the patient be sent to the ICU for serial neurovascular

Dr. Deborah Kuhla was present for this activation, directed all patient care and procedures.

ZDV/MedQ

DD; 03/07/2015 02:56:04 DT: 03/07/2015 04:07:09

ZACHARY D VANHAGONER, MD (RESIDENT)

DEBORAH A KUHLS, MD

PATIENT: FIGUERCA, DAVID

ACCOUNT#: 9929043215

MR#: 0001906211 ADM DATE: 03/07/2015

JOB#: 352100/646608958

PHYSICIAN: DEBORAH A KUHLS, MD DICTATED BY: MACHARY D VANWAGONER, MD (RESIDENT)

TRADMA CENTER HISTORY AND PHYSICAL

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JUN 1 0 2015

Surgical Services - Implant Log

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Surgical Services - implant Log

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UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

SURGEON: Deborah A Kuhle, MD

ASSISTANT SURGEON:

PARTICIPATING SURGEON:

ANESTHESIOLOGIST:

PREOPERATIVE DIMENUSIS: Left open olecranon fracture, and mid shaft fracture of the left himerus.

POSTOPERATIVE DIMCROSIS: Left open electanon fracture, and mid shaft fracture of the left humarus.

PROCEDURE: Reduction of left humerus fracture, application of splint, and placement of moist gauze over left elbow laceration.

The above patient came in as a motorcycle crash, off-duty police officer, with a deformed left upper extremity and a laceration over his left elbow. Although he has an olecramon fracture by palpation the elbow joint appeared to be intact. We reduced his left humerus and placed him in an upper extremity splint. We placed moist gauze over the laceration over the electranon.

The patient tolerated the procedure well. He was neurovascularly intact both before and after the procedure.

DAK/MedQ

DD: 03/07/2015 03:17:47 DT: 03/07/2015 07:36:40

DESCIRAH A KUHLE, MD

PATIENT: FIGUERCIA, DAVID MOR# :

000190€211

ADM DATE: 03/07/2015

JOB# :

726631/646609268

DICTATED BY: DEBORAH A RUHLS, MD

ACCOUNT#: 9929043215

OPERATIVE REPORT

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JUN 1 0 2015

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

SURGEON: Michael Monroe, MD

ASSISTANT SURGEON:

PARTICIPATING SURGEON: Alistair Jon Chapman, MD

ANESTRESIOLOGIST: Agata Vollers, MD

PREOPERATIVE DIAGNOSIS:

- 1. Left open knes dislocation.
- 2. Laft open distal tibia and fibular pilon fracture.
- 3. Left columns acetabular fracture.
- 4. Left leg laceration equaling 40 centimeters.
- 5. Left humaral shaft fracture.

POSTOPERATIVE DIMENOSIS:

- 1. Left open knes dislocation.
- 2. Left open distal tibia and fibular pilon fracture.
- 3. Left columns acetabular fracture.
- 4. Left leg laceration equaling 40 centimeters.
- 5. Left humeral shaft fracture.

TDE: 5:02

PROCEDURE:

- 1. Closed reduction, left knee.
- 2. External fixation application, femor to tibia.
- 3. Open reduction and internal fixation, left fibula.
- 4. Preliminary external fixation, open tibial pilon fracture.
- 5. Irrigation and debridement, left leg.
- 6. Primary closure, 40 centimeters.

ADDITIONAL PARTICIPATING SURGBON: Chris Goodwell, MS3.

ANESTHESIA: General.

TOURNIQUET: No Lourniquet was used.

IMPLANT USED: Stryker Hoffman external fixator system with a Synthes 1/3 tubular plate on the fibula.

INDICATION FOR PROCEDING: Mr. Figueroa is a 44-year-old gentleman involved in a motorcycle accident, sustaining mostly left leg injuries from his hip down to his ankle. Preoperative CT arteriogram shows a poplitual artery injury but with good runoff distally.

CONSERT: In consenting the patient, he understands that because of the vascular injury and the nature of his injuries there is a

. ... - ***

JUN 1 0 2015

CCMSI ~ Las Vegas

No. 2689 P. 21

Mar. 31. 2015 10:40AM

OneContent Generaled By UMC\kpark Generaled On: 03/30/2015 18:14 possibility he may end up with an amoutation in the future. We are doing preliminary stabilization of his injuries at this time.

DESCRIPTION OF PROCEDURE: The patient was placed in a sumine position. After administration of general anesthesis, left lower extremity was prepped and draped in sterila fashion with i-step Betadine. No tourniquet was used.

The knee was managed lat. The knee was closed reduced using direct manipulation under C-arm guidance. Once good position of the knee was obtained, an anterior Hoffman fixator was placed from 2 pins in the femur and 2 pins in the tibia, this was commented by 2 bars while the knee was held in the reduced position. The fixator was adjusted, tightened, the pins were cut distally, and final images of the knee were taken.

Attention was focused down to the ankle where a significantly comminuted tibial pilon fracture was identified. In order to gain fixation, initially 2 pins were placed, 1 in the calcangus, 1 in the tibia, spanning the fracture to hold preliminarily, after which a 12-hole 1/3 tubular plate was placed on the lateral surface with several screws across the mortise joint for additional fixation. Reduction, rotation and length of the fibula were maintained in order to provide stability to the distal ankle.

Once the fibula was fixed, an additional pin was placed in the tibia under C-arm guidance. The alignment and length and rotation were maintained. The 5-millimeter pins were commected to 2 carbon fiber hars, using the fuick Commects, these were tightened and excess pin length was carefully removed. C-arm images showed adequate reduction of the ankle with good position of the implants.

Pulse lavage irrigation was then used to irrigate thoroughly the open lacerations around the leg and knee, 6 liters of pulse lavage irrigation was used. It was noted on inspection that there was a complete disruption of the lateral joint retinaculum. The patellar tendom appeared to be intact.

A primary closure was then done using 0 Prolene with horizontal mattress sutures, approximating 40 centimeters in this complex laceration of the skin, which was in a stellate pattern.

Pinal images were taken, which showed good reduction with good position of the implants. The case at this point was turned over to Vascular Surgery for exploration and possible vascular bypass.

MW/MediO

DD: 03/07/2015 05:08:52 DT: 03/07/2015 08:06:35

MICHAEL MONROR, MD

PATIENT: FIGUEROA, DAVID

MR#: 0001906211 ADM DATE: 03/07/2015

JOB#: 352153/646611833

ACCOUNT#: 9929043215

Mar. 31. 2015 10:40AM

OneContent: Generated By UMCVkpark Generated On: 03/30/2015 16:14
DICTATED BY: MICHAEL MORROR, MD

OPERATIVE REPORT
Rectromically Authenticated and Edited by:
Michael Mcmroe, MD on 03/09/2015 03:53 PM PPPT

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JUN 1 0 2015

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was in the second state.

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Les Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

SURGEON: Quynh Peikes, M.D.

ASSISTANT SURGEON: Wesley Smith, CFT-CFA

PARTICIPATING SURGEON: Alistair Jon Chapman, MD

ANESTHESIGLOGIST: Agata Vollers, MD

WREOPERATIVE DIAGNOSIS: 1. Motorcycle accident.
2. Left lower extremity transatic arterial injury with extensive degloving and orthopedic injuries.

POSTOPERATIVE DIAGNOSIS: 1. Motorcycle accident.
2. Left lower extremity traumatic arterial injury with extensive degloving and orthopodic injuries.

PRIMARY PROCEDURE:

- Left popliteal artery repair with reversed saphenous vein interposition graft.
- 2. Open vein harvest from right lower extremity.

ANESTHESIA: General.

EBL: Less than 200 cubic centimeters.

COMPLICATIONS: None,

INDICATIONS FOR PROCEDURE: Patient is a 44-year-old off-duty policeman who was on his motorcycle when he was out off by another vahiole. He sustained extensive injury to his left lower extremity, as well as pelvis and left arm. He was noted to have a dislocated left knee injury with extensive tib-fib fracture on the left lower extremity, as well as a left hip fracture. He was taken to the operating room emergently by Dr. Monroe for stabilization and currently has an ex-fix. I was notified by the trauma team that the patient also has absent palpable pulses to the left lower extremity, despite stabilization and I present now for evaluation for left lower extremity arterial injury.

PINDINGS: At the time of exploration, he had a complete transection of his popliteal artery right at the knee. There is also extensive injury and avulation of one of the popliteal vains; the other one was intact. The nerve was seen and appeared to be somewhat bruised.

DESCRIPTION OF PROCEDURE: The patient was on the table in the operating room already, having undergone just recent external fixation by Dr. Monroe. The left and right lower extramities were then prepped and draped in a sterile manner. An incision was made medially on the

OneContent: Generated By UMCVopark Generated On: 03/30/2015 18:14 knee and extended down to below the knee, and dissection was carried out until the popliteal above the knes was identified. This was then controlled with vessel loop control. Further dissection to the below knee segment was carried out, and at this point, we found a shortsegment of injury, about a 2 to 3 centimeter gap from an avulsed popliteal artery. The vein itself on one of the branches was also injured. At this point, once the artery was isolated and dissected out. The patient was then heparinized with 5000 units of heparin IV. After allowing for several minutes of circulation, the artery was clamped proximally and distally. The edges of the artery itself were debrided back to clean, viable tissue. At this point, we were left with a segment about 3 centimeters or go. Open vein harvest was carried out on the right lower extremity near the ankle, and there was a good vein segment from the saphenous vein there that was taken. Once dome with open harvest, the extery was repaired with the saphenous vein graft in reverse as an interposition graft. This was done end-to-end in both proximal and distal ends using a running 6-0 Proleme suture. Once completed, the graft was flushed out there was a good triphasic Doppler signal down the posterior tibis. Hemostasis was obtained. The incision was then reapproximated with interrupted 0 Vicryl surure for muscle, fascia, and tendom. The subcutaneous tissue was closed with 2-0 Vicryl, and skin was closed with staples. The open harvest site on the right lower extremity was also closed in multiple layers with 2-0 and 3-0 Vicryl suture, and skin was closed with 3-0 Monocryl subcuticular stitch and sealed with Dermabond. Starile dressing was applied. Patient tolerated the procedure. After the procedure, all needle and sponge counts were correct. The patient was left ventilased and moved back to the trauma ICU for further care by the Trauma Service.

OB/MediO

DD: 03/08/2015 12:12:59 DT: 03/08/2015 33:50:00

QUYNH PRIKES, M.I).

PATIENT: FIGUERCA, DAVID

ACCOUNT#: 9929043215

MR#: 0001906211 ADM DATE: 03/07/2015

JOB#: 728756/646700908

DICTATED BY: QUYNH FEIRES, M.D.

OPERATIVE REPORT

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/09/2015

SURGEON: Michael Monroe, MD

ASSISTANT SURGECN:

PARTICIPATING SURGEON: Jose Zeron, CST

ANESTHESIOLOGIST: Dr. Adaroh

PREOFERATIVE DIAGNOSIS:

- 1. Left humeral shaft fracture.
- 2. Left olegramen fracture.

POSTOPERATIVE DIAGNOSIS:

- 1. Left humaral shaft fracture.
- 2. Left olecranon fracture.

Time: 2133 hours.

PROCEDURE PERFORMED:

- 1. Closed reduction, intramedullary rodding, left humaral shaft.
- 2. Open reduction and internal fixation left electanon fracture.

ANESTHESIA: General.

TOURNIQUET TIME: None.

IMPLANT USED: Stryker humeral nail with a Stryker 6.5 millimeter strew.

INDICATION FOR PHOCEDURE: Mr. Figueroa is a 44-year-old gentleman who presents following a motorcycle accident with left-sided injuries including the lower extremity and the upper extremity. He comes in for his upper extremity fixation. Informed consent is obtained from the family.

PROCEDURE: The patient was placed in a supine position. After administration of general anesthesis, the left upper extremity was prepped and draped in a sterile fashion with ChloraPrep. No tourniquet was used for the case.

A 2 centimeter incision was made proximally through which a guide pin was placed into the greater tuberosity. This was then overdrilled and a guidewire was passed across the fracture. The appropriate size nail length was selected and reaming was done to 1 millimeter over the nail size.

The nail was impacted into place, looked proximally, compressed and looked distally. It was noted at this time that some distraction was

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No. 2689 P. 26

OneContent Generated By UMCVkpark Generated On: 03/30/2015 16:14 still present at the fracture site. The proximal locking screw and guide were removed prior to the distal lock which required replacement of the proximal jig.

Approximately 1 hour of surgical time was spent replacing the proximal jig, repositioning the C-arm and getting the proximal lock in the appropriate position. Final images showed good reduction of the fracture with good position of the implant.

The olecranon was then approached. There was an open laceration. This was extended. The olecranon fracture was identified and fixed with a point of reduction forceps. A 1.6 millimeter cannulated K-wire was placed down the olecranon shaft. This was overdrilled and the appropriate size 6.5 millimeter cannulated screw was inserted. Good position of the screw with good reduction of the olecranon was maintained.

Final images showed good position of all the implants. All incisions were irrigated and closed with 2-0 Vicryl and staples, and a sterile compressive dressing was placed on the patient, who was discharged back to the ICU in stable condition.

MM/MediQ

DD: 03/09/2015 21:36:56 DT: 03/10/2015 10:03:06

MICHAEL MONROE, 14D

PATTENT: PIGUERDA, DAVID

MR#: 0001906211 ADM DATE: 03/07/2015

JCB#: 732550/646881781

ACCOUNT#: 9929043215

DICTATED BY: MICHAEL MONROE, MD

OPERATIVE REPORT Relectronically Authenticated and Edited by: Michael Monroe, MD On 03/11/2015 02:40 PM PDT

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/08/2015

SURGEON: Gerald Mark Sylvain, MD

ASSISTANT SURGEON: Vilas Saldanha, M.D.

PARTICIPATING SURGEON:

AMESTHESIOLOGIST: Dr. Goffstein

PREOPERATIVE DIAMNOSIS: 1. Laft T type acetabular fracture with fracture of both columns of the acetabulum.

- 2. Displaced left femoral head fracture.
- 3. Left trochamteric femur fracture.

POSTOPERATIVE DIAGNOSIS:

PROCEDURES PERPORARD:

- 1. Open reduction and internal fixation of left acetabular fracture.
- Open reduction and internal fixation of left femoral head fracture.
- Open reduction and internal fixation of left trochanteric fracture.

ANESTHESIA: General.

COMPLICATIONS: There were no complications.

PATIENT DISPOSITION: Stable to recovery.

INDICATIONS: The patient is a 44-year-old male with a history of severe injury with multiple trauma. The patient had a committed fracture dislocation of his femoral head and acetabulum along with a trochanteric femur fracture. The decision was made to proceed real emergently with operative repair and stabilisation.

PROCEDURE IN DETAIL: The patient was taken to the operating room and underwent general anesthetic induction. He was then placed in the right lateral decubitus position, exposing the laft hip on a pegboard. He was prepped and draped using the normal sterile technique. The patient did have distal external fixators which were sterilely covered.

An incision was made extending from his proximal fermir up to the iliac crest. Tissue was dissected down to the fascia lata. This was spread longitudinally in line with the incision. The gluteus fibers were split in line with the fibers. There was a trochanterio fracture with attachment of the abductors. This was lifted anteriorly. The patient's femoral head was grossly dislocated with significant displacement of the fractures. The hip was externally rotated to

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وسكر بموتماتها الدياسات ددادات

OneContent: Generated By UMCVpark Generated On: 03/30/2015 18:14 expose the joint. This was used to aid in reduction of the transverse portion of the fracture. The large femoral head fragment was obtained and reduced. This was held in place using pins from a Synthes 4.5 headless screw set and were placed across the fracture with excellent stability and security of the articular femoral head. Next, the head was reduced into the acetabulum. This was used to aid in templating the posterior oclumn and wall portion of the T type fracture. The posterior column was reduced using 2 screws and a reduction clamp. This stabilized the posterior column in a reduced position which was also held manually. A 4-hole pelvic plate was them placed across the posterior column and secured using proximal and distal 3.5 cortical screws with excellent reduction. Next, the comminuted bone loss area was filled in with bone graft from a large cancellous portion of the fracture. The posterior wall was then reduced and an 8-hole pelvic plate was contoured to fit along the posterior column. This was secured with proximal and distal screws, 2 ilium screws and 2 screws into the ischium. Excellent buttressing of the posterior wall was obtained with good reduction seen under C-arm fluorescopy. Two guidepins from the 6.5 cannulated screw were placed from the posterior column through the anterior column. Two 6.5 cannulated screws were then placed, further securing the enterior column in reduced position. C-arm fluoroscopy was used to check reduction as well as placement of hardware

The wounds were irrigated. The capsule was then approximated using a #1 Vicryl suture. The trochanteric fracture was reduced and secured using 2 3.5 cortical acrews with washers. The wound was then further irrigated. The fascia lata was closed using #1 Vicryl suture, subcutaneous tissues were closed using 2-0 Vicryl and skin was closed using staples. Intibiotic cintment was placed followed by a sterile dressing.

The patient tolerated the procedure well and was taken to recovery in stable condition.

GMS/MedQ

DT: 03/10/2015 1.6:28:28 DT: 03/10/2015 21:27:19

GERALD MARK SYLVAIN, MO

PATIENT: FIGUERCA, DAVID

MR#: 0001906211 ADM DATE: 03/07/2015

JOB#: 360747/647016082

DICTATED BY: GERALD MARK SYLVAIN, MD

ACCOUNT#: 9929043215

OPERATIVE REPORT

Electronically Authenticated by: Gerald M Sylvain, ND On 03/19/2015 02:28 PM PDT

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UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/16/2015

SURGEON: Michael Monroe, MD

ASSISTANT SURGEON:

PARTICIPATING SURGEON: Jose Zeron, CST

ANESTHESICLOGIST: Dr. Hoon

PREOPERATIVE DIAMOSIS:

- 1. Left lower extremity multitrauma.
- 2. Left tibia and fibular pilon fracture.
- 3. Left knee and tibia and fibular retained external fixators.

POSTOPERATIVE DIAGNOSIS:

- 1. Left lower extremity multitrauma.
- 2. Left tibia and fibular pilon fracture.
- 3. Left knee and tibis and fibular retained external fixators.
- 4. Left olecranon malunion.
- 5. Left olecranon retained hardware.

PROCEDURE:

- Open reduction and internal fixation of left tibial pilon fracture.
- 2. External fixator removal from tibia and fibula.
- 3. Revision open reduction and internal fixation of left electanon.
- 4. Hardware removal of left olecranon.

AMESTHESIA: General.

TOURNIQUET TIME: Less than 1 hour on the tibia, less than 1 hour on the upper extremity.

INDICATION FOR PROCEDURE: Mr. Figueroa is a 44-year-old gentleman who was in a motorcycle accident sustaining an injury to his left tibia, knee dislocation, acetabular fracture and upper entremity fractures. He comes in for a secondary procedure which is removal of the external fixator and fixation of the tibia. Previously, he had this humanus and electronon fixed. In the preop he notes that he was rolling over and falt a pop in his left allow, so we told him at that time that we would evaluate his electronon while he was in surgery.

PROCEDURE IN DETAIL: The patient is placed in a supine position. After administration of general anesthesia, left lower extremity was prepped and draped in a sterile fashion with 1-step Betadine. The external firstor is removed from the knee and the tibia. The knee was then evaluated radiographically, stable concentric reduction was obtained in the knee. The distal tibia showed an area of comminution with significant bony and soft tissue involvement. A decision was

OneContent: Generated By UMCkpark Generated On: 03/30/2015 16:14 made to do a distal and a more proximal incluion and to use a bridge plate technique for this tibial pilon fracture.

The incision was made distally along the course of the anterior tibial tendon, carried down sharply through skin and subcutaneous tissue. Care was taken to avoid neurovascular structures. Electrocautery was used to control bleeding. The fracture site was identified and the distal fragment was noted.

A 2nd incision was made proximally. Radiographs showed the position of the plate just proximal to the most distal fracture site. Both incisions extended approximately 8 centimeters.

A long Synthes anterior lateral plate was then placed on the ankle and a combination of looking and nonlocking screws were used to secure fixation. C-arm image was used in both AP and lateral planes in order to determine the position of the bone.

The final images showed good reduction of the tibia. Good reduction of the fibula with a significant comminution at the metadiaphysia with good alignment and articular comgruity.

The incisions were then irrigated, closed with 0 vicryl, 2-0 Vicryl and 3-0 mylom and a sterile compressive dressing was placed on the ankle as wall as the knee, which was a long leg molded anteriorposterior splint.

At the end of the case the elbow was evaluated and displacement or malposition of the fracture was identified. The technique of a single 6.5-millimeter screw would not be adequate for this patient. Therefore it was converted to a tension band wire technique.

The incision was extended proximally and distally. The fracture site was opened, irrigated and fixed. It was held with a point of reduction forceps. Two 2-millimeter K-wires were then passed across the fracture and a 16-gauge wire was placed using a tension hand technique under the K-wires. These wires were then bent and impacted into the bone. Final images showed good reflection with good position of the wires. The wires were out short, bent, and left under the skin. The incisions were irrigated and closed with 2-0 mylon and a sterile compressive dressing was placed on the patient who was discharged to the recovery room in satisfactory condition. No complications.

MM/MedO

DD: 03/16/2015 12:52:58 DT: 03/16/2015 16:24:33

MICHAEL MONROR, MD

PATIENT: FIGUEROA, DAVID MR#:

0001906211

ADM DATE: 03/07/2015

JOB#:

375482/547700527

ACCOUNTS: 9929043215

DICTATED BY: MICHAEL MONROE, MD



Mar. 31. 2015 10:43AM

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRM: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911934

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL

Diotated on: 03/07/2015 at 01:26

Signed and Finalized by: INUALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:26AM
PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6911934

XR CHEST 1 VIEW

HISTORY: Trauma

TECHNIQUE: Chest, 1 view.

COMPARISON: None.

FINDINGS:

The overlying trauma board limits assessment. Lungs are grossly clear. No pleural effusions. No pneumothorax, The heart size is normal. The mediastinal contour is normal. A minimally displaced left lateral fifth rib fracture is noted.

IMPRESSION:

1. Minimally displaced left fifth rib fracture.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Mame: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911935

Order Date: 03/07/2015

Interpreting Radiologist, ASSEMI, SHAHROKH

Distated on: 03/07/2015 at 01:26

Signed and Finalized by: ASSEMI, SHAHROKH on 03/07/2015

Exam Charge Date: Mar 7 2015 1:26AM
PROCEDURE: TRD 0103 - TR PELVIS 1 VIEW -- 6911935

XR PELVIS 1 VIEW

HISTORY: Pain, trauma

COMPARISON: None.

TECHNIQUE: Pelvis, one view.

FINDINGS:

Lower spine hardware fixation. Left pelvic fractures including of pubic rami and acetabulum with malalignment at left hip with proximal and medial migration of femur are noted with fracture at least of region of femoral head. There are lucencies in region of right acetabulum as well, correlate with physical exem to assess for fracture in that region.

IMPRESSION:

Fractures with malalignment on the left with presumed associated hematoma. Please see above comments.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: PIGURROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911938

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUBERT Diotated on: 03/07/2015 at 01:25

Signed and Finalized by: CHIN, HOBERT on 03/07/2015

Exam Charge Data: Mar 7 2015 1:25AM
PROCEDURE: TCT 0018 - TR CT ERAIN W/O CONTRAST -- 6911938

CT BRAIN WITHOUT CONTRAST

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the vertex of the skull to the foramen magnum without contrast. All images were reviewed and interpreted.

CONTRAST: None.

FINDINGS:

Mormal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Murmal ventricles, sulci, and basilar cisterns. No intracranial hemograpage. No intracranial edema. No mass effect. The visualized paramasal simuses and mastoid air cells are clear. Normal calvarium and skull base. No hypodense or hyperdense intracranial lesions. No evidence of acute infarct, mass, hemorrhage.

IMPRESSION:

Unremarkable CT of the brain without contrast.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: FIGURROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

Encounter: 9929643215

MRN: 0001906211

Ordering Physician: KURLS, DEBORAH

Order Number: 6911939

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUBERT Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: CHIN, HUBERT on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM PROCEDURE: TCT 0012 - TR CT CERVICAL SPINS W/O CONTRAS -- 6911939

CT CERVICAL SPINS WITHOUT CONTRAST

HISTORY: Trauma.

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the Ti vertebral body. Thin section sagittal and coronal reconstructed images were performed from the axial data set. All images were reviewed and interpreted.

CONTRAST: None.

FINDINGS:

There is reversed cervical lordosis. There is mild degenerative disk disease at C2-C3 through C6-C7.

There is congenital nomunion of the posterior C1 ring.

There is moderate to severe left CB-Cs, mild right C4-C5 and mild right CS-C6 neural foreminal stemosis.

Cervical vertebrae have intact cortical margins, normal height and alignment.

IMPRESSION:

No carvical spine fracture or malalignment noted.

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UNIVERSITY MEDICAL CHAPTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FICIEROA, DAVID

Seox: M Location: Date of Birth: 10/28/1970

Encounter: 9929043215

MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911940

Order Date: 03/07/2015

Interpreting Radiologist: DKRILS, JERRELL Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: DXSALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0163 - TR CT ABD AND PELVIS IV ONLY -- 6911940

CT OF THE ARDOMEN AND PELVIS WITH CONTRAST:

CLINICAL HISTORY Trauma

COMPARISONS: None.

TECHNIQUE: Contiguous axially collimated images were obtained from the lung bases through the proximal femura, after the uneventful intravenous administration of iodinated contrast. Postprocessing of the images was performed. Coronal reformatted images were prepared on a separate workstation and reviewed for anatomic correlation.

COMPRAST: Iodinated intravenous contrast

FINDINGS:

Ling bases: Unrenerkable.

Liver: Normal.

Gallbladder: Normel.

Biliary tree: No ductal dilatation.

Pancress: Normal. Spleen: Normal.

Adrenal glands: Normal.

Kidneys: Normal, without unclithiasis or hydronephrosis. Urinary bladder: Grossly unremarkable.

Pelvic structures: Unremarkable.

Bowel: To the extent evaluated with CT, the abdominal bowel is without evidence of obstruction, gross mass, or inflammatory change. There is no significant diverticulosis. There is no evidence of diverticulitis. Lymph nodes: No pathologically enlarged lymph nodes identified.

Peritonsum: No intraperitomeal free air. No free intraperitomeal fluid. Mesentary: Mild patchy mesenteric fat atranding is demonstrated within the proximal sigmoid mesentery best appreciated on images 77 and 74 series 210. No discrete mesenteric hematoma identified. Retroperitoneum: The retroperitoneum is unremarkable.

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Aorta: Normal in caliber. Body wall: No body wall mass.

Osseone structures: There is a T-shaped transverse left acetabular fracture. The iliac fragment contains a large portion of the acetabular dome. The initial tuberosity fragment contains a small portion of the posterior/inferior acetabulum. The left superior pubic ramus fracture contains a small component of the anteroinferior acetabulum. There is isolation of a 3.4 x 1.2 on fragment containing the posterosuperior acetabulum. This fragment is posteriorly and laterally displaced approximately 3 mm in relation to the acetabular dome fragment. The iliac fragment is laterally displaced 1.4 cm in relation to the superior public rammis fragment. The ischial tuberosity fragment is medially displaced 3.9 om in relation to the iliac fragment. A minimally displaced fracture through the left inferior public ramue is evident. There is posterior left hip dislocation with a fracture through the head and proximal neck of the femur. This isolates a portion of the enterior femoral head which is displaced 3 cm distal and lateral to the donor site. The dislocated proximal femur is situated within the greater sciatic foremen. There is mild widening of the left sacroiliac joint. Refer to the CT chest for a discussion of rib fractures. There has been prior L5-S1 posterior spinal fusion with anterior interbody spacer placement.

IMPRESSION:

- 1. Transverse T shaped left acetabular fracture.
- 2. Posterior left hip dislocation,
- 3. Mild left sacroiliac diastasis.
- 4. Mild sigmoid mesenteric fat stranding may represent contusion. No discrete hematoma identified.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KURLS, DEBORAR

Order Number: 6911941

Order Date: 03/07/2015

Interpreting Radiologist: INGALLS, JERRELL

Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: INCALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT 0101 - TR CT CTM LOWER EXTREMETY -- 6911941

CIA BILATERAL LOWER EXTREMITIES WITHOUT & WITH CONTRAST

HISTORY: Left knee trauma

COMPARISON; None.

TECHNIQUE: Initially, thin section noncontrast images through portions of the extremity were obtained for the purposes of establishing proper bolus timing of comtrast. Subsequently, thin section axial CT images were obtained through the area of clinical interest in the lower extremity after intravenous administration of nomionic indinated contrast. To optimally assess the lower extremity vasculature, the original axial data was used to create 3D volume rendered, multi-planar reformatted and/or maximum intensity projection images in various planes. The social and reformatted data were reviewed for this report.

COMTRAST: Iodinated intravenous contrast

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Nonvascular findings:

Refer to the dedicated CT abdomen pelvis study for a discussion of the left palvic fractures. There is moderate diastesis of the lateral femoratibial compartment within the left knee. A vertically oriented fracture line is demonstrated through the lateral aspect of the patella with mild lateral displacement of the lateral fracture fragment, Mild pnamearthrosis is present. It is also made of a moderately comminuted distal tibial shaft fracture.

Vascular findings:

There is complete traumatic occlusion of the left popliteal artery immediately distal to the origin of the superior geniculate branches There is a 9.2 cm long segment of occlusion with reconstitution of flow demonstrated within the far distal aspect of the popliteal artery. Flow is demonstrated throughout the entirety of the left posterior tibial.

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Tranmatic injury of the distal anterior tibial artery is suspected at the site of the distal tibial fracture site without contrast opacification of the dorsalis pedis artery noted. No active arterial extravasation identified. No pseudoaneurysm demonstrated.

The right lower extremity arterial tree is within normal limits. No aneurysm identified.

IMPRESSION:

- 1. Traumatic occlusion of the left popliteal artery with reconstitution detailed above.
- 2. Left anterior tibial artery traumatic occlusion.

These findings were discussed with Dr. Van Wagonar by Jerrell Ingalls M.D. on 3/7/2015 2:36 AM PST.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KURLS, DEPORAH

Order Number: 6911943

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HURERT Dictated on: 03/07/2015 at 01:25

Signed and Final zed by: CHUN, HUBERT on 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM
PROCEDURE: TCT ()015 - TR CT CHEST WITH CONTRAST -- 6911943

CT CHEST WITH COMPRAST

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: After the uneventful intravenous administration of nonionic iodinated contrast, thin section axial CT images were obtained from the thoracic inlet through the lung hases and adrenal glands. Thin section coronal images were reconstructed from the axial data set. All images were reviewed and interpreted.

CONTRACT: Given FINDINGS:

There is bilateral lower lobe atelectasis. The lungs are clear otherwise. No definite pulmonary contusion noted. There is no pneumothorex, pleural effusion, perioardial effusion, lymphademopathy or mediastinal hematoma. Thoracic sorta is normal.

Practure noted in the left lateral fifth rib.

DAPRESSION:

Practure noted in the left lateral fifth rib.

Bilateral lower lobe atelectasis noted.

Unremarkable exam otherwise. Normal thoracic norta.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARIMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Besc: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911945

Order Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHAHROKH

Dictated on: 03/07/2015 at 01:26

Signed and Finalized by: ASSEMI, SHAHROKH ON 03/07/2015

RECORD Charge Date: Mar 7 2015 1:26AM
PROCEDURE: TRD 0065 - TR HUMERUS (LEFT) -- 6911945

XR HUMBRUS

HISTORY: Pain

COMPARISON: None.

TECHNIQUE: Left humerus, 2 views.

PINDINGS:

Comminuted fracture of mid humeral disphysis with distraction, angulation and overriding in noted with soft tissue swelling. There is also fracture of proximal ulna, olecranon with commimution with articular extension, suggest dedicated elbow radiography.

IMPRESSION:

Himmaral diaphyseal fracture and fracture in region of albow/ulna.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FISURROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH Order Number: 6911946

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUBERT

Dictated on: 03/07/2015 at 01:25

Signed and Final 2red by: CHIN, HUBERT on 03/07/2015

Exam Charge Data: Max 7 2015 1:25AM
PROCESURE: TCT 0140 - TR CT THORACIC SPIME RECORS -- 6911946

Thoracic spine CN.

Information: Trauma

Findings:

Reformatted thoracic spine CT images obtained.

The thoracic vertebrae have intact cortical margins, normal height and alignment.

There is multilevel mild degenerative disk disease.

At T4-T5, there is a left paracentral disk ostsophyte complex indenting into the intrathecal sac.

Impressions:

No evidence of thorseic spine fracture or malalignment noted.

Thoracic spine CT.

Information: Traima

Pindings:

Reformatted thoracic spine CT images obtained.

The thoracic vertebrae have intact cortical margins, normal height and alignment.

There is multilevel mild degenerative disk disease.

At T4-T5, there is a left paracentral disk osteophyte complex indenting into the intratheral sac.

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Impressions:

No evidence of thoracic spine fracture or malalignment noted.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF PADIOLOGY 1800 W. CHARLESTON HLVD, LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRM: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911947

Order Date: 03/07/2015

Interpreting Radiologist: CHIN, HUBERT

Dictated on: 03/07/2015 at 01:25

Signed and Finalized by: CHIN, HUHERT OR 03/07/2015

Exam Charge Date: Mar 7 2015 1:25AM PROCEDURE: TCT 0141 - TR CT LUMBAR SPINE RECORS -- 6911947

Lambar spine CT

Information: Traima

Findings:

Reformatted lumbar spine CT images obtained.

There is anterior and posterior fusion at L5-S1 with diskectomy, intervertebral spacer placement and bilateral pedicle screws and stabilizing rods. No evidence of bardware failure noted.

Streak artifact compromised examination.

Within the limitation of study, no evidence of cortical disruption identified. Lumbar vertebras have normal height and alignment.

There is mild degenerative disk disease at L2-L3, L3-L4 and L4-L5. There is grade 1 degenerative recrolisthesis of L2 over L3 by about 2 μ m area

Impression:

No evidence of lumbar spine fracture.

Postoperative changes at L5-S1 noted.

IMPRESSION:

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UNIVERSITY MEDICAL CENTER OF SOUTHERN MEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

Encounter: 9929043215

MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH Order Number: 6911952

Order Date: 03/07/2015

Interpreting Radiologist: INTALLS, JERRELL

Dictated on: 03/07/2015 at 01:26

Signed and Finalised by: INGALLS, JERRELL on 03/07/2015

Exem Charge Date: Mar 7 2015 1:26AM PROCEDURE: TRD 0141 - TR TIBIA FIBULA (LEPT) -- 6911952

XR TIBLA FIBULA 2 VIEWS

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left tibia and fibula, 2 views.

FINDINGS:

A moderately comminuted distal tibial shaft fracture is present without definite articular extension. Additionally, there is a mildly comminuted fractures through the distal tibial shaft approximately 2 cm proximal to the tibiotalar joint. The lateral malleolar fragment is anatomic with the tibial plafond fragment. There is redemonstration of proximal tibiofibular articulation widening. Note is made of intra-articular gas within the knee joint along with moderate widening of the lateral femorotibial compartment.

IMPRESSION:

- 1. Comminuted distal tibial shaft fracture.
- 2. Comminuted distal fibular shaft fracture.
- 3. Lateral femorotibial compartment diastasis.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PIGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KLHLS, DEBORAH

Order Number: 6511953

Order Date: 03/07/2015

Interpreting Radiologist: INVALLS, JERRELL

Distaced on: 03/07/2015 at 01:26

Signed and Finalized by: INTALLS, JERRELL on 03/07/2015

Rxam Charge Date: Mar 7 2015 1:26AM PROCESURE: TRD 0037 - TR FEMUR (LEFT) -- 6911953

XR FEMOR

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left femur, 2 views.

FINDINGS:

There is a left acetabular fracture, either transverse or both column. The acetabular dome fragment is laterally displaced 2.7 cm in relation to the superior public ramus fracture fragment. Left hip dislocation is noted, either central or anterior. This could be evaluated at the time of CT. Additionally, an inferior left public ramus fracture is evident with 5 mm of inferior displacement of the isohial tuberosity fragment. There is a partially visualised lateral tibial plateau fracture. Widening of the proximal tibiofilmlar articulation is evident.

IMPRESSION:

- 1. Left acetabular fracture.
- 2. Left hip dislocation.
- 3. Widening of the proximal tibiofibular articulation compatible with traumatic sublumation/dislocation.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN MEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Nama: FIGUEROA, DAVID

Sex: M Location Date of Birth: 10/28/1970

Encounter: 9929043215

MRN: 0001906211

Ordering Physician: KUHLS, DEBORAH

Order Mumber: 6911954

Order Date: 03/07/2015

Interpreting Radiologist: INVALLE, JERREIL

Dictated on: 03/07/2015 at 01:32

Signed and Finelized by: INCALLS, JERRELL on 03/07/2015

Ream Charge Date: Mar 7 2015 1:32AM PROCEDURE: TRD 3045 - TR FOOT LINITED (LEFT) -- 6911954

XR FOOT

HISTORY: Trauma .

COMPARISON: None.

TECHNIQUE: Left foot, 1 views.

FINDINGS:

Evaluation for fracture is limited by the lack of an orthogonal view. No grossly evident fracture or dislocation. Soft tissue swelling and gas is demonstrated about the medial hind foot.

IMPRESSION:

1. No definite fracture identified.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1600 W. CHARLESTON BLVD. LAS VEGAS, NV. 69102 (702) 383-2241

Patient Name: PIGUERCA, DAVID

Sex: M Location:

Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: KUHLS, DEBORAH

Order Number: 6911979

Oxder Date: 03/07/2015

Interpreting Radiologist: ASSEMI, SHARROWH Diotated on: 03/07/2015 at 02:29

Signed and Finalized by: ASSEMI, SHAHROKH on 03/07/2015

Exam Charge Date: Mar 7 2015 2:29AM

PROCEDURE: TRD 9052 - TR HAND LIMITED (LEPT) -- 6911979

XR HAND 2 VIEWS

HISTORY: Pain

TECHNIQUE: Left hand, 2 views.

FINDINGS:

On the frontal view, lucency projects over proximal portion of distal phalanx of first digit, without corresponding finding on other images, could be artifact, correlate with physical exam to exclude nondisplaced fracture. No acute fracture, malalignment, or destructive mass is identified. If exacern for fracture remains, consider short follow-up radiography in 7-10 days.

IMPRESSION:

Lucency projecting over proximal portion of distal phalamx of first digit as described, otherwise no evidence of scute osseous abnormality.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD, LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: FXGUEROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Rocounter: 9929043215

Ordering Physician: KURLS, DEBORAH

Order Mumber: 6511980

Order Date: 03/07/2015

Interpreting Radiologist: IMERALLS, JERRELL

mictated on: 03/07/2015 at 02:29

Signed and Pinslized by: INCALLS, JERRELL on 03/07/2015

Exam Charge Date: Mar 7 2015 2:29AM

PROCEDURE: TED 0047 - TR POREARM (LEFT) -- 6911980

ER FORBARM 2 VIEWS

HISTORY: Trauma

COMPARISON: None.

TECHNIQUE: Left forearm, 2 views.

FINDINGS:

There is a transversely oriented fracture through the proximal ulns at the electronom process site. This extends to the trochlear notch. The electronom process fragment is proximally displaced 7 mm. We additional fracture identified. An overlying fiberglass splint limits assessment of osseous detail. (lireumferential elbow and forearm soft tissue swelling is evident.

DOPRESSION:

1. Mildly displaced proximal ulnar fracture.

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UNIVERSITY MEDICAL CENTER OF SCOTHERN MEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, MV. 89102 (702) 383-2241

Patient Name: PIGORROA, DAVID

Sex: M

Location: TRCH: 0201 Encounter: 9929(43215 Date of Birth: 10/28/1970

MRN: 0001906211

Ordering Physician: MINROE, MICHAEL

Order Number: 6912010

Order Date: 03/07/2015

Interpreting Radiologist: INCALLS, JERRELL

Diotated on: 03/07/2015 at 04:57

Signed and Finalized by: INDALLS, JERRELL on 03/07/2015

READ Charge Date: Mar 7 2015 4:57AM
PROCEDURE: TRD 0141 - TR TIBLA FIBULA (LEFT) -- 6912010

INTRACPERATIVE FLUCROSCOPY: 3/7/2015 4:57 AM PST

CLINICAL HISTORY: Intraoperative fluoroscopy.

COMPARISON: None.

FINDINGS: Intraoperative fluoroscopy was provided to the clinical service for purposes of procedural assistance. 13 spot image(e) were submitted for interpretation. Interpretation is limited by the lack of the radiologist present during the procedure. Please refer to the operator's notes. Grossly, the images demonstrate gross anatomic alignment of the distal tibia status post lateral plate and screw fixation of the distal fibular fracture with syndesmotic screws as well as external fixation of the tibial shaft fracture.

Fluoroscopy time: 0.8 minutes.

IMPRESSION:

Intraoperative fluoroscopy.

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UNIVERSITY MEDICAL CENTER OF SCUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTUN BLVD. LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: PIGUEROA, DAVID

Sex: M

Location: 1T:8040-1 Encounter: 9929043215 Date of Birth: 10/28/1970

MRN: 0001906211

Ordering Physician: KHASHWJI, HAGANALI

Order Number: 6912114

Order Date: 03/07/2015

Interpreting Radiologist: COSTRILO, THOMAS Dictated on: 03/07/2015 at 08:30 Signed and Finalized by: COSTRILO, THOMAS on 03/07/2015

Exam Charge Date: Mar 7 2015 8:30AM

PROCESURE: TED 1022 - TR CHEST PORTABLE -- 6912114

XR CHRST 1 VIEW

HUSTORY: Intubation

TECHNIQUE: Chest, 1 view.

COMPARISON: Same day

PINDINGS:

Rndotracheal tube is in good position above the carina. Right subclavian central line is in good position with its tip in the region of the superior vana cava near the right strium. Nasogastric tube passes into the stomach.

There is poor expansion of both lungs. No major atelectasis. No consolidation. No pleural effusions. No pneumothorax. The heart size is normal. The pulmonary vascularity is normal. The mediastinal contour is normal. The hila are not enlarged. No acute bony abnormalities are present.

IMPRESSION:

Tubes and catheters are in good positions. Poor expansion of both lungs.

Some abnormalities may not be detectable on portable exame.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGHEROA, DAVID

Bex: M

Location: 1T:8040-1

Encounter: 9929043215

Date of Birth: 10/28/1970

MRN: 0001906211

Ordering Physician: KHASHWJI, HASAWALI

Order Number: 6912162

Order Date: 03/07/2015

Interpreting Radiologist: HOYE, STRPHEN

Dictated on: 03/07/2015 at 10:21

Signed and Finalized by: HOYE, STEPHEN OR 03/07/2015

Bram Charge Date: Mar 7 2015 10:21AM

PROCEDURE: TRD 1064 - TR HIP I VIEW (LEFT) -- 6912162

Left hip one view

Indication: Appropriate alignment post traction placement

Findings: Single limited frontal and lateral view the left hip submitted. There is a comminuted left acetabular fracture with fracture of the left inferior pubic ramus. The left hip appears dislocated although the direction cannot be definitively determined based on this image alone.

Impression: Comminuted appearing acetabular fracture with left inferior public ramus fracture. Left hip dislocation which is limitedly assessed on one view. Overall limited study related to patient body habitus with limited visualization of the femoral head.

Left hip one view

Indication: Appropriate alignment post traction placement

Findings: Single limited frontal and lateral view the left hip submitted. There is a comminuted left acetabular fracture with fracture of the left inferior pubic rame. The left hip appears dislocated although the direction cannot be definitively determined based on this image alone.

Impression: Comminuted appearing acetabular fracture with left inferior public ramus fracture. Left hip dislocation which is limitedly assessed on one view. Overall limited study related to patient body habitus with limited visualization of the femoral head.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, MV. 69102 (702) 383-2241

Patient Name: PIGUEROA, DAVID

Sex: M

Date of Birth: 10/29/1970

Location: 1T:8040-1

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: SALDANNA, VILAS

Order Number: 6912534

Order Date: 03/07/2015

Interpreting Radiologist: SHIH, JIMMY

Dictated on: 03/07/2015 at 20:33

Signed and Finalized by: SHIH, JIMMY on 03/07/2015

Rocam Charge Date: Mar 7 2015 8:33PM PROCEDURE: TCT 0145 - TR CT PELVIS RECORS -- 6912534

CT PELVIS RECONSTRUCTION

INDICATION: Practure.

COMPARISON: None.

TECHNIQUE: Comtiguous reconstructed axial images of the pelvis obtained. Thin section sagittal and coronal images were reconstructed from the exial data set. Utilizing dedicated software and workstation, 3-D volume rendering images were created.

CONTRACT: None.

FINDINGS: 3-D volume rendering images demonstrate T-shaped comminuted left acetabular fracture with posterior hip dislocation. There is significant fracturing of the left femoral head which abuts the posterior aspect of the left acetabulum. Comminuted inferior left pubic ramus fracture noted. There is mild diastases left SI joint.

Please see CT abdomen and pelvis report for complete details.

IMPRESSION: 3-D volume rendering images created redemonstrating comminuted T-shaped left acetabular fracture with posterior left hip dislocation.

IMPRESSION:

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADICLOGY 1800 W. CHARLESTON BLVD. LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: FICHEROA, DAVID

Bex: M

Location: 1T:8040-1

Encounter: 9929043215

Date of Birth: 10/28/1970

MRON: 0001906211

Ordering Physician: MONICOLL, CHRISTOPHER

Order Number: 6912763

Order Date: 03/09/2015

Interpreting Radiologist: YEH, RICK Dictated on: 03/09/2015 at 03:07

Signed and Finalized by: YEH, RICK on 03/09/2015

Exam Charge Date: Mar 9 2015 3:07AM

FROCEDURE: TED 0022 - TR CHEST PORTABLE -- 6912763

XR PORTABLE AP CHEST

HISTORY: Intubation

COMPARISON: March 7, 2015

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS:

Support devices are overall stable. Heart size is within normal limits. The lungs are better aerated than on the prior exam. There is likely mild volume overload and mild basilar atelectasis. The pleural spaces are clear.

IMPRESSION:

Improved agratics of the lungs compared to the prior exam. There is likely mild volume overload.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VECEAS, NV. 89102 (702) 383~2241

Patient Name: FIGUEROA, DAVID

8еж: M

Date of Birth: 10/28/1970

Location: 1T:8040-1

Encounter: 9929043215

MRN: 0001906211

WKW: CODTACE

Ordering Physician: SYLVAIN, GERALD

Order Number: 6912842

Order Date: 03/08/2015

Interpreting Radiologist: SINGH, SURHITHDER

Dictated on: 03/08/2015 at 12:05

Signed and Finalized by: SINGH, SUKHITNUER on 03/08/2015

Roam Charge Date: Max 8 2015 12:05FM

PROCEDURE: SUG 9081 - OR HIP COMPLETE (LEFT) -- 6912842

HISTORY: Fluoroscopic guidance

Fluoroscopy time: 84 seconds.

TECHNIQUE: Fluoroscopy

FINDINGS: Fluoroscopy provided for procedure guidance. Multiple fluoroscopic spot images demonstrate ORIF of left hemipelvis and left femur. Radiologist was not in attendance. Please see operative report for further details.

HISTORY: Pluoroscopic guidance

Fluoroscopy time: 84 seconds.

TECHNIQUE: Pluoroscopy

FINDINGS: Fluoroscopy provided for procedure guidance. Multiple fluoroscopic spot images demonstrate CRIF of left hemipelvis and left femur. Radiologist was not in attendance. Please see operative report for further details.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADICLOGY 1800 W. CHARLESTON BIND. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FEGUEROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: IT:80(0-1

MRN: 0001906211

Encounter: 9929(43215

Ordering Physician: MONROR, MICHAEL

Order Number: 6913764

Order Date: 03/09/2015

Interpreting Radiologist: SHIH, JIMMY

Dictated on: 03/09/2015 at 21:48

Signed and Finalized by: SHIH, JIPSY on 03/09/2015

Exam Charge Date: Mar 9 2015 9:49PM PROCEDURE: SUG 0086 - CR HUMERUS (LEFT) -- 6913764

INTRAOPERATIVE FLUOROSCOPY

INDICATION: Intraoperative fluoroscopy.

COMPARISON: None,

FINDINGS: Intraoperative fluoroscopy was provided to the clinical service for purposes of procedural assistance. 20 spot image (s) were submitted for interpretation. Interpretation is limited by the lack of the radiologist present during the procedure. Please correlate with operative report for complete details. Grossly, the images demonstrate CRIF of the left humerus and proximal ulna.

Pluoroscopy time: 5.3 minutes.

IMPRESSION: Intraoperative fluoroscopy.

IMPRESSION:

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UNIVERSITY MEDICAL CENTER OF SOUTHERN MEVADA DEPARIMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: 1T:8040-1

MRM: 0001906211

Encounter: 9929043215

Ordering Physician: MCNICOLL, CHRISTOPHER

Order Number: 6913994

Order Date: 03/10/2015

Interpreting Radiologist: MECCA, MICHAEL

Dictated on: 03/10/2015 at 03:27

Signed and Finalized by: NECCA, MICHAEL on 03/10/2015

Exam Charge Date: Mar 10 2015 3:27AM PROCEDURE: THO 0022 - TR CHRST PORTABLE -- 6913994

XR PORTABLE AP CHEST

HISTORY: intubated

COMPARISON: 1 day prior

TECENIQUE: Portable chest, 1 view AP.

PINDINGS:

Support devices in place unchanged. The lung volumes are low at exposure, mildly limiting interpretation. Within this limit, the lungs are clear spart from mild hibasilar atelectasis. No large pleural effusions. Heart and mediastinal exentours within normal, pulmonary vasculature within normal limits.

IMPRESSION:

No acute findings, Stable examination.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PIGUEROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: 1T:8040-1

Encounter: 9929043215

MRN: 0001906211

Ordering Physician: MCNICOLL, CHRISTOPHER Order Number: 6914224

Order Date: 03/11/2015

Interpreting Radiologist: HSU, FRANK Dictated on: 03/11/2015 at 02:58

Signed and Pinalized by: HSU, FRANK on 03/11/2015

RYAM Charge Date: Mar 11 2015 2:58AM PROCEDURE: TRD 0022 - TR CHEST PORTABLE -- 6914224

ER PORTABLE AP CHRST

HISTORY: Incubated.

COMPARISON: 3/10/2015

TECHNIQUE: Portable chest, 1 view AP.

PINDINGS:

Cardiac and medinatinal silhouattes are unchanged from the previous examination. Endotracheal tube is at the level of the head of the clavidles. Nasognatric tube is visualized. Distal tip is not visualized on this study. Right-sided central venous line catheter projects over the SVC. Diffuse ill-defined bilateral lung opacities are again noted without significant interval change.

IMPRESSION:

1. No significant interval change in the bilateral ill-defined lung opacities.

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UNIVERSITY MEDICAL CENTER OF SOLVINGEN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: FIGUEROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: BCON: 1316-01

MRN: 0001906211

Rocounter: 9929043215

MENU: COUTAGET

Ordering Physician: MCNICOLL, CHRISTOPHER

Order Number: 6915572

Order Date: 03/13/2015

Interpreting Radiologist: MOIR, BENJAMIN

Dictated on: 03/13/2015 at 00:03

Signed and Finalized by: NUTE, BESLEMEN on 03/13/2015

Exam Charge Date: Mar 13 2015 12:03AM

PROCEDURE: RAD 0020 - CHRST PORTANTE -- 6915572

ER PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 11/13/2015.

TECHNIQUE: Portable chest, 1 view AP.

IMPRESSION/FINDINGS:

Interval extubation and removal of enteric catheter compared to prior study. Right subclavian catheter, tip projects over SVC region.

Low lung volumes Pulmonary vascular congestion. Improved aeration at left lung base compared to prior study.

XR PORTABLE AP CHEST

HISTORY: Intubated.

COMPARISON: 11/12/2015.

TROHNIQUE: Portable chest, 1 view AP.

IMPRESSION/FINDINGS:

Interval extubation and removal of enteric catheter compared to prior study. Right subclavian catheter, tip projects over SVC region.

Low lung volumes. Pulmonary vascular congestion. Improved aeration at left lung base compared to prior study.

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102 (702) 383-2241

Patient Name: PICKURROA, DAVID

Sex: M Location: Date of Birth: 10/28/1970

MRN: 0001906211

Encounter: 9929043215

Ordering Physician: MCNROE, MICHAEL

Order Number: 69.8391

Order Date: 03/16/2015

Interpreting Radiologist: HYER, KEVIN

Distated on: 03/16/2015 at 12:48

Signed and Final zed by: HYER, KEVIN on 03/27/2015

Exam Charge Date: Mar 16 2015 12:48PM

PROCESURE: SUG 0010 - OR ANKLE LIMITED (LEPT) -- 6918391

History: Left ankle fracture.

Pindings: 7 spot images of the left tibia and fibula obtained in the OR demonstrates intraoperative ORIF surgery. Fluoroecopy time was 56.1 seconds. Please refer to the surgical note.

IMPRESSION:

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UNIVERSITY MEDICAL CENTER OF SOUTHERN MEVADA DEPARTMENT OF RADIOLOGY 1800 W. CHARLESTON BLVD, LAS VECAS, NV. 89102 (702) 383-2241

Patient Name: FI EURROA, DAVID

Sex: M

Date of Birth: 10/28/1970

Location: BCUM:1316-01

MRN: 0001906211

Encounter: 9929043215

Ordaring Physician: MONROR, MICHAEL

Order Number: 6918392

Order Date: 03/16/2015

Interpreting Radiologist: TOPHAM, STEVEN
Dictated on: 03/16/2015 at 12:48
Signed and Finalized by: TOPHAM, STEVEN on 03/16/2015

Exem Charge Date: Mar 16 2015 12:48PM

PROCEDURE: SUG 0030 - OR KLBOW LIMITED (LEFT) -- 6918392

INTRAOPERATIVE FILOROSCOPY: 3/16/2015 12:48 PM PDT

CLINICAL HISTORY: Intraoperative fluoroecopy.

COMPARISON: None.

FINDINGS: Intraoperative fluoroscopy was provided to the clinical service for purposes of procedural assistance, 5 spot image(s) were submitted.

Fluoroscopy time: 8.6 seconds.

IMPRESSION:

Intraoperative fluoroscopy.



UNIVERSITY MEDICAL CENTER 1600 West Charleston Boulevard Las Vegas, Nevada 89102

ADMITISD: 03/07/2015

TRANSFERRED: 03/20/2015

AUMISSION DIAGNUSES:

1. Status post motorcycle crash.

- Multiple left.-sided pelvic fractures with hip dislocation and femoral head fractures.
- Left-sided commitmed tibia and fibular fracture with diastasis of the tibia-fibular joint near the knee, open fractures.
- Significant loss of tissue and degloving injury to the anterior aspect of the left knee.
- Left humanus fracture and olecranon fracture in conjunction with laceration of the left elbow.
- 6. Left 5th rib fracture.

7. Focal sigmoid fat strending on CT scan.

 Injury to the left popliteal artery at the level of the posterior knee dislocation.

DIAGNOSES AT TIME OF TRANSFER:

1. Status post motorcycle crash.

- Left pelvic fractures including acetabulum, femoral head, inferior pubic, status post ORIF.
- Left posterior knee dislocation with popliteal artery injury, status post vascular artery repair.
- Left comminuted tib-fib fracture with proximal tib-fib diastasis with anterior tibial artery injury, status post ORIF on March 8th.
- 5. Left 5th rib fracture, stable.
- Left humerus and electanon fracture, open, status post CRIF on March 9th and revision on March 18th.
- Degloving injury of the left knee with open fracture, status post reduction.
- Sigmoid fat stranding with benign abdominal exam. No evidence of howel injury.
- Paresthesias of the left lower extremity, likely secondary to severa injury, stable.

DIAGNOSTIC STUDING:

- A CTA of the lower extremity, merch 7, 2015, showing traumatic occlusion of the left popliteal artery with reconstitution detailed above, left anterior tibial artery traumatic occlusion.
- 2. A CT of the abdomen and palvis with TV contrast, on March 7, 2015, showing transverse T-shaped left acetabular fracture, posterior left hip dislocation, mild left sacral iliac diastasis, mild sigmoid mesenteric fat stranding, may represent contusion. No discrete tematoma identified.
- A CT of the cervical spine, without contrast, March 7, 2015: No cervical spine fracture or malalignment noted, mild degenerative disc disease at C2-3 through C6-7, moderate-to-severe left C3-4,

OneContent: Generated By LIMCVpark Generated On: 03/30/2015 16:14

- mild right (4-5, and mild right C5-6 neural foraminal stenosis. 4. CT of the chast, with contrast, March 7, 2015: Practure noted in the left lateral 5th rib. Bilateral lower lobe atelectasis
- 5. CT of the brain, without contrast, March 7, 2015: Unremarkable CT of the brain without contrast.
- 6. CT of the thoracic spine, March 7, 2015: No evidence of thoracic spine fracture or malalignment noted.
- 7. Cf of the lumbar spine, March 7, 2015: No evidence of lumbar spine fracture. Postoperative changes at L5-51 noted.
- 8. Left humarus x-ray, March 7, 2015: Stameral disphyseal fracture and fracture in region of the elbow and ulna.
- 9. Pelvis x-ray, March 7, 2015: Fractures with malalignment on the left, with presumed associated hematoma.
- 10.X-ray of the left tib-fib, March 7, 2015: Comminuted distal tibial shaft fracture, comminuted distal fibular shaft fracture, lateral femorotibial compartment diastasis.
- 11. Portable chest x-ray, March 7, 2015: Minimally displaced left 5th rib fracture.
- 12. Femir x-ray, March 7, 2015: Left acetabular fracture, left hip dislocation, winding of the proximal tibiofibular articulation compatible with traumatic sublumnation/dislocation.
- 13.Left foot x-ray, March 7, 2015: No definite fracture identified. 14.Left forearm x-ray, March 7, 2015: Mildly displaced proximal
- ulnar fracture.
- 15.Left hand x-ray, March 7, 2015: No evidence of acute osseous abnormality. Lucency projecting over proximal portion of the distal phalenx of the 1st digit as described.
- 16.CT palvis reconstruction, March 7, 2015: Commitmuted T-shaped left acetabular fracture with posterior hip dislocation.

HOSPITAL PROCEDURES:

- 1. Open left knes dislocation with femoral head fracture, left tib fracture with multiple commitmed distal left tib-fib fractures, reduction and splinting of left lower extremity with a long leg splint, March 7, 2015.
- Reduction of left humerus fracture, application of eplint, and placement of moist gause over left elbow laceration, March 7, 2015.
- 3. Closed reduction left knee, external fixation application femir to tibia, open reduction and internal fixation of left fibula. preliminary external fixation open tib pilon fracture, irrigation and debridement, laft leg primary closure, March 7, 2015, per Dr. Monroe.
- 4. Left popliteal artery repair with reverse sephenous vein interposition graft, open vein harvest from right lower
- extremity, March 7, 2015, per Dr. Quynh Feikes.
 5. Close reduction IM rodding left humeral shaft, open reduction and internal fixation left olecranon fracture, March 9, 2015, per Dr. Michel Monroe.
- 6. Open reduction and internal fination of left acetabular fracture, open reduction, internal fixation of left femoral head fracture. open reduction, internal fixation of left trochanteric fracture, March 8, 2015, per Dr. Gerald Mark Sylvain.
- 7. Open reduction and internal fixation of left tibial pilon fracture, external fixator removal from tibia and fibula, revision open reduction, internal fixation of left electronen, hardware removal of left electronen, March 16, 2015, per Dr. Michael Monroe.

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BOSPITAL COURSE: Mr. Pigueros 1s a very pleasant, 44-year-old gentleman who was involved in a motorcycle crash. He was brought to our facility as a full activation. Upon arrival to our facility. It was noted that he had an extensive injury to his left upper and left lower extremity. He reported that another vehicle turned left and into him while he was traveling approximately 35 miles per hour on his motorcycle. He was thrown from his hike approximately 30 yards. He was found lying in a prone position at the some. He did have loss of consciousness. He complained of left foot pain and significant pain to his left lower extremity. He was evaluated by the trauma team and had the above diagnostics completed. The patient was severely injured and had risk of losing bis left lower extremity. He had vascular repair and extensive orthopedic repair, per orthopedic surgery and vascular surgery. The patient was admitted into our intensive care unit initelly. After he stabilized, the patient was transferred to our floor service where he has remained stable. He has had surgery to remove his external fixators while on the floor service. We have had difficulty managing his pain. Therefore, we comsulted our pharmacy team to assist with pain management. At this point, the patient is stable. He has been immobilised by Physical Therapy and Occupational Therapy. At this point, the patient is not independent with mobility due to the fact that he is not able to use his left upper and left lower extremities at this time. He was deemed a candidate for rehabilitation on March 13th and is pending a rehab hed. At this time, he is tolerating a regular diet. His pain is controlled on oral pain medication. When a rehab bed is available, the patient will be transferred with explicit orders that patient is not to have any rehabilitation in his left upper and left lower extremity as he is still pending further reconstructive surgery.

DISPOSITION: Transfer to rehab when hed available.

COMDITION: Stable.

ACTIVITY LIMITATIONS: Nonweightbearing left upper extremity and left lower extremity..

BOSPITAL MEDICATIONS:

- 1. Tylenol 650 milligrams oral q.6 hours p.r.n.
- Lovenox 40 milligrams subcutaneously before bed for DVT prophylaxis.
- 3. MiralAK powder 17 grame by mouth daily. While on narcotics.
- 4. Sofran 4 milligrams IV q.4 hours p.r.n. nausea.
- 5. Robertin 1000 milligrams by mouth q.i.d. for muscle spasms.
- Oxycodone 15 milligram tableta q.4 hours p.r.n. breakthrough pain.
- 7. Bydrowyzine 25 milligrams q.6 hours p.r.n.
- Oxycodome 12-hour release 20 milligrams by mouth 3 times a day, scheduled and 40 milligrams before bed.
- 9. Gabapentin 200 milligrams by mouth t.i.d.
- 10. Nextum 20 milligrams by mouth before breakfast.
- 11. Aspirin 81 milligrams by mouth daily.

DIET: Regular as tolerated.

POLLOWUP:

- 1. Patient is to follow up with Dr. Monroe in 2 weeks.
- Patient is to follow up with Dr. Quynh Feikes after discharge from rehab facility.
- 3. Patient is to follow up with trauma surgeon, Dr. Deborah Kuhls,



No. 2689 P. 65

Mar. 31. 2015 10:51AM

OneContent: Generated By UMC\kpark Generated On: 03/30/2015 16:14 in 1-2 weeks after discharge from rehab facility.

4. Patient is to return to our emergency department if he has severe pain, fevers, chills, loss of sensation of his extremities or any concerns.

Transfer planning of this patient was discussed with attending rounding physician, Dr. Nichole Ingalls.

BC/MedQ

DD: 03/19/2015 10:00:57 DT: 03/19/2015 11:06:18

RESIDERALDA CLARK, APIN

MICHOLE INGALLS, MD

PATIENT: FIGUERDA, DAVID

ACCOUNT#: 9929043215

MR#: 0001905211 ADM DATE: 03/07/2015 JOB#:

759119/648132663

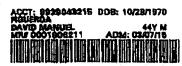
PHYBICIAN: NICHOLE INCALLS, MD DICTATED BY: ESMERALDA CLARK, APN

TRANSFER SUMMARY

Edited by: Remeralda Clark, APN On 03/19/2015 02:13 PM PDT Electronically Authenticated and Edited by: Rameralda Clark, APN On 03/20/2015 11:10 AM POT Electronically Authenticated by: Nichole K Ingalli, MD On 03/24/2015 11:59 AM FDT



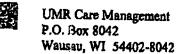




TRALIMA TELEMETRY RECORD

MFLI01263 ((Parine) Page 1 o	1 2 00 1
DOES PATIENT MEET DRAUMA FIELD TRIAGE CRITERIA? CHOOSE ONE: DETAIL CLINISMENT DE BUM Activation	
DATE 37/5, TIME: D41 ETA:	MECHANISM OF BUILDRY
- 104 7	CI BIVC - Versus:
DAMR COM DIVER DIMPO DICCED	D Ext Damage > 16 Inches PCI & Location:
O NLVFO O Mercy Air O Guardian Air	Apparatus: O Restrained O Unrestrained O Air Bag deployed O Car Seet
Ogher.	Victim Location: □ Driver □ Passenger → □ Front □ Back.
AGE 44 SEX: Diffele D Female	Impact Type: O Rear-ended O Rollover D T-Boned (driver alds)
PREHOSPITAL CARE	☐ Front End ☐ Head On ☐ T-Boned (passenger side) ☐ AUJO-4e. PEDESTRIAN - mph → ☐ at feest 20 mph
C Spine C Back Board	DISTORCYCLE DIATY DISCYCLE DWATERCRAFT
Limin	□ Versus:
₽ (V:	D FALL - Distance: On to: 30 YD
□ Madication(s):	D PENETRATING INJURY - D CSW D Stab Would
O Other:	CI ASSAULTED - With / By.
VIEAL SIGNS	D AMPUTATION: U CRUSH:
BF P. M. T. R. B OSER COMI GOO.	CI INHALATION OLIURY: CI BURN:
	□ OTHER: LOC + ·
CHIEF COMPLAINT	
2 Head C Abdominal C Neck C Sack C Chest C Extrem	ites Lt tes anticoequitants
BURN ACTIVATION DISTERIA	
Q Patient 15 years of age or older • 2" DEGREE BURNS OR GREA	TER WITH AT LEAST 20% TBSA
AND HOLLAND AND HOLLAND AND EACH	
PHYSIOLOGICAL CHITERIA (Attributable to Trauma)	ANATOMIC CRITERIA
CI Glasgow Corres Score is 12 or less	D Fiel Chast
Confirmed Systolic BP is 90 mm/lig or less at any time in adults an	
age specific for children Respiratory Rate is < 10 or > 29 breaths/minute with respiratory	Troumatic perelysis
compromise, obstruction and/or intubation	Obvious stuff or paivic fracture (due to blust trauma)
C) Children < 12 years old with uncertain physiologic condition	Amputated, crushed, de-gloved or mangled extremity proximal to wrist or antice
INTERMEDIATE CRIȚERIA	
3 Ejection of patient from motor vehicle	C) Rollover, patient unrestrained
D Passanger compariment talification (12 inches on patient side OR	Cl Motor vehicle crash with death of same vehicle occupant
16 inches any other eros within the passenger compariment)	D Motorcycle or personal weightreft cresh greater than 20 mph
D Pedastrian or cyclist hil by vehicle travaling greater than 20 mph. I Fall of greater than 20 feet	Combination trauma with burns greater than 10% or inhalation injurise
of rail of greater than 20 mer. Of rail of > 3 times a child's height (eggs < 14 years)	🗅 Prolonged extrication (20 minutes or langer)
and a second and a second second second	O Penetrating injuries to the extremities, proximal to the kines or allow
Additional Information:	
- Qit	
ER Physician Name: De Person	Physician / RN Signature / / / RECEIVED
Gonterred with Or	arding Activation Status

002952 001





March 13, 2015

002952

Umc Hospital 1800 West Charleston Blvd. Las Vegas, NV 89106

Dear Umc Hospital,

Patient Name: David Figueroa Admission/Start Date: 3/7/2015

Reference Number: 20150309-000393

We received a request to review inpatient services for you. This letter is notification regarding the review of clinical information necessary to determine if they are medically necessary, as defined in your plan document. Based on the information submitted, we have determined the following treatment is medically necessary.

3/7/2015 to 3/16/2015

The information in this letter does not guarantee payment or benefits.

Please note payment is based on the submitted claim, the actual health care services received, the medical guidelines and policies in place at the time of service and the member's plan of benefits when the services are received.

To confirm benefits, please call your customer service representative at the toll-free number listed on your member ID card.

If more treatment is necessary, another medical review will be required.

Sincerely,

Care Management UMR

cc: David Figueroa Deborah Kuhls

RECEN/ED

JUN 1 0 2015

CCMSI ~ Las Vegas

UMR Care Management PO Box 8042 Waussu, WI 54402-8042





FACESHEET

ACCT: 8928043216 DO8: 10/28/1870 FIGUEROA DAYID MARIUE MPR 0001808211 ADM: 03/07/16

		MRUCO199 Pa	ge 1 of 1 (06/12)					
ACCT#9929 ED##	9043215 MR# 0001906211	PT TYPE TRA	8VC EMG	ADMIT DATE 03/07/16		NIT TIME 0051		ROOMBED
PATIENT NAM FIGUEROA,	ME: DAVID MANUEL		DOS 10/28/1970	AGE SEX	. M/s 8	RACE	REL	~~ ~
PATIENT INFO 5207 SPARI LAS VEGAS	KLING VINE AVE		Y: CLARK RY:UNITED STA	TES	EMPLO LAS VEGAS I 400 S MARTI	METROPOL	ITAN P	
HM: (347)68		PLACE	OF BIRTH:		LAS VEGAS	NV 891		(702)828-347

GUARANTOR	DATE OF BIRTH: 10/28/1970 SS #: XXX-XX-9532	EMPLOYMENT		
FIGUEROA,DAVIO MANUEL 5207 SPARKLING VINE AVE	SS#: XXX-XX-9532 REL TO PT: SELF HM:(347)882-8476	LAS VEG 400 S MARTIN LUTHER KING LAS VEGAS NV 89106		
LAS VEGAS NV 89131	WK17021828-3475	OCCUP: POLICE		

LAS VEGAS NV 89131		WK:17021828-3475	OCCUP: POLICE
SPOUSE/PARE	NTOTHER		EMPLOYMENT
,		SS F:XXX-XX-	

HIM: WX: OCCUP:

RELATIVE/IT/LEND		
	REL TO PT:	HOME #: WORK PHONE #:
C/O UMR	INS: FIGUEROA, DAVID MANUEL REL: PATIENT IS INSURED POL: 056729532 GRP, LV	DATE OF BIRTH: 10/28/70 BENEFIT/ELIG PH: (888)868-4295 NOTIFY PH: AUTH 8:
MVA PENDING INFORMATION O	INS: FIGUEROA, DAVID MANUE REL: PATIENT IS INSURED POL: 055729532 GRP:	DATE OF BIRTH: 10/28/70 BENEFIT/ELIG PH: NOTIPY PH: AUTH 6:
INSULATION .		

DATE OF BIRTH: BENEFIT/ELIG PH: INS: POL: GRP: OCCUR/DATE 01 03/07/15 OCCUR/DATE CONDITION CODE(8) OCCUR/DATE

			DEC-
ACCIDENT INFORMATION		REABONS FOR VISIT / COMMENTS	MECEIAED
DATE 03/07/15 /TIME 0030	CODE A	MCC	JUN 1 0 2015
ACC TYPE: UTO ACCIDENT			2011

LOCATION: LONE MOUNTAIN CCMSI ~ Las Vegas **PHYSICIANS**

ADMITTING: 2294 KUHLS, DEBORAH A ATTENDING: 2294 KUHLS, DEBORAH A PCP: CONSULT:

ADMISSION / REGISTRATION ADM TYPE FIN CLASS 520116 POINT OF ORIGIN DSCH DATE DSCH TIME

REG ID

UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

CONSULTANT: Daniel Lee, MD

REQUESTED BY:

DATE OF CONSULT:

REASON:

CHIRF COMPLAINT: Back pain status post trauma.

HISTORY OF PRESENT ILLNESS: This is a history of a 44-year-old status post motorcycle crash with a CTA left lower extremity, left popliteal artery dissection with reconstitution. Acetabular fracture, posterior hip dislocation. Mild left sacroiliac diastasis signoid. Mesenteric back stranding and left humerus diaphyseal fracture. Left 5th rib fracture. Left humerus olecranon fracture open. Degloving of left knee and left knee dislocation. His CT scan of the cervical, thoracic and lumbar was regative but he is having some back pain and I was called for consultation.

PAST MEDICAL HISTORY: Medical problems none.

PAST SURGICAL HISTORY: L5-S1 fusion.

SOCIAL HISTORY: Police officer. Negative for alcohol or tobacco.

MEDICATIONS: None.

ALLERGIES: NKDA.

PAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS;

PHYSICAL EXAMINATION:

GENERAL: No apparent distress. Generally neural intact. Commot turn him as he is in external fixators and splints, but no long tract signs. No hyperreflexia.

ASSESSMENT/PLAN: Status post motorcycle crash with back pain. Follow up in my clinic when he is out of the hospital. No surgical indications at this time from a spine standpoint, but further surgery from the standpoint of his upper and lower extremities from an orthopedic standpoint. Patient understands and wishes to proceed as does his wife.

cc: Nevada Orthopedic Spine Center

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LEWIS⁸
BRISBOIS
BISGAARD
& SMITH LLP
ATTORNEYS AT LAW

4829-9804-7385.1 33307-117

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NRAP 26.1 DISCLOSURE

The undersigned counsel of record certifies that the following are persons and entities as described in NRAP 26.1(a), and must be disclosed:

- 1. The Appellant, CANNON COCHRAN MANAGEMENT SERVICES, INC., states that it does not have any parent corporation, or any publicly held corporation that owns 10% or more of its stock, nor any publicly held corporation that has a direct financial interest in the outcome of the litigation. NRAP 26.1(a)(2)(A-B).
- 2. The Appellant CANNON COCHRAN MANAGEMENT SERVICES, INC., states that there are no publicly held legal entities that it has issued shares to, nor any publicly held member whose stock or equity value could be affected substantially by the outcome of the proceeding. NRAP 26.1(a)(2)(C-D).
- 3. The Appellant LAS VEGAS METROPOLITAN POLICE DEPARTMENT is a governmental party and is therefore exempt from the NRAP 26.1 disclosure.

The undersigned counsel of record for Appellants CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT, has appeared in this matter before the District Court. DANIEL L. SCHWARTZ ESQ. is the primary attorney of record and has appeared for the same at the administrative proceedings before the Department of

Administration. These representations are made in order that the judges of this court may evaluate possible disqualifications or recusal. DATED this _______ day of June, 2019. LEWIS BRISBOIS BISGAARD & SMITH LLP By? PREEVES, ESQ. Nevada Bar No. 013231 2300 W. Sahara Ave., Ste. 300, Box 28 Las Vegas, NV 89102 Attorneys for the Appellants

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BISGAARD
& SMITH LLP

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MOTION FOR STAY OF THE DISTRICT COURT'S ORDER

COMES NOW Appellants CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT (hereinafter collectively referred to as "Appellants"), by and through their attorneys of record, DANIEL L. SCHWARTZ and JOEL P. REEVES, ESQ. of LEWIS BRISBOIS BISGAARD & SMITH, and hereby submits their Motion For Stay Of The District Court's Decision and Order. Appellants respectfully request that this Court stay the subject District Court's April 30, 2019 Order while this Court considers the pending appeal thereof.

This Motion is based upon NRAP 8, NRAP 27, the accompanying memorandum of points and authorities, the exhibits attached hereto, and any other record and briefing in this matter previously submitted to The Supreme Court of the State of Nevada.

MEMORANDUM OF POINTS AND AUTHORITIES

I.

STATEMENT OF FACTS

This is a workers' compensation case. The Respondent has multiple prior industrial claims. In the instant matter, on March 7, 2015, according to the C-4 form, the Respondent was "driving" and was in an "MVA." (Exhibit p. 12.)

The Employer completed its C-3 form upon receiving the C-4 form. (Exhibit p. 13.)

An Injury Report was also completed on March 7, 2015. This report indicated the Respondent was not in the normal course of his work or duties as a police officer at the time of the incident. (Exhibit p. 14.)

The Respondent was notified on April 9, 2015 that his claim was being denied. (Exhibit pp. 15-16.)

The Respondent appealed the determination letter of April 9, 2015, regarding claim denial, to the Hearing Officer. (Exhibit p. 17.) This appeal was transferred directly to the Appeals Office. (Exhibit p. 18.)

This matter came on for hearing before the Appeals Officer on May 10, 2017. Respondent and Employer's Director of Risk Management, Jeff Roch (hereinafter "Mr. Roch"), gave testimony. (Exhibit pp. 151-226)

On July 25, 2018, the Appeals Officer for Appeal Number 1511793-MM issued the subject Decision and Order. The Appeals Officer noted that, on the day of the subject incident, Respondent had been released early from his shift. The Appeals Officer also noted that Respondent testified that his sergeant told him to leave early to get some "seat time" on Respondent's personal motorcycle and that Respondent was involved in the subject accident at 12:25 a.m. on his commute

home while he was still technically on the clock. The Appeals Officer also found that Respondent's co-worker, Tyler McMeans, was also released early.

The Appeals Officer made three salient determinations based the above referenced facts. The Appeals Officer concluded that Tyler McMeans had not been released early for Respondent to get some seat time. Further, the Appeals Officer also concluded that Respondent's commute home on the day in question was no different than any other day. Finally, the Appeals Officer concluded that there was no evidence that Respondent's sergeant explicitly required Respondent to "get some seat time" as a condition of his employment. Further, it should also be noted that the Appeals Officer included a discussion in the Decision as to how simply being on the clock does not render this claim compensable. Finally, there was an explicit line in the Decision noting that "[a]ny Finding of Fact more appropriately deemed a Conclusion of Law shall be so deemed, and vice versa." (Exhibit pp. 227-239)

On August 21, 2018, Respondent filed the subject Petition for Judicial Review.

On March 26, 2019, after the parties had presented to Department 18 for hearing, the judge called a bench conference, informed that he had not read the briefing, and the hearing was rescheduled for April 23, 2019.



On April 23, 2019, counsel for Appellant had a conflict and could not attend the hearing that had been reschedule after the bench conference and sent an e-mail to the law clerk for Department 18 and requested a continuance. The District Court chose to set this matter for an in chambers decision.

On April 30, 2019, the District Court issued an Order Reversing the Appeals Officer's Decision and Order. This Court determined that the Appeals Officer's Decision was affected by error of law and contained clearly erroneous facts. The Court found four errors. First, the Court determined that the Appeals Officer had omitted the fact that Respondent was still on the clock because it was not discussed in the Findings of Fact section. Second, the Court also determined that the Appeals Officer had omitted the fact that Respondent was given an "early out" to "get some additional practice riding a motorcycle, as he called it 'seat time.""

Third, the Court concluded the Appeals Officer committed an error of fact in finding that Respondent Employer received no benefit from Respondent being on the road at the time of incident. The Court concluded that Respondent Employer did receive a benefit because Respondent was on the clock, could have been called back, was ordered to get some "seat time," and Respondent was still subject to Employer's rules and regulations. Therefore, the Employer did receive a benefit. Finally, the Court concluded that it was dispositive that Appellant "had his radio

and the general duty of law enforcement while traveling public thoroughfares under <u>Tighe</u>." (Exhibit pp. 240-245)

Appellants filed a Motion for Stay and Request for Reconsideration. The District Court denied both stating that it had not misapprehended the Appeals Officer's Order. (Exhibit pp. 246-247)

Appellants timely filed an appeal to this Honorable Court and hereby seek a stay of the District Court's Order.

II.

LEGAL ARGUMENT

A. Reasons Given By District Court For Its Action, As Required By NRAP 8(a)(2)(A)(ii)

N.R.A.P. 8(a)(2)(A) states the following:

- (A) The Motion [for Stay] shall:
 - (i) show that moving first in the district court would be impracticable; or
 - (ii) state that, a motion having been made, the district court denied the motion or failed to afford the relief requested and state any reasons given by the district court for its action.

Here, Appellants moved for a stay in the District Court before filing the instant Motion. The District Court denied the Motion for Stay explaining in the minutes that it had not misapprehended the Appeals Officer's Decision. The District Court continued to find that the Appeals Officer's failure to include in the Findings of Fact that Respondent was instructed to leave early and "get some seat

time" was a fatal flaw in the Appeals Officer's Decision. Further, the Court also stated that its conclusions were not based solely on the fact that Respondent was on the clock at the time of the incident. Rather, by virtue of the fact that Respondent was told to "get some seat time," the District Court concluded that its assessment of the facts was more accurate than the Appeals Officer's and that Respondent provided a benefit to his Employer by commuting home on his personal motorcycle. The District Court also considered the fact that Respondent made a personal decision to carry his radio home to be dispositive. Finally, the District Court concluded that although Respondent was on his commute home just as any other employee in the state would be doing, he was charged with "the general duty of law enforcement while traveling on public thorough fares under Tighe."

B. This Court Should Grant The Stay Because All Four Factors In NRAP 8(c) Weigh In Favor Of Granting Appellants' Stay Request

In deciding whether to issue a stay, the following four factors are considered: 1) whether the object of the appeal or writ petition will be defeated if the stay is denied; 2) whether appellant/Respondent will suffer irreparable or serious injury if the stay is denied; 3) whether respondent/real party in interest will suffer irreparable or serious injury if the stay is granted; and 4) whether appellant/Respondent is likely to prevail on the merits in the appeal or writ petition. N.R.A.P. 8(c); see also, Kress v. Corey, 65 Nev. 1, 189 P.2d 353 (1948). These four factors weigh in favor of granting Appellants' stay request. Appellants

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LEWIS⁸ BRISBOIS BISGAARD & SMITH LLP addresses each factor in turn.

1. The Object Of Appellants' Petition Will Be Defeated If The Stay Is Denied

Here, the object of the instant Petition for Judicial Review is whether this claim is compensable. Absent a stay of the District Court's Decision, Appellants will be required to issue unrecoverable retro-active benefits for any lost time that Respondent sustained. Further, it must be noted that NRS 616C.138 was recently modified to allow insurers to recover amounts paid during the pendency of an appeal "from a health or casualty insurer" if the insurer is found to be entitled to the same. However, if there is no health or casualty insurer, these bills cannot be recovered. Here, just as in most cases, there is nothing to indicate whether Respondent has health or casualty insurance. Furthermore, as noted above, under no circumstances could Appellants recover any wage replacement benefits such as temporary partial disability or temporary total disability benefits. Nor could Appellants recover any permanent partial disability benefits or vocational rehabilitation benefits.

If Appellants are required to issue benefits, this appeal will essentially be rendered moot.

2. A Stay Is Necessary To Prevent Irreparable Or Serious Harm To Appellants

As noted above, without a stay, Appellants will be forced to issue

unrecoverable benefits. That is guaranteed to happen. However, if a stay is in place, the Appeals Officer's proper order would stand until this Court can issue a substantive ruling.

3. A Stay Would Not Cause Irreparable Or Serious Harm To Respondent

Here, there is no irreparable injury to Respondent. This is not a case involving something time sensitive such as emergency medical care. If, after this Honorable Court has decided this Petition and Respondent is ultimately deemed to be entitled to benefits, he will receive them. There would be no reduction or withholding of any benefits just because a stay was granted.

4. Appellants Will Prevail On The Merits Of This Petition

In the April 30, 2019 Order, the District Court found fault with the Appeals Officer's Order for not including reference in the Findings of Fact that Respondent was on the clock or the fact that Respondent was given an "early out" to "get some additional practice riding a motorcycle, as he called it 'seat time." However, both of these facts were discussed at length in the Conclusions of Law section of the Appeals Officer's Order and there was an explicit line in the Decision noting that "[a]ny Finding of Fact more appropriately deemed a Conclusion of Law shall be so deemed, and vice versa."

The District Court found that it was legal error to not contemplate the fact that Respondent was on the clock at the time of the incident. However, the Appeals



Officer absolutely considered this fact. Although it was not mentioned in the Findings of Fact section, the Appeals Officer noted in the Conclusions of Law that "the claimant was still on the clock at the time of the accident." Not only that, the Appeals Officer went into detail discussing the import of this fact to the case:

- It must also be noted that the fact that this accident happened while claimant was still technically "on the clock" does not somehow render this claim compensable. Indeed, it is a mainstay of the Nevada workers' compensation law that a claimant must establish more than the fact that they are getting paid at the time of an injury to make out a compensable claim: "an injured employee entitled workers' is not to receive compensation 'unless the employee . . . establishes by a preponderance of the evidence that the employee's injury arose out of and in the course of his employment." Mitchell v. Clark Cty. Sch. Dist., 121 Nev. 179, 181, 111 P.3d 1104, 1105 (2005)(citing NRS 616C.150(1))
- 25. Just as with the claimant in Mitchell, the fact that claimant was "on the clock," by itself, does not render this claim compensable. Claimant must establish a workplace connection to his injury. Here, as established above, there is no work place connection. Claimant was on his personal motorcycle in civilian clothes while commuting home and happened to be involved in a traffic accident. Claimant's employment did not contribute to his accident in any way.

The Appeals Officer also quoted Rio Suite Hotel v. Gorsky, 113 Nev. 600, 939 P.2d 1043(1997) which held that the "Nevada Industrial Insurance Act is not a mechanism which makes Employers absolutely liable for injuries suffered by employees who are on the job." The Appeals Officer absolutely considered the fact

that Appellant was still on the clock at the time of this incident and included a detailed discussion of the same in the Decision.

As for the District Court's finding that the Appeals Officer "left out" the fact that Appellant testified that he was told to leave early and "get some seat time," the Appeals Officer addressed this fact at length. It was not "left out." And again, the subject Decision and Order explicitly noted that "[a]ny Finding of Fact more appropriately deemed a Conclusion of Law shall be so deemed, and vice versa."

As for the merits of the position that being on the clock should have rendered this claim compensable, the fact that Respondent or any other claimant in the state is on the clock and subject to an Employer's rules and regulations is simply not dispositive. As this Court has held numerous times over, it is the claimant's burden to prove more than just being on the clock when an injury occurs – the claimant must prove by a preponderance of evidence that the origin of the injury is related to some risk involved within the scope of employment. Gorsky; Mitchell; Rio All Suite Hotel and Casino v. Phillips, 126 Nev. _, 240 P.3d 2 (2010).

Furthermore, from a public policy standpoint, under the District Court's current ruling, if Respondent's accident had happened five (5) minutes later when Respondent was five (5) minutes further down the road with all other facts being the same, this claim would not be compensable. There is no further work

connection other than the passage of five (5) minutes. Appellants would submit that such an outcome is arbitrary on its face, especially considering this Court's opinion that being on the clock by itself is not enough for a compensable claim.

Next, the District Court concluded that it was error for the Appeals Officer to find that Employer "received no benefit from claimant being on the road." The District Court reasoned that Employer *did* receive a benefit because Respondent was on the clock, could have been called back, was ordered to get some "seat time," and Respondent was still subject to Employer's rules and regulations. However, save for the "seat time" which will be discussed more below, all of the reasons listed by this Court as "benefits" to the Employer are simply consequences of being on the clock which, as discussed above, is not enough reason by itself to render a claim compensable.

The District Court concluded that "there is no question the Appellant was on the clock at the time of the accident and, therefore, under the control of LVMPD unlike an off-duty officer returning home." Indeed, Appellants agree that the only difference between an off-duty police officer and Respondent is the fact that Appellant was on the clock. However, again, this Court has stated several times over that that is simply not enough to render a claim compensable.

Regarding the fact that Respondent testified that his sergeant ordered him to 'get some seat time," the Appeals Officer weighed the facts and concluded that



there was no evidence to show that Respondent's job required him to ride his personal motor cycle as a condition of his employment. Indeed, it was Respondent's choice to have a personal motor cycle to commute to and from work and Respondent was not performing any training or any other police function while he was driving that personal motor cycle on the day in question. The Employer received as much benefit from Respondent commuting home on his personal motor cycle as it would have if Respondent were commuting home in a mini-van. That is to say that Employer received no benefit from Respondent commuting home in a vehicle of his choosing just as he would on any other day. It nothing else, this was a fact question for the Appeals Officer and there was substantial evidence to support the Appeals Officer conclusion.

Finally, the District Court concluded that it was error to affirm claim denial given that Respondent "had his radio and the general duty of law enforcement while traveling on public thoroughfares under <u>Tighe</u>." However, that is not the complete holding of <u>Tighe</u>. Indeed, the <u>Tighe</u> Court held that injuries sustained by law enforcement officers on their commute "*may* be compensable" and that the "law enforcement exception is not sufficiently broad and all-inclusive to justify the conclusion that all law enforcement officers are *always* excluded from the general rule that injuries sustained while traveling to or from work do not arise out of and 1. Tighe v. Las Vegas Metropolitan Police Dept., 110 Nev. 632, 877 P.2d. 1032 (1994)



in the course of employment." (<u>Id</u>.) This Court specifically concluded that Tighe satisfied the law enforcement exception because "Tighe was on call and driving a police vehicle equipped with a police radio, and he was prepared to respond to any public emergency he may have encountered."

Here, just as being injured on the clock is not enough by itself for a compensable claim, the fact that Respondent was a police officer on his commute home is not enough to render this or any other claim compensable. The law enforcement exception is fact sensitive and does not apply across the board to police officers on their commute home. Further, the fact that Respondent had his radio is not dispositive as he chose to bring the radio with him. In <u>Tighe</u>, the employer mandated that Tighe carry a radio to respond quickly given his "on call" status. Here, Respondent admitted that it was his choice to bring the radio and that he could have left the same at the station if he wanted to.

Respondent was not performing any police work at the time of the incident — we was commuting home just as any other police officer would. The only potential work connection that this claim has is that it occurred five (5) minutes before Respondent was technically off the clock. This Court has been clear that being on the clock is not enough, there must be a work connection. Other than being on the clock, the only other facts which the District Court found dispositive were Respondent's personal choices to drive a motor cycle and his personal choice to

bring his radio with him. There is no evidence that Employer instructed Respondent to purchase a motorcycle or even to undertake police duties while driving his personal motor cycle. Nor is there any evidence that Employer instructed Respondent to carry a radio with him.

The District Court's Order runs directly counter to several cases already decided by this Court and a stay is warranted until this Court can make a substantive ruling on the merits. Though the District Court may have ruled differently than the Appeals Officer did, the fact is that those conclusions of the agency which are "closely related to the agency's view of the facts, are entitled to deference, and will not be disturbed if they are supported by substantial evidence." Jones v. Rosner, 102 Nev. 215, 217, 719 P.2d 805, 806 (1986). There is substantial evidence to support each and every finding made by the Appeals Officer. Respondents therefore request that a stay until this matter can be decided on the merits.

III.

CONCLUSION

Based upon all of the above, it is the belief of Appellants, CANNON COCHRAN MANAGEMENT SERVICES, INC. and LAS VEGAS METROPOLITAN POLICE DEPARTMENT, that a stay of the District Court's

Order decision, dated April 30, 2019, is necessary to prevent irreparable harm to 2 Appellants. 3 WHEREFORE, Appellants, CANNON COCHRAN MANAGEMENT 4 5 SERVICES, INC. and LAS **VEGAS METROPOLITAN** POLICE 6 DEPARTMENT, respectfully requests that this Court grant its Motion For Stay. 7 Dated this \underline{l} day of June, 2019. 8 9 Respectfully submitted, LEWIS, BRISBOIS, BISGAARD & SMITH, LLP 10 11 NIELL. SCHWARTZ, ESQ. 12 Nevada Bar No. 005125 13 JOEL P. REEVES, ESQ. Nevada Bar No. 013231 14 LEWIS BRISBOIS BISGAARD & SMITH LLP 15 2300 W. Sahara Avenue, Suite 300, Box 28 Las Vegas, Nevada 89102-4375 16 Attorneys for Appellants 17 18 19 20 21 22 23 24 25 26 27

LEWIS⁸
BRISBOIS
BISGAARD
& SMITH LLP

CERTIFICATE OF COMPLIANCE

- 1. I hereby certify that this motion complies with the formatting requirements of NRAP 32(a)(4), the typeface requirements of NRAP 32(a)(5) and the type style requirements of NRAP 32(a)(6) because this brief has been prepared in a proportionally spaced typeface using Microsoft Word in Times New Roman font size 14.
- 2. I further recognize that this Motion consists of fifteen (15) pages and therefore exceeds the page limits imposed by NRAP 27(d)(2). The undersigned respectfully requests that this Court permit the additional five (5) pages beyond the ten (10) pages authorized by NRAP 27(d)(2).
- 3. Finally, I hereby certify that I have read this motion, and to the best of my knowledge, information, and belief, it is not frivolous or interposed for any improper purpose. I further certify that this brief complies with all applicable Nevada Rules of Appellate Procedure, in particular NRAP 28(e)(1), which requires every assertion in the brief regarding matters in the record to be supported by a reference to the page and volume number, if any, of the transcript or appendix where the matter relied on is to be found. I understand that I may be subject to sanctions in the event that the accompanying brief is not in conformity with the requirements of the Nevada Rules of Appellate Procedure.

Respectfully submitted,
LEWIS, BRISBOIS, BISGAARD & SMITH,
LLP

DANIEL L. SCHWARTZ, ESQ(005125)
JOEL P. REEVES, ESQ.(013231)
LEWIS BRISBOIS BISGAARD & SMITH
LLP
2300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102-4375

Attorneys for Appellants

CERTIFICATE OF MAILING

	CERTIFICATE OF MAILING
2	Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on
3	the day of June, 2019, service of the attached MOTION FOR STAY OF
4	DISTRICT COURT'S ORDER was made this date by depositing a true copy of
5	the same for mailing, first class mail, and/or electronic service as follows:
6 7	Jason Mills, Esq. JASON D. MILLS & ASSOCIATES, LTD. 2200 S. Rancho, Suite 140 Las Vegas, NV 89102
8 9 10	LVMPD-Health Detail 400 S. Martin Luther King Blvd. Suite B Las Vegas, NV 89106
11 12	CCMSI P.O. Box 35350 Las Vegas, NV 89133
13 14 15	At At B
13	An employee of LEWIS, BRISBOIS.

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4829-9804-7385.1 4828-0496-7697.1 33307-117

EXHIBIT

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW

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Semember 28, 2012

Direct Equation 5207 Sparkling Vine Abe Las Vegas, NV 89131

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Claimant

David Ligación

Claim Number

1.034(1870)6

Date of Injury

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LVMPD

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As a result of your recent imparament in alumion, you have been granted a perminent partial disability award of relevan percent of Parama whole body has a Noopy of the report is enclosed. Your claim coosed for a Peacifix as of the date of conforming in Journal.

Thus award emittes you so morntly payments of \$3.0.82 and age so engl. "Theorial ampliant on the amount of \$59,632,43, in accordance with Nevada Revised Spring 6100. strictor().

Pursuant to NRS 616C 495Cs, acceptance of payment for a permanent partial disability in a lump sum terminates all senerits for compensation and constitutes a final settlement of til factual and legal assess in the case. By so accepting you waive all rights regarding the claim, including the right to appeal from the closure of the case or the percentage of disability, except reopening rights according to the provisions of NRS 616C 390.

Please note, if a response is not received in this office within 30 days from the date of this letter, it will be necessary to initiate installment payments.

Attached are the necessary forms for you to sign and have witnessed. Only you may sign these forms: no one else may sign for you. Please rend the documents emetally. Indicate your choice of payment on the filection of Method form, sign and return the election form and the reaffirmation form to this office as soon as possible. Upon receipt of the <u>original</u> signed documents, a check will be issued and mailed to you.

it you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intention, please complete the anached Request for Hearing form and return it to

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 35350 - Las Vegas, NV 39133-5350 (702) 933-4800 | Fax: (702) 933-4861 | www.const.com

the Henrings Division at the address indicated on the form within 70 days from the date of this letter. Think you for your cooperation.

Sincerely,

Christina Cabrera c CMSI- Claims Representative

- Unco Realthoration of Lange Some D-17
 Uncomes of Method of Passivent (D-17a)
 Request For Hearing (D-17a)
 PPD Assard Calculation (D-9)
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	EMPLOYEE'S CLAIM FOR CO	DRF-9721/2011 Williels DMPENSATION/REPORT (amad - 4/21/231 ;	
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	EMPLOYEE'S CLAIM	PROVIDE ALL INFORMATIO	HUREQUESTED.			
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Page 1 of 4

·	TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAICED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C 4 FORM	Please Type or Print	EMPLOYER'S REPO OR OCCUP	RT OF INDUSTR PATIONAL DISEA							
œ	Employor's Name LAW ENFORCEMENT OPERATIONS	Nature of Business (mfg , etc.) Corporation	FEIN 886000028	OSHA Log #							
~ ~ (Office Mail Address	Location . If different from m	ailing address	Telephone 702-828-3406							
MPL	400 B S MARTIN LUTHER KING 435 City State Zip	INSURER		THIRD-PARTY AD	MINISTRATOR						
	LAS VEGAS NV 89106 First Name M1 Last Name	LVMPD Social Security	Birthdate	CCMSI, Inc.	nary Language Spoken						
	DAVID FIGUEROA .		10/28/1970	1	glish						
EMPLOYEE	Home Address (Number and Street) 5207 SPARKLING VINE AVE	Sex Ø Male □ Female									
20	City State Zip LAS VEGAS NV 89131	Was the employee paid for the (if applicable) (if Yes		in Nevada? 11/0	erson been employed by you 5/2006						
E		ation (job tide) when hired or dis ICERS AND DRIVERS		tment in which regula							
	Telephone Is the injured employee a corporate offi 702-943-0636	• • · · · · · · · · · · · · · · · · · ·		mployee in your emp cupational disease (loy when injured or disabled O/D)? Ø Yes 🛭 No						
	Oate of Injury (if applicable) Time of Injury (Hours Minute AMPM) 15:13			visor to whom injury of EYER P#4324	x O/D reported						
8	Address or location of accident (Also provide city, county, sta 3400 LV BLVD.	te) (if applicable)	ļ	ccident on employer	s premises? (if applicable)						
CIDENT (LAS VEGAS What was this employee doing when the accident occurred (I	CLARK cading truck, walking down stail	s, etc.)? (if applicable)	LJ 103 43 110							
IDE ISE/	SCRATCH & BRUISE TO KNEES, ELBOW! How did this injury or occupational disease occur? Include file	S & RT PALM		Use additional sheet	il necessary						
ACCIDENT DISEASE	WHILE RIDING POLICE MOTORCYCLE S	B AN ACCIDENT OCC	CURRED WITH ANO	THER MOTOR	CYCLE OFFICER						
,	Specify machine, tool, substance, or object most closely contil applicable) MOTORCYCLE	nnected with the accident	Witness		Was there more than one person injured in this accident? (# applicable)						
	Part of body injured or affected	If fatal, give date of death	Witness								
SE	MULTIPLE BODY PARTS - MULTIPLE BO Nature of Injury or Occupational Disease (scratch, cut, bruis		Witness	☑ Yes □ No							
DISEASE	SPECIFIC INJURY - ALL OTHER INJURIE		Did employee return to next scheduled shift after Will you have light								
	,		accident? (if applicable) V Yes [] No valuable if necessary? V Yes [] No								
≺ OR	If validity of claim is doubted, state reason UNK		CENTENIAL HOSP	nl							
NJURY	Treating physician/chiropractor name		Emergency Room [7] Yo		spitalized [] Yes [/] No						
$\frac{1}{2}$	How many days per week does employes work?	From 1400	To ()()()()	Last day wages were ea							
	Scheduled S M T W T F days off C C C C & & &	S Rotating Are	Are you paying injured or disabled employee's wages during disability? 🛭								
	Date employee was hired Last day of work	after injury or disability	Date of return to wo	rk	Number of work days lost						
NT INFO	11/05/2006 Was the employee hired to If not, for how work 40 nours per week? Ø Yes □ No was the emplo		id the employee receive unemployment compensation any time during the last 12 tonths?								
IMPORTANT	For the purpose of calculation of the average monthly wag the injured amproyee is expected to bit off work 5 days or remuneration, but will not include remutersement for exper	e, indicate the employee's gross	ss earnings by pay period for 12 weeks prior to the date of injury or disability. If form (D-8), Gross earnings will include overtime, bonuses, and other sloyed by you for less than 12 weeks, provide gross earnings from the date of him.								
= 0	Pay period CI SUN CITUE CITHUR CI SAT Emloyee I ands on. CI MON CI WED V FRI Is paid:	DWEEKLY DMONTHLY DO	OTHER On the date of injury or disability the employee's wage was: \$ UNK per # Hr 🗅 Day 🗅 Wk 🗆 Mo								
	For assistance with Workers' Compense Assistance <u>Toll Free</u> : 1-888-333-1597	Web site: http://govc	ha.state.nv.us <u>E-m</u>	<u>ail</u> cha@govel	ia.state.nv.us						
*	I affirm that the information provided above regarding the accident to best of my knowledge. I further affirm the wage information proviparyoil records of the employee in question. Falso unious land that		ion of Some	family	0 30 i						
85	Claim is Claccepted Cl Denied Cl Deferred Cl 3 rd Party	Deemed Wage	Account No 11D34B9508	1	Class Code						
nsurer Use Only	Claims Examiner's Signature	Dale	Status Clerk	· Angler	Date 07-30-2011						

Form C-3 (rev 11/05) ORIGINAL - EMPLOYER

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYEE

	-						
LAS VEGAS METROPOLITAN POLI OCCUPATIONAL INJU	RY/ILLNES		SURE RE	PORT		1. Event #;	110921-2636
PART ONE STATEMENT OF INJUI		T		Ta . D. v.		C D-4 (D)-4- 7	. SS#: (Required)
2, Name (Last name, First name)	3, P#:	1. Sex:		5. Date		1 ' '	. 554: (Megosed)
Figueroa, David	9693	IV Male	Femsle	11/0	5/2006	10/28/1970	
8. Home Mailing Address (#, Street, B	ldg/Apt. #, City, Sta	te & Zip 5207 Sp	arkling Vine	Ave LVN	89131		
9. Phone *(s)	10(s) Bureau of A	ssignment:				11. Classification:	12 Regular Work Hours:
Home:			Traffic			POII	1400-0000
Cell: 347-682-6476	10(b) Section or D	letall of Assign	nment:			13. Marilai Status:	14- RDO's:
			TR32			₩ Single Married	WTF
15. Injury/illness/Exposure:	1	16. Reported i	to Supervisor:			17. Left Shift:	
Date: 09/21/2011 Time		Date: 09/21/		Time:	1513	Date: 09/21/2011	Time: 1730
NOTE: If you are claiming an occupat	ional disease, indic	ate the date o	n which the em	playee firs	t became s	ware of the connection between	en the condition and
employment. 18. Address and location of occurrence	e: (Give sufficient C 3400 LVBS	Detail)			19. Was fir	st aid provided?	
20 Action:					21. Body p	art(s) affected/injured/expose	d;
Doctor's Care FER. Caro C	only Hospi	latized	No Action T	sken		rt knee, it knee ,both el	bows, rt palm
22. Nature of injury/exposure sustaine	d (scratch cut, bru	ilse, strain, ex	rposure, etc.) I bruise and s	oreness	to all parts	5	
Z3(a). What were you doing when the	accident occurred i	(Chasing a s	suspect, walking	down sta	ks, driving, i	etc?)	
	involv	/ed in an és	scort of vehic	es south	bouna on	LVBS	
23(b). How did the injury/illness/expos	iure occur? (Explair	n in Detail) ude Kouthbu	ound an acc	ident occ	urred with	another motorcycle offic	er
24-Did the accident happen in the no	rmal course of work	?	olice escort		25.	Did you return to next schedu Yes No - What date?	ited shift after accident?
26. Lost Time: Y No Yes - Last				If ves	disability si	lip from physician available?	Yes No
27. Have you had previous Injury/expe	osure to body part(s) mentioned?	(Explain) yes-knees	· · · · · · · · · · · · · · · · · · ·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
ZE. How might this injury4lineas/expor	hv checking for (oncomina m	notor units a	second ti	me before	continuing south	
29. Specify what equipment, objects of	or substances were	involved (incl	lude personal p gloves, boot	rotective e	quipment ut	sed):	
30. Was anyone else involved? [N	in Ty Yes List no					Durrett, Troyston	
31. Witnesses to injury/iliness/exposu	res - Clast name. Fin	et name, and	P#)	·			
					;	3.	
1. Unk Employee's signature on this docume under NRS 516 and 517 included with	ni acknowledges th	at they have	received a copy	y of this do	cument incl	uding a brief description of the	eir Rights and Beneids
32. Employee's Signature:	Tinis document.					Date:	
Note: If this is due to abnormal ph	ysical result, this i	orm does no	a ed ot been to	igned by)	our chain	or supervisor. Please fax di	rectly to Health Detail at
828-1509 and Call Health detail at I PART TWO REPORT OF INVESTIG	328~3696.						
33, Why did injury/illness/exposure of	ccur?						
Walth and miles Australia color hands of a	Ofc.	Figueroa wa	as involv ė d ir	a motor	vehicle in	cident.	
34. What unsafe condition or act cau	sed or contributed t	o loiury/illnes	s/exposure?				
5	Ofc. Figueroa	and other o	officers were	involved	in a leap	frog style escort	
35. Corrective action taken or recom-	wanded to provent	race evance					unn't ha nandad
Officers to be more safe	ty conscious, als	so have mo	re officers as	signed to	this type	of event so leap frogging	A MOLLE NE LISEGED
36. Is there any reason to doubt the	validity of the claim	P No I	Yes - What reas	on?			
37. If traffic accident, was the other p	arty cited? 17 No	Yes - Atte	ach copy of the	traffic acci	dent report		

NOTE: if exposure, officer's report must be dictated and faxed to Heelth Detail at \$28-1509.

38. Supervisor's Last Name, First Name and P# (Please Print):

Meyer, Bryan 4324

PART THREE BUREAU COMMANDER/DIVISION CHIEP'S REVIEW/COMMENTS

Bureau Commander's Signature

Date:

Deputy Chief's Signature

Comments:

Comments:

Note: Please fax directly to Health Detail at \$28-1509 call Health Detail at 828-3696.

For assistance with worker's Compensation issues, you may contact the Office of the Governor, Consumer Health Assistance:

Toll Free (868)333-1537

Web Site: http://govcha.state.nv.us

Toll Free (868)333-1537

Web Site: http://govcha.state.nv.us

E-mail: cha@govcha.state.nv.us

Web Site: http://govcha.state.nv.us

Toll Free (868)333-1537

"Employee should sign, date and retain a copy of this form, Original goes to employer. To file a claim for compensation, please see the next page. "Brief Description of Rights and Benefits", section littled "Claim for Compensation (Form C-4).

Page. 2/5

Date: 3/27/2013 10:19:04 AM

Charles E. Quaglieri, MD

3983 S McCarran Blvd, #584 Reno, NV 89502

Ph: 775-824-8100 Fax: 775-824-8111

March 5, 2013

Cannon Cochran Management Services PO Box 35350; Las Vegas, NV 89133-5350

RE:

DAVID FIGUEROA

CLAIM #: 11D34B950842

DOI: 09/21/11

RECEIFE

SP2 45 5

Dear CCMSI,

- CAMPA

This is an addendum to the PPD dictated in the case of David Figueroa on 01/10/13.

I received measurements of his joint spaces done with standing radiographs of the knees.

The right knee joint spaces were lateral 11 mm and medial 7 mm. The left knee joint spaces were lateral 13 mm and medial 7 mm. These x-rays were done on 02/06/13 and a copy is appended.

I reviewed his PPD. As far as the right knee is concerned, the claimant has had a right partial medial meniscectomy and resection of plica by Dr. Tingey on 03/20/12. There is no impairment due to joint space narrowing. The patient did have blunt trauma and does have patellofemoral pain and crepitus, which allows 2% impairment of the whole person. He is allowed 1% for the partial medial meniscectomy, as per the Diagnosis-Based Estimates in 17.2J. There is no impairment due to loss of range of motion. After combining the 2% for arthritis and the 1% for meniscectomy, there is a total of 3% impairment of the whole person due to the right knee.

The award for the right knee will require apportionment because he has had previous surgery and a PPD award for the right knee. I do not have those records.

As far as the left knee is concerned, he has had no surgery as a result of the industrial injury of 01/10/13. There is no award for joint space narrowing. There is no award for loss of range of motion. He does have crepitus and patellofomorul pain after blunt trauma, which allows 2% impairment of the whole person, as per Table 17-31. Again, there is no award for loss of range of motion.

The other body parts involved in this claim included the wrists.

There was 0% impairment of the upper extremity or the whole person due to the left wrist.

To: 1-702-384-2990

Page: 3/5

Date: 3/27/2013 10:19:04 AM

Cannon Cochran Management Services RE: DAVID FIGUEROA 03/05/13

03/05/13 Page 2 of 2

As far as the right wrist was concerned, there was 10% impairment due to loss of range of motion and 2% due to neuropathy, which combined for a total of 12% impairment of the upper extremity. This converts to 7% impairment of the whole person.

In summary, there is 7% impairment of the whole person due to the right wrist; 0% impairment of the whole person due to the left wrist; 3% impairment of the whole person due to the right knee; and 2% impairment of the whole person due to the left knee. These are combined for a total of 12% impairment of the whole person.

Again, apportionment is most likely necessary because this man has had previous awards for his knees. I will be glad to consider such when those records are supplied.

Respectfully,

Charles E. Quaglieri, MD

CEO/kc/128

Enc: X-rays of 02/06/13



April 22, 2013

Greenman, Goldberg, Raby & Martinez Attn: Belinda Cox 601 S. 9th Street Las Vegas, NV 89101

Re:

Claimant:

David Figueroa

Claim No.:

11D34B950842

D/of Injury:

9/21/11

Employer:

Las Vegas Metropolitan Políce Department

Dear Belinda:

Thank you again for forwarding Dr. Quaglieri's PPD addendum to our office. At this time, the initial PPD offer and abeyance of 2/1/13 still stands. We are in the process of investigating his prior claims and PPD's for ratings relating to his knees. We will be forwarding these to Dr. Quaglieri for consideration of apportionment as indicated in his addendum report. Upon receipt of his final report, we will render a final determination.

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intent, please complete the enclosed Request for Hearing form and return it to the Department of Administration, Las Vegas office, within seventy (70) days from the date of this letter.

Respectfully,

Christina Cabrera CCMSI Claims Representative

Encl:

D-12

Сc

LVMPD

John Buch

D. Figueroa

Reset Form: EMPLOYEE'S CLAIM FOR CON		INITIAL TREATMENT	Print Form
la constant de la con	FORM C-4 EASE TYPE OR PRINT	Received copy of D2	
EMPLOYEE'S CLAIM-	PROVIDE ALL INFORMATION R		
First Name M.I. Last Name	Birtheate	Sex Cla	m Number (insurer's use only)
THUID LAIGHEILE	170/201	Heishy Weight	Social Security Number
15 +07 COARKLING VINE AUX	7 7	コスタコロダー	Tan Ingi
City State S	ie Zin Gult	Telephone 347-682-	(11/2
CACVEGAS'	NY 1871.2/	State Zip Code	Primary Language Spoken.
Meiling Address City]
INSURER THIRD PARTY ADMI	NISTRATOR	Employee's Occupation (Ior) Till	system injury or accupational
		disense occurred	
Employer's Name/Company flame		Telaphone SAK	- 27//
Office Mail Address (Number and Street)			
The man representation of the second			
Date of injury (if applicable) Hour of Injury AM Date Employer	Notified Last Day of Work Observe	after injury or Occupational Supervis	or to whom injury reported
13/15/TT 17001 170 PM 777/78	9/12	F/17/12 J.1	CICHIER
Address or location of Academy (if applicable)	· · · · · · · · · · · · · · · · · · ·	1. 11	
TV 400 146		· · · · · · · · · · · · · · · · · · ·	
What were you doing at the time of the accident (if applicable)	1 man (10 10 10 10	<u> </u>	
GOVERNO FOR RED TRAFFIC SIGNAL,	MAN GUDER	lease and	
How did the injury or occupational disease occur? (Re specific and answer in di	etall. Use adoltional sneet it he	2003014.7	
1	AFFIC SIGNAL		
If you believe that you have an occupational disease, when did you first have			L (if applicable)
of you believe that you have an occupational disease, when on you institute relationship to your employment?	KITOTELEON, OF THE BUILDING		
	ody injured or affected	41160	
We will Dea Luite 15 511 / NE	ER BACK		
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OTHER ADMINISTRATION THE AND MATTON INCLUDING DENCIRED AS CREATABLE	CO LOS ANICAS WIRES CACALLOS	iricalino da nobia anotati di Tr	ZATI HORZUTONESPÁJENE AS VÁLID
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THIS REPORT MUST BE COMPLETED A		1 12 12 12 12 12 12 12 12 12 12 12 12 12	MT STATE OF THE ST
THIS REPORT MUST BE COMPLETED A	IAD INITION OF THE STATE		
	Name of Facility	University Medi	cal Center
Place UMC Trauma	1	hat the injured employee was under	
Diagnosis and description of injury of occupational	the influence of alc	cohal and/or an other controlled	KNO TYES
Hour MACK PANN	substance at the th	rne of the accident?	
	expinin	;	
		the employee to remain off work fiv	ę
Treatment PAN MONS, REST	days or more?		p-1
	Yes If yes, I	ndicate dates:	to
x-ray findings	Selvo If no, II	s the injured employee capable of	Full Outy Selight Duty
From information given by the employee, together with medical			,
evidence, can you directly connect this injury or occupational Ryes fiscase as job incurred?	No If modified duty,	list any limits or Lo Herry	Y WITH 7204
	restrictions.	·	
· /			10 mm m
Do you know of any provious loury or disease contributing to this condition	PATIENT DAS A	Grishary of Chin	ICL DIGETSE
or occupational disease? If yes, explain			
Date Print Doctor's Name CV (LC Days)	I certify that a copy of this	s form was mailed to the employer (on:
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1800 W. Cherieston Blvd.		ふししょ、りりりろほうりりの4	4 UUD: 10/28/19/0
	ax ld 88-6000436	:	
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Las Vegas Nevada \$9102	702-383-2000 Tcicphone	FIGUEROA	
Lag Vegas Nevada 89102	702-383-2000	FIGUEROA DAVID MANUEL	M 42 Y

LAS VEGAS METROPOLITAN POLICE DEPARTMENT OCCUPATIONAL INJURY/ILLNESS/EXPOSURE REPORT						1. Event #:	121217-3387			
PART ONE STATEMENT OF INJURE	DEMPLOYEE									
2. Nemo: (Last name, First name)	3. 2#:	4. Sex:		5. Date :		6. Date of Birth:	7. SS#: (Required)			
Figueroa, David	9093	₩ Male	Female	11/0!	5/2006	10/28/1970				
3. Horne Mailing Address (#, Street, Blog	Apt. #, City, St	ale & Zlp 5207 :	Sparkling Vine	LV,NV 8	9131					
9. Phone #(s)	Q(a) Bureau of /	asignment:				11. Classification:	12. Regular Work Hour			
Homa: 347-682-6470			Traffic			PO II Motor	1400-000			
Ceil: 5/8 1	0(b) Section or (Detail of Assi	gnment;			13. Marital Status:	14. RDO'8:			
			TR32			√ Single Married	Wed, Thur, Fri			
5. Injury/illness/fsxposure: 16. Reported to Supervisor: 17. Left Shift:										
Date: 12/17/2012 Time: 1600 Date: 12/17/2012 Time: 1605 Date: 12/17/2012 Time: 1830 HOTE: If you are claiming an occupational disease, indicate the date on which the employee first became aware of the connection between the condition and										
NOTE: If you are claiming an occupation employment.	rai disensa, indi	cale the date	on which the em	ployee fire	became awa	are of the connection bet	ween the condition and			
R. Address and location of accurrence:	(Give sufficient	Detnii)			19, Was first	nid provided?	-			
Bruc	e/Fremont L\	V.NV				no				
20. Action:					21. Body par	t(s) affected/injured/axpo				
TO Doctor's Care F. R. Care On	ly Entesp		No Action T	aken		lower b	ack			
for the analysis in the state supplements	femaleh out he	uise, strain, e	exposuro ctc.)	.,		ع الأحمد بالمثام المعاديدات	0 E CM1			
Lower back pain	ı fram orior ini	ury on 03/1	15/2011 that w	as diagni	oseo as rut	tured disk on L4-L5	/L3/3/VIT.			
23(a). What were you coing when the pr		Picking up	my dropped fit	ashlight c	n roadway					
23(b). How did the injury/lliness/exposur	e occur? (Expla	in in Detail) etrleve flas	shilght i felt a s	oop in my	lower back	cand then intense pa	ain.			
24. Did the accidant happen in the norm	al course of wor	k?	3		25. D	id you return to next sch	requied shift after accident?			
Yes No - Explain					· · · · · · · · · · · · · · · · · · ·	Yes 🔽 No - What date				
26 Lost Time: No W Yes - Last d	ey worked after		2/17/2012	If yes	disability slip	from physician svailabi	e? Ves No			
The state of the s	ITEM IO NOVIV DOM	(s) mentioned	d? (Explain)	· · · · · · · · · · · · · · · · · · ·	annielout o	⇔ 02/15/2011				
			lower back fr	om tranit	accidento	11 00/10/2011.				
28. How might this injury/Illnoss/exposu-	re have been pri	evented? Back no	ot giving out wi	hile bend	ing over.					
R.9. Specify what equipment, objects of	substances wer	e nvolved (in	divide betteruit	rotective e	cu pment use	:d):				
gg, specify what equipment in section 2.	Dep	ertment iss	ued uniform, g	gun belt, a	and motor t	oots.				
30. Was anyone alss involved? Y No	T Yes - List n	emes of othe	rs involved:							
31. Witnesses to injury/illness/exposure	: (Last name, Fi	rsi namo, and	d P#)	4						
.		2.			3.		Chair Pights and Bangite			
Employee's signature on this document	acimowiedges	that they hav	is received a cop	y of this do	cument inclu-	ding a bhei description o	y mon Rigina sina defibilis			
under NRS 616 and 617 included with to 32. Employee's Signature:	ms doedment				,,	Onte:				
Note: If this is due to signormal phys B28-1509 and Call Health detail at 82	lcal result, this	form does r	not need to be s	igned by y	our chain o	r supervisor. Please fa	x directly to Health Detail a			
PART TWO REPORT OF INVESTIGA	TION BY SUPE	RVISOR								
33. Why did injury/illness/exposure ccc										
			oack giving ou	t while be	onding over	· ·				
34 What unsafe condition or act cause	d or contributed	to injury/illne	essiaxposuro? Non	10						
35. Corrective action taken or recomme	anded to proven	t recurrence:					Arts 180			
			Nor							
36. Is there any reason to doubt the va	lidity of the ctain	n? V No	Yes - What res	non?	idnas sacrat					
37. If trailing applient, was the other par	rty cited? No	Yes A	trach copy of the	TRITIC SCC	ngent report					
NOTE: if exposure, afficer's report in	aluith od teun	o and faxed	Supervisor's Si	enatura.			Date:			
38. Supervisor's Last Name, First Name		as rinit;	CONTRACT OF ST	Karola			12/17/2012			
	J. Richter 5629 PART THREE BUREAU COMMANDER/DIVISION CHIEF'S REVIEW/COMMENTS ICHIE									
PART MIREE SUREAU COMMANDE Bureau Commander's Signature	ENDIVISION OF	Date	B: Casto Manage (4)	Deputy Ch	nlafs Signatur	70	Care:			
Entern Collictivities 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				<u></u>						
Commerts:				Çommeni	ş:					
Nate: Place for directly to Hostin Dotali at 628-1509 call Hestin Detail at 828-3690.										

For assistance with worker's Compensation issues, you may contact the Office of the Governor, Consumer Health Assistance:

For assistance with worker's Compensation issues, you may contact the Office of the Governor, Consumer Health Assistance:

Web Site: http://govcha.state.nv.us

Toll Free (888)333-1597

Web Site: http://govcha.state.nv.us

Temployee should sign, data and retain a copy of this form, Original goos to employer. To file a claim for compensation, planse the next page, "Brief Description of Rights and Benefits", section titled "Cisim for Compensation (Form C-4).

A - A-bt	EMPLOYEE'S CLAIM FOR COM	PENSATION/R	eport of	INITIAL TRE	EA'FMENT
	PLE	ASE TYPE OF I	PRINT		
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L DAVID	Flaveros	ne Birthdate		Sex	Claim Number (Incurer's Use Orly)
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City	State	Age LFL			Social Security Number
LAS VECATS	7 V 	Zp	- Lá-K (m²)	Teleptone	
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INSURER			Zip		Primary Longuage Spoken E NULL SH
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Employer's Nama/Company Nam	10 /// 0- 00		Diesa		OLICE OFFICER
Office Mail Address (Number and	LVMPD		-		Telephone
10	100 3 27207	UTHER KINE	aua		Telephone 702-828-3/11
	Injury (Repplicable) Date Employ	er Notified Las	- 13CV11		57/06
03/07/2015		E; C Or	ocupational Docupational	k After Injury	Supervisor to Whom injury Reported
Address or Location of Accident (in	applicable)				[R. JOHNSON]
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is additional medical core by a physicien in	dicated? (\$ Yes Q No				SOF CONTRACTOR OF THE PROPERTY
Do you know of any promoters injury or dises	sea combibuting to this condition of				
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1800 US Charloson	BUYO		INSURER	S USE ONLY	ECEVED
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rdere Stenefur 1		382 Zab 1		h.	IAR 1 0 2015
	Degri	N N		17	- w - 9 2013

PAGE 1 - EMPLOYER PAGE 4 - EMPLOYEE

93:81 9193/60/80

Fant C-4 (con 01/03)

ORIGINAL - TREATING PHYSICIAH OR CHIROPINAOTOR PAGE 2 - INSURERITHA

	TO AVOID PENALTY THIS REPORT WITS THE COMPLETED AND MAKED TO THE INSURER WITHIN BANGRING DAYS OF RECEIPT OF THE CAPFORM	Please Type or Prin		EMPLOYERS	CCUPA	TIONAL D	ISEA	(AL)NJURY SE	
E S	Employer's Name Las Vegas Metropolitan Police Department #	Nature of Business (in Law Enforceme		88600002	8	OSHA Log # UNK			
LOY	Office Mail Address 400B S MARTIN LUTHER KING 435	Location If different SAME	nt from ma	iling address	1	02-828-3	406		
EMPLOYER	City State Zip LAS VEGAS NV 89106	INSURER LVMPD			77	HIRD PART	YADI	MINISTRATOR	
	First Name M.I. Last Name	Social Security	·	Birthdate	A	COMSI, II	Prim	ary Language Spoken	
141	DAVID FIGUEROA (Home Address (Number and Street)			10/28/1970	4		1	tish	
)YEE	5207 SPARKLING VINE AVE	l L	i Femate	Marital Status 🗆				orded [] Wildowed	
EMPLOYEE	City State Zip LAS VEGAS NV 8913 i	Was the employed pa (il applicable)	Z: Yes	□ No	i i	ow long has	T.L/05	erson been employed by you 5/2006	
E		lion (job tille) when hire CERS AND DRI		ted		of in which o		ly employed:	
	Telephone Is to a injured employed a comparate office 702-943-0636 ☐ Yes Ø No	□ Yes 🎵 No	© Yes	Zi Ho	by occup	ational dise	ase (O		
	Date of Injury (if approache) Time of Injury (fours, Militine AMPA) (00/25	(Implicate) Date emp! 03/07/20		d of injury or OID	Superviso R JOHN		njury or	r O/D reported	
E	Address of location of accident (Also provide city, county, state MAKTIN LUTHER KING/CAMINO DE NORTE LAS VEGAS	i) (il applicable) CLA	DV	ΝV		enton émpl □ Yes Ø		premises? (# ennicide)	
ACCIDENT C DISEASE	What was this employed doing when the accident occurred (lo RIDING A MOTORCYCLE					·····			
CCID	How did this injury or occupational disease occur? Include time							•	
A	ANOTHER MOTORIST MADE AN UNSAFE FRACTURES AND DISLOCATIONS. LEFT						. ML)LHPLE	
·	Specify machine, tool, substance, or object most closely con-	nociad with the accident	1	Vitness	cn > 4	~~~~	ł	Was there more than one person injuled in this	
	(if applicable) MOTORCYCLE ACCIDEN'T Part of body injured or affected	If falal, give date of	*Witness* Name: T MCMEA			<u>-</u>	្រា	accident? (if applicable)	
SE	MULTIPLE BODY PARTS - NOC Nature of Injury or Occupational Disease (socialch, cut, bruise		*Witness* Name: NLVPD DR#1@				□ Yes ☑ No		
DISEASE	SPECIFIC INJURY - FRACTURE		Did employee return to next scheduled shift after Will you				Will you have light duty work		
		٥	occiden? (if applicable) available if necessary? ☐ Yes ☑ No ☑ Yes ☐ No						
INJURY OR	lf validity of daim is doubled, state reason UNK		Location of Initiz: Treatment UIMC						
JUR	Treating physician/chircpra to: name DEBORA KELLER	=					italized Ø Yes 🗆 No		
Z	How many days per week does		To 0030 03/07/2015				day wages were eamed 7/2015		
	Scheduled S M T W T F days off 디 디 디 전 편 편 전	S Rotating	Ara you	paying injured or dis	sabled emp	plcyee's wat	jes du	ring disability? Ø Yes □ No	
	·	et injury or disability	Date of return to work UNK UNK				UNK	umber of work days lost	
INFO	Was the employee hired to If not, for how mayork 40 hours per week? Ø Yes 🖸 No was the employee			the employee receive unemployment compensation any time during the last 12					
WPORTANT IST TIME IN	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more lattern wage verification form (D-8). Gross earnings will include evertime, bonuses, and other								
MPO ST T	the injured employee is expected to be on work a days or mor remuneration, but will not include reimbursement for expense to the date of injury or disability.	s. If the employee was	employed	by you for less than	12 weeks	, provide gro	conu:	rnings from the date of hire	
= SO]	Pay period C SUN C TUE C THUR C SAT Emiloyee C V	D OTHER					ที่Br⊡Oay ⊡WkOMo		
	For assistance with Workers' Compensati								
Assistance Toll Free: 1-888-333-1597 Web site: http://govelia.state.nv.us E-mail cha@govelia.state.nv.us E-mail cha@govelia.									
*	the best of my knowledge. I further affirm the wage information provides payrell receips of the employee in question. I also understand that provides	distrue and correct as take	eu tượn lhe.	1	-	Clark	13.72	-10-15	
	Nevadalam Claim is: Accepted Danied Defended 31° Pany	Deemed Wage		Account No. 15D34E72	9659		Clas	s Code	
	Claims Examiner's Signaluje	Date		Stalus Clerk	,	121.	Date	2/0/15	
	rev. (1/05) ORIGINAL – EMPLOYE	:p 2/	GE 2	INSURERITPA	<u> </u>		AGE	O I IV I ID	
Form C-3-(ies (1901) OMORANE - EMICEOTE	.,.							

	TIONAL INJUI						1. Event #:	150307-0108		
	TATEMENT OF INJUR			os sessinari						
1	name, First name)	3. P#:	4. Sáx:		ŀ	of Hire:	B. Date of Birth:	7. SS#: (Required)		
	gueros, David	9693	□ Male	Female	11/0	5/2006	10/28/1970			
B. Home Mailin	g Address (#, Street, Blo			ling Vine Ave.	Lac Voca	e NIV 9012	1			
9. Phone #(5)		10(a) Bureau of			Las vega	15, 149 05 13	11. Classification:	12. Regular Work Hours;		
Hame:	702-943-0536	TOTAL STATE OF THE	-	n Area Comm	and		PO-II	1430-0030		
Cell:	347-682-6476	10(b) Section or	Detail of As	signment:			13. Marital Status:	14. RDO's:		
				BA-33			Single Manied	rwr i		
15. Injury/Illnes Date: 03/07/2		0025	16. Reporte Date: 03/	ed to Supervisor: 07/2015	Time:	0023	17. Left Shift: Date: 03/07/2015	Time: 0030		
NOTE: If you ar	e claiming an occupation	nal disease, Indi	cate the dat	e on which the er	nployee firs	t became awa	ire of the connection bety	ween the condition and		
employment,	l location of occurrence	(Give sufficient	Cetall			10 Was firet	aid provided?			
TOT , BUT COO UNI		Norte & W. La	•	ay		13. 1435 III St	Yes, NVL	.FD		
20. Action:						21. Body part	t(s) affected/injured/exposed:			
Doctor's Ca				No Action		1	t arm, elbow, ribs, hip			
22. Nature of inj	ury/exposure sustained	: (scratch, cul, br		exposure, etc.) ple fractures a	and distoca	ations				
23(a). What wer	e you doing when the a	coldant occurred	7 (Chasing	suspect, walkin Riding a mo	-	rs, driving, etc	:?)			
23(b). How did t	he injury/illness/exposu			an unsafe turr	n striking t	he motorcy	cle and rider			
	tent happen in the norm No - Explain Ridi	nal course of work		e re-arclimato	ed to moto			duled shift after accident?		
							es No - What date?			
	No Ves - Last d		J J -	13/06/2015	lf yes,	disability slip	from physician available?	? [Yes [No		
21,710,0 702.10	a provided injuryication	die to body parte) mondo	No						
28. How might ti	nis injury/illness/expost	o have been pre			······					
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29. Specify what	equipment, objects or	substances were		oclude personal p ants, leather ri); 			
	else involved? No					Driver V-	1. See NLVPD DR#	150307-0010		
31. Witnesses to injury/illness/exposure: (Last name, First name, and P#) 1. McMeans, Tyler P# 13407 2. See NLVPD DR# 150307-0010 3.										
Employee's sign	ature on this document	acknowledges th					ng a brief description of ti	heir Rights and Benefits		
	and 617 included with II	ils document.					hata:			
32. Employee's Signature: Date: Unable to sign, hospitalized. 03/07/2015					72015					
Note: If this is due to abnormal physical result, this form does not need to be signed by your chain or supervisor. Please fax directly to Health Detail at 828-1509 and Call Health dotail at 828-3696.										
PART TWO RE	ORT OF INVESTIGAT	ION BY SUPER	VISOR*							
	y/illness/expasure occu 2, recently advised		be returni	ng to Motors.	He was be	ecoming re-	acclimated when stru	uck by another motorist.		
	condition of act caused					<u>-</u>				
				sibly DUI. The	e investiga	ation is on-g	oing.			
35. Corrective ac	tion taken or recomme	nded to prevent r	ecurrence:							
			Но те	commendatio	ns at this	lime.				
36. Is there any	eason to doubt the vali	dity of the claim?	V NO □	Yes - Wnat reas	on?					
37. If traffic accid	ent, was the other party	cited? 🕡 No	Yes - At	lach copy of the	traffic accide	ent report				
NOTE: If exposure, officer's report must be dictated and faxed to Health Detail at 828-1589.										
38. Şupervisor'ş	Last Name, First Name	•	Print):	Supervisor's tigi	náture:		מ כי	Date:		
	Johnson, Robert F		140112	KU.	3	T 43	75	03/07/2015		
	UREAU COMMANDER	DIVISION CHIE				Clare to the		In the second se		
Bureau Comman	aeus oignainte		Date		epuly Offici	s Signature		Date:		
Comments:				įc	comments:					
Note: Please fax directly to Health Detail at 828-1609 call Health Detail at 828-3696.										

Toll Free (88)333-159? Web Sile: http://govcha.state.nv.us E-meil: cha@govcha.state.nv.us

LVMPD 25 (Rev. 10/11) IMFCPATII 2007

Toll Pree (88)332-159? Web Sile: http://govcha.state.nv.us E-meil: cha@govcha.state.nv.us

LVMPD 25 (Rev. 10/11) IMFCPATII 2007

*Employee should sign, date and retain a copy of this form. Original goes to employer. To file a claim for compensation, please see the next page, "Brief Description of Rights and Benefits", section lited "Claim for Compensation (Form C-4)

Z91882820Z 69/01/2012 S3:4d



April 9, 2015

David Figueroa 5207 Sparkling Vine Ave Las Vegas, NV 89131

RE:

Claim No:

15D34E72969

Injury Date:

3/7/15

Employer:

Las Vegas Metropolitan Police Department

Type Injury/Body Part: Left hip, left knee, left tibia, multiple fractures left lower extremity

Dear David Figueroa:

CCMSI is in receipt of your claim for the above-mentioned date of injury. After a careful and thorough review of your workers' compensation claim, it is the decision of the insurer to deny your claim. Your claim does not meet the requirements set forth in chapter 617 of the NRS, inclusive as an occupational disease. There is no evidence that shows causation for your injury to have arisen out of and in the course of your employment. You don't describe a specific accident or injury as defined & required by the Nevada Revised Statute.

NRS 616C.150: "An injured employee or his dependents are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or his dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his employment."

NRS 616A.265: "Injury" or "personal injury" means a sudden and tangible happening of a traumatic nature, producing an immediate or prompt result which is established by medical evidence, including injuries to prosthetic devices."

NRS 616A.030: "Accident" means an unexpected or unforeseen event happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury."

NRS 617.440 Requirements for occupational disease to be deemed to arise out of and in course of employment; applicability.

1. An occupational disease defined in this chapter shall be deemed to arise out of and in the course of the employment if: (a) There is a direct causal connection between the conditions under which the work is performed and the occupational disease; (b) It can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment; (c) It can be fairly traced to the employment as the proximate cause; and (d) It does not come from a hazard to which workers would have been equally exposed outside of the employment.



- 2. The disease must be incidental to the character of the business and not independent of the relation of the employer and employee.
- 3. The disease need not have been foreseen or expected, but after its contraction must appear to have had its origin in a risk connected with the employment, and to have flowed from that source as a natural consequence.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing form within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, and Hearing Division.

If you have any questions, please call this office at (702) 477-7016.

Sincerely,

Chroster Chimach.

Christina Cabrera Claims Representative

cc: File/LVM PD/UMC/DIR/GGRM

Enc: D12 / Rights and Benefit

Nevau.. Department of Administration Hearings Division 2200 South Rancho Drive, Suite 210 Las Vegas, NV 89102 (702) 486-2525

REQUEST FOR HEARING

Claimant: David Figueroa	EMPLOYER INFORMATION
	Claim Number: 15D34E72969
Address. 5207 Sparkling Vine Ave.	Employer: LVMPD 24.50
Las Vegas, NV 89131	Address: 400 S. Martin Luther King Blvd., Building B
SSN:	Las Vegas, NV 89106
Telephone:	Telephone:
PERSON REQUESTING APPEAL: (circle one) CLAIMAN	IT EMPLOYER INSURER
I WISH TO APPEAL THE DETERMINATION DATED: 4/9/	<u>/15</u>
YOU MUST ATTACH A COPY	OF THE DETERMINATION LETTER
	616C.315 2(a)(b)
PER NRS 6	616C.315 2(a)(b)
PER NRS 6	
PER NRS 6 BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant	disagrees with insurer's determination of letter dated 4/9/15,
PER NRS 6 BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant regarding denial of claim.	disagrees with insurer's determination of letter dated 4/9/15, ease print the name and address below.
PER NRS 6 BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant regarding denial of claim. If you are represented by an attorney or other agent, ple	disagrees with insurer's determination of letter dated 4/9/15,
PER NRS 6 BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant regarding denial of claim. If you are represented by an attorney or other agent, plo ATTORNEY/REPRESENTATIVE:	disagrees with insurer's determination of letter dated 4/9/15, ease print the name and address below. INSURANCE COMPANY:

A COPY OF THE DETERMINATION LETTER MUST BE SUBMITTED:

NRS 616C.315 Request for hearing; forms for request to be provided by Insurer; appeals; expeditious and informal hearing required; direct submission to Appeals Officer.

Telephone:

Date

April 22, 2015

- 2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:
- (a) A written determination of an Insurer; or

(702) 384-1616

CLAIMANT INFORMATION

Telephone:

Signature

(b) The failure of an Insurer to respond within 30 days to a written request mailed to the Insurer by the person who is aggrieved, may appeal from the determination or failure to respond by filing a request for a hearing before a Hearing Officer.

15/0632-1117

以限之于 第5

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION **HEARINGS DIVISION**

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 1510632-TH Claim Number:

15D34E72969

DAVID FIGUEROA 5207 SPARKLING VINE AVE LAS VEGAS, NV 89131

ABIGAIL BUCKLER LVMPD - HEALTH DETAIL 400 S MARTIN L KING BLVD STE B LAS VEGAS, NV 89106

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on April 22, 2015 and scheduled for May 18, 2015. The requesting party appealed the Insurer's determination dated April 9, 2015. The hearing was scheduled for May 18, 2015.

The parties have filed a stipulation to waive a hearing at the Hearing Officer level and to proceed directly to the Appeals Officer level.

NRS 616C.315(7) provides that the parties to a contested claim may, if the Claimant is represented by counsel, agree to forego a hearing before a Hearing Officer and submit the contested claim directly to an Appeals Officer.

Therefore, good cause appearing, the Hearing Officer Proceeding shall be and is hereby transferred to the Appeals Officer for further proceedings.

IT IS SO ORDERED this 19th day of May, 2015.

Hearing Officer

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, within 15 days of this order.





FACESHEET

ACCT: 8928043218 DOS: 10/28/1670 FIGUERDA DAVID MANUEL AAY M MRE COO! 800211 ADM: 09/07/15

	MRF 0001906211	ADM: 09/07/16
MRUCOMBO Page 1 of 1		

ACCT#9929043215 MR# EDM 0001906211	PT TYPE TRA	8VC EMG	ADMIT DATE 03/07/15	ADMIT TIME 0051	ROOMBED
PATIENT NAME: FIGUEROA,DAVID MANUEL		DOB 10/28/1970	AGE SEX 44Y M	M/B RACE S 1	REL 32
PATIENT INFORMATION 5207 SPARKLING VINE AVE LAS VEGAS, NV 89131 HM: (347)682-6476 WK:	COUNTY: COUNTR PLACE O	Y:UNITED BTA	TES	ENPLOYMENT LAS VEGAS METROPOLITA 400 S MARTIN LUTHER LAS VEGAS NV 89106 OCCUP: POLICE OFFICE	(702)828-3475
GHARANTOR FIGUEROA,DAVID MANUEL 5207 SPARKLING VINE AVE LAS VEGAS NV 89131	REL TO P HM:(347	BRTH: 10/28/ X-XX-9632 T: SELF 1682-6476 1828-3475	1970	EMPLOYMENT LAS VEG 400 S MARTIN LUTHER KII LAS VEGAS NV OCCUP: POLICE	NG 89106
SPOUSE/PARENT/OTHER	SS #:XXO REL TO P HM; WK:			EMPLOYMENT OCCUP:	
RELATIVE/FRIEND	REL TO P	т:		HOME #; WORK PHONE #:	
		IEROA,DAVID IENT IS INSUR 5729532		DATE OF BIRTH: 10/2 BENEFIT/ELIQ PH: (866 NOTIFY PH: AUTH #:	
NSURANCE MVA PENDING INFORMATION O	INS: FIGU REL: PAT POL: 055 GRP:	IEROA, DAVID I IENT IS INSUR 729532	MANUE ED	DATE OF BIRTH: 10/20 BENEFIT/ELIG PH: NOTIPY PH: AUTH 6:	3770
NSURANCE	INS: POL:			DATE OF BIRTH: BENEFIT/ELIG PH: GRP:	RECEIVED
OCCUR/DATE OCCUR/ 01 03/07/15	DATE	OCCUR	/DATE	CONDITION COD	E(6)
ACCIDENT INFORMATION DATE 03/07/15 TIME 0030 C ACC TYPE: UTO ACCIDENT OCATION:LONE MOUNTAIN DEBC:	ODE A	· · · · · · · · · · · · · · · · · · ·	REASONS FO	OR VISIT / COMMENTS	ISI ∼ Las Vega
HYSICIANS	· ····································			······································	
DMITTING: 2294 KUHLS, DEBORA TTENDING: 2294 KUHLS, DEBORA	H A H A		CONSI.	PCP: JLT:	
		Admission / Re	GISTRATION	•	
DM TYPE POINT OF ORK	3IN	FIN CLASS 520116	DSCH DA	TE DSCH TIME	REG ID TS

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UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

CONSULTANT: Daniel Lee, MD

REQUESTED BY:

DATE OF CONSOLT:

REASON:

CHIRP COMPLAINT: Back pain status post trauma.

HISTORY OF PRESENT ILLERS: This is a history of a 44-year-old status post motorcycle (reash with a CTA left lower extremity, left popliteal artery dissection with reconstitution. Acetabular fracture, posterior hip dislocation. Mild left sacroilist diastasis signoid. Mesenteric back stranding and left humerus diaphyseal fracture. Left 5th rib fracture. Left humerus oleuranon fracture open. Degloving of left knee and left knee dislocation. His CT scan of the cervical, thoracic and lumbar was negative but he is having some back pain and I was talled for consultation.

PAST MEDICAL HIS/ACRY: Medical problems none.

PAST SURGICAL HISTORY: L5-SI fusion.

SOCIAL HISTORY: Police officer. Negative for alcohol or tobacco.

MEDICATIONS: Nore.

ALLERGIES: NKDA.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS:

PHYBICAL EXAMINATION:

GENERAL: No apparent distress. Generally neural intact. Cannot turn him as he is in external fixatoxs and splints, but no long tract signs. No hyperreflexia.

ASSESSMENT/PLAN: Status post motorcycle crash with back pain. Follow up in my clinic when he is out of the hospital. No surgical indications at this time from a spine standpoint, but further surgery from the standpoint of his upper and lower extremities from an orthopedic standpoint. Patient understands and wishes to proceed as does his wife.

cc: Nevada Orthopedic Spine Center

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DL/MedQ
DD: 03/07/2015 21:41:39
DT: 03/08/2015 07:52:36

DANIEL LEB, NO

PATIENT: FIGUEROA; DAVID

ACCOUNT#: 9929043215

MRB: 0001906211

JOB#:

ADM DATE: 03/07/2015

353563/646668155

DICTATED BY: DANIEL LEE, MD.

CONSULTATION REPORT

Electronically Authenticated by: Daniel Lee, MD On 03/08/2015 02:24 PM PDT

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UNIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

CONSULTANT: Michael Monroe, MD

REQUESTED BY: DEBORAH A KUHLS, MD

Date: 3/10/2015

REASON: Left pelvic fracture, left olecranon fracture, left humeral shaft fracture, left acetabular fracture with left hip dislocation, tibial shaft fracture with fibular shaft fracture.

HISTORY OF PRESENT LLINESS: The patient is a 44-year-old male who presented after a motorcycle accident. He was wearing a helmet, traveling at 25-30 miles per hour when a car turned left in front of him and he struck him. We was thrown approximately 40 feet and found in a prome position with his legs apart. The patient demies any loss of consciousness during this event. He had immediate pain in his left upper and lower extremity.

PAST MEDICAL HISTORY: Mone.

PAST SURGICAL HISTORY: L5-31 fusion.

MEDICATIONS: Nome.

ALLERGIES: NO EVOWN DRUG ALLERGIES.

SOCIAL HISTORY: He denies any tobacco, alcohol, or illicit drug use.

PAMILY HISTORY: Not contributory to this issue.

REVIEW OF SYSTEMS:

A 12-point review of systems was obtained and was negative except for the above-mentioned complaints.

PHYSICAL EXAMINATION:

GRAMMAL: The patient is intubated when I see him.

BEAD: Pupils are equal and reactive to light. There is no facial

trauma noted.

ENT: External appearance of ears and nose is normal. No exudates or

CARDIOVASCULAR: Pulses are brisk. Capillary refill is brisk in the

bilateral upper and lower extremities.

IMME: Normal respirations without evidence of flail chest on the

ventilator.

MUSCULOSKELETAL: There is a laceration over the knee with deformity and open distal tib-fib pilon fracture. The pelvis feels unstable on compression in AP and lateral plane on the left. There is gross deformity and angulation of the humeral shaft.

IMAGING: Radiographs of the left forearm reveal a transverse

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OneContent Generated By UMCVkpark Generated On: 03/30/2015 16:13 olecranom fracture. Radiographs of the left foot reveal no fracture. left femmar reveals a left acetabular fracture, left hip dislocation. Left tibia and fibula show a comminuted distal tibia intra-articular fracture with distal fibular fracture. Also showing left knee dislocation. Bilateral acetabular fractures with pubic rami fractures. Left humerus shows a disphyseal humeral fracture. CT of the pelvis reveals posterior left hip dislocation with mild sacroiliac dissassis on the left with left inferior public ramus fracture, ischial tuberosity fracture, iliac fracture, acetabular fracture. This appears to be a T-type left acetabular fracture.

IMPRESSION:

- 1. Left acetabular fracture.
- 2. Left hip posterior dialocation.
- 3. Left sacroiliac diastagia.
- 4. Left bismeral shaft fracture.
- 5. Left transverse olecranon fracture, mildly displaced.
- 6. Open left pilon fracture.
- 7. Left knee dislocation.

TREATMENT AND PLAN: Our plan at this time is to perform closed reduction of the left knee dialocation, place an external fixator from the femur to the tibia for the dislocation, and then perform open reduction and internal fixation of the left fibula with preliminary external fixation of the open tibial pilon fracture. We plan to perform irrigation and debridement of all the open areas. For the left humerus, we would recommend humeral intramedullary nail, and for the olecranon, a large intramedullary screw. We will proceed with these procedures as medical clearance and OR echedule allows.

RJ/MedQ

ID: 03/10/2015 :2:13:32 DT: 03/10/2015 16:39:22

ROSS JONRS, MD

MICHAEL MONROR, MD

PATIENT: FIGUERCA, DAVID

ACCOUNT#: 9929043215

MR#: 0001906211 ADM DATE: 03/07/2015

JOB#:

734247/646969650

PHYSICIAN: MICHAEL MONROS, MD DICTATED BY: ROSS JONES, NO

CONSULTATION REPORT

Riectronically Auchenticated by: Michael Monroe, MD On 03/11/2015 02:53 PM PDT Electronically Authenticated and Edited by: ROSS JONES, DO On 03/13/2015 05:53 PM PDT Blectronically Authenticated by: Michael Monroe, MD On 03/20/2015 11:05 AM PDT

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No. 2689 P. 7

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Liniversity Medical Center 1800 W. Charleston Bivd. Las Vegas, NV 69102 702-383-2000

Rinal

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Account Number: 9928043215 Medical Rec. Number: 0001908211 Birthdata: 10/28/1970 Gender: M Arrival Date: 03/07/2016 00:51 Primary MD: Visit Date: 03/07/2016 00:54 Attending MD:

Vitel Signs/Data

Time Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain .
09/07/2015 02:40 MP24	96.0 F	90 /min	22 /mln	133/99 mm Hg.	98%	10/10

<u>Allergies</u>

NKA (03/07/2015 01:17)

Chief Complaint

MVA (MP24 03/07/2015 02:40)

Triage

Activation Level - Full. (MP24 03/07/2015 02:40) 2 - Emergent (MP24 02:40) Domestic violence survey shows NEGATIVE risk for this patient. (MP24 02:40) mcc (MP24 02:40) Mentation - Patient is alert, oriented x3. Score = 0 (MP24 02:40) Mobility - Patient is able to ambulate with no assistance. Score = 0 (MP24 02:40)
Elimination - Patient has independent elimination. Score = 0 (MP24 02:40)
No prior fall history. Score = 0. (MP24 02:40)
Patient is not at risk for falls. (MP24 02:40) Patient has not at tiest on itsus, (MP24 02:40)

Patient has not floughts of suicide. (MP24 02:40)

INFECTIOUS DISEASE/ CDC SCREENING: No risk factors for infectious disease. (MP24 02:40)

INFECTIOUS DISEASE/ CDC SCREENING: Pt has not been outside the US nor lives with anyone that has been outside the US in the last 6 months. (MP24 02:40)

Height/Weight

Hgt: 188 cm at C2:40 (MP24 09/07/2015 02:40) Wgt: 109.1 kg at 02:40 (MP24 02:40) EMI: 30.9 (MP24 02:40)

BSA: 2.99 sq. m (MP24 02:40)

Patient Problems

Multiple closed fractures of pelvis with disruption of pelvic circle (03/07/2015 03:02)

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CCMSI ~ Las Vegas

Print Date: 03/07/2015 03:19

Confidence Medical Record

Page 1 of 6

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University Medical Center 1800 W. Charleston Blvd. Lac Vegas, NV 69102 702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Account Number: 8928043215 Medical Rec. Number: 0001806211 Birthdate: 10/28/1970 Gender: M Arrival Date: 03/07/2015 00:51 Primary MD: Visit Date: 03/07/2015 00:54 Attending MD;

Med Orders

elbuterol soin for neb [VENTOLIN] 2.5 MG NEB RT Q4H PRN ROUTINE AEROSOL TX SVN Bronchodilator Protocol: Yes Indications: dyspnes

albuteral soin for neb [VENTOLIN] 2.5 MG NEB AT QID ROUTINE AEROSOL TX SVN Branchodilator Protocol: Yes

sodium chloride 0.9% 1000 ML IV 125 militr CONTINUOUS ROUTINE

fentaNYL [m][8UBLIMAZE] 100 MCG IV Q1H PRN ROUTINE

Indications: Pain

midazolam inj (VERSED] 0.5 Mg IV Q4H PRIN ROUTINE

Indications: agitation

ondansatron in [ZOFRAN] 4 Mg (V Q6H PRN ROUTINE

Indications: nausea Comments: PO preferred, IV if NPO or unable to tolerate PO

famotidine in [PEPCID] 20 MG IV BID ROUTINE

diphenhydramine ini [BENADRYL] 25- 60 Mg IV HS PRN ROUTINE

Indications: Insomnia

acetaminophen [TYLENOL] 650 MG ORAL Q6H PRN ROUTINE

Indications: temp >4 38.5 C

chlorhexidine 0.12% oral rinse [PERIDEX] 10 ML SWISH_SPIT_QID ROUTINE

chlorhexidine 0.12% oral rinse [PERIDEX] 10 ML SWISH_SPIT PRN ROUTINE

Indications: oral care

potassium chicride [KLOR- CON] 40 MEQ ORAL PRN ROUTINE if serum creatinine is >= 1.4 or UO < 0.5 ml/kg/hr x 3

hrs, DO NOT U.E PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)

KCI 40 mEq rider 40 MEQ NPB 10 MEQAIR PRN ROUTINE if serum creatinine is >= 1.4 or UO < 0.5 mlkg/hr x 3 hrs, DO NOT USE PROTOCOL; contact provider for new orders Central Line Indications: per Electrolyte Protocol (PROT #383)

potassium-sodium phospitate packet (8 mmo) phos) [PHOS-NAK] 2 PACKET ORAL PRN ROUTINE if serum creatimine is >= 1.4 or UO < 0.5 milkghr x 3 hrs, DO NOT USE PROTOCOL; contact provider for new orders

Indications: per Electrolyte Protocol (PROT #383)

KPhos Inj 40 MMOL IVPB 7 MMOLATR PRN ROUTINE Peripheral Line If serum creatinine is >= 1.4 or UO < 0.5 mi/kg/hr x 3

hra, DO NOT USE PROTOCOL; contact provider for new orders
Indications: per Electrolyte Protocol (PROT #383)
magnesium sulfate 2 gm rider 2 GM IVPB 30 MIN PRN ROUTINE (I serum creatinine is >= 1.4 or UO < 0.5 mi/kg/hr x 3 hrs,
DO NOT USE PROTOCOL; contact provider for new orders

Indications: per Electrolyte Protocol (PROT #383)
NaPhoe inj 40 mmo) NPB 7 MMOL/HR PRN ROUTINE if serum creatinine is >= 1.4 or UO < 0.5 ml/kg/hr x 3 hrs, DO NOT USE PROTOCOL; contact provider for new orders

Indications: per Electrolyte Protocol (PROT #383)

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University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV £9102 702-383-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Account Number: 9929043215 Medical Rec. Number: 0001906211 Bhthdate: 10/28/1970 Gender: M Arrival Date: 03/07/2015 00:51 Primary MD: Visit Date: 03/07/2015 00:54 Attending MD:

Non-Med Orders

TR CT BRAIN NO CONTRAST ONCE STAT Pain - Trauma Related Entered By (MK23 RN 03.07/2015 01:08) Ordered By (01:08) Results Back (01:28) Notes: Portable X-ray at bedside, Taken to CT. Fletums from CT. (CJE1 02:49)
TR CT CERVICAL SPINE W/O CONTRAST ONCE STAT Pain - Trauma Related Entered By (MAC23 RN 0307/2016 01:06) Ordered By (01:06) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TR CT ABDOMEN AND PELVIS IV ONLY ONCE STAT Pain - Trauma Related Entered By (MK23 RN 03/07/2015 01:06) Ordered By (01:06) Results Back (01:26) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (C.JE1 02:45)
TR CT CTA LOWER EXTREMITY ONCE STAT Left
Entered By (MK23 RN 03:07:2015 01:06) Ordered By (01:06) Completed By (01:26)
TR CHEST PORTABLE ONCE STAT Pain - Trauma Related Entered By (MK23 RN 0307/2015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedskide. Taken to CT. Astume from CT. (CJE1 02:43)
TR PELVIS 1 VIEW ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 0307&015 00:56) Ordered By (00:56) Results Back (01:26) Notes: Portable X-ray at bedskie.
Taken to CT. Returns from CT. (CJE1 02:43)
CBC/AUTOMATED ONCE LIFE THREATENING Entered By (03/07/2015 01:01) Ordered By (JDM1 MD 01:01) Results Back (01:12) MD Sign (JDM1 MD 01:01) Notes; Blood Drawn - 11V, Blood obtained from the right anticutatial fossa. (CJE1 02:42) BASIC METABULIC PANEL. ONCE LIFE THREATENING Entered By (0307/2015 01:01) Ordered By (JDM1 MD 01:01) Results Back (01:18) MD Sign (JDM1 MD 01:01) Notes: Blood Drawn - FIN. Blood obtained from the right antecubital fosse. (CJE1 02:42) ABO RH TYPE ONCE LIFE THREATENING Entered By (03.07.2015 01:01) Ordered By (JDM1 MD 01:01) Completed By (01:47) MD Sign (JDM1 MD 01:01)
ANTIBODY SCREEN - GEL TECHNIQUE ONCE LIFE THREATENING Entered By (03/07/2015 01:01) Ordered By (JDM1 MD 01:01) Results Back (01:47) MD Sign (JDM1 MD 01:01) Notes: Blood Drawn - FIN. Blood obtained from the right antecubital fossa. (CJE1 02:42) TR HUMBERUS (LEFT) ONCE STAT trauma Entered By (MK23 RN 03/07/2015 01:10) Ordered By (01:10) Completed By (01:26) RECEIVED TYPE AND SCREEN ONCE STAT Entered By (MM23 RN 03072015 01:07) Ordered By (01:07) Order Cancelled (02:21) REQUEST THAWED PLASMA ONCE STAT JUN 1 0 2015 Entired By (MIC23 RN 03072015 01:07) Ordered By (01:07) Completed By (01:38)
REQUEST RED BLOOD CELLS (BLOOD PRODUCT) ONCE STAT
Entered By (MIC23 RN 03072015 01:07) Ordered By (01:07) Completed By (01:38) CCMSI ~ Las Vegas TR CT CHEST WITH CONTRAST ONCE STAT Pain - Trauma Related

Entered By (MK23 RN 03072015 01:09) Ordered By (01:09) Results Back (01:26) Notes: Portable X-ray at bedside.

Taken to CT. Returns from CT. (CJE1 02:43)

TR CT CERVICAL SPINE WO CONTRAST ONCE STAT Pain - Trauma Related Entered By (MK23 RN 0307/2015 01:09) Ordered By (01:09) Order Cancelled (01:10) Comments: ...recon TR CT THORACIC SPINE RECONSTRUCT ONCE STAT Pain - Trauma Related Entered By (MK23 RN 03/07/2015 01:12) Ordered By (01:12) Results Back (01:26) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)
TH CT LUMBAR SPINE RECONSTRUCT ONCE STAT Pain - Trauma Related
Entered By (MK23 RN 05/07/2015 01:12) Ordered By (01:12) Results Back (01:28) Notes: Portable X-ray at bedside. Returns from CT. Taken to CT. (GJE1 02:43)
TR CT ABDOMEN AND PELVIS IV ONLY ONCE STAT Pain - Trauma Related
Entered By (MC23 RN 03:07:2015 01:12) Ordered By (01:12) Order Cancelled (01:13) Comments: ...thin cuts
HEMATOLOGY SLIDE REVIEW ONCE LIFE THREATENING Entered By (0307/2015 01:18) Ordered By (01:18) MD Sign (01:18) Order Cancelled (01:33) TIBIA + RBULA (LEFT) ONCE ROUTINE mcc Entered By (BD99 LINIT CLERIK 03/07/2015 01:25) Ordered By (01:25) MD Sign (01:25) Order Cancelled (01:27) FEMUR (LEFT) ONCE STAT moc Entered By (BD99 UNIT CLERK 03/07/2015 01:25) Ordered By (01:25) MD Sign (01:25) Order Cancelled (01:27) ANKLE LIMITED (LEFT) ONCE STAT mcc

Print Date: 08/07/2015 03:18

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OneContent: Generated By UMC\kpark Generated On: 03/30/2015 18:13

University Medical Center 1800 W. Charlesion Blvd. Las Vegas, NV 89102 702-389-2000

Flori

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Medical Rec. Number: 0001908211 Arrival Date: 09/07/2015 00:51 Visit Date: 05/07/2015 00:54

Account Number: 8929043215 Birthdate: 10/28/1970 Gender: M

Primary MD: Attending MD:

Non-Med Orders

Entared By (BD99 UNIT CLERK 03/07/2015 01:25) Ordered By (01:25) MD Sign (01:25) Order Cancelled (01:26) TR ANKLE LIMITED (LEFT) ONCE STAT moc

Entered By (03,07,2015 01:28) Ordered By (01:26) MD Sign (01:28) Order Cancelled (01:28)

TR FEMUR (LEFT) ONCE STAT MCC

Entered By (03/07/2015 01:27) Ordered By (01:27) Results Back (01:27) MD Stgn (01:27) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43)

TR TIBIA + RIBULA (LEFT) ONCE STAT mco Entered By (BD89 UNIT CLERK 03/07/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:32) TH ANKLE LIMITED (LEFT) ONCE STAT moo Entered By (BD99 UNIT CLERK 0307/2015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34)

TR FEMUR (LEFT) ONCE STAT mcc

Entered By (BD99 UNIT CLERK 03072015 01:28) Ordered By (01:28) MD Sign (01:28) Order Cancelled (01:34) TR TIBLA + RBULA (LEFT) ONCE ROUTINE mcc

Entered By (03/07/2015 01:27) Ordered By (01:27) Results Back (01:27) MD Sign (01:27) Notes: Portable X- ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43) TR FOOT LIMITED (LEFT) ONCE STAT mcc

Entered By (03/07/2016 01:28) Ordered By (01:28) Results Back (01:32) MO Sign (01:28) Notes: Portable X-ray at bedside. Taken to CT. Returns from CT. (CJE1 02:43) ABO RH TYPE ONCE STAT

Entered By (03.07/2015 01:38) Ordered By (01:38) MD Sign (01:38) Order Cancelled (02:23) ANTIBODY SCREEN - GEL TECHNIQUE ONCE STAT

Entered B) (03.072015 01:38) Ordered By (01:38) MD Sign (01:38) Order Canoelled (02:24) CROSSMATCH ELECTRONIC ONCE LIFE THREATENING

Entered By (03.07/2015 01:46) Ordered By (01:46) Completed By (CJE1 FIN 02:43) MD Sign (01:46)
TR HAND LIMITED (LEFT) ONCE STAT mod
Entered By (BD99 UNIT CLERK 03/07/2015 02:24) Ordered By (02:24) Results Back (02:29) MD Sign (02:24) Notes:

Portable X- ray et bedeide. Teken to CT. Returns from CT. (CJE1 02-43)
TR FOREARM (LEFT) ONCE STAT mac
Eritared By (BD99 UNIT CLERIK 03072015 02-24) Ordered By (02-24) Results Back (02-29) MD Sign (02-24) Notes:

Portable X- ray at bedskie. Taken to CT. Returns from CT. (CJE1 02:43) PT + APTT ONCE STAT

Entered By (BD99 UNIT CLERK 03/07/2015 02:33) Ordered By (02:33) Results Back (02:42) MD Sign (02:33) Notes: Blood Drawn - FIN. Blood obtained from the right antecubital fossa. (CJE1 02:42) HOLD CLOT FOR BLOOD BANK ONCE ROUTINE

Entered By (BD99 UNIT CLERK 03/07/2015 02:33) Ordered By (02:33) MD Sign (02:33) Notes: Blood Drawn - RN.

Blood obtained from the right entecubital tosse. (C.IET 02:42)

Surgery Admit Order (basic requirements) ONCE ROUTINE inpatient TICU Standard multiple extremity fractures with Vescular Injury KUHLS, DEBORAH A [CRITICAL CARE MED, SURGICAL CRIT CARE, GENERAL SURGERY, TRAUMA]

Entered By (03:02) 07dered By (03:02) Measure Height ONCE POUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Slan (03:02)

Measure Weight EVERY DAY ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Incentive Spirometry - NSQ Q1H ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: X 10 Breaths INCENTIVE SPIROMETER- RT to Instruct ONCE ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

Admission Nassi MRSA Colonization Screen- ONCE ROUTINE Entered By (03/07/2015 03:02) Ordered By (03/02) MD Sign (03:02) Initiate Influenza Vaccine Assessment- CONTIN ROUTINE

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Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to Influenza vaccine order if Indicated

initiate Preumonoccal Vaccine Assessment - CONTIN ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: - Switch to pneumococcal vaccine order

Print Date: 0307£015 03:18

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University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102 702-383-2000

Rnal

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Account Number: 9929043215 Medical Rec. Number: 0001906211 Birthdate: 10/28/1970 Gender: M Arrival Date: (2/07/2015 00:51 Primary MD: Visit Date: £3/07/2015 00:54 Attending MD:

Non-Med Orders

Intake & Output Q1H ROUTINE Entered By (03:072016 03:02) Ordered By (03:02) MD Sign (03:02) Notify: CONTIN ROUTINE Urine Output < 0.5 milkg/hr Resident Entered By (03:02016 03:02) Ordered By (03:02) MD Sign (03:02) Notify: CONTIN BOUTINE UP TO THE Notify: CONTEN ROUTINE HR-50 or >130 Resident

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

Notify: CONTEN ROUTINE RR-10 or >30 Resident Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Notify: CONTIN ROUTINE 8802 490% Resid Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE Temp >38.5C Resident
Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notify: CONTIN ROUTINE SBP 480 or >180 Resident Entered By (03.07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Notlly: CONTIN ROUTINE DBP <60 or >110 Resident Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

RD May Modify / Clarify Diet Orders CONTIN ROUTINE

Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

Physician Consult CONTIN ROUTINE MONROE, MICHAEL TODD [ORTHOPAEDIC SURGERY, ORTHOPAEDIC SURGERY] (19(7) Entered B) (03:07/2015 03:02) Ordered By (03:02) MD Ston (03:02) Interestvist is: (XONTIN ROUTINE KUHLS, DEBORAH A [CRITICAL CARE MED, SURGICAL CRIT CARE, GENERAL SURGERY, TRAUMA] (2204)

Entered By (03:02) Ordered By (03:02) MD Sign (03:02)

Physician Control Control Routine Feikes, Quynh N [Général Surgery, Thoracic Surgery, Thoracic SURGERY] (20275) Entered By (03:07/2016 03:02) Ordered By (03:02) MD Sign (03:02) Activity CONTIN ROUTINE Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
Cervical Collar CONTIN ROUTINE Entered By (03:07/2016 03:02) Ordered By (03:02) MD Sign (03:02) Neurovascular Checks Q1H ROUTINE Entered By (09.072015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: Site for NV checks: LLE NPO MEALS Entered By (03:07/2016 03:02) Ordered By (03:02) MD Sign (03:02) Sequential Compression Device CONTIN HOUTINE Entered By (03.072015 03.02) Ordered By (03:02) MD Sign (05:02)

Nurse to Follow Protocol: CONTIN HOUTINE Print and follow PROT #383 (Electrolyte Protocol), place in chart Entered By (03.07/2015 03:02) Ordered By (03:02) MD Sign (03:02)
RN to Order: CONTIN ROUTINE Repeat K level 2 hr after KCl, Phosphorous level 2 hr after KPhosphorous level 3 hr after KPhosphorous level 4 hr after KPh Magnesium 2 hr after magnesium Entered By (03.07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Comments: per Electrolyte Protocol (PROT #383) ABG LINE CONTIN ROUTINE Entered By (03/07/2015 09:02) Ordered By (03:02) MD Sign (03:02) Comments: Obtain ABG and call MD with results for sudden acute reup, distres EKG 12 LEAD ONCE ROUTINE Entered By (03.07.2015 03:02) Ordered By (03:02) MD Sign (03:02) Notify: CONTIN ROUTINE for any questionable arrhythmia (and obtain 12 lead EKG with rhythm strip) Admin RECEIVED Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) CBC/AUTOMATED IN AM JUN 1 0 2015 Entered By (09/07/2016 03:02) Ordered By (03:02) MD Sign (03:02) RENAL PANEL IN AM
Entered By (03:072015 03:02) Ordered By (03:02) MD Sign (03:02)
MAGNESIUM LEVEL IN AM CCMSI ~ Las Vegas Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02)

Print Date: 03/07/2015 03:19

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OneContent: Generated By UMC\lipark Generated On: 03/30/2016 18:13

University Medical Center 1800 W. Charleston Blvd. Les Veges, NV 69102 702-983-2000

Final

Emergency Department Chart

Patient Name: FIGUEROA, DAVID M. Account Number: 9929043216 Medical Rec. Number: 0001906211 Birthdate: 10/28/1970 Arrival Date: (/3/07/2015 00:51 Primary MD: Visit Date: 03/07/2015 00:54 Attending MD:

Non-Med Orders

NUTRITIONAL CONSULT ONCE POUTINE Entered By (03:07/2015 03:02) Ordered By (03:02) MD Sign (03:02) SOCIAL SERVICES CONSULT ONCE ROUTINE Entered By (03.07/2015 03:02) Ordered By (03:02) MD Sign (03:02) CPK ONCE ROUTINE Entered By (03/07/2015 03:02) Ordered By (03:02) MD Sign (03:02) Order Cancelled (03:10) CPK ONCE LIFE THREATENING Entered By (03/07/2015 03:11) Ordered By (03:11) MD Sign (03:11)

Disposition

NOT SEEN BY I:R ATTENDING (see RN chart). (CJE1) 03/07/2015 03:12 Disposition status is Admit. Admitted to Operating Room. RN accompanied patient. MD accompanied patient. Monitor used during transport. Valuables inventoried and collected by UMC Public Safety. Patient physically left department and was removed from Tracking Board by CARLOS JUSTIN ESPARZA RN. (CJE1) 03/07/2015 02:59 Electronically signed by CARLOS JUSTIN ESPARZA RN. (CJE1) 03/07/2015 03:12

Discharge Summary

Chief Complaint: MVA.. Primary Diagnosis: NO DATA AVAILABLE.. Disposition Notes: NOT SEEN BY ER ATTENDING (see RN chart).. Discharge Prescriptions: NO DATA AVAILABLE. (03/07/2015 03:12)

Staff Legend BD89 GRENDA DERLEIN UNIT CLERK CJE1 CARLOS ESPARZA RN MK23 MARTIN KOVACIK RN MP24 MARITA PEREZ RN RW4 **FOBERT WILSON RN**

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INIVERSITY MEDICAL CENTER 1800 West Charleston Boulevard Las Vegas, Nevada 89102

DATE OF SERVICE: 03/07/2015

TDMR: Approximately 12:50 a.m.

SENTOR RESIDENT: Zachary VanWagoner.

FELLOW: Dr. Alistair Charman.

JUNIOR RESIDENT: Benjamin Fox.

This is a full activation.

HISTORY OF PRESENT ILLNESS: The patient is a 44-year-old male status post motorcycle collision. The patient had another vehicle turn left and into him while he was traveling approximately 35 miles an hour. Patient was thrown from his bike with approximately 30 yards of separation. He was found lying in prome position at the scene. Positive LOC. Negative loss of consciousness. The patient is complaining of no sensation in the left foot and also significant pain in the left lower extremity and left leg and left hip.

REVIEW OF SYSTEMS:

Ten-point review of systems is significant for loss of sensation in the left lower extremity and significant left arm, left hip, and leg pain.

PAST MEDICAL HISTORY: Patient denies.

PAST SURGICAL HISTORY: Significant for fusion of L5-S1 for a prolapsed disk.

MEDICATIONS: Nome.

FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: Patient is a police officer. He denies any tobacco or alcohol or illicits.

ALLERGIES: NO KNOWN INUG ALLERGIES.

PRIMARY SURVEY: AIRWAY: Patent, phonating.

BREATHING: Clear to suscultation bilaterally. No wheezes, rhonchi,

or rales.

CIRCULATION: Pulses: Radial 2+ bilaterally. Femoral 1+ on the left, 2+ on the right. Carotid 2+. Pedal pulses: Right 2+, ____

pulses on the left foot.

DISABILITY: Bye 4, verbal 5, motor 6. GCS of 15.

EXPOSURE: Patient has a vary large degloving injury of the left knee with exposed proximal tibia and fibula and femur with obvious dislocation of the knee joint. The patient also has an obvious

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SECONDARY SURVEY; VITAL SIGNS: Heart rate 90, blood pressure 135/92, respiration rate 22, temperature 96, 02 saturation 99%. IV access: Patient had a 16-gauge in the right hand and 16-gauge in the right AC. HERRY: No step-offs or deformities. ECMI. PERPLA. MAXILLOWACIAL: No step-offs or deformities.

NECK: C-collar is in place.

CHEST AND LUNG: Clear to auscultation bilaterally.

CARDIOVASCULAR: Normal simus rhythm. 81, 82. No murmurs, rubs, or gallops.

ABDOMEN: Soft, nondistended, nontender to palpation.

PELVIS: Significant pain on palpation of the left hip. Otherwise, appears stable.

BACK: T- and L-spines numberday to palpation. No step-offs or deformities.

RECTAL: Normal tone. No abnormality. No blood noted. Prostate in normal position.

EXTERNITIES: Decreased pulses in the left lower extremity with an exposed femur and knee and exposed proximal tib-fib. The left upper extremity also has a deformity with a laceration near the left elbow. NEUROLOGIC: Mental status AAO x3. Cranial nerves 2-12 grossly intact, Bilateral motor is diminished in the left upper and left lower extremity secondary to pain and fractures. Sensation is diminished in the left foot at approximately the level of the left knee.

RADIOLOGY REPORTS: CT of the brain shows no abnormality. CT of the Cspine shows no abnormality. CT of the chest demonstrates a fracture of the left 5th mib, bilateral lower lobe atelectasis. CT of the abdomen and pelvis demonstrates a left acetabular fracture, posterior left hip dislocation, left SI diastasis, mild sigmoid mesenteric fat stranding. CT of the T-spine demonstrates no acute fracture. CT of the L-spine demonstrates no soute fracture. 1-ray of the pelvis demonstrates multiple left pelvic fractures including pubic rami at 2 points, acetabular fractures, malalignment of the left hip with proximal migration of the femur and a femoral head fracture. X-ray of the left femur demonstrates the above-listed fractures. In addition, widening of the proximal tibial-fibular articulation compatible with a tranmatic sublumition and dislocation. X-ray of the left tib-fib shows a left commimuted distal tib-fib fracture with the aforementioned diastasis of the tibiofibular articulation. X-ray of the left foot demonstrates no fracture. X-ray of the left humarus shows a diaphyreal fracture and fracture of the elbow and ulna. X-ray of the chest demonstrates minimally displaced left 5th rib fracture. CT of the left lower extremity shows injury to the left popliteal and anterior tibial arteries. There is 3-vessel reconstitution going into the leg; however, the anterior tibial ends abruptly at the level of the distal comminuted tibia and fibular fractures, and there is runoff of the posterior tibial vessel all the way to the foot.

LABORATORY DATA: WBC 10.0, RGB 15.7, hematocrit 47.9, platelets 214.

Sodium 136, potassium 3.8, chloride 108, CO2 19, BUN 22, creatinine 1.4, glucose 148.

CONSULTANTS: Dr. Monroe with Orthopedics and Dr. Quynh Feikes with Vascular Surgery.

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